Warrior Pose: Evaluation of Yoga Programming for Young Adults Experiencing Homelessness

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Warrior Pose: Evaluation of Yoga Programming for
Young Adults Experiencing Homelessness

by

Stacey Lillebo

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University - University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master’s thesis nor a dissertation.
Abstract

The purpose of this research is to investigate the effectiveness and practicality of offering yoga classes for youth aged 18-24 years old experiencing homelessness. The class took place at an urban drop-in center for homeless youth located in a metropolitan city in the Midwest. The goals for the yoga class were to provide a safe space for youth, improve overall physical and mental health, test the effectiveness of yoga programming, and to provide the blueprint for future research. A mixed method approach was selected for this evaluation using survey and open-ended questions and field observations. Quantitative techniques for analysis included descriptive statistics used to examine the survey results. Qualitative techniques included open-ended questions. The researcher developed thematic organization of feedback and conversations. General analysis was done of field notes and observations. The yoga class was found to be an effective tool to introduce mindfulness and the drop-in center had great intentionality to create a safe space for youth. Field observations included intentionality of creating safe space, the number of men and women in attendance, low attendance of the class, the slow start to new programming, and how to explain yoga to the youth. This evaluation offered insight into yoga programming for youth experiencing homelessness. Findings indicated there is feasibility and interest of yoga programming and it was an effective tool for this population. A consideration for future research is to create opportunities for longitudinal evaluation.
Table of Contents

Acknowledgements.............................................................................................................4

Introduction..........................................................................................................................5

Purpose...............................................................................................................................6

Literature Review..................................................................................................................7

Conceptual Framework.........................................................................................................17

Program Description and History .......................................................................................18

Methods...............................................................................................................................19

Findings...............................................................................................................................23

Discussion............................................................................................................................29

References............................................................................................................................36

Appendices...........................................................................................................................39

A. Letter of Approval..........................................................................................................39

B. Consent Form..................................................................................................................40

C. Survey.............................................................................................................................42

D. Flyer.................................................................................................................................44

E. Photo of Set-up................................................................................................................45
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Introduction

Homelessness affects individuals of all ages and stages of life. With increased housing costs and unemployment, homelessness among young people is a serious issue. Young adults ages 24 and younger make up over half of all homeless persons (Gerrand & Owen, 2016). Without a stable place to live, youth can experience an impact on their emotional, developmental, and behavioral health all of which affect their ability to thrive later in life (Coker et al., 2009). With a lack of consistency in research of how to define homeless and their transient nature, it is difficult to track how many youth are homeless. Minnesota passed the Homeless Youth Act, which defines homeless youth as a person age 24 or younger, who lacks a fixed, regular or adequate nighttime residence. The National Coalition of Homeless Youth defines youth as less than 18 years old. For the purpose of this paper, youth refers to those aged 24 and under. The percentage of homeless age 21 and younger has remained consistent since 2012 at 46% (Gerrand & Owen, 2016). In comparison, homelessness of adults decreased 13% since 2012, youth are very much an at risk group even as the economy improves (Gerrand & Owen, 2016).

Who Are They?

Homeless youth come from a variety of backgrounds. There are racial disparities among runaway and homeless youth. While African Americans constitute five percent of Minnesota’s general youth population they represent 42 percent of runaway and homeless youth (Pittman, Gerrard, Nelson-Dusek, & Shelton, 2016). Similarly, American Indians constitute two percent of the general youth population but are 22 percent of runaway and homeless youth (Pittman, Gerrard, Nelson-Dusek, & Shelton, 2016). There are many factors leading to youth becoming homeless. Factors include family dysfunction, sexual abuse, aging out of the foster care system, exiting the juvenile justice system, and economic hardship (Thompson, Bender, Windsor, Cook,
& Williams, 2010). In a study of 328 youth aged twelve to twenty one years old, 82% had disclosed physical abuse, 26% had experienced sexual abuse, and 43% reported family neglect (Edidin, Ganim, Hunter, & Karnik, 2012).

Many of the homes youth come from do not provide consistent safety, comfort, and protection. Youth develop ways of coping that allow them to survive and function day-to-day. While most of the research provided in this paper is focused on the magnitude of problems of homeless young adults, it is important to acknowledge the incredible coping skills developed to deal with the day-to-day challenges of experiencing homelessness. Skills like street smarts are developed to help avoid dangerous situations, locate resources, determine who to trust, and adapt to the social structures and culture of the street (Bender, Thompson, McManus, Lantry & Flynn, 2007). Youth pursue nontraditional resources and rely on internal strengths to survive, overcome obstacles and find their basic needs. Homelessness requires creative problem solving skills to survive in the various situations youth may find them self. The resiliency required for survival on the streets is astounding and an important piece to remember.

**Purpose**

The purpose of this study is to investigate the effectiveness and practicality of offering yoga classes in an urban drop-in homeless youth center setting. Previous research has found that Mindfulness Based Stress Reduction (MBSR) is effective in reducing depression, anxiety and improves overall well being. Yoga is an approachable tool many populations have found helpful for MBSR. It has been found that homeless women thought yoga was helpful in reducing pain and stress disorders (Davis-Berman & Farkas, 2012). It is expected youth participating in yoga classes will see decreased stress and negative emotional feelings as a result of joining in the class. It is expected they will be able to take away skills that can be incorporated into to their daily
lives to help cope with the stress of homelessness. The goals for the class is to provide a safe space for youth to learn stress relief techniques; improve overall physical and mental health; test the effectiveness of yoga programming in a youth drop-in center setting, and to provide the blueprint for future research to develop similar programming.

**Literature Review**

Mindfulness comes in as a portable tool youth can take with them to deal with the many symptoms of stress associated with homelessness. It is a process that incorporates the mind and body that is helpful in a holistic way of treating and managing mental health. Mindfulness has been shown to decrease symptoms of like depression, anxiety, and posttraumatic stress disorder (Edidin, Ganim, Hunter, Karnik, 2012; Fishbein, Miller, Herman-Stahl, Williams, Lavery, Markovitz, 2016; Kimbrough, Magyari, Langenberg, Cheney, Berman, 2010; Sibinga, Perry-Parrish, Chung, Johnson, Smith, Ellen, 2013; Vinafora, Mathiesen, Unsworth, 2015). It has shown to decrease stress, improve regulation of emotions, reduce symptoms related to maltreatment, and increase in overall well-being (Bergen-Cico, Razza, Timmins, 2015; Mendelson, Davis-Berman & Farkas, 2012; Greenberg, Dariotis, Gould, Rhoades, Leaf, 2010; Perry-Parrish, Copeland-Linder, Webb, Sibinga, 2016; Sibinga, Kerrigan, Stewart, Johnson, Magyari, Ellen, 2011).

There are multiple studies supporting mindfulness as an effective tool for developing coping skills. A study was done with adults who were survivors of child sexual abuse. Mindfulness intervention showed significant long-term improvements in depression, PTSD, and anxiety symptoms (Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2010). This is one of the few studies that had follow up assessments and the effectiveness still held strong after two and a half years (Kimbrough et al., 2010). Mindfulness also benefited women who were
incarcerated (Davis-Berman & Farkas, 2012). Mindfulness reduces avoidance symptoms, which is a characteristic of PTSD because it encourages focus on the present moment (Staples, Hamilton, & Uddo, 2013). It is accessible because the tools can be used informally in daily lives. Adults have appreciated that isn’t focused on talking about trauma (Dutton, et al., 2013).

Mindfulness is also appealing to minority populations. In a study conducted with mostly low-income African American women, 97% of the women expressed interest in attending MBSR classes (Dutton, et al., 2013). The women found the tools to be helpful in their everyday lives because it promoted healing and reduced everyday stress. 70% of the women completed at least 5 of the 8 sessions (Dutton, et al., 2013). Because mindfulness is the complete nonjudgmental awareness for what is happening in the moment, it can enhance the ability to be aware of what is happening internally and externally without judgment. Instead it promotes curiosity and openness in the moment (Dick et al., 2014; Perry-Parrish, Copeland-Linder, Webb, & Sibinga, 2016; Perry-Parrish et al., 2016). This can help one to accept negative experiences without trying to change the experience (Perry-Parrish et al., 2016).

**The Stress of Homelessness**

Homelessness is a growing issue among youth and there is no end in sight. While there are many reasons why a youth becomes homeless, they are often exposed to harmful situations on the streets. Being homeless increases the risk of abuse and is associated with isolating and marginalizing experiences (Edidin et al., 2012). Youth are often living in dangerous situations or places not meant for sleep like abandoned buildings, the streets, or on public transportation. They often have limited financial resources and emotional supports. Without these safety nets there is risk of youth experiencing other harmful situations. Several studies have rated substance use to occur between 70% and 90% of the homeless youth population (Edidin et al., 2012). They are
also at high risk for sexually transmitted infections (Thompson et al., 2010). Many homeless adolescents find that exchanging sex for food, clothing, safety, and shelter is a way of survival on the streets. With irregularity of sleep and food as contributors as well, homeless youth find themselves with mental and physical health challenges (Thompson et al., 2010).

**Mental Health of Homelessness**

Unfortunately, youth who are experiencing homelessness are more likely to suffer from mental health conditions. The prevalence of mental disorders is three to four times higher among the homeless youth population (Shelton, 2009). This is a population that needs direct attention because of the mental harm and stress produced by being homeless (Mendelson et al., 2010). In a study of 364 homeless youth, two thirds were found to have mental health problems (Camce, Paradise, Ginzler). Posttraumatic stress disorder, bipolar, and depression are the most common mental health conditions found (Thompson et al., 2010).

**Considerations and Youth Development**

While homelessness itself is very stressful and can increase the risk for mental health problems, many youth have been exposed to trauma before becoming homeless. Youth are subjected to trauma such as physical and sexual abuse, witnessing domestic and community violence, separation from family members, and re-victimization. Studies indicated the most common at risk groups are LGBTQ and youth that have aged out of the foster care system (Edidin et al., 2012).

Multiple or chronic exposures to interpersonal traumatic experiences is defined as Complex Trauma. With youth, it typically occurs within the caregiving system, and has immediate and long-term impacts on development and functioning (Cook et al. 2005). Exposure to complex trauma often begins in early childhood compromising secure attachment with
primary caregivers. The range of difficulties related to complex trauma include problems with regulation of emotions and behaviors, attachment and interpersonal functioning, issues with attention, cognition and dissociation, and difficulties with biological and physiological functioning and sense of self (Cook et al. 2005). Therefore, children exposed to multiple, chronic traumas often have more severe and complex responses, including a range of mental health symptoms and functional impairments.

Even for a brain that has been fully developed, the type of stress found with homelessness would be harmful. With a developing brain such as that of a youth, homelessness is detrimental to their well-being. During the development of young adults, the prefrontal cortex is evolving (Thompson et al., 2010). The prefrontal cortex is in charge of executive functioning like decision-making, inhibition control, reasoning, working memory, future planning, and emotional and behavioral regulation (Thompson et al., 2010). These are all important functionings of a healthy adult. Because of all the rapid changes in the brain development of an adolescent, the structure and function of the brain has greater potential for the environment to affect growth (Edidin et al., 2012). The environment of homelessness is challenging for healthy development (Mendelson et al., 2010). Because of the immaturity of the brain, youth are more likely to engage in reckless and risky behaviors (Edidin et al., 2012). This explains why youth frequently tend to have behaviors like poor decision-making, risk taking, and emotional outbursts. Making decisions such as where or how to live while their brain is not fully developed can lead to increased high risk situations and poor decisions than housed peers (Edidin et al., 2012). Most adolescents experience some degree of personal and familial difficulties as they try to navigate the transition from adolescence to young adulthood. Without the support of a safe network and
the reliability of basic needs being met, homeless youth are at the risk of harmful situations that can affect their emotional growth.

**Yoga as Mindfulness Based Stress Reduction Tool**

Yoga is one of the many ways that Mindfulness Based Stress Reduction can be used as a tool. The word "yoga" comes from the Sanskrit root yuj, which means "to join" or "to yoke" (Smith, Greer, Sheets, Watson, 2011). Yoga is an ancient art based on a harmonizing system of development for the body, mind, and spirit (Smith et al., 2011). The practice of yoga makes the body strong and flexible; it also improves the functioning of the respiratory, circulatory, digestive, and hormonal systems (Smith et al., 2011). Similarly it has been found yoga decreases depression, anxiety, cortisol levels, and has a calming effect after sessions (Smith et al., 2011). Yoga has demonstrated the benefit of stilling the body and moderating self-regulation. Just the use of breath can shift the nervous system to more balance and slow the heart and breathing (Descilo et al., 2010). Yoga can stimulate cognitive processes that are similar to meditation but can be easier and more appealing than sitting meditation because of the sensory awareness associated with moving the body (Dick, Niles, Street, DiMartino, & Mitchell, 2014).

Yoga brings emotional stability and clarity of mind (Smith et al., 2011). Yoga is the only formal practice of mindfulness significantly related to increases in nonjudgmental thoughts (Carmody & Baer, 2008). Research has found yoga based programs may have potential to increase subjective well-being and foster resiliency toward mental health (Carmody & Baer, 2008; Gard, et al., 2012). Yoga has been shown to increase quality of life, mindfulness, and self-compassion and decreases stress (Gard, et al., 2012). Compassion is also a key component that can be learned from yoga. Self-compassion predicts stress and relates positively to mental and physical health (Gard, et al., 2012).
Yoga as a Mindfulness Based Stress Reduction Tool For Youth

Many studies focused on youth and yoga as a mindfulness based stress reduction tool were found in the context of school. This environment is supportive to the approach with youth as it provides skills like self-regulation, reduced aggression and improvement in social skills (Broderick & Metz, 2009; Noggle & Khalsa, 2010). All of these skills are important for healthy development and wellbeing in youth (Bergen-Cico, Razza, & Timmins, 2015). Awareness and self-regulation, in particular are benefits of yoga and most helpful for at risk youth (Bergen-Cico et al., 2015; Fishbein et al., 2016). Without the ability to control emotional arousal, the body can think and act as if it were under threat, which can impair functioning. Adolescents are particularly responsive to the psychophysiological effects of yoga as a mindfulness intervention because of the dramatic changes in their brain maturity and the plasticity that comes along with their age (Fishbein et al., 2016).

In a twelve-week intervention with 4 inner city schools, youth reported lower levels of rumination, intrusive thinking, and a general lower response to stress. Other studies found that yoga and mindfulness as an intervention for youth reduced stress reactions and increased self-regulatory capacities (Mendelson et al., 2010).

A study conducted with thirteen to twenty one year olds found that yoga led to significant reduction in hostility, general discomfort, emotional discomfort and improvements in interpersonal relationships (Sibinga, Perry-Parrish, Chung, Johnson, Smith, & Ellen, 2013). They had less physical health symptoms, reduced stress and increased school achievement (Black et al, 2008; Sibinga et al., 2013). Participants felt happier, calmer, more energetic, and slept better. Other students found that they had fun and were better equipped to handle difficult feelings when they learned mindfulness skills (Viafora, Mathiesen, & Unsworth, 2015). Yoga has increased
skills in short term impulse and attention control as well as long term control (Bergen-Cico et al., 2015). Mindfulness in youth has also increased academic performance and reduced symptoms of ADHD (Beauchemin, Hutchins, & Patterson, 2008; Harrison, Manocha, Rubia, 2004; Semple, Lee, Rosa, & Miller, 2009). Over 60% of participants found mindful yoga helpful in increasing their sense of calm and ability to focus (Bergen-Cico et al., 2015). Yoga as a mindfulness intervention with fourteen to twenty year olds found decreases in alcohol use and increased social skills and pro-social behavior (Fishbein et al., 2016).

Yoga was found to be effective in a study involving seventh and eighth grade boys in a low-income urban setting. The boys showed less anxiety, improved coping skills and an increase in emotional awareness and mindfulness when compared to the same age group in a different class (Sibinga et al., 2013).

**Yoga as Coping Tool of Trauma**

Trauma happens in the core of the body and the brain. Trauma resides in the nervous system and not in the event itself (Parker, Doctor, & Selvam, 2008). The lower brain centers become engaged during the threatening event and executive functions became less active like the ability to reason or problem solve. The body responds in a flight or fight reaction and can be triggered in events that are similar (Parker et al., 2008). The threat can be real or imagined, triggering the body’s stress response (Duros & Crowley, 2014). Stress disrupts the body's equilibrium, which results in autonomic nervous system imbalance (Nolan, 2016). While this is an adaptive survival response in the short-term, chronic exposure to stress or trauma can overload the body (Nolan, 2016). A key part of recovering from trauma is learning to self-regulate and calm the body. Yoga can help by building awareness to bodily reactions and can serve as a coping tool for trauma (Duros & Crowley, 2014).
Yoga impacts the responses of the autonomic nervous system (ANS). ANS is a control system that largely regulates bodily functions like the heart rate, digestion, and respiratory rate (Nolan, 2016). This system is the primary mechanism in control of the fight-or-flight response and the freeze-and-dissociate response. Yoga can help by regulate breathing (Nolan, 2016). Slowed breathing sends messages to the brain that help with perception, cognition, and emotion regulation (Nolan, 2016). Yoga is a tool that can intervene with the Central Nervous System (CNS) as well. CNS integrates information it receives and coordinates the activity of all parts of the body (Duros & Crowley, 2014). Through yoga, the CNS works with the limbic system and brainstem, to balance mood, improve symptoms of PTSD, improve cognition, balance the activity of the brain, and improve heart rate variability, all of which are important for self-regulation (Duros & Crowley, 2014). Yoga can help someone be able to tolerate being in his or her body, which can be very difficult for someone who has experienced trauma (Duros & Crowley, 2014). Over time, the person is able to tolerate feelings and sensations in their body without getting to the state of arousal that causes a stress response.

Yoga has been found to be a benefit to vulnerable populations. One study found that a yoga program was able to provide a safe, peaceful environment to practice gentle yoga and breath for homeless women. In a group of 52 participants, most found yoga to be helpful in lowering stress, reducing pain, and enhancing overall health. Yoga was found helpful in reducing symptoms of PTSD in groups such as veterans and survivors of domestic violence. Both groups found the intervention to be helpful and practicable in improving their symptoms (Clark et al., 2014; Staples, Hamilton, & Uddo, 2013). Yoga is also an effective therapeutic treatment for trauma experienced by adults in natural disasters. 67% of adult tsunami survivors reported
improvement in PTSD symptoms and 90% reported the same improvement one year later (Parker et al., 2008).

**Trauma Sensitive Yoga**

Trauma sensitive yoga was developed to provide an intentional space for those who have experienced trauma and want to use yoga as a tool in combating symptoms. As said by David Emerson, creator of trauma sensitive yoga, “Traditional trauma therapy is talk-based and focuses on the mind, the story, tending to neglect the physical, visceral, and body-based dimension of trauma. Yoga, when skillfully employed, can uniquely address the physical needs of a trauma survivor, and provide a way for a trauma survivor to cultivate a friendly relationship to his or her body through gentle breath and movement practices.” (Emerson, Sharma, Chaudhry, & Turner, 2009). Emerson developed five areas where improvements and modifications could be made to tailor a yoga class to be trauma sensitive. These areas include Environment, Exercises, Teacher Qualities, Assists, and Language (Emerson, Sharma, Chaudhry, & Turner, 2009). Examples of a trauma sensitive yoga class include covering publicly exposed windows; verbal suggestions versus hands on assists, instructors that are trauma informed, and using inviting language. Using these modifications increases the approachability for those who have experienced trauma to become aware of their body in the moment safely. It is key to allow the participants choices and create a sense of community (Emerson, Sharma, Chaudhry, & Turner, 2009). With the help of these modifications, yoga can those who have experienced trauma and assist in their healing.

**Yoga and Homeless Populations**

While there are a large number of studies supporting yoga as an intervention with adults, there are fewer conducted with the homeless population. There are even fewer that involved homeless youth. The closest study conducted found compared mindfulness with middle school
students some of whom were homeless and the others were housed. Several other studies included youth or young adults who were considered high risk, but homeless was not defined as the population. This study took place in a school setting, which offers different dynamics and structure for the program. The study found students experiencing homelessness had more favorable outcomes than students not affected by homelessness (Viafora et al., 2015). The middle schoolers found the skills helpful and were able to apply them outside of class. The students experiencing homelessness were found to be more aggressive, have shorter attention spans, more sleep disturbances, friendship conflicts, and poor academic skills (Viafora et al., 2015). The mindfulness skills helped with all of these categories. There were several studies conducted in homeless shelters, but often these were shelters that were geared towards women in domestic abuse situations. The women in these studies found an improvement in their self-esteem, reduced stress and physical pain, and increased emotional regulation (Clark et al., 2014; Dick et al., 2014; Duttom et al., 2013; Nolan, 2016). A group of women who participated in a yoga program as an adjunct mental health treatment intervention for survivors of domestic violence, 100% of the participants found the programming meaningful at the shelter (Clark et al., 2014). No study was found reflecting the atmosphere of a young adults drop-in center where the program evaluation occurred.

The purpose of this study is to further explore where the research stops. There is no research on the effectiveness of yoga on homeless youth. This study will investigate the effectiveness and practicality of offering yoga classes in an urban drop-in homeless youth center setting.
Conceptual Framework

The literature pertaining to yoga as a mindfulness tool for youth discuss a variety of theories. The main theories are Mindfulness-Based Stress Reduction (MBSR) and trauma informed care. MBSR can be defined as being aware of physical sensations, moment-to-moment observations, and thoughts without judgment (Dutton, Bermudez, Matás, Majid, & Myers, 2013). An emphasis is placed on seeing and accepting things as they are without trying to change them (Allen, et al., 2006). Mindfulness is different than habitual mental functioning, like being on automatic pilot and going through the motions without much thought.

Mindfulness has been found to be a coping tool for chronic stress and health disorders (Carmody & Baer, 2008; Dutton, et al., 2013). Mindfulness strategies include meditation, movement, or awareness. Examples include sitting and lying meditation; using the body like yoga, stretching, qi gong; and being aware and in the present moment as much as possible, like during routine tasks such as brushing teeth or washing hands (Allen, et al., 2006). Professionals of all types have witnessed its benefit and have started to incorporate it into therapy and other settings to help clients cope with stress, physical symptoms of health problems, and mental health. MBSR has been found to be feasible method of therapy because it can help reduce the stigma of seeking help for mental health as it can be done without being in a mental health facility (Dutton, et al., 2013). This framework provides the support that mindfulness is a portable intervention for coping with stress.

Trauma informed care also plays a large part in the conceptual framework of this study. Trauma often cannot be resolved just through interventions using the left-brain functions, which is considered traditional talk therapy (Duros & Crowley, 2014). Because trauma is something that happens in the core of the brain and the body, the most effective treatment approaches
integrate traditional therapy modalities with those that focus on calming the nervous system such as yoga (Duros & Crowley, 2014). Once it is understood that a trauma survivor’s symptoms are physiological manifestations of their body’s instinctive response to protect itself, it can guide the use of the autonomic nervous system to help a client move towards recovery (Duros & Crowley, 2014).

**Program Description and History**

The organization serving homeless youth was started about forty years ago to serve the needs of the youth. It is a drop-in center where youth can access basic needs such as food, clothing, and crisis needs. The organization serves more than 2,000 young adults each year. It has expanded to incorporate many community partners that assist youth with services such as legal, medical care, finding housing, education, and employment. This one-stop shop model resources in one location therefore eliminating barriers for youth to seek services they need.

During the timeframe of the program evaluation, the weekly average of youth present in the drop-in center was 105. With that large number of youth, programming is made to keep the space relevant to the needs and wants of the youth. The organization strives to be trauma informed and makes trusting relationships a priority with youth. One principle of the organization is to serve the whole person including mental, physical, and emotional health. Mental health is a constant factor that comes into consideration in their work. Yoga was identified as programming options offering the youth a new tool for coping as well as engaging physical activity. It was identified as an opportunity to broaden the youth’s horizons, build self-esteem, and attend to the whole person. The organization first began working with traditional yoga practitioners. Volunteers would expect youth to wear yoga clothes and have yoga mats. They would also use traditional Sanskrit words for the different yoga poses. This traditional
approach created barriers to access and approachability of the program for the youth. In 2015, several staff members attended Street Yoga training targeted to working with youth and aligned with organizational goals of trauma informed work. The researcher approached the organization regarding a program evaluation and staff embraced at the opportunity to begin yoga programming.

This class was designed for young adults ages 18 to 24 years old that are currently experiencing homelessness. The class is structured in a way that youth do not need any prior yoga experience to be able to attend. The yoga class explores breath with movement, stretching, and some meditation. The class focuses on connecting breath to the body and being present in the moment, without judgment. It offered youth the opportunity to take a break and build mindfulness skills that they could take with them outside the center. The goal of the class is to offer a safe space for youth to slow down and connect with themselves for thirty to forty five minutes.

**Methods**

**Evaluation Design**

The evaluation was formative in nature. It assessed an ongoing program with the intent of improving it’s continued and future implementation. The purpose of the evaluation was to determine the effectiveness of an ongoing program; the behavioral objectives evaluation approach was being employed. This approach is best adapted to determinations of whether or not the program is meeting its objectives and is likeable by youth.

A mixed method approach was selected for this evaluation. The study focused on an embedded design. The quantitative portion focused on the outcomes and was in the form of
scaled questions. The qualitative portion focused questions on the process and included open-ended questions in the survey. Field observations of youth also offered an opportunity to gather quantitative data.

Target population for the class was youth aged 18 to 24 experiencing homelessness participating in drop-in yoga classes from January to March 2017. Youth were of diverse backgrounds and had varied exposure of mindfulness interventions. Youth voluntarily attended the yoga class based on interest.

**Data Collection and Sampling**

After approval of the organization and St. Catherine’s Institutional Review Board, the researcher partnered with staff in administering the surveys. Surveys and participation were voluntary. See appendix C for detail. Staff promoted the class by creating a flyer and by word of mouth. See appendix D for detail. Youth were not involved in creating flyers. The researcher spent time in the drop-in center before the yoga class began with a poster and candy to gather attention and answer questions. Recruitment in the drop-in center was informal and informational, allowing young adults to approach if interested. Case managers and three mental health practitioners working with young adults were also enlisted to suggest referrals as well. See appendix B. Surveys were conducted in the beginning and end of the class by evaluator. If participant did not finish the class, pre-test information was pulled and not considered for the results. Surveys were coded for anonymity of youth. Surveys were secured in a folder until they are transported to a locked drawer for confidentiality and continued anonymity of data collected. Evaluator destroyed surveys once data was recorded in encrypted software with a secure password for analysis. All surveys were destroyed by May 15\textsuperscript{th}, 2017.
Evaluator kept a journal of field observations that did not contain identifiable information and was secured in locked drawer for confidentiality. These notes included comments made by youth and staff and overall observations made by researcher. Field observations were destroyed by May 15th, 2017.

**Setting and Structure of Class**

The population of the yoga class was youth who utilized the drop-in center and chose to participate in the yoga class. The yoga class was held every Monday afternoons at 1 p.m. from January to March. The class was held in the basement community room of the youth drop-in center. Youth were in a circle in the room with the instructors in the front. See appendix E for reference. The class was thirty to forty five minutes and led by two staff members. Both staff members had previous training in trauma informed yoga and working with youth. The class started out with an introduction to the yoga class and asking if the youth had any questions. Group agreements were then reviewed, which included respecting the space, yourself, and others.

Next staff did an energy check in, asking participants how they were feeling at beginning of each class. Researcher then spoke about the project and opportunity for youth to participate if they were interested. The consent form was read aloud with risks and benefits discussed. Researcher spoke about confidentiality and how that was to be protected. Pre-test surveys were passed out at that time for youth to complete. Staff was available during the allotted class time to help youth process emotional needs as they come up. The class was started with light stretching in seated positions. Yoga poses for stretching were introduced. Then four yoga poses for a vinyasa flow were introduced. The group then did several balance poses, light stretching, then
ending the session with a short resting pose. After the class, researcher handed out post surveys. Staff did not fill out surveys. At the end of class youth would receive water, snack, and a bus token.

**Confidentiality and Informed Consent**

The consent form was read aloud with risks and benefits discussed before youth began the yoga class. No to low risk was assessed for the survey. Potential feelings of discomfort could arise based on feelings of the class experience, which stimulates both physical and emotional states. There were no direct benefits for participating in the survey.

Researcher spoke about confidentiality and how that was to be kept. Participants created a code with their middle initial and last four numbers of their phone number. If they did not have a phone number, they could substitute the day and month of their birthday. Pre and post-tests were matched by the code. Data was unidentifiable and confidential. Staff and researcher were available for questions or concerns. Participants were provided the option to go over forms verbally if they have trouble with spelling or reading outside of class or privately before agreeing to the consent. The participants were given the option to think about joining by being able to take the yoga class, and choose to partake in surveys in another class period.

If youth decided to participate in the study, but later changed their mind and wanted to withdraw, simply notifying staff or researcher, their information was removed immediately. It was stated the youth’s decision of whether or not to participate would have no negative or positive impact on their relationship with St. Catherine University, or with any of the students or faculty involved in the research as well as their relationship with the organization and its staff.
Assurance of participant understanding was confirmed by asking youth what they thought they were being asked to do and whether they were okay with doing it.

Data Analysis

Quantitative techniques including descriptive statistics were used to analyze the survey results. Qualitative techniques included open-ended questions. The researcher developed appropriate coding, classifying, and summarizing schemes that fit the data in order to provide the types of information and level of detail necessary to meet the objectives of the evaluation.

Findings

Summary of Events

A total of twelve youth participated in the yoga classes offered. Out of the twelve youth, five youth completed a class and answered the survey. Two out of those five youth attended more than one yoga class. Out of the five youth who completed surveys, four identified as African American and one identified as other. Four youth identified as male, and one female. Youth were ages 21 to 24. The average age was 22. All of the youth had not attended a yoga class before. Two staff were present during the class time to teach the class.

The timeframe observed for evaluation was a period of six classes from mid January to mid March 2017. Conversations about evaluation of the program started in August of 2016, but the concept of offering a yoga class for youth had started before that. Originally, the process for the yoga class was to start the end of September. A volunteer from the community was planning on teaching the class. The volunteer was to spend about six weeks in the drop-in center with a table to advertise the class, build relationships with youth, and engage in exposure of yoga to the
youth. The volunteer backed out of the class last minute and it took a bit of time for the organization to reconstruct the class. Staff members were identified to lead the class and yoga was able to start mid January.

Staff promoted the class by creating a flyer and by word of mouth. See appendix D for flyer. There was no youth involvement in creating flyers or recruitment. Recruitment in the drop-in center was informal and informational, allowing young adults to approach if interested. The first few classes generated buzz in the drop-in center. There was a lot of interest from the youth and conversation in the drop-in center about the class. There would be four to five youth that would express interest in the class and go downstairs to the community room when the time was set to begin. During the first few weeks, several of the youth would leave and not finish the class. Youth would leave because they received a call from their ride that it was time to go, a call from their employer asking them to come in, or youth would leave because they did not want to stay for the class. After that, there would be an average of one to two youth who would attend the class.

**Survey Findings**

Survey information was gathered before and after the yoga class. Initially, four out of five participants felt stress in their body before they started to yoga class. After the class was done, four out of five participants felt a difference in their body, and four out of five participants felt relaxed throughout the entire class. Three out of five participants rated an increase in ability to focus compared to before the yoga class. Four out of five participants rated it easier to control emotions after the yoga. When asked to indicate how they felt today, two participants indicated a smiley face on the scale and three a neutral face. When asked after the class how they felt, all
five participants indicated a smiley face. This scale was used in the drop-in setting to gauge how the youth felt when they checked in for the day. The youth were familiar with the scale and indicating how they felt.

All five participants responded they would come back again. Two participants included comments of “peaceful state of mind” and “to learn new things”. All five participants would recommend it to others. When the participants were asked what they enjoyed most out of the class the highest responses were meditations and breathing exercises. The participants were asked which of the skills they learned in class would they use in their daily life and the most frequent responses were meditation and breathing exercises. All five participants said they enjoyed the class and three out of the five participants included as a comment they found yoga relaxing.

Participant Feedback

Several youth had space to write comments on the post-survey. When asked if the participant enjoyed the yoga class responses included; “Yes, it was relaxing”, “It was a great release”, “Yes, it was fun and relaxing”, “I enjoyed it”, “Yoga is bomb!”. When participants were asked if they would come back to another class, responses were; “Yes, I enjoyed it”, “Yes, to learn new things”, “Yes, peaceful state of mind”, “Yes, I loved it”. Other comments heard frequently during the yoga class included; “I almost fell asleep” and “Am I doing this right”. During the class, two youth asked for back supports like a cushion and socks.

In the drop-in center, most youth had a favorable opinion of yoga and expressed interest in the class, but would not attend. Reasons that were stated as to why included transportation, work, meetings, and other commitments prevented attendance. The yoga class was offered at
1p.m., which was right after lunch was served at 12 p.m. and before the drop-in center closed at 2p.m.

Field Observations

There was intentionality of the staff present to make the space safe and trauma informed for the youth. The space was dimly lit with soft ambiance music playing in the background. The community room was large but held a lot of furniture including couches, chairs, and table. Yoga mats were provided for the class and placed in a circle to promote individual practice. Once the class started, other youth would not be able to enter the room deterring disruptions from the drop-in center. Staff did not allow other youth to observe yoga class to safeguard participation. It was later discovered one youth as turned away from the class because they wanted to observe the class. Youth were asked to turn their phones off to lessen distractions. Staff was responsive to the suggestions and needs voiced by the young adults attending the class. There were two different instances where youth voiced suggestions like offering clean socks, aromatherapy, and back support during poses. The staff leading the yoga class would respond by next class including items that youth requested.

Staff also would create safe space for youth by taking charge of monitoring belongings brought into the room. If young adults choose, they could feel comfortable closing their eyes and not need to worry about their belongings. Staff would verbally state during opportunities for the youth to close their eyes, that staff would keep theirs open. It was also observed that staff gave many choices to the youth during the class adhering to trauma informed yoga practices. Youth were given options to keep their eyes open or shut, stand or sit, and levels of intensity for
different yoga poses. It provided reminders to adjust the class to fit their needs and added personal choice to enhance feelings of safety.

It was an assumption that the class would be equally men and women given the demographics of the drop-in center. However, the class was made up of more males than females. There was one female that attended the class and she participated in two classes. Staff response was, “I was surprised by the number of guys that attended” one staff member stated, “The young men were super accepting and receptive to the class”. When researcher asked staff why they thought women were not attending their response was it could be harder to engage women in services in the drop-in center. It could be vulnerability of attending a mindfulness class and being present in their body. It could also be their responsibility for their children and the inability to attend. One young woman stated, “I am interested in mindfulness, but it takes space and time. That is not possible when you have a kid”. Many of the women that were present in the drop-in center had young children. When approached, they expressed interest in the class, but were unable to attend due to other commitments or providing care for their children. The drop-in center was rarely able to provide childcare for parents and had the expectation that parent would be in charge of watching their children. Another factor that may have impacted the participation of women was that the class included men and women. Often the youth who would leave the class were female. They would express initial interest, but would leave before the class started. There were two instances when a youth would leave without saying anything; in both of those instances the youth was a female.

Not all youth completed the class from start to finish. There were several instances where youth would attempt to start the class, but would leave a few moments into it. Reasons expressed were they had a headache and didn’t feel well enough to participate fully or another instance
when a youth was intoxicated and could not focus on the class. Both of those instances were male youth.

In the first few classes, it was frequently noted several youth would express interest in attending the class, would go to the community room, then something would come up. Before the class began, youth received calls from their rides saying it was time to go, employers asking to come in early, a friend called, or another commitment came up. In the first few weeks it was common for half of the youth who planned on attending the class to leave before it started.

With the number of youth present each day in the drop-in, the space can be very chaotic. There is a lot people, energy, and noise within the space. Staff are required to be alert and on their toes. The time for the yoga class was right after lunch on a Monday afternoon. Youth appeared to be intent on accomplishing what they needed to do and leave. For example, a youth would come to do their laundry, get groceries or clothes, meet with a case manager, and would leave the drop-in center once their need was met. While it is a welcoming space, it is hard to attract the attention of the young adults for new programming. Youth are focused on the task or need that they need met and often do not stay in the center and spend time beyond that. As one staff member noted, “Mondays are not a good day. We need to offer yoga twenty times per week to find the right time that works best for youth”. Many youth agreed. They stated that they were at the drop-in center to do their business and did not stick around after 1 p.m. Many youth when asked what time worked better for them stated 10 a.m.

Several staff made comments about how it takes time for new programming to catch on and build consistent attendance. Most youth expressed interest in the class, but would say they could not go today. Researcher would remind them the class was every week and encouraged
attendance at another session. Staff also made comments about the difficulty in remembering programming each day, as there are many things going on in the space. That made it difficult for staff to be involved in reminding or recruiting youth to attend. One youth mentioned, “People do not know all the services that are offered here. I have been coming here for years and I still feel like I don’t know what is going on each day”.

Another observation made was how to describe the yoga program. At first, the sign used in the drop in space said “yoga class”. It was later changed to “street yoga” to try to continue to develop interest in the class. When approached, several youth made comments about “not doing yoga”. The researcher attempted several ways to describe yoga by using words like stretching, describing sitting positions, and describing the compliment to other forms of exercise. Time was spent explaining youth could do the class in the street clothes they were wearing or it wouldn't make them sweat. There appeared to be an idea of what yoga was and that it was not something approachable for the youth in the drop-in center. How yoga was advertised to the youth may have made an impact on participation.

Approachability could also be related to the vulnerability of doing something new like mindfulness. As one staff noted “The vulnerability of going downstairs by yourself could be too much for some of the youth to handle”. There were three instances of staff walking youth down to the community room to join the class. Two of those occasions, the staff member stayed and joined the young person in the class. Staff attending with the youth appeared to increase the approachability of yoga. The youth appeared to be less fidgety and uncomfortable joining in the class.
The youth who did go to the class would often make comments during asking if they were doing things right, how the poses felt like if something hurt or felt good, if they were relaxed or other remarks. They would often laugh. It was unusual for a youth to not say anything during the class. There were two instances were youth would start talking often going on a tangent about something. Staff would often have to redirect youth back to the pose or breathing to bring the focus back to the moment.

**Discussion**

Overall, the organization found the program to be a success based on the turnout and meeting the goals offering a safe space for youth to slow down and listen to their body. The survey found all five participants said they enjoyed the class, would come back again, and would recommend it to others. The surveys showed that youth liked the class, found it relaxing, and walked away feeling better than when they first sat down on their yoga mat. Every youth attending the class expressed interest in the class continuing and wanted to return. This result of yoga outcomes is similar to the research found related to homeless populations and youth. Seven studies were focused on youth and young adults looking at the feasibility and effects of yoga as a mindfulness intervention. These studies found that yoga was appealing to young adults and youth, had a positive impact on mental health, and reduced stress (Bergen-Cico., et. al., 2015; Fishbein et al., 2016; Mendelson et al., 2010; Perry-Parrish et al., 2016; Sibinga et al., 2011; Sibinga et al., 2013; Viafora et al., 2015). Although the findings were consistent with the research in support of yoga programming for homeless young adults, many practical realities that need to be considered and addressed were observed in the course of this evaluation. With that in mind, there are several discussion points that emerged during the evaluation.
Doing something new for the first time can take courage. Given the setting and the population at the drop-in center, there is not a surprise many of the youth expressed interest but did not ultimately attend the class. The idea for some of the youth to put themselves out of their comfort zone could be daunting. Or the idea of sitting still in your body for this population could be excruciating. The instances of staff accompanying youth to the class reflect the goal of the organization for the class to be trauma informed and a safe space. It created a place for youth to try something new in a trusting environment. An awareness of the experience of vulnerability leads me to understand why some of the youth who expressed initial interest left the class or did not stay the entire session. The youth had insight into their self and would leave the class if they felt it was not possible to complete it; instead of pushing through and being uncomfortable they would excuse themselves. The research related to trauma and the body reflects this. It is difficult to focus for some or be connected to the body if someone has experienced trauma. The person can be triggered to feel anxious or uncomfortable in their body (Mendelson et. al., 2010; Perry-Parrish, 2016; Sibinga, 2011). A youth might not be able to tolerate discomfort, and chose to leave the class instead of being able to tolerate the uneasiness.

Vulnerability was also seen in that many youth had a difficult time not engaging in conversation during the class. Many youth would laugh and giggle or ask if they were doing poses right. It exemplifies the difficulty to go inside the body and be present rather than engaging in external stimulations. It could also indicate some of the discomfort experienced by youth and the age appropriate response to laughing when uncomfortable.

Because of the presence of males over females, it also leads to the conclusion it may be tougher to engage women in this setting. The responsibility of parenting was a significant barrier in attending the class. It was an expected result that women would be a part of the attendance of
the class. The lack of women present at the class shows that there needs to be a more targeted focus to get them involved. This could include separate male and female classes or a mommy and me structure to meet clients where they are. Most of the research found did not comment on the distinct challenges facing women unless the setting was a women’s only facility like a homeless shelter or domestic abuse center (Clark et. al, 2014; Davis-Berman & Farkas, 2012; Dick et. al., 2014; Dutton et. al., 2014). These studies reflect the challenge of providing mindfulness classes to women with children with barriers identified as childcare conflicts and work commitments (Dutton et al., 2014).

Another point heard through the evaluation was the time of the yoga class. The drop-in center offers lunch at 12 p.m. and closes at 2 p.m. The yoga class was offered Mondays at 1 p.m. This proved to be a barrier as many of youth had their attention on eating lunch and finishing what they needed to do before leaving. The time was selected because of staff availability. Staff noted that youth often left right after lunch and it was not most appealing time frame.

While spending time in the drop-in center, a few youth said comments like “I do not do yoga”. This prompted a lot of exploration into the explanation of yoga and the class geared towards the population of the drop in center. The researcher attempted to explain in various ways the benefits and structure of the class. Offering connections to the benefits of yoga with other forms of exercise, explaining yoga as stretching, explaining mindfulness were all avenues that were used to de-mystify what the class would entail. Youth made comments about not wanting to sweat, not wearing appropriate clothes, or not being able to intense yoga poses. The challenge was posed how to explain yoga and make it feel approachable to the population. The youth had preconceived notions about mindfulness and the poses. Approachability was a barrier in the previous class with the youth requiring yoga clothes, mats, and traditional Sanskrit sayings. By
eliminating those barriers, the class was more inviting. Continued work on how to explain and describe yoga would further assist accessibility for continued attendance. There may need to be two levels of yoga class offered. One level could be an introduction into yoga, what it means, and what it looks like. The second level could go more in depth into mindfulness and yoga practices once youth were familiar with body awareness. More emphasis could be placed on deeper meditations and yoga poses.

Further exploration could also be if yoga is in alignment with cultural norms of the youth drop-in center in relation to homelessness or race. While there was interest expressed by many youth regarding the class, ultimately they did not attend. Investigation if yoga conflicts with values of the youth regarding religion, homelessness, or race may give more information regarding yoga approachability for this population.

Recruiting can be difficult in the drop-in space because of the amount of activities going on. For continued success of the class, recruitment including various forms to involve and interest youth would help to build up the energy and attendance around the class. As one young adult stated, “You can get people interested if is one-on-one, make it more involved, that will get my attention”. Including youth in recruitment techniques could be a possible way to expand recruitment and participation in the yoga class. Because of low numbers in attendance, how yoga was advertised impacted participation.

Limitations

There were a few limitations to the current study. For example, although most important to the aim of the evaluation, responses used for qualitative analysis were brief and may not have provided as much useful information had participants been asked to provide more comprehensive
answers. In addition, it may have been useful to hold focus groups for participants to further discuss potential barriers after data was collected in the original study. However, this was not feasible.

Another limitation to the evaluation was that the survey was conducted over a brief time frame of six weeks. Longer assessment time would have been helpful to allow the program to become established in the drop-in center and gather more feedback from additional participants.

Because of the brief time the yoga class was conducted over, there is a small amount of data gathered. The sample size was too small to run statistical tests and therefore does not offer a representative analysis to apply to other populations. There was no control group to compare the participants to. This limits the ability to apply the findings to other populations. The participant findings may also be limited as the youth selected themselves to attend the class and may have a bias about the impact of yoga before they took the class.

**Implications for Practice and Research**

This evaluation offered insight into yoga programming for youth experiencing homelessness. One of the findings indicated there is feasibility and interest in yoga programming for this population. Many youth expressed interest and indicated they would return to another class or refer the class to others. This shows the population of young adults experiencing homelessness are interested in yoga as a mindful intervention. Feasibility was also reflected in the research in various settings including schools and homeless shelters.

Another insight discovered in this evaluation and supported by past research is the impact yoga has on youth. Every person who took the class left feeling happy, calm, and relaxed. Participants found the class to offer mindfulness skills that could be incorporated into their day.
Staff time and resources was another finding for implications for future practice. For a successful class, time is needed from staff to help create a safe environment. Staff assistance in creating yoga to be an approachable activity is another important factor to consider. Demonstrating poses and normalizing yoga for the youth would be a helpful step in accessibility. Staff time is needed to find the best time that fits the needs of the population. While this can be difficult, it is crucial is creating a client first model to support the creation of safety and community for a class. Resources are needed to offer incentives to gain a class base. Incentives like bus tokens, snacks, and yoga mats are all items that can help eliminate barriers for youth to attend. Childcare is another consideration for women with children to participate. Securing belongings for youth can also improve their ability to focus on the moment rather than being preoccupied.

A consideration for future research is to create opportunities for longitudinal evaluation. This evaluation tracked youth over a short period. Given the dynamics of the setting, a multiple class series was not a feasible. Continued research on the effects of multiple classes on this population would continue to add to the body of research regarding yoga as a mindful intervention for young adults experiencing homelessness.
Appendix A

References


Appendix A: Agency Approval Letter

10/20/2016

Stacey Lillebo
Research Director
YouthLink

Dear Ms. Lillebo:

I have reviewed your research proposal, entitled “Evaluation Proposal of Mindfulness Yoga for Youth Experiencing Homelessness,” and grant permission for you to survey youth ages 18-24 who are participating in a yoga class onsite at YouthLink for the purposes of evaluating the yoga programming. It is understood that your study aims to better understand the value of yoga and mindfulness practice for youth experiencing homelessness. It is further understood that:

- Participation is completely voluntary and the participants and may withdraw from the study at any time throughout the research process without consequence.

- There is limited risk for participants of the study being personally identified. All surveys will be anonymous. The surveys will be kept in a locked drawer and only you and your research advisor will have access to the surveys. The original surveys will be destroyed by May 15, 2017.

- Confidentiality of data will be maintained by using coding of surveys rather than names and maintaining a secure location for the surveys as listed above.

- The study will begin on 01/02/2017 and end on 05/01/2017.

Sincerely,

[Signature]
Appendix B – Consent Form

ST CATHERINE UNIVERSITY
Informed Consent for a Research Study
YOUNG ADULT CONSENT FORM

YOGA AND MINDFULNESS FOR YOUTH

Researcher(s): Stacey Lillebo

Introduction
You are invited to join a research study to look at the effectiveness of yoga at a youth drop-in center. The study is being done by Stacey Lillebo, a Masters’ student at St. Catherine University in St. Paul, MN. The faculty advisor for this study is Lisa Kiesel Ph.D., MSW, LICSW Assistant Professor at St. Catherine University School of Social Work.

In this research study, we are evaluating how yoga can affect your mood and body. We will also be measuring if yoga is possible ongoing program option for the drop-in center and if there is interest of youth for a yoga program.

Below, you will find answers to the most commonly asked questions about participating in a research study. Please read this entire document and ask questions you have before you agree to be in the study.

What is involved in the study?
If you decide to participate you will be asked to fill out a survey before and after each yoga class. We think this will take you 5 minutes. You may also be asked to participate in a brief focus group about your opinions of the yoga class. Each yoga class will be an hour. You are invited to join one, or all the offered yoga classes.

What if I decide I don’t want to be in this study?
Participation in this study is completely voluntary. If you decide you do not want to participate in this study, please feel free to say so. If you decide to participate in this study, but later change your mind and want to withdraw, simply notify any one of us and you will be removed immediately. Your decision of whether or not to participate will have no negative or positive impact on your relationship with St. Catherine University, or with any of the students or faculty involved in the research as well as your relationship with the drop-in center and its staff.

What are the risks (dangers or harms) to me if I am in this study?
There is little risk to you in this study. At most you may feel uncomfortable or embarrassed by the questions in the survey.

What are the benefits (good things) that may happen if I am in this study?
There are no direct benefits to you for completing this survey.
Will I receive any compensation for participating in this study?
You will not receive compensations for participating in the study.

What will you do with the information you get from me and how will you protect my privacy?
The information that you provide in this study will be kept anonymous by coding instead of using names. I will keep the completed surveys in a folder after the yoga class then the information will be stored in a locked drawer. Only the faculty advisor, Dr. Lisa Kiesel and I will have access to the records while I work on this project. I will finish analyzing the data by May 1st, 2017. I will then destroy all original reports and identifying information that can be linked back to you.

Any information that you provide will be kept confidential, which means that you will not be identified or identifiable in the any written reports or publications. If it becomes useful to disclose any of your information, I will seek your permission and tell you the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure; you will have the right to grant or deny permission for this to happen. If you do not grant permission, the information will remain confidential and will not be released.

Are there possible changes to the study once it gets started?
If during course of this research study I learn about new findings that might influence your willingness to continue participating in the study, I will inform you of these findings.

How can I get more information?
If you have any questions, you can ask them before you sign this form. You can also feel free to contact me at lill0044@stthomas.edu. If you have any additional questions later and would like to talk to the faculty advisor, please contact Lisa Kiesel at Kies0954@stthomas.edu. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739 or jsschmitt@stkate.edu.

You may keep a copy of this form for your records.
Appendix C: Survey

First letter of middle name: __________

Last four digits of your phone number: _______________

1. What is your age? ________

2. What gender do you identify as? ________

3. What race(s) do you identify as? Circle
   - African American
   - American Indian or Alaska Native
   - Asian
   - Hispanic or Latino
   - Native Hawaiian or other Pacific Islander
   - White
   - Other

4. How often do you have trouble controlling your emotions (like anger or sadness)?
   - Always
   - Some of the time
   - Rarely
   - Never

5. How often do you have trouble focusing (like unable to concentrate, distracted, can’t finish a task)?
   - Always
   - Some of the time
   - Rarely
   - Never

6. How easy is it for you to relax?
   - Always
   - Some of the time
   - Rarely
   - Never

7. Do you feel stress in your body right now (like tense muscles, aches, or pains)?
   - Yes
   - No

8. Have you attended a yoga class before?
   - Yes
   - No

8. Circle how you feel today:
First letter of middle name:_________  Post-Survey
Last four digits of your phone number: _______________

1. Circle how you feel right now:

2. How often did you have trouble controlling your emotions during the class (like anger or sadness)?

   Always  Some of the time  Rarely  Never

3. How often did you have trouble focusing during the class?

   Always  Some of the time  Rarely  Never

4. How often did you feel relaxed during the class?

   Always  Some of the time  Rarely  Never

5. After class, did you notice changes in your body? (like heart beating slower, less aches or pains)?

   Yes  No

6. What did you like about class today?

   Nothing  Breathing exercises  Yoga poses  Meditation

7. Which of the following do you think you will use in your daily life?

   Nothing  Breathing exercises  Yoga poses  Meditation

8. Did you enjoy the class today?

   Yes  No

9. Would you come back to another yoga class?

   Yes  No

   Why or why not?

10. Would you recommend this class to others?

    Yes  No
Appendix D: Flyers for Drop-in Center

YOGA

Mondays at 1 pm
In the Community Room
All are welcome
No special clothes or experience needed
Appendix E: Photo of set-up