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PRACTITIONERS' USE OF YOGA WITH CHILDREN WHO HAVE
EXPERIENCED TRAUMA

A Thesis
Presented to
the Graduate School of
Clemson University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science
Parks, Recreation, and Tourism Management
Recreational Therapy Cognate

by
Megan A. Sease, CTRS
August 2020

Accepted by:
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ABSTRACT

Various types of traumatic events may impact children's (ages 2-11) emotional, cognitive, social, physical and/or spiritual health. Yoga, a holistic treatment, has the potential to address the impact of trauma on children's mind and the body. However, throughout the literature there are inconsistencies related to the use of yoga with children who have experienced trauma. To address these inconsistencies, using a descriptive quantitative research design, the purpose of this study was to explore how, why, and by whom yoga is implemented with children (2-11 years old) who have experienced trauma. Findings showed that healthcare and non-healthcare professionals implement yoga with children who have experienced trauma to address clients' emotional, physical, social, cognitive, and spiritual health. These professionals also reported using a variety of trauma informed adaptations such as dimming the lights, or adding essential oils when implementing yoga with this population. This study provided foundational knowledge and also identified future research implications in relation to how why and by whom yoga is implemented with children who have experienced trauma.

DEDICATION

This thesis is dedicated to the professionals who change lives everyday by working with children who have experienced trauma. Without their passion for this population this study would not have been possible.

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CHAPTER ONE

INTRODUCTION

In the United States, 26% of children endure a trauma before the age of four (Mental Health Connection of Tarrant County, n.d.). Trauma is an adverse event that leads to extreme stress negatively affecting a child's health and well-being. Trauma can occur as a result of abuse (e.g., physical, emotional, sexual), neglect, medical trauma, or traumatic grief (Telles, Singh, & Balkrishna, 2012). Children's development is broken into three stages: early childhood (ages 2-3), preschool (ages 4-5), and middle childhood (ages 6-11); each marked by developmental milestones that the child is expected to reach. When traumatic events occur during development, children's growth within emotional, cognitive, social, physical, and spiritual health domains may be hindered (Feldman & Vengrober, 2011; Allhusen, 2001). For example, children who experience trauma during childhood may have trouble controlling emotions (Cook et al., 2005), experience personality changes (Cook et al., 2005), exhibit physical aggression (Kisiel, Fehrenbach, Small, & Lyons, 2009), have trouble communicating with others (Cook et al., 2005), or be apprehensive to spiritual practices (Walker, Reese, Hughes, & Troskie, 2010). If the effects of trauma are not addressed, additional health conditions, such as depression or personality disorders, may develop and impact the child in later life (Mulvihill, 2005; Najjar et al., 2008).

Cognitive-behavioral therapy, eye movement desensitization and reprocessing, and insight-oriented therapy are traditional treatments found to be beneficial for children who have experienced trauma (West, Liang, & Spinazzola, 2017). However, these treatments can lead to incomplete healing as they do not comprehensively address all five

health domains impacted by trauma. Children who have experienced trauma need to participate in interventions that focus on the mind and the body as a whole. For example, yoga is a complementary and integrative health approach that addresses each of the five health domains individually while also focusing on the mind and the body as a whole (Beltran et al., 2016; Seena & Sundaram, 2018). Through the use of physical poses, meditation, and breathwork, yoga has the potential to address the negative effects of trauma including chronic pain, anxiety, decreased self-esteem, and stress (Beltran et al., 2016; Seena & Sundaram, 2018; Spinazzola et al., 2011). In addition to combatting the negative effects of trauma, yoga has the potential to improve a child's overall well-being by decreasing their feelings of social isolation, increasing their proprioception, and improving their body image (McCall, Ward, Roberts, & Heneghan, 2013; Mohanty, Pradhan, & Nagathna, 2014; Neumark-Sztainer, Eisenberg, Wall, & Loth, 2011; Wren, Wright, Carson, & Keefe, 2011).

Yoga for children who have experienced trauma is implemented by a variety of health professionals, including licensed social workers (Kaplan, 2013), and physical, occupational, and recreational therapists (Cirino, 2009; Libby, Reddy, Pilver, & Desai, 2012; Gillen & Gillen 2008; Hutchinson, 2008). While there is research to support the use of yoga with children who have experienced trauma (Beltran et al., 2016), there is insufficient and inconsistent information in the literature related to the targeted outcomes and facilitation methods used to implement yoga for children who have experienced trauma (Macy et al, 2015; Nolan, 2016). For example, trauma-informed and trauma-sensitive yoga were created to address the needs of individuals who have experienced trauma (Jackson, 2014). While both trauma-informed and trauma-sensitive yoga focus on

the importance of offering participants choice in a safe and peaceful environment, the two terms are not clearly defined in the literature (Emerson & Hopper, 2012; Justice, Brems, & Ehlers, 2018). Also, consistent reporting of the types of yoga, the recommended frequency and duration of yoga sessions, and the required credentials of individuals facilitating yoga with children who have experienced trauma are lacking. These inconsistencies can make it difficult for practitioners interested in implementing yoga for children who have experienced trauma to plan and facilitate evidence-based yoga sessions. In an effort to address these inconsistencies, the purpose of this study was to explore how, why, and by whom yoga is implemented with children who have experienced trauma.

CHAPTER TWO

LITERATURE REVIEW

Developmental Stages of Children

There are three developmental stages of childhood: early childhood (2 -3 years old), preschool (4 -5 years old), and middle childhood (6 -11 years old). Within each stage, there are developmental milestones children are expected to attain. Milestones from the preschool stage build off of milestones in the early childhood stage, and middle childhood milestones build off of preschool milestones. Thus, it is important that children reach the expected milestones within each developmental stage, as they are indicators of healthy growth and development.

Early childhood. The ability of an individual to regulate emotion(s) develops during early childhood (Kochanska, Murray, & Harlan, 2000). Through the regulation of emotions, children start to understand anger, disappointment, excitement, and how to follow the rules (Kochanska et al., 2000). Children are also expected to improve their balance and coordination while increasing in size. This physical development helps improve children's speed and agility when they are walking or running (Fauconnier et al., 2009). Socially, children develop social competence which allows for them to learn about peer acceptance and how to maintain close friendships (Cook et al., 2005). During this stage children also develop the ability to orient themselves to their surroundings while developing abstract reasoning (Cook et al., 2005). At two to three years old, children cannot fully understand abstract concepts such as spirituality (Bornstein et al., 2010; Cook et al., 2005; Kochanska et al., 2000; Thompson, 2001). During early childhood, the aforementioned emotional, physical, and social, milestones are expected to be achieved;

however, children continue to develop in each of these health domains throughout later developmental stages.

Preschool. Emotionally, children learn a variety of new emotions during the preschool stage (Trawick-Smith & Smith, 2014). While often positive, these newfound emotions can create negative situations, due to children's inability to understand their own or other's emotional state. Regarding physical health children develop motor skills (i.e., running, jumping, throwing) that can lead to an active lifestyle later in life (Iivonen, Sääkslahti, & Nissinen, 2011). Socially, children learn through the theory of the mind which facilitates their ability to distinguish between morality and social convention (Miller, Bersoff, & Harwood, 1990). Cognitively, children learn how to view things from other people's perspectives, and to adjust to plans and strategies (Eccles, 1999). Spiritually, preschool-aged children begin to conceptualize the idea of god(s), but their perception of god(s) often resembles their parents (Richert & Granqvist, 2013).

Middle childhood. During middle childhood, emotionally, children develop an enjoyment for learning new things, experience increased self-esteem, and an increased sense of feeling proud of their work (Eccles, 1999). Children are also able to explain these feelings and other emotions through the use of new complex vocabulary (Eccles, 1999). Physically during this stage, children start to change due to puberty and experience sex differences, and an increase in body hair and body mass index (Faustman, Lerner, & Forrest, 2017). Socially during middle childhood, children develop an ability to work with peers and experience an increased social awareness (Eccles, 1999; Sneed, Whitbourne, & Culang, 2006). Cognitively, children's development is seen through an increase in curiosity and an improvement in overall work ethic. Also during middle

childhood, children often start to begin a relationship with a god(s), due to a deeper understanding of spirituality (Eccles, 1999).

During these three developmental stages, children’s understanding of themselves and their view of the world changes (Eccles, 1999). While each stage is individually important, together they build off of each other and contribute to children’s growth in later developmental stages. If trauma(s) occurs during these developmental stages, a child's wellbeing could be hindered (Racco & Vis, 2015).

Trauma in Children

When a child experiences a traumatic event it often results in extreme physiological or psychological stress (Ranjbar & Erb, 2019). As shown in Table 1, trauma may impact growth within each developmental stage, and can negatively impact a child’s emotional, physical, social, cognitive, and/or spiritual health (Cook et al., 2005).

Table 1

Developmental Milestones and the Impact of Trauma on Children

Developmental Stage	Typical Developmental Milestones	Impacts of Trauma on Development
Early Childhood (2-3 years old)	<ul style="list-style-type: none"> ● Begin to regulate emotions ● Understand anger, disappointment, excitement ● Ability to follow the rules ● Improved balance and coordination ● Increase in size ● Understand peer acceptance ● Maintain close friendship ● Develop abstract reasoning 	<ul style="list-style-type: none"> ● Unable to regulate or understand emotions ● Difficulty following rules ● Minimal growth and improvement in balance and coordination ● Inability to reason abstractly ● Difficulties with change in routine(s)
Preschool (4-5 years old)	<ul style="list-style-type: none"> ● Learn new emotions ● Growth in motor skills ● Learn through the theory of 	<ul style="list-style-type: none"> ● Limited emotions ● Limited motor skills ● Close-minded ideas

	the mind ● View things from others perspectives ● Conceptualize the idea of god(s)	● Trouble planning ● Low development of sensorimotor ● Less time thinking of god(s)
Middle Childhood (6-11 years old)	● Increase in self-esteem ● Increase in enjoyment of new things ● Increase in vocabulary ● Increase in body hair, higher body mass index, sex differences ● Increased social awareness ● Develop a relationship with god(s)	● Low self-esteem and enjoyment of new things ● Struggle with learning and interpersonal relationships ● Decreased likelihood of maintaining faith

(Bornstein et al., 2010; Cook et al., 2005; Faustman,, Lerner, Forrest, 2017; Eccles, 1999;Ivonen et al., 2011; Kochanska et al., 2000; Miller et al., 1990; Trawick-Smith & Smith, 2014; Sneed et al., 2006)

Impact of trauma on emotional health in children. When a child experiences trauma, their emotional health is often affected, causing a limited state of calm and an increase in fear (Cook et al., 2005; D'Andrea, Ford, Stolbach, Spinazzola, & Van Der Kolk, 2012). This can lead to an individual having difficulty labeling and regulating emotions (Cook et al., 2005; D'Andrea et al., 2012). These changes can also result in a child experiencing shame and guilt, causing decreased self-esteem and body image (Cook et al., 2005; Turner, Finkelhor, & Ormrod, 2010).

Impact of trauma on cognitive health in children. Trauma can directly impact children's cognitive health, by causing feelings of dissociation, which may be exhibited through an impaired memory, amnesia, and depersonalization (Cook et al., 2005). It can also directly affect self-concept and cognition such that a child may struggle to process information or have trouble maintaining their attention (Cohen & Mannarino, 2008; Cook et al., 2005).

Impact of trauma on physical health in children. Trauma has an effect on children's physical health, specifically the autonomic nervous system (ANS). When trauma occurs the ANS becomes impaired slowing the parasympathetic nervous system while triggering the sympathetic nervous system (SNS) (De Bellis & Zisk, 2014). The SNS controls an individual's defensive flight-or-flight response (Jacobs, 2001). As the primary adaptive response, the fight-or-flight response, responds to perceived danger by increasing breathing and heart rate (Perry & Hambrick, 2008). Short-term side effects of trauma, such as physical aggression or living in a constant state of fear, can occur due to the prolonged activation of the child's fight-or-flight system (Kisiel et al., 2009). Living in a constant state of fight-or-flight can also cause children to experience dissociation, freezing, or fainting (Boyce et al., 2002; Perry, Pollard, Blakley, Baker, & Vigilante, 1995). The impact of trauma on a child's physical health can have ramifications socially as well.

Impact of trauma on social health in children. Post-trauma, a child may feel socially isolated due to their inability to understand others' emotions and perspectives (Cook et al., 2005; D'Andrea et al., 2012). Social isolation often occurs due to interpersonal difficulties such as being resistant to change, the rivalry between siblings, and poor quality of friendships (Cook et al., 2005; Jaffee & Gallop, 2007). Social isolation may lead to oppositional behavior, disordered eating, and trouble sleeping (Cook et al., 2005; Lanius, Vermetten, & Pain, 2010).

Impact of trauma on spiritual health in children. While limited, research has found that trauma can affect children's spiritual health. Research has found that traumatic events either cause children to turn to religion, or to turn away from religion (Lawson,

Drebing, Berg, Vincelle, & Penk, 1998; Walker, Reid, O'Neill, & Brown, 2009). Many individuals turn to religion and spirituality as a coping mechanism, to find meaning in the traumatic event and their life as a whole (Walker et al., 2009; Walker et al., 2010; Weber & Cummings, 2003). Individuals may turn away from religion after a traumatic event due to their feeling alienated from and/or distrust in their god (Lawson, Drebing, Berg, Vincelle, & Penk, 1998; Walker et al., 2009, Walker et al., 2010).

The five health domains function independently but are also interrelated. When trauma occurs it does not just impact one health domain, it affects multiple health domains (Feldman & Vengrober, 2011). Trauma is not only harmful to the child at the moment it occurs, but it can also lead to an increased risk of the child developing trauma-related health conditions in the future.

Additional trauma-related health conditions and their effects on children.

Trauma that occurs during childhood can have long-lasting effects on the child's overall well-being, and often leads to the child developing chronic health conditions, including posttraumatic stress symptoms, heart and liver disease, trouble getting pregnant, and extreme anger in adulthood (Bethell, Newacheck, Hawes, & Halfon, 2014; Kimbrough, Magyari, Langenberg, Chesney, & Berman, 2010; Mental Health Connection of Tarrant County, n.d.). Individuals who have experienced trauma are also 15 times more likely to attempt suicide, four times more likely to struggle with substance abuse, and three times more likely to have issues with professional work (e.g., excessive absences, trouble keeping a job) than individuals who have not experienced trauma (Mental Health Connection of Tarrant County, n.d.).

If trauma occurs during the developmental stages of childhood, trauma-related health conditions could develop and have long-lasting effects on the individual (Beltran et al., 2016; Feldman & Vengrober, 2011; Telles et al., 2012). Development during childhood is progressive, and the milestones within each developmental stage build off each other and become more advanced with each stage. For example, in early childhood, children learn to maintain close friendships, which leads them to start to view things from others' perspectives in the preschool stage (Cook et al., 2005; Eccles, 1999). These milestones then lead to an increase in social awareness in middle childhood (Sneed, Whitbourne, & Culang, 2006). However, if a child experiences trauma during the early childhood stage they might not learn how to maintain close friendships, which could prevent them from learning how to view things from others' perspectives in the preschool stage. This inability to maintain close friendships could impact the individual's social health and result in their feeling socially isolated.

When a child experiences trauma, there is an increased likelihood that they will have difficulties in school and/or with vocational skills in the future. This is potentially due to the child's impaired fight-or-flight reaction caused by trauma (Bethell et al., 2014; De Bellis & Zisk, 2014). This impaired reaction leads children to place emphasis on survival as opposed to children who have not experienced trauma and can focus on cognition (Carlson, Yates, & Sroufe, 2009). When a child has to focus on survival rather than cognition, adverse behaviors increase (Cook et al., 2005). These adverse behaviors can manifest atypically through low grades and test scores, affecting the child's education as well as their overall well-being (Cook et al., 2005; Culver et al., 2015). The number of traumatic experiences a child has experienced has been found to directly correlate to the

number of behavioral and/or academic issues a child has (Bethell et al., 2014). Not only are children who have experienced trauma or maltreatment three times more likely to drop out of school, but the presence of trauma in a child's life also increases the likelihood of their becoming involved in the juvenile justice system (Cook et al., 2005; Substance Abuse and Mental Health Services Administration, 2017). Trauma treatments are needed to address the needs of children emotionally, cognitively, physically, socially, and spiritually, to prevent the lifelong effects trauma can have on a child.

Treatment for Children Who Have Experienced Trauma

Traditional treatments for individuals who have experienced trauma often focus on specific facets of the trauma rather than the effect the trauma has on the individual as a whole (West et al., 2017). For example, trauma-processing treatment and insight-oriented therapy are traditional treatments used with individuals who have experienced trauma; but, these treatments focus specifically on the cognitive health domain (West et al., 2017). Also, these traditional treatments might not be appropriate for children who have experienced trauma as children remember and process traumatic events differently than adults (Racco & Vis, 2015). Compared to traditional trauma treatments, exposure therapies (e.g., prolonged exposure therapy, cognitive behavioral therapy, and eye movement desensitization) that alter an individual's response to the traumatic event using trauma-related stimuli, have been found more successful (Foa, 2011; Racco & Vis, 2015; West et al., 2017). However, research has found that children often stop participating in exposure therapies prior to completing the recommended dosage, which can result in them experiencing a continuation of trauma-related symptoms post-treatment (Racco & Vis, 2015; West et al., 2017). Also, while exposure therapies are considered more

effective than traditional trauma treatments, they do not address all five health domains impacted by trauma, particularly somatic symptoms including hyper-arousal, fatigue, and sleep disturbances (West et al., 2017). Thus, it is recommended that complementary treatment interventions be used for trauma treatment (West et al., 2017). Yoga, a mind-body complementary and integrative health approach, may help combat the negative side effects of trauma by promoting growth and empowerment for the child who has experienced trauma (Johnson, Worell, & Chandler, 2005; West et al., 2017).

Yoga as Treatment for Trauma

Yoga works towards unifying an individual's body and mind through the use of breathwork (*pranayama*), meditation (*dyhana*), and physical poses (*asana*). Yoga contributes to health benefits in several ways, including increased balance, improved gait, a decreased use of pain medicine, and increased strength (McCall et al., 2013; Mohanty et al., 2014; Wren et al., 2011). Specific to individuals who have experienced trauma, yoga may assist individuals with processing negative emotions, improving hormone regulation, and decreasing blood pressure (Crews, Stolz-Newton, & Grant, 2016).

There are a variety of styles of yoga that utilize breath work, meditation, and physical poses differently. For example, Iyengar yoga focuses on the use of detailed movements and alignment, whereas Kundalini yoga uses physical poses and meditation to focus on spirituality (McGee, 2018). Due to the various styles of yoga that exist, there is potential for a certain style(s) to help an individual in their journey of healing from trauma. Within each style of yoga, adaptations to the session (e.g., dimming lighting, changing music volume) can be made to accommodate individual needs, which is vital when working with individuals who have experienced trauma (Spinazzola et al., 2011).

Unfortunately, due to the different types of yoga and the variations in how they are facilitated, there are many inconsistencies in the literature pertaining to the planning and implementation of yoga sessions with children who have experienced trauma (Beltran et al., 2016; Price et al., 2017; Van der Kolk, 2017). A majority of research evaluating the use of yoga with individuals who have experienced trauma are clinical trials, in which results may not apply to everyday yoga practice (Ross, Touchton-Leonard, Yang, & Wallen, 2016). For example, clinical trials may utilize extra resources and occur in a structured and controlled setting that is not available in everyday practice. Additionally, Ross et al., (2016) discuss inconsistencies in the literature related to information about what type of trauma diagnosis yoga sessions are used for, what the necessary credentials for the yoga facilitator are, whether one-on-one or group sessions are recommended, and differences in how participant outcomes are measured or documented. These inconsistencies indicate a need for cohesive guidelines that outline recommendations and best practices specific to the use of yoga with individuals, including children, who have experienced trauma (Ross et al., 2016).

Yoga with children who have experienced trauma. Thinking about their developmental stage is important when planning and implementing interventions with children who have experienced trauma (Cook et al., 2005). Due to children's limited linguistic ability when discussing (i.e., processing and communicating) traumatic events, it is recommended practitioners use physical interventions such as yoga (Feldman & Vengrober, 2011, Klithernes & Wamser, 2012). An intervention, such as yoga, where feelings can be expressed through actions (e.g., yoga poses) instead of words may be a

more beneficial intervention for children who have experienced trauma (Kaley-Isley, Peterson, Fischer, & Peterson, 2010).

Yoga, if used as a therapeutic modality, can have a positive effect on children who have experienced trauma. For example, a 14-week study found that boys (N=10), ages 8-12, who had experienced trauma and participated in a yoga-based psychotherapy group session for 90-minutes, once a week, demonstrated improved emotional regulation and family functioning (Beltran et al., 2016). The content of the group sessions were focused on personal boundaries, self-soothing, self-esteem, self-regulation, and competency. The 14 sessions were split into three main sections: creating a safe environment, increasing awareness of self, and social interactions (Beltran et al., 2016). Despite the article providing descriptions of the group sessions, details related to the specific yoga poses used, and the knowledge or training of the facilitator were not provided (Beltran et al., 2016), highlighting the need for more standardized reporting procedures. Without a comprehensive protocol outlining how, why and by whom yoga is being used for children who have experienced trauma, it will be difficult for practitioners to efficiently and effectively plan and facilitate evidence-based yoga sessions.

Trauma-sensitive and trauma-informed yoga. Trauma-sensitive yoga occurs in a clinical setting and is implemented with trauma survivors to facilitate a positive relationship between the participant and their body while easing the residual effects of their traumatic event (Jackson, 2014; Spinazzola et al., 2011). The literature does not define trauma-informed yoga specifically, but trauma-sensitive and trauma-informed yoga literature indicate the importance of creating an environment that promotes safety, peace, and choice, while also promoting trust and camaraderie between the participant

and the practitioner (Jackson, 2014; Nolan, 2016). Trauma-sensitive yoga and trauma-informed yoga are terms that are often used synonymously due to their similarities, however due to the inconsistencies in how they are referenced in the literature it is unclear if they are interchangeable terms or not. Additionally, the literature does not clarify whether trauma-sensitive and trauma-informed yoga are related to the practitioner's facilitation style, or if they are considered a type of yoga (e.g., similar to Kundalini, Ashtanga, or Bikram yoga). Several programs offer "trauma-sensitive yoga" and "trauma-informed yoga" trainings such as Passion Yoga School's 60-hour Trauma Informed Yoga Teacher Training (Passion Yoga School, n.d.), and YogaFit Warriors 100 Hour Trauma Sensitive Teacher Training (YogaFit, n.d.). However, a specific type of training has not been recognized in the literature as being more beneficial than others.

Both trauma-sensitive and trauma-informed yoga identify three components that should be incorporated into yoga programs offered to children who have experienced trauma. The three components include: autonomy, therapeutic rapport, and a safe environment.

Autonomy. Providing choice is a particularly important part of yoga practice when working with children who have experienced trauma (Emerson et al., 2009; Justice et al., 2018; Nolan, 2016; Powell, Gilchrist, & Stapley, 2008). Opportunities for participants to autonomously make decisions about their yoga practice should be employed throughout each yoga session, and may include their deciding whether essential oils or music are used during the session, what type of lighting to use (e.g., on, off, dimmed), or which yoga poses they completed, and the use of (Emerson et al., 2009; Nolan, 2016). By choosing which yoga techniques work best for them, children can feel

empowered within their own body, increasing their motivation to heal from the traumatic event(s) (Emerson et al., 2009; Powell et al., 2008). Also, children making choices during yoga sessions may transcend to other parts of their lives, leading to an increased sense of control, which is often lost due to traumatic stress (Emerson et al., 2009; Justice et al., 2018).

Therapeutic rapport. Part of a child's social development is the development of trust and a sense of camaraderie (Banyard et al., 2001). To combat the negative effect that trauma has on this, it is important to establish rapport between the practitioner and the participant; this relationship is often referred to as a “patient-provider alliance” (Ranjbar & Erb, 2019, p. 11). This alliance should grow and develop throughout each yoga session. Specifically, the practitioner can work to limit the impact of trauma(s) on a child, and build the alliance by using inviting language throughout the yoga facilitation, actively listening to participants, and maintaining a positive demeanor (Emerson, Sharma, Chaudhry, & Turner, 2009; Emerson & Hopper, 2012). By practitioners fostering a sense of camaraderie with participants during yoga, the “patient-provider alliance” strengthens and can improve children’s emotional, social, and cognitive health.

Safe environment. The effects of a traumatic event can be exacerbated by environmental stressors. This emphasizes the importance of implementing yoga in a peaceful and safe environment, to aid in the child's ability to overcome these stressors. To create this space practitioners should adapt the environment physically by limiting mirrors, decreasing outside noises, and covering windows that may be distracting (Beltran et al., 2016; Emerson et al., 2009). Often individuals who have experienced trauma have trouble participating in unstructured environments. Practitioners leading

yoga should review an outline of the yoga session with children so that they are informed of the structure and what to expect in advance, and can spend the session time focusing on themselves (Van der Kolk et al., 2014). By creating a safe environment for the yoga sessions to occur in, children are more likely to be present and in the moment, which further contributes to their overall perception of safety (Beltran et al., 2016).

Practitioners who Implement Yoga with Children who have Experienced Trauma

A variety of professionals facilitate yoga with children who have experienced trauma, including psychologists, occupational therapists (Cirino, 2009; Libby et al., 2012), recreational therapists (Libby et al., 2012; Hutchinson, 2008), licensed social workers (Kaplan, 2013), yoga therapists (Erb, 2018), and physical therapists (Gillen & Gillen 2008; Libby et al., 2012). Many of these professionals obtain a variety of yoga-specific certifications through trainings, including: Certified Yoga Therapist (C-IAYT), Registered Yoga Teacher (RYT), and Experienced Registered Yoga Teacher (E-RYT) trainings (Covaleski, 2019). There are also certifications specific to yoga and trauma that practitioners might obtain, such as the Trauma Center Trauma-Sensitive Yoga Facilitator (TCTSY-F) (Covaleski, 2019).

Practitioners play an important role in implementing yoga with children who have experienced trauma, however, the literature is inconsistent in providing the details necessary for effectively planning and facilitating sessions. For example, information about the required training or credentials of facilitators, the recommended frequency and duration of sessions, or facilitation techniques found to be most beneficial for the client population and their needs are not consistently reported, or consensus about which training, frequency/duration, or facilitation technique is best is lacking (Macy et al., 2016;

Nolan, 2016). The purpose of this study was to address these inconsistencies by describing how, why, and by whom yoga is implemented with children who have experienced trauma.

CHAPTER THREE

METHODS

Using a descriptive quantitative research design, this study aimed to identify how, why, and by whom yoga is implemented with children (ages 2-11) who have experienced trauma. Data included in this manuscript were taken from a larger study that focused on understanding the extent to which yoga is used with youth (ages 2-19) who have experienced trauma (Nance, 2020). For the purpose of the larger study and the data presented in this manuscript, trauma was defined as an adverse event(s) of any nature that causes an individual to experience extreme stress resulting in negative effects on overall health and well-being (Ranjbar & Erb, 2019).

Participants

Individuals were recruited for the larger study using social media platforms (e.g., Bridge Builders to Healthcare, Pediatric Physical Therapy, and Harmony Therapeutic Yoga) and professional listservs (e.g., Therapeutic Recreation Directory, and the International Association of Yoga Therapists). Information regarding the purpose of the study and participant eligibility criteria were distributed across each platform, along with a link to the survey. Using a criterion-based sampling strategy (Babbie, 2011), individuals who self-reported being a healthcare practitioner who had attained their professional degree, and implemented yoga within the past year in a clinical setting with youth who had experienced trauma were eligible to participate in the larger study. Individuals who reported having implemented yoga during fieldwork, internship, or practicum experiences were excluded from the study.

Participants were also recruited using snowball sampling (Babbie, 2011). After completing the survey, participants were asked to forward the survey link to colleagues who met the study criteria. As an incentive, participants who completed the survey were offered an opportunity to enter a drawing for a \$50 Amazon gift card. For the purpose of this study, only participants from the larger study who reported utilizing yoga with children who have experienced trauma were included in the sample.

Data Collection

A non-standardized survey that included 27 questions and 35 sub-questions was developed based on inconsistencies within the literature related to youth who have experienced trauma, yoga, and the use of yoga for youth who have experienced trauma. The survey included three sections of questions reflective of how (15 questions, 27 sub-questions), why (1 question, 5 sub-questions), and by whom (9 questions, 3 sub-questions) yoga is being used for children who have experienced trauma.

After receiving Institutional Review Board approval, the survey was piloted once with five family and friends, and a second time with four professionals with expertise in yoga or working with individuals who have experienced trauma. The purpose of the pilot was to improve the reliability and validity of the survey, by asking participants to evaluate how user-friendly the format, terminology of questions and answer options, and time required for completing the survey were (Creswell & Creswell, 2018). Pilot participants were asked to complete different versions of the survey using different electronic devices. For example, one participant was asked to complete the survey specific to working with children using their cell phone; another was asked to complete the survey for both children and adolescents using an iPad.

After the first pilot, participant feedback regarding the length, readability and format of the survey resulted in the deletion of 18 survey questions (2 primary and 16 sub-questions) to decrease survey length and the removal of the progress bar that typically displays during survey completion. To address content validity, during the second pilot, the researchers asked professionals to evaluate the content of the survey, particularly as it related to yoga and trauma; they were also asked to comment on survey format and time required for completion (Creswell & Creswell, 2018). Based on their feedback, minor formatting changes were made and the approximate length of the survey was adjusted in the survey instructions.

The final 26-item survey (see Appendix B) was distributed using Qualtrics online survey software (Qualtrics^{XM}, Provo, UT). Participants provided consent to participate in the study prior to the start of the survey; participation in the study was voluntary and anonymous.

Data Analysis

Survey responses were exported from Qualtrics (Qualtrics^{XM}, Provo, UT) into SPSS 24.0 (IBM Corp, 2016). Data were coded and cleaned to prepare for analysis. The larger study yielded 107 survey responses. Of the 107 responses 46 reported implementing yoga with children who have experienced trauma. Five of 46 cases were deleted due to individuals only completing two criteria questions. One of the main purposes of the study was to describe who was implementing yoga with children who have experienced trauma; seven cases were deleted because respondents did not complete any of the demographic questions. The final sample included in this study was 34; eight

who reported working only with children (ages 2-11), and 26 who reported working with both children (ages 2-11) and adolescents (ages 12-19).

Descriptive statistics, and frequencies, were used to analyze quantitative data. Qualitative data were analyzed using conventional content analysis and summative content analysis (Hsieh & Shannon, 2005). Conventional content analysis was used to analyze respondents' definitions of "trauma-informed yoga" and "trauma-sensitive yoga". The data was independently analyzed by the researcher and then coded based on repeated patterns and phrases found in their definitions.

Summative content analysis was used for the remaining 22 questions that allowed participants to write-in open-ended responses. Data from write-in responses were grouped together based on commonalities, and qualitative content within each group was quantified. For example, when asked about what setting participants worked in settings such as "*high school*", "*school at a residential treatment center*", and "*classroom*", were grouped into school-related settings (n=9)

CHAPTER FOUR

RESULTS

Thirty-four participants who reported implementing yoga with children (ages 2-11) who have experienced trauma completed the survey. Demographics are reflective of 31 individuals as three participants did not complete demographics. A majority of respondents were female (96.8%), and white (87%). The average age of participants was 37 ± 9 . Twenty-eight participants (90.3%) were United States residents, representing 20 states; three (9.7%) participants reported living outside of the United States. Participants reported working with children who experienced various types of trauma; the most commonly reported types of trauma included: physical trauma (n=18), sexual trauma (n=17), and neglect (n=13). See Table 2 for a summary of participant demographics.

Table 2

Participant Demographics (n=31)

Survey Items & Answer Options	Mean \pm SD or n (%)
Race*	
White	27 (87%)
Hispanic, Latinx or Spanish	3 (9.6%)
Asian	1 (3.2%)
Gender	
Female	30 (96.8%)
Male	1 (3.2%)
Age	37 ± 9
Country of Residence	
United States	28 (90.3%)
Canada	2 (6.5%)
Australia	1 (3.2%)

Note. *Participants were asked to select “all that apply” when responding.

Participants were asked whether they considered trauma-informed and trauma-sensitive yoga to be interchangeable terms. Twenty-four participants (70.6%) indicated that the two terms were synonymous; 10 (29.4%) indicated that the terms were defined differently. Individuals who suggested that the two terms carried the same meaning were asked to provide a definition for the terms. Of the 24 definitions provided for the synonymous terms, two themes emerged: practitioners being intentional (i.e., keeping trauma in mind) when planning yoga sessions, and focusing on participant safety during yoga sessions. Seven participants mentioned being mindful of trauma, and indicated that practitioners should take into consideration “*childhood adverse experiences,*” how “*trauma may affect participants,*” and how to make the session “*healing and therapeutic.*” Five participants mentioned the importance of facilitating a sense of safety during yoga for individuals who have experienced trauma. This feeling of safety can be promoted in the environment through proper “*facilitation and group dynamics*” and “*allowing them [clients] a safe space to process and heal from trauma,*” or within the client themselves by “*helping them to learn and listen to and feel safe in their own body.*” The following quote best summarizes the themes and commonalities found across the 24 definitions provided for trauma-informed and trauma-sensitive yoga:

“It's knowing trauma responses and how different types of trauma may affect people. It's keeping in mind that girls might not want to practice yoga with boys. It's asking a student if you can touch them to help them with a pose. It's not having other students stare at them in a pose or having someone walk behind them. It's allowing them to keep their eyes open during relaxation and meditation. It's taking extra precautions to help them feel safe. It's understanding that maybe no one else has shown them love and they need help learning how to love themselves.”

Participants (n=10; 29.4%) who indicated the two terms were not synonymous were asked to provide definitions for each term in an effort to better understand the perceived similarities and differences in the meaning of the terms. One theme emerged within definitions for trauma-informed yoga: the importance of preparation with trauma in mind. Three participants discussed the importance of environmental preparation, and purposely planning “*to eliminate trauma triggers,*” being aware of participants’ “*possible trauma history,*” and intentionally selecting “*the language and postures used in the class.*” Two participants also discussed the need for yoga professionals to have an overall “*awareness*” and the “*knowledge & skill*” of trauma when planning yoga sessions.

In contrast, definitions for trauma-sensitive yoga focused on the importance of having a safe environment, and the preparation and facilitation of yoga with trauma in mind. Four participants mentioned that the environment should make individuals feel “*safe,*” “*supported,*” and “*validated.*” This can be done using an “*intentional focus on relational safety, power dynamics, choice, and agency,*” while trying to “*avoid traumatization or incurring trauma.*” Five participants stressed the importance of preparing for yoga sessions with trauma in mind. Facilitators can do this by tailoring the yoga session, to “*focus on befriending the body, not so much alignment or sequencing,*” by “*leaving out certain poses that have the potential to be triggering,*” and focusing on the individuals “*physical, emotional, and mental states.*”

The following information is not reflective of patterns in the definitions but is interesting to note. One of the 24 participants who indicated that the terms were synonymous provided different definitions for each term. And two definitions for trauma-

sensitive yoga directly contradicted one another; one definition suggested that trauma-sensitive yoga be “*Led by a trained professional with both a trauma-sensitive yoga training and a professional licensed degree,*” and the other stated that “*No professional or clinical license*” is needed.

How Yoga is Implemented with Children who have Experienced Trauma

Of the various types of yoga implemented with children who had experienced trauma, gentle yoga (61.8%), trauma-informed yoga (47.1%), and Hatha yoga (41.2%) were the most commonly used among survey respondents. Regardless of the type of yoga facilitated, 31 (91.2%) participants identified using breath work, 28 (82.4%) reported including physical poses, and 27 (79.4%) indicated used meditation during their yoga sessions with children who had experienced trauma. While 50% of participants (n=17) specified implementing one-on-one sessions with clients, 23 individuals (67.6%) delivered yoga sessions in a group setting.

Related to planning yoga sessions for children who have experienced trauma, 22 participants (64.7%) indicated that they prepared for different lighting options within the yoga room, and 17 participants (50%) acknowledged their preparing for distractions that might occur within the yoga setting. When asked to comment on any trauma-specific modifications that they make when preparing for yoga sessions, 32 respondents (94.1%) indicated the importance of developing a sense of trust between the client and practitioner. Thirty participants (88.2%) also identified using a non-judgmental tone that emphasized safety with clients. Specifically, participants wrote that they prepared for the session by providing clients choice, having a variety of materials to choose from (e.g., *mats, bolsters, and eye pillows*) and preparing a proper setting (e.g., a *controlled*

environment). Participants also reported adapting sessions by using props (e.g., the *Hoberman ball*).

In addition to commenting on their preparation strategies, participants were asked to indicate what informed their planning and facilitation of yoga sessions. The most prevalent responses included trauma-specific training (88.2%), evidence/research (76.5%), and expertise specific to youth who have experienced trauma (73.6%). Specific to yoga trainings, 29 of 34 respondents reported having participated in various certifications or yoga workshops including: 200-hour yoga trainings (41.2%), “other” (35.3%; e.g., 20-hour kids yoga training, 40-hour trauma-sensitive yoga training), and yoga therapy trainings (17.6%).

Finally, in reference to how yoga is implemented with children who have experienced trauma, 26 participants (76.5%) identified that yoga facilitators/practitioners should complete yoga training(s) prior to implementing any sessions. Asked to elaborate on what types of trainings, participant’s responses included yoga trainings specific to children (e.g., 30-hour kids yoga training, New Leaf yoga training), yoga teacher trainings (e.g., iRest training, 500-hour E-RYT), and yoga trainings specific to trauma (e.g., 60-hour Yoga for Humankind training, 40-hour trauma-sensitive yoga training). See Table 3 for a summary of participant responses related to how yoga is being used with children who have experienced trauma.

Table 3

How Yoga is Implemented with Children Who Have Experienced Trauma (N=34)

Survey Items & Answer Options	n (%)
Yoga Styles used by Practitioners in sessions*^	

Gentle yoga	21 (61.8%)
Trauma informed yoga	16 (47.1%)
Hatha yoga	14 (41.2%)
Restorative Yoga	13 (38.2%)
Trauma sensitive yoga	12 (35.3%)
Preparation of environment*^	
Prepared different lighting options	22 (64.7%)
Prepare for distractions	17 (50%)
Options for music	16 (47.1%)
Options for essential oils	11 (32.4%)
Other (e.g., child's lavender eye pillows)	10 (29.4%)
Adaptations to yoga sessions*^	
Developed a sense of trust between practitioner and participant(s)	32 (94.1%)
Set a non-judgmental tone that emphasized safety	30 (88.2%)
Used inviting language	29 (85.3%)
Provide choice	28 (82.4%)
Present in the moment	21 (61.8%)
Informed planning and facilitation*^ (n=33)	
Trauma-specific trainings	30 (88.2%)
Evidence/research	26 (76.5%)
Expertise specific to youth who have experienced trauma	25 (73.6%)
Literature, research publications, etc.	25 (73.6%)
Continuing Education Units	23 (67.6%)
Yoga sessions used in adjunct with therapy	
1-25%	6 (17.6%)
26-50%	5 (14.7%)
51-75%	2 (5.9%)
76-99%	6 (17.6%)
100%	6 (17.6%)
Unknown	7 (20.6%)
Duration of Session	
15 minutes	9 (26.5%)
30 minutes	10 (29.4%)
45 minutes	7 (20.6%)
50 minutes	3 (8.8%)
60 minutes	5 (14.7%)
Children Per yoga session *	
2-3	2 (8.7%)
4-5	6 (26.1%)
6-7	8 (34.8%)
8-10	4 (17.4%)
11 or more	3 (13%)

Note. * Participants were asked to select all answer options that applied.

^ The data in the table reflects the five most common responses.

Why Yoga is used with Children who have Experienced Trauma

Participants were asked to identify why they use yoga with children who have experienced trauma by indicating the health outcomes they use yoga to help clients improve in. Outcomes related to emotional health (88.2%) were the most common reason participants indicated using yoga with children who had experienced trauma. Specifically, 27 of 30 participants (90%) focused on affect regulation, and 73.3% focused on increasing expression through emotion. Physical health was the second most commonly reported purpose of using yoga with clients (67.6%); 19 of 23 participants (82.6%) identified focusing on improving the client’s coordination, and 18 (78.3%) used yoga to improve client’s motor skills.

Eighteen respondents (52.9%) selected both social health and cognitive outcomes as priorities of their yoga sessions. Socially, interpersonal communication skills (66.7%), social competence (61.1%), verbal and non-verbal communication skills (61.1%) were targeted. Cognitively, participants indicated assisting clients with information processing (77.8%) and skills associated with planning and anticipating (61.1%). Only 12 participants (35.3%) identified spiritual health as a targeted outcome of yoga sessions. See Table 4 for additional details.

Table 4

Why Yoga is Implemented with Children Who have Experienced Trauma (N=34)

Survey Items & Answer Options	n (%)
Outcomes	
Emotional ^	30 (88.2%)
Improve affect regulation	27 of 30 (90%)
Increase emotion expression	22 of 30 (73.3%)
Increase self-esteem	21 of 30(70%)

	Improve body image	17 of 30 (56.7%)
	To increase self-concept	16 of 30 (53.3%)
Physical ^		23 (67.6%)
	Improved coordination	19 of 23 (82.6%)
	Increased motor skills	18 of 23 (78.3%)
	Improve balance	17 of 23 (73.9%)
	To reduce heart rate	13 of 23 (56.5%)
	Other (e.g., Improve self-awareness)	5 of 23 (20.8%)
Social^		18 (52.9%)
	Increase interpersonal communication	12 of 18 (66.7%)
	Increase social competence	11 of 18 (61.1%)
	Improve verbal communication skill	11 of 18 (61.1%)
	Increase nonverbal communication skills	11 of 18 (61.1%)
	Other (e.g., develop proper boundaries)	6 of 18 (33.3%)
Cognitive^		18 (52.9%)
	Increase information processing	14 of 18 (77.8%)
	Increase ability to plan and anticipate	11 of 18 (61.1%)
	Increase ability to orient to time and space	10 of 18 (55.6%)
	To improve memory	9 of 18 (50%)
	Increase ability to adjust to plans and strategies	8 of 18 (44.4%)
Spiritual^		12 (35.3%)
	Find peace and harmony	9 (75.0%)
	Find a sense of purpose	7 (58.3%)
	Find meaning in life	6 (50.0%)
	Overall deeper understanding	4 (33.3%)
No Outcomes		1 (2.9%)
Other (e.g., body awareness, family bonding)		7 (20.6%)

Note. * All items in this table were select all that apply.

^ The data in the table reflects the five most common responses

Who Uses Yoga with Children Who Have Experienced Trauma

Participants practicing in social work (29%), “other” disciplines (29%; e.g., school teachers, early interventionist), occupational therapy (12.9%), counseling (9.7%), and yoga therapy (9.7%) reported that they primarily provide services to clients in community-based (48.4%), and outpatient mental health settings (41.9%). Ten respondents (32.3%) had been practicing within their professional discipline for one to three years, nine (29%) for four to ten years, and seven (22.6%) for 11 years or more. In

addition to their using yoga within their professional practice, 27 participants (87.1%) reported that they personally practice yoga. See Table 5 for additional information related to who implements yoga with children who have experienced trauma.

Table 5

Who Implements Yoga with Children Who have Experienced Trauma (n=31)

Survey Items & Answer Options n (%)	
Primary area of practice[^]	
Social Work	9 (29%)
Other (e.g., Hairstylist, Teacher)	9 (29%)
Occupational Therapy	4 (12.9%)
Counseling	3 (9.7%)
Yoga Therapy	3 (9.7%)
Setting for Implementing Yoga with Children who have experienced Trauma*[^]	
Community-based program	15 (48.4%)
Outpatient mental health	13 (41.9%)
Other (e.g., schools, foster care)	9 (19%)
Yoga studio	4 (12.9%)
Inpatient mental health	3 (9.7%)
Years of Professional Practice	
Less than 1 year	2 (6.5%)
1-3 years	10 (32.3%)
4-10 years	9 (29%)
11-20 years	7 (22.6%)
More than 20 years	3 (9.7%)
Personal yoga practice	
Yes	27 (87.1%)
No	4 (12.9%)
Yoga types used during personal practice* (N=27)	
Vinyasa yoga	15 (55.5%)
Restorative yoga	13 (48.1%)
Hatha yoga	9 (33.3%)
Yin yoga	8 (29.6%)
Ashtanga yoga	4 (14.8%)
How many years of personal practice (N=27)	
0-4 years	3 (11.1%)
5-9 years	9 (33.3%)
10-14 years	3 (11.1%)
15-19 years	5 (18.5%)

20+ years	3 (11.1%)
How many time per week participants personally practiced (N=27)	
1-3 times	11 (40.7%)
3-6 times	13 (48.1%)
7 times	3 (11.1%)

Note. * All items in this table were select all that apply.

^ The data in the table reflects the five most common responses

CHAPTER FIVE

DISCUSSION

The purpose of this study was to describe how, why, and who is implementing yoga with children (ages 2-11) who have experienced trauma. Yoga has the potential to address the negative impacts of trauma on a child's overall well-being and health (Beltran et al., 2016; West et al., 2017). However, the literature provides inconsistent information related to planning and implementing yoga with children who have experienced trauma. This study worked to address these inconsistencies by surveying practitioners who reported implementing yoga with children who had experienced trauma to obtain foundational information related to the purpose, and logistics of doing so.

Discussion of Major Findings

Previous literature indicates trauma-sensitive yoga and trauma-informed yoga are most frequently used with children who have experienced trauma: (Jackson, 2014; Nolan, 2016; Spinazzola et al., 2011). However, within the literature it is unclear whether trauma-informed and trauma-sensitive yoga are types of yoga or facilitation styles. In this study, a majority of respondents indicated trauma-informed and trauma-sensitive yoga were synonymous terms. Interestingly, definitions provided by respondents who suggested the terms were different were very similar and included overlapping concepts as definitions provided by respondents who said the terms were synonymous. These findings confirm the inconsistent use of terminology in literature, and imply there is a lack of understanding related to the meaning of the two terms and whether they are synonymous or not. Also, various types of yoga including gentle, Hatha and restorative yoga were reported as being used with this population. Thus, practitioners may be using

trauma-informed or trauma-sensitive yoga facilitation techniques while implementing gentle, Hatha, or restorative yoga. Future research should work to clarify whether trauma-informed and trauma-sensitive yoga terminology have different meanings, and identify whether the terms represent types of yoga or facilitation techniques used in conjunction with traditional types of yoga.

Findings also confirmed literature related to the importance of adaptations such as developing a sense of trust among participants (Banyard et al., 2001), by using a non-judgmental tone that emphasizes safety (Beltran et al., 2016), invitational language (Emerson, Sharma, Chaudhry, & Turner, 2009; Emerson & Hopper, 2012) and offering participants choice within each session (Emerson et al., 2009; Nolan, 2016). However, results of this study did not explain how and to what extent these adaptations are used. Future research should investigate the use of varying facilitation techniques used for yoga with children who have experienced trauma, and determine the influence of these techniques on participants' experiences and reported outcomes.

Yoga has been recommended as an intervention to use with children who have experienced trauma, because it is holistic and comprehensive in nature (Kaley-Isley, Peterson, Fischer, & Peterson, 2010). Study findings reflected this, as participants reported using yoga to address all five health domains. Interestingly, practitioners primarily used yoga to address clients' emotional and physical functioning. Traditional trauma treatments such as trauma-processing treatment, and exposure therapies (e.g., cognitive behavioral therapy) address cognitive health, but do not directly address either of these domains (West et al., 2017). It is possible that practitioners are using yoga in conjunction with traditional trauma treatments and or exposure therapies to provide

holistic healing. Future research should work to better understand the use of yoga as an adjunctive therapy with children who have experienced trauma.

Children's development is broken into three stages (Cook et al., 2005), and trauma can impact children differently depending on which developmental stage they are in. This study asked participants to comment on their use of yoga with children, broadly; participants did not comment on whether their use of yoga varied based on a child's developmental stage. Trauma has been shown to decrease children's self-esteem (Cook et al., 2005; Turner, Finkelhor, & Ormrod, 2010), communication skills (Cook et al., 2005; Jaffee & Gallop, 2007), memory (Cook et al., 2005), and sense of meaning in life (Walker et al., 2009; Walker et al., 2010; Weber & Cummings, 2003). In this study, practitioners reported using yoga to target outcomes that aligned with each of these trauma-related symptoms. However, future research should work to determine whether a child's developmental stage impacts how and why yoga is used to treat children experiencing the residual effects of trauma(s). Additionally, researchers should measure and report which functional outcomes are improved as a result of yoga participation among children who have experienced trauma.

Participants reported facilitating yoga with children who had experienced trauma primarily in outpatient programs and community-based settings. Results supported licensed social workers (Kaplan, 2013), yoga therapists (Erb, 2018), and occupational therapists (Cirino, 2009; Libby et al., 2012) implementing yoga with children who have experienced trauma. Additionally, results indicate that individuals outside of the traditional healthcare fields (e.g., teachers and hairstylists) are implementing yoga with children who have experienced trauma. Similar to previous literature, respondents had

participated in various trainings and certifications to aid in the facilitation of yoga with children who have experienced trauma (Beltran et al., 2016; Macy et al., 2016; Nolan, 2016). There was no consistent training or certification that the majority of respondents had completed, thus recommendations specific to which training or certification is the most beneficial for practitioners to obtain is not clear. Future research should evaluate if there is a difference between yoga provided by healthcare professionals and non-healthcare professionals. Future research should also determine if trainings should be required for practitioners (and if so, which one), prior to their facilitating yoga with children who have experienced trauma.

Finally, while a majority of participants (87.1%) reported personally practicing yoga, the type(s) of yoga they practiced, and their years of personal yoga practice varied. Recognizing that a majority of practitioners who reported using yoga in professional practice were also personally practicing causes one to question whether personal practice should be a pre-requisite for facilitating it in professional practice? Future research should explore this, and determine whether there are differences in participant experiences and outcomes facilitated by individuals who personally practice yoga in comparison to those who do not.

Limitations

To the researcher's knowledge, a study exploring practitioners' use of yoga with children who have experienced trauma did not previously exist, thus a non-standardized survey was used for data collection. While the survey was piloted to improve reliability and validity, there was duplication and errors within the survey that may have influenced study findings. For example, one sub-question had unclear wording that could have

resulted in various interpretations of the question being asked (which then influenced the answers provided). Also, study findings are not generalizable as the researcher is not sure that the sample size is representative of the practitioner population providing yoga to children who have experienced trauma. The study sample also lacked diversity, as a majority of participants were female, white, and U.S. residents. Future researchers should recruit individuals with more diverse racial and ethnic backgrounds, as well as individuals who reside outside of the U.S.

Implications for Future Research

The main implication of this study is the need to further research the use of yoga with children who have experienced trauma. This study provides introductory information, but future research is needed so that cohesive, evidence-based guidelines for implementing yoga with children who have experienced trauma can be developed. Also, terminology related to the use of yoga with children who have experienced trauma needs to be clearly defined, and consistently used in research and practice.

Trauma affects individuals in a variety of ways therefore this study's findings are not generalizable. This study focused on how, why, and who is using yoga with children ages 2-11; future studies should investigate whether different childhood developmental stages (i.e., early childhood, preschool, and middle childhood) impact children who have experienced trauma's yoga experience; and to what extent planning or facilitation of yoga might differ based on participants' developmental stage. Finally, participants were asked to self-report what functional outcomes yoga can be used to help children who have experienced trauma improve in. Future research should examine which functional outcomes improve pre- to post-yoga intervention. Additionally, the use and benefits of

yoga as an adjunctive therapy to traditional trauma treatments should be further investigated.

Challenges and Contributions

While overall successful, a few challenges were experienced while conducting this study. Completing the study within the originally proposed timeline was difficult. Institutional Review Board approval was delayed, which then delayed the piloting of the survey, as well as participant recruitment and data collection. Also, once data collection began, the survey remained open for four weeks rather than two, in an effort to recruit more participants and increase the survey response rate. An additional challenge was the lack of cohesive terminology used in reference to children, and yoga within the literature. For example, the age ranges used to define children vs. youth vs. adolescents in the literature are inconsistent; trauma-informed and trauma-sensitive yoga are also terms without clear definition; and yoga or the meaning behind the term yoga varies across studies (e.g., yoga involving only physical postures vs. yoga that involving physical postures, breathwork and meditation). This terminology became problematic when trying to develop the research question for the study, as the researcher was not sure how participants would interpret the questions asked, based on their personal definitions of certain words (e.g., yoga, children).

This study adds to the literature and what is known regarding how, why, and by whom yoga is used with children who have experienced trauma. Further research on this topic, and standardized guidelines for practitioners providing yoga to children who have experienced trauma are needed.

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Appendix A

Survey Information for Social Media Sites and Professional Listservs

Hello! Do you implement yoga in a clinical setting with youth (ages 2 to 19) who have experienced trauma? We are graduate students in Clemson University's Recreational Therapy program researching practitioners' use of yoga with youth who have experienced trauma.

We have created a short survey for practitioners who have experience planning and facilitating yoga with youth who have experienced trauma. This survey should take approximately 15-20 minutes to complete. Upon completion of the survey, you will have the opportunity to enter your email address into a drawing for a \$50 Amazon gift card (your survey responses will be de-identified prior to data analysis).

Participation in this survey is voluntary and responses are anonymous. Please note, by completing this survey you are indicating your consent to participate in the study and that the following statements are true:

1. Within the past year, you have facilitated yoga in a clinical setting (excluding fieldwork placement, practicums, volunteer work, and/or internship experiences) with youth (ages 2 to 19) who have experienced trauma.
2. You have graduated from your professional degree program.

Survey link: https://clemson.ca1.qualtrics.com/jfe/form/SV_0TyZelH1KnrWOBn

If you have additional questions about this study or are interested in follow-up information, please feel free to contact the researchers.

Madeline Nance, Clemson University graduate student: mlnance@g.clemson.edu

Megan Sease, Clemson University graduate student: masease@g.clemson.edu

Dr. Brandi Crowe, supervising Clemson University faculty member:
bmcrowe@g.clemson.edu

If you have any questions or concerns about your rights as a volunteer in this study, please contact Clemson University's Institutional Review Board via email at irb@clemson.edu.

Appendix B

Yoga with Youth who have Experienced Trauma Survey

Start intro - Dear Practitioner,

Voluntary Consent: Dr. Brandi Crowe is inviting you to volunteer for a research study.

Dr. Crowe is an assistant professor in recreational therapy at Clemson University

conducting the study with Madeline Nance and Megan Sease, recreational therapy

master's students at Clemson University.

You may choose not to take part and you may choose to stop taking part at any time. You will not be punished in any way if you decide not to be in the study or to stop taking part in the study.

Study Purpose: The purpose of this research is to learn more about how, why, and by whom yoga is being used in clinical practice with youth, ages 2 to 19, who have experienced trauma. For the purpose of this survey, trauma will be defined as an adverse event(s) that causes an individual to experience extreme stress resulting in negative effects on overall health and well-being.

Activities and Procedures: Your part in the study will be to complete an online 26-item survey. Please note, depending on your survey responses, you may be asked to complete additional subquestions.

Participation Time: The online survey will take approximately 15-20 minutes to complete.

Risks and Discomforts: We do not know of any risks or discomforts to you in this research study.

Possible Benefits: You may not benefit directly for taking part in this study, however, your sharing your experience related to the use of yoga with youth who have experienced trauma will contribute to the evidence-base, and provide practitioners' a better understanding of what to consider when contemplating the use of yoga with youth who have experienced trauma.

Inclusion Requirements: In order to be eligible for participation in the study, you must meet the following criteria:

1. Within the past year, you have facilitated yoga in a clinical setting (excluding fieldwork placement practicums, volunteer work, and/or internships experience) with youth (ages 2 to 19) who have experienced trauma.
2. You have graduated from your professional degree program.

Incentives: Upon completion of the survey, you will have the opportunity to enter your email address into a drawing for a \$50 Amazon gift card (your survey responses will be deidentified prior to data analysis).

Protection of Privacy and Confidentiality: The results of this study may be published in scientific journals, professional publications, or education presentations. All survey

responses will be anonymous. Email addresses entered in to the drawing will be removed from survey responses, so that all survey responses are deidentified. The gift card will be awarded within two weeks of the survey closing. Records of email addresses will be destroyed once the gift card has been awarded.

The information collected during the study could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the participants or legally authorized representative.

Contact Information: If you have any questions or concerns about your rights in this research study, please contact the Clemson University Office of Research Compliance (ORC) at 864-656-0636 or irb@clemson.edu. If you are outside of the Upstate South Carolina area, please use the ORC's toll-free number, 866-297-3071. The Clemson IRB will not be able to answer some study-specific questions. However, you may contact the Clemson IRB if the research staff cannot be reached or if you wish to speak with someone other than the research staff. If you have any study related questions or if any problems arise, please contact Dr. Brandi Crowe at Clemson University at bmcrowe@clemson.edu.

CONSENT

By participating in the study, you indicate that you have read the information written above, been allowed to ask any questions, and you are voluntarily choosing to take part in this research. You do not give up any legal rights by taking part in this research study.

If you choose to consent, the prompt below will serve as your digital signature and your confirmation of consent.

You may print a copy of this document for your records.

Intro-2 The following survey includes 26 questions specific to how, why, and by whom yoga is implemented with youth who have experienced trauma. Demographic questions are included, and additional sub-questions may be presented based on your response to the primary questions.

Please answer each question based on your professional experience facilitating yoga with youth who have experienced trauma in clinical practice, within the past year. For the purpose of this survey, trauma will be defined as an adverse event(s) that causes an individual to experience extreme stress resulting in negative effects on overall health and well-being.

youth Within the past year, have you facilitated yoga in clinical practice with youth (i.e., individuals aged 2 to 19) who have experienced trauma?

- Yes (1)
- No (2)

Skip To: End of Survey If Within the past year, have you facilitated yoga in clinical practice with youth (i.e., individual... = No

age group Within the past year, what age group(s) of youth who have experienced trauma have you facilitated yoga with in clinical practice?

- Children (aged 2 to 11) who have experienced trauma (1)
- Adolescents (aged 12 to 19) who have experienced trauma (2)
- Both children (aged 2 to 11) and adolescents (aged 12 to 19) who have experienced trauma (3)

End of Block: Intro

Start of Block: Children

Intro The following questions will focus on your use of yoga with children aged 9-11

C-types Within the past year of implementing yoga with children who have experienced trauma, if known, what sources of trauma (e.g., physical abuse, neglect, medical trauma) have your participants experienced? If unknown, please type “unknown.”

C-P&F Within the past year, what has informed your planning and facilitation of yoga with children who have experienced trauma? (Select all that apply)

- Evidence/research (1)
- Theory (2)
- Personal yoga practice (3)
- Clinical expertise specific to yoga (4)
- Clinical expertise specific to youth who have experienced trauma (5)
- Other (please identify): (6)

C-group type Within the past year when facilitating yoga with children who have experienced trauma, are your sessions primarily one-on-one or group sessions? (Select all that apply)

- One-on-one sessions (1)
- Group sessions (2)

Display This Question:

If Within the past year when facilitating yoga with children who have experienced trauma, are your s... = Group sessions

c-group size On average, how many children who have experienced trauma do you serve in a single yoga session?

- 2-3 children (1)
 - 4-5 children (2)
 - 6-7 children (3)
 - 8-10 children (4)
 - More than 10 children (5)
-

c-why Within the past year, why have you implemented yoga with children who have experienced trauma? (Select all that apply)

- To improve emotional health (4)
 - To improve cognitive health (5)
 - To improve social health (6)
 - To improve physical health (7)
 - To improve spiritual health (8)
 - No identified targeted outcomes (10)
 - Other (please identify): (11) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with children who have experienced trauma? (S... = To improve emotional health

C-emotional When you have implemented yoga with children who have experienced trauma, what outcomes specific to emotional health have you focused on/targeted? (Select all that apply)

- To improve affect regulation (4)
 - To improve emotion expression (5)
 - To increase autonomy (6)
 - To increase self-concept (7)
 - To increase self-esteem (8)
 - To improve body image (9)
 - Other (please identify): (10) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with children who have experienced trauma? (S... = To improve cognitive health

c-cognitive When you have implemented yoga with children who have experienced trauma, what outcomes specific to cognitive health have you focused on/targeted? (Select all that apply)

- To develop abstract reasoning (4)
 - To increase ability to orient to time and space (5)
 - To increase ability to adjust to plans and strategies (6)
 - To increase ability to plan and anticipate (7)
 - To address learning difficulties (8)
 - To improve memory (9)
 - To improve information-processing (10)
 - Other (please identify): (11) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with children who have experienced trauma? (S... = To improve social health

c-social When you have implemented yoga with children who have experienced trauma, what outcomes specific to social health have you focused on/targeted? (Select all that apply)

- To increase social competence (11)
 - To improve verbal communication skills (12)
 - To improve nonverbal communication skills (13)
 - To increase interpersonal communication (14)
 - Other (please identify): (15) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with children who have experienced trauma? (S... = To improve physical health

c-physical When you have implemented yoga with children who have experienced trauma, what outcomes specific to physical health have you focused on/targeted? (Select all that apply)

- To improve balance (4)
 - To improve coordination (5)
 - To improve motor skills (6)
 - To reduce heart rate (7)
 - Other (please identify): (8) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with children who have experienced trauma? (S... = To improve spiritual health

c-spiritual When you have implemented yoga with children who have experienced trauma, what outcomes specific to spiritual health have you focused on/targeted? (Select all that apply)

- To increase sense of purpose (4)
- To find meaning in life (5)
- To increase peace and harmony in the individuals' lives (6)
- To develop an overall deeper understanding of spirituality (7)
- Other (please identify): (8) _____

c-preparation Within the past year when facilitating yoga with children who have experienced trauma, what have you included in your preparation of the environment/space your yoga sessions take place in? (Select all that apply)

- Cover windows that may lead to distraction (1)
- Prepare for distractions (e.g., if mail is scheduled to be delivered during the session, make note that you will inform participants at the beginning of the session) (2)
- Cover or remove mirrors (3)
- Set out essential oils that may be used (4)
- Prepare options for different lighting (e.g., dimming lights to begin or having the option to dim lights after session has begun) (5)
- Set up music, speakers, etc. (6)
- Other (please identify): (7) _____
- I have not prepared the environment/space that my yoga sessions take place in, in any unique or particular way when facilitating yoga for children who have experienced trauma. (8)

c-synonymous Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms?

- Yes (1)
- No (2)

Display This Question:

If Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms? = Yes

c-define both How would you define trauma-informed and trauma-sensitive yoga?

Display This Question:

If Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms? = No

c-define TIY How would you define trauma-informed yoga?

If Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms? = No

c-define TSY How would you define trauma-sensitive yoga?

c-styles Within the past year, what styles of yoga have you found most effective when implementing yoga with children who have experienced trauma? (Select all that apply)

- Anusara (1)
 - Ashtanga (2)
 - Bikram (3)
 - Gentle Yoga (4)
 - Hatha Yoga (5)
 - iRest Yoga/Nidra (6)
 - Iyengar (7)
 - Jivamukti (8)
 - Kundalini (9)
 - Pranayama for trauma (10)
 - Restorative (11)
 - Trauma-Informed Yoga (12)
 - Trauma-Sensitive Yoga (13)
 - Vinyasa (14)
 - Yin (15)
 - Other (please identify): (16) _____
-

Carry Forward Selected Choices from "Within the past year, what styles of yoga have you found most effective when implementing yoga with children who have experienced trauma? (Select all that apply)"

c-top styles Please rank the styles of yoga you have selected in order from most often used to least often used in regard to facilitating yoga with children who have experienced trauma.

- _____ Anusara (1)
 - _____ Ashtanga (2)
 - _____ Bikram (3)
 - _____ Gentle Yoga (4)
 - _____ Hatha Yoga (5)
 - _____ iRest Yoga/Nidra (6)
 - _____ Iyengar (7)
 - _____ Jivamukti (8)
 - _____ Kundalini (9)
 - _____ Pranayama for trauma (10)
 - _____ Restorative (11)
 - _____ Trauma-Informed Yoga (12)
 - _____ Trauma-Sensitive Yoga (13)
 - _____ Vinyasa (14)
 - _____ Yin (15)
 - _____ Other (please identify): (16)
-

c-components Within the past year, which of the following components of yoga have you included in your yoga sessions with children who have experienced trauma? (Select all that apply)

- Breath work (1)
 - Meditation (2)
 - Physical poses (3)
-

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga se... = Breath work

c-breath work On average, what percentage of your yoga sessions with children who have experienced trauma is focused on breath work?

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga sessions = Meditation

c-meditation On average, what percentage of your yoga sessions with children who have experienced trauma is focused on meditation?

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga sessions = Physical poses

c-physical poses On average, what percentage of your yoga sessions with children who have experienced trauma is focused on physical poses?

c-informed What has informed your planning and facilitation of yoga with children who have experienced trauma? (Select all that apply)

- Continuing education units (1)
 - Formal education (2)
 - Literature, research publications, etc. (3)
 - Self-help books (4)
 - Trauma-specific trainings (5)
 - Workshops (6)
 - Yoga training (7)
 - Other (please identify): (8) _____
-
-

Display This Question:

If What has informed your planning and facilitation of yoga with children who have experienced trauma... = Yoga training

c - info yoga train Please describe the yoga training(s) that has informed your yoga facilitations with children who have experienced trauma.

- 200 hour yoga teaching training (4)
 - Yoga therapy training (5)
 - Other (please specify): (6) _____
-
-

c-adaptations Within the past year when facilitating yoga with children who have experienced trauma, have you made any of the following adaptations that are specific to trauma? (Select all that apply)

- Created a sense of camaraderie among participants (1)
 - Developed a sense of trust between myself and the participants (2)
 - Addressed potential trauma-related triggers (3)
 - Set a non-judgmental tone emphasizing safety (4)
 - Began sessions by providing an outline of the session (5)
 - Aided my participants' ability to be present in the moment (6)
 - Provided choice for participants (7)
 - Used invitational language (e.g., language that includes “if you would like” or “when you are ready”) rather than demanding language (e.g., "do this now") (8)
 - I have not made any adaptations specific to trauma when working with children who have experienced trauma. (11)
 - Other (please identify): (9) _____
-

c-duration Within the past year, what has been the average duration of your yoga sessions with children who have experienced trauma?

- 15 minutes (1)
 - 30 minutes (2)
 - 45 minutes (3)
 - 50 minutes (4)
 - 60 minutes (5)
 - 75 minutes (6)
 - 90 minutes (7)
 - Other (please identify): (8) _____
-

c-unique clients Within the past year, on average how many unique children who have experienced trauma do you serve in a seven-day (one-week) period?

- 1-5 children (1)
- 6-10 children (2)
- 11-15 children (3)
- 16-20 children (4)
- Other (please identify): (5) _____

c-psychotherapy Within the past year, approximately what percentage of your yoga sessions with children who have experienced trauma have been used in adjunct with psychotherapy?

- 0% (1)
- 1-25% (2)
- 26-50% (3)
- 51-75% (4)
- 76-99% (5)
- 100% (6)
- Unknown (7)

c-cert opinion Do you think practitioners should complete any yoga training(s) or obtain formal yoga certification(s) prior to utilizing yoga with children who have experienced trauma?

- Yes (1)
- No (2)

Display This Question:

If Do you think practitioners should complete any yoga training(s) or obtain formal yoga certifi... = Yes

c-cert rec Please list any formal yoga training(s) or certification(s) you would recommend practitioners complete prior to facilitating yoga with children who have experienced trauma.

End of Block: Children

Start of Block: Demographics

demo intro statement The following demographic questions will provide data for one of the main purposes of this study: Who facilitates yoga with youth who have experienced trauma?

age What is your age (as of today)?

gender What gender do you identify as?

- Female (1)
- Male (2)
- Non-binary (3)
- Prefer to self-describe (4) _____
- Prefer not to say (5)

race What is your race or ethnicity?

- American Indian or Alaska Native (1)
 - Asian (2)
 - Black or African American (3)
 - Hispanic, Latinx, or Spanish (4)
 - Middle Eastern or North African (5)
 - Native Hawaiian or other Pacific Islander (6)
 - White (7)
 - Other (please identify): (8) _____
-

country In which country do you currently reside?

▼ Afghanistan (1) ... Zimbabwe (1357)

Display This Question:

If List of Countries = United States of America

state In which state do you currently reside?

▼ Alabama (1) ... I do not reside in the United States (53)

area of practice What is your primary area of practice?

- Activity Therapy (1)
- Counseling (2)
- Occupational Therapy (3)
- Physical Therapy (4)
- Psychology (5)
- Recreational Therapy (6)
- Social Work (7)
- Speech-Language Pathology (8)
- Yoga Therapy (9)
- Other (please identify): (10) _____

credentials Please list all of your professional credentials, including any yoga-specific, trauma-specific, or other professional credentials. If you do not hold any credentials, please type "N/A."

experience How long have you been clinically practicing within your field?

- Less than 1 year (1)
- 1 to 3 years (2)
- 4 to 10 years (3)
- 11 to 20 years (4)
- More than 20 years (5)

settings Within the last year, in what setting(s) have you implemented yoga with youth who have experienced trauma? (Select all that apply)

- Acute care (1)
- Community-based program (2)
- Inpatient mental health (3)
- Outpatient mental health (4)
- Psychiatric care (5)
- Yoga studio (6)
- Other (please identify): (7) _____

personal practice Do you have a personal yoga practice?

- Yes (1)
- No (2)

Display This Question:

If Do you have a personal yoga practice? = Yes

PPtime Approximately how long have you been personally practicing yoga?

Display This Question:

If Do you have a personal yoga practice? = Yes

PPtype What type of yoga do you personally practice?

Display This Question:

If Do you have a personal yoga practice? = Yes

PPfrequency How often do you personally practice yoga within one week?

End of Block: Demographics

Intro The following questions will focus on your use of yoga with Adolescents aged 12-19

a-types Within the past year of implementing yoga with adolescents who have experienced trauma, if known, what sources of trauma (e.g., physical abuse, neglect, medical trauma) have your participants experienced? If unknown, please type “unknown”

a-P&F Within the past year, what has informed your planning and facilitation of yoga with adolescents who have experienced trauma? (Select all that apply)

- Evidence/research (1)
 - Theory (2)
 - Personal yoga practice (3)
 - Clinical expertise specific to yoga (4)
 - Clinical expertise specific to youth who have experienced trauma (5)
 - Other (please identify): (6) _____
-

a-group type Within the past year when facilitating yoga with adolescents who have experienced trauma, are your sessions primarily one-on-one or group sessions? (Select all that apply)

- One-on-one sessions (1)
 - Group sessions (2)
-

Display This Question:

If Within the past year when facilitating yoga with adolescents who have experienced trauma, are you... = Group sessions

a-group size On average, how many adolescents who have experienced trauma do you serve in a single yoga session?

- 2-3 adolescents (1)
 - 4-5 adolescents (2)
 - 6-8 adolescents (3)
 - 8-10 adolescents (4)
 - More than 10 adolescents (5)
-

a-why Within the past year, why have you implemented yoga with adolescents who have experienced trauma? (Select all that apply)

- To improve emotional health (197)
 - To improve cognitive health (198)
 - To improve social health (199)
 - To improve physical health (200)
 - To improve spiritual health (201)
 - No identified targeted outcomes (202)
 - Other (please identify): (203) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve emotional health

a-emotional When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to emotional health have you focused on/targeted? (Select all that apply)

- To improve affect regulation (4)
 - To improve emotion expression (5)
 - To increase autonomy (6)
 - To increase self-concept (7)
 - To increase self-esteem (8)
 - To improve body image (9)
 - Other (please identify): (10) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve cognitive health

a-cognitive When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to cognitive health have you focused on/targeted? (Select all that apply)

- To improve affect regulation (4)
 - To improve emotion expression (5)
 - To increase autonomy (6)
 - To increase self-concept (7)
 - To increase self-esteem (8)
 - To improve body image (9)
 - Other (please identify): (10) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve social health

a-social When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to social health have you focused on/targeted? (Select all that apply)

- To increase social competence (4)
 - To improve verbal communication skills (5)
 - To improve nonverbal communication skills (6)
 - To increase interpersonal communication (7)
 - Other (please identify): (8) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve physical health

a-physical When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to physical health have you focused on/targeted? (Select all that apply)

- To improve balance (62)
 - To improve coordination (63)
 - To improve motor skills (64)
 - To reduce heart rate (65)
 - Other (please identify): (66) _____
-

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve spiritual health

a-spiritual When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to spiritual health have you focused on/targeted? (Select all that apply)

- To increase sense of purpose (63)
 - To find meaning in life (64)
 - To increase peace and harmony in the individuals' lives (65)
 - To develop an overall deeper understanding of spirituality (66)
 - Other (please identify): (67) _____
-

a-preparation Within the past year when facilitating yoga with adolescents who have experienced trauma, what have you included in your preparation of the environment/space your yoga sessions take place in? (Select all that apply)

- Cover windows that may lead to distraction (1)
 - Prepare for distractions (e.g., if mail is scheduled to be delivered during the session, make note that you will inform participants at the beginning of the session) (2)
 - Cover or remove mirrors (3)
 - Set out essential oils that may be used (4)
 - Prepare options for different lighting (e.g., dimming lights to begin or having the option to dim lights after session has begun) (5)
 - Set up music, speakers, etc. (6)
 - Other (please identify): (7) _____
 - I have not prepared the environment/space that my yoga sessions take place in, in any unique or particular way when facilitating yoga for children who have experienced trauma. (8)
-

a-synonymous Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms?

- Yes (1)
- No (2)

Display This Question:

If Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms? = Yes

a-define both How would you define trauma-informed and trauma-sensitive yoga?

Display This Question:

If Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms? = No

a-define TIY How would you define trauma-informed yoga?

Display This Question:

If Do you consider trauma-informed yoga and trauma-sensitive yoga to be synonymous terms? = No

a-define TSY How would you define trauma-sensitive yoga?

a-styles Within the past year, what styles of yoga have you found most effective when implementing yoga with adolescents who have experienced trauma? (Select all that apply)

- Anusara (1)
- Ashtanga (2)
- Bikram (3)
- Gentle Yoga (4)
- Hatha Yoga (5)
- iRest Yoga/Nidra (6)
- Iyengar (7)
- Jivamukti (8)
- Kundalini (9)
- Pranayama for trauma (10)
- Restorative (11)
- Trauma-Informed Yoga (12)
- Trauma-Sensitive Yoga (13)
- Vinyasa (14)
- Yin (15)
- Other (please identify): (16) _____

Carry Forward Selected Choices from "Within the past year, what styles of yoga have you found most effective when implementing yoga with adolescents who have experienced trauma? (Select all that apply)"

a-top styles Please rank the styles of yoga you have selected in order from most often used to least often used in regard to facilitating yoga with adolescents who have experienced trauma.

- _____ Anusara (1)
- _____ Ashtanga (2)
- _____ Bikram (3)
- _____ Gentle Yoga (4)
- _____ Hatha Yoga (5)
- _____ iRest Yoga/Nidra (6)
- _____ Iyengar (7)
- _____ Jivamukti (8)
- _____ Kundalini (9)
- _____ Pranayama for trauma (10)
- _____ Restorative (11)
- _____ Trauma-Informed Yoga (12)
- _____ Trauma-Sensitive Yoga (13)
- _____ Vinyasa (14)
- _____ Yin (15)
- _____ Other (please identify): (16) _____

a-components Within the past year, which of the following components of yoga have you included in your yoga sessions with adolescents who have experienced trauma? (Select all that apply)

- Breath work (1)
- Meditation (2)
- Physical poses (3)

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga se... = Breath work

a-breath work On average, what percentage of your yoga sessions with adolescents who have experienced trauma is focused on breath work?

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga se... = Meditation

a-meditation On average, what percentage of your yoga sessions with adolescents who have experienced trauma is focused on meditation?

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga se... = Physical poses

a-physical poses On average, what percentage of your yoga sessions with adolescents who have experienced trauma is focused on physical poses?

a-informed What has informed your planning and facilitation of yoga with adolescents who have experienced trauma? (Select all that apply)

- Continuing education units (89)
- Formal education (90)
- Literature, research publications, etc. (91)
- Self-help books (92)
- Trauma-specific trainings (93)
- Workshops (94)
- Yoga training (95)
- Other (please identify): (96) _____

Display This Question:

If What has informed your planning and facilitation of yoga with adolescents who have experienced tr... = Yoga training

a - info yoga train Please specify the yoga training(s) that has informed your yoga facilitations with adolescents who have experienced trauma.

- 200 hour yoga teaching training (4)
- Yoga therapy training (5)
- Other (please identify): (6) _____

a-adaptations Within the past year when facilitating yoga with adolescents who have experienced trauma, have you made any of the following adaptations that are specific to trauma? (Select all that apply)

- Created a sense of camaraderie among participants (1)
- Developed a sense of trust between myself and the participants (2)
- Addressed potential trauma-related triggers (3)
- Set a non-judgmental tone emphasizing safety (4)
- Began sessions by providing an outline of the session (5)
- Aided my participants' ability to be present in the moment (6)
- Provided choice for participants (7)
- Used invitational language (e.g., language that includes "if you would like" or "when you are ready") rather than demanding language (e.g., "do this now") (8)
- I have not made any adaptations specific to trauma when working with adolescents who have experienced trauma (11)
- Other (please identify): (9) _____

a-duration Within the past year, what has been the average duration of your yoga sessions with adolescents who have experienced trauma?

- 15 minutes (1)
- 30 minutes (2)
- 45 minutes (3)
- 50 minutes (4)
- 60 minutes (5)
- 75 minutes (6)
- 90 minutes (7)
- Other (please identify): (8) _____

a-unique clients Within the past year, on average how many unique adolescents who have experienced trauma do you serve in a seven-day (one-week) period?

- 1-5 adolescents (1)
- 6-10 adolescents (2)
- 11-15 adolescents (3)
- 16-20 adolescents (4)
- Other (please identify): (5) _____

a-psychotherapy Within the past year, approximately what percentage of your yoga sessions with adolescents who have experienced trauma have been used in adjunct with psychotherapy?

- 0% (1)
 - 1-25% (2)
 - 26-50% (3)
 - 51-75% (4)
 - 76-99% (5)
 - 100% (6)
 - Unknown (7)
-

a-cert opinion Do you think practitioners should complete any yoga training(s) or obtain formal yoga certification(s) prior to utilizing yoga with adolescents who have experienced trauma?

- Yes (1)
 - No (2)
-

Display This Question:

If Do you think practitioners should complete any yoga training(s) or obtain formal yoga certificati... = Yes

a-cert rec Please list any formal yoga training(s) or certification(s) you would recommend practitioners complete prior to facilitating yoga with adolescents who have experienced trauma.

End of Block: Adolescents

Start of Block: Ending

email for giftcard To enter the drawing to receive a \$50 Amazon gift card, please enter your email here:

Start of Block: Adolescents for both

a1-intro The following questions will focus on your use of yoga with Adolescents aged 12-19

a1-types Within the past year of implementing yoga with adolescents who have experienced trauma, if known, what sources of trauma (e.g., physical abuse, neglect, medical trauma) have your participants experienced? If unknown, please type “unknown”

a1-p&f Within the past year, what has informed your planning and facilitation of yoga with adolescents who have experienced trauma? (Select all that apply)

- Evidence/research (1)
- Theory (2)
- Personal yoga practice (3)
- Clinical expertise specific to yoga (4)
- Clinical expertise specific to youth who have experienced trauma (5)
- Other (please identify): (6) _____

a1-group types Within the past year when facilitating yoga with adolescents who have experienced trauma, are your sessions primarily one-on-one or group sessions? (Select all that apply)

- One-on-one sessions (1)
- Group sessions (2)

Display This Question:

If Within the past year when facilitating yoga with adolescents who have experienced trauma, are you... = Group sessions

a1-group size On average, how many adolescents who have experienced trauma do you serve in a single yoga session?

- 2-3 adolescents (1)
- 4-5 adolescents (2)
- 6-7 adolescents (3)
- 8-10 adolescents (4)
- More than 10 adolescents (5)

a1-why Within the past year, why have you implemented yoga with adolescents who have experienced trauma? (Select all that apply)

- To improve emotional health (197)
- To improve cognitive health (198)
- To improve social health (199)
- To improve physical health (200)
- To improve spiritual health (201)
- No identified targeted outcomes (202)
- Other (please identify): (203) _____

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve emotional health

a1-emotional When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to emotional health have you focused on/targeted? (Select all that apply)

- To improve affect regulation (4)
- To improve emotion expression (5)
- To increase autonomy (6)
- To increase self-concept (7)
- To increase self-esteem (8)
- To improve body image (9)
- Other (please identify): (10) _____

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve cognitive health

a1-cognitive When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to cognitive health have you focused on/targeted? (Select all that apply)

- To improve affect regulation (4)
- To improve emotion expression (5)
- To increase autonomy (6)
- To increase self-concept (7)
- To increase self-esteem (8)
- To improve body image (9)
- Other (please identify): (10) _____

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve social health

a1-social When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to social health have you focused on/targeted? (Select all that apply)

- To increase social competence (4)
- To improve verbal communication skills (5)
- To improve nonverbal communication skills (6)
- To increase interpersonal communication (7)
- Other (please identify): (8) _____

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve physical health

a1-physical When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to physical health have you focused on/targeted? (Select all that apply)

- To improve balance (62)
- To improve coordination (63)
- To improve motor skills (64)
- To reduce heart rate (65)
- Other (please identify): (66) _____

Display This Question:

If Within the past year, why have you implemented yoga with adolescents who have experienced trauma?... = To improve spiritual health

a1-spiritual When you have implemented yoga with adolescents who have experienced trauma, what outcomes specific to spiritual health have you focused on/targeted? (Select all that apply)

- To increase sense of purpose (63)
- To find meaning in life (64)
- To increase peace and harmony in the individuals' lives (65)
- To develop an overall deeper understanding of spirituality (66)
- Other (please identify): (67) _____

a1-preparation Within the past year when facilitating yoga with adolescents who have experienced trauma, what have you included in your preparation of the environment/space your yoga sessions take place in? (Select all that apply)

- Cover windows that may lead to distraction (1)
- Prepare for distractions (e.g., if mail is scheduled to be delivered during the session, make note that you will inform participants at the beginning of the session) (2)
- Cover or remove mirrors (3)
- Set out essential oils that may be used (4)
- Prepare options for different lighting (e.g., dimming lights to begin or having the option to dim lights after session has begun) (5)
- Set up music, speakers, etc. (6)
- Other (please identify): (7) _____
- I have not prepared the environment/space that my yoga sessions take place in, in any unique or particular way when facilitating yoga for children who have experienced trauma. (8)

a1-styles Within the past year, what styles of yoga have you found most effective when implementing yoga with adolescents who have experienced trauma? (Select all that apply)

- Anusara (1)
- Ashtanga (2)
- Bikram (3)
- Gentle Yoga (4)
- Hatha Yoga (5)
- iRest Yoga/Nidra (6)
- Iyengar (7)
- Jivamukti (8)
- Kundalini (9)
- Pranayama for trauma (10)
- Restorative (11)
- Trauma-Informed Yoga (12)
- Trauma-Sensitive Yoga (13)
- Vinyasa (14)
- Yin (15)
- Other (please identify): (16) _____

Carry Forward Selected Choices from "Within the past year, what styles of yoga have you found most effective when implementing yoga with adolescents who have experienced trauma? (Select all that apply)"

a-type styles Please rank the styles of yoga you have selected in order from most often used to least often used in regard to facilitating yoga with adolescents who have experienced trauma.

- _____ Anusara (1)
- _____ Ashtanga (2)
- _____ Bikram (3)
- _____ Gentle Yoga (4)
- _____ Hatha Yoga (5)
- _____ iRest Yoga/Nidra (6)
- _____ Iyengar (7)
- _____ Jivamukti (8)
- _____ Kundalini (9)
- _____ Pranayama for trauma (10)
- _____ Restorative (11)
- _____ Trauma-Informed Yoga (12)
- _____ Trauma-Sensitive Yoga (13)
- _____ Vinyasa (14)
- _____ Yin (15)
- _____ Other (please identify): (16) _____

a1-components Within the past year, which of the following components of yoga have you included in your yoga sessions with adolescents who have experienced trauma?

(Select all that apply)

- Breath work (1)
- Meditation (2)
- Physical poses (3)

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga se... = Breath work

a1-breath work On average, what percentage of your yoga sessions with adolescents who have experienced trauma is focused on breath work?

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga se... = Meditation

a1-meditation On average, what percentage of your yoga sessions with adolescents who have experienced trauma is focused on meditation?

Display This Question:

If Within the past year, which of the following components of yoga have you included in your yoga se... = Physical poses

a1-physical poses On average, what percentage of your yoga sessions with adolescents who have experienced trauma is focused on physical poses?

a1-informed What has informed your planning and facilitation of yoga with adolescents who have experienced trauma? (Select all that apply)

- Continuing education units (89)
- Formal education (90)
- Literature, research publications, etc. (91)
- Self-help books (92)
- Trauma-specific trainings (93)
- Workshops (94)
- Yoga training (95)
- Other (please identify): (96) _____

Display This Question:

If What has informed your planning and facilitation of yoga with adolescents who have experienced tr... = Yoga training

a1-inf yoga train Please specify the yoga training(s) that has informed your yoga facilitations with adolescents who have experienced trauma.

- 200 hour yoga teaching training (4)
 - Yoga therapy training (5)
 - Other (please identify): (6) _____
-

a1-adaptations Within the past year when facilitating yoga with adolescents who have experienced trauma, have you made any of the following adaptations that are specific to trauma? (Select all that apply)

- Created a sense of camaraderie among participants (1)
 - Developed a sense of trust between myself and the participants (2)
 - Addressed potential trauma-related triggers (3)
 - Set a non-judgmental tone emphasizing safety (4)
 - Began sessions by providing an outline of the session (5)
 - Aided my participants' ability to be present in the moment (6)
 - Provided choice for participants (7)
 - Used invitational language (e.g., language that includes “if you would like” or “when you are ready”) rather than demanding language (e.g., "do this now") (8)
 - I have not made any adaptations specific to trauma when working with adolescents who have experienced trauma (10)
 - Other (please identify): (9) _____
-

a1-duration Within the past year, what has been the average duration of your yoga sessions with adolescents who have experienced trauma?

- 15 minutes (1)
 - 30 minutes (2)
 - 45 minutes (3)
 - 50 minutes (4)
 - 60 minutes (5)
 - 75 minutes (6)
 - 90 minutes (7)
 - Other (please identify): (8) _____
-

a1-unique clients Within the past year, on average how many unique adolescents who have experienced trauma do you serve in a seven-day (one-week) period?

- 1-5 adolescents (1)
 - 6-10 adolescents (2)
 - 11-15 adolescents (3)
 - 16-20 adolescents (4)
 - Other (please identify): (5) _____
-

a1-psychotherapy Within the past year, approximately what percentage of your yoga sessions with adolescents who have experienced trauma have been used in adjunct with psychotherapy?

- 0% (1)
 - 1-25% (2)
 - 26-50% (3)
 - 51-75% (4)
 - 76-99% (5)
 - 100% (6)
 - Unknown (7)
-

a1- cert opinion Do you think practitioners should complete any yoga training(s) or obtain formal yoga certification(s) prior to utilizing yoga with adolescents who have experienced trauma?

- Yes (1)
 - No (2)
-

Display This Question:

If Do you think practitioners should complete any yoga training(s) or obtain formal yoga certificati... = Yes

a1-cert rec Please list any formal yoga training(s) or certification(s) you would recommend practitioners complete prior to facilitating yoga with adolescents who have experienced trauma.

End of Block: Adolescents for both

Appendix C

All Results

Table 6

Participant Demographics (n=31)

Survey Items & Answer Options	Mean \pm SD or n (%)
Race	
White	27 (87.0%)
Hispanic, Latinx or Spanish	3 (9.6%)
Asian	1 (3.2%)
Gender	
Female	30 (96.8%)
Male	1 (3.2%)
Age	37 \pm 9
Country of Residence	
United States	28 (90.3%)
Canada	2 (6.5%)
Australia	1 (3.2%)

Table 7

Participant Demographics- States (N=31)

Item – State	n (%)
Ohio	3 (11.1%)
New York	3 (11.1%)
Colorado	2 (7.4%)
Texas	2 (7.4%)
Michigan	2 (7.4%)
Utah	2 (7.4%)
Arkansas	1 (3.7%)
California	1 (3.7%)
Connecticut	1 (3.7%)
Florida	1 (3.7%)
Idaho	1 (3.7%)
Illinois	1 (3.7%)
Indiana	1 (3.7%)
Kentucky	1 (3.7%)
Massachusetts	1 (3.7%)
Montana	1 (3.7%)
North Carolina	1 (3.7%)
Pennsylvania	1 (3.7%)
Tennessee	1 (3.7%)
Texas	1 (3.7%)

Table 8

Types of Trauma Children Experienced Reported by Participants (N=33)

Trauma Types	N (%)
Physical Trauma	18 (52.5%)
Sexual Trauma	17 (51.5%)
Neglect	13 (39.4%)
Medical Trauma	6 (18.2%)
Unknown	6 (18.2%)
Emotional Abuse	6 (18.2%)
Domestic Violence	2 (6.25%)
Foster Care	2 (6.25%)
Homelessness	2 (6.25%)
Loss of one or both parents	2 (6.25%)
Separation and Loss	2 (6.25%)
Substance Abuse	2 (6.25%)
Abandonment	1 (3.03%)
ACEs	1 (3.03%)
Attachment	1 (3.03%)
Bullying	1 (3.03%)
Dating Abuse	1 (3.03%)
Family Issues	1 (3.03%)
Immigration Trauma	1 (3.03%)
Multiple Traumas	1 (3.03%)
Poverty	1 (3.03%)
Torture	1 (3.03%)
Trafficking Survivors	1 (3.03%)
War	1 (3.03%)
Watching High Conflict Fights	1 (3.03%)
Witnessing Internal Personal Violence	1 (3.03%)

Table 9

How Yoga is Implemented With Children Who Have Experienced Trauma (N=34)

Item	n (%)
Informed planning and facilitation	
Trauma-specific trainings	30 (88.2%)
Evidence/research	26 (76.5%)
Expertise specific to youth who have experienced trauma	25 (24.6%)
Literature, research, publications, etc.	25 (73.6%)
Continuing education units	23 (67.6%)
Yoga-training	19 (57.6%)
200-hour yoga teacher training	14 of 19 (66.7%)
Yoga therapy training	6 of 19 (28.6%)
Other (e.g., kids yoga 30 hours)	12 of 19 (57.1%)
Workshops	20 (60.6%)
Formal education	18 (54.5%)
Theory	16 (47.1%)
Personal Yoga Practice	18 (52.9%)
Clinical expertise specific to yoga	18 (52.9%)
Other (e.g., bodywise foundation)	4 (12.1%)
Offering one-on-one yoga sessions	17 (50%)
Offering group yoga sessions	
2 to 3 children per group	2 of 17 (8.7%)
4 to 5 children per group	6 of 17 (26.1%)
6 to 7 children per group	8 of 17 (34.8%)
8 to 10 children per group	4 of 17 (17.4%)
> 10 children per group	3 of 17 (13.0%)
Preparation of environment/space	
Prepared different lighting options	22 (64.7%)
Prepared for distractions	17 (50.0%)
Set up music, speakers, etc.	16 (47.1%)
Cover windows that may lead to distractions	8 (23.5%)
Set out essential oils that may be used	11 (32.4%)
Other (e.g., having children specific props)	10 (29.4%)
Cover or remove mirrors	5 (14.7%)
I have not prepared the environment/space	5 (14.7%)
Styles of yoga implemented	
Gentle yoga	21 (61.8%)
Trauma-informed yoga-	16 (47.1%)
Hatha yoga	14 (41.2%)
Restorative	13 (39.4%)
Trauma-sensitive yoga	12 (36.4%)
Vinyasa	12 (35.3%)
Pranayama for trauma	5 (14.7%)
iRest Yoga/Nidra	5 (15.2%)

Yin	4 (11.8%)
Kundalini	3 (8.8%)
Other (e.g., full of joy yoga)	2 (5.9%)
Bikram	2 (5.9%)
Ashtanga	1 (2.9%)
Jivamukti	1 (2.9%)
Yoga components included in sessions	
Breath work	31 (91.2%)
Physical poses	28 (82.4%)
Meditation	27 (79.4%)
Trauma-specific adaptations	
Developed a sense of trust between practitioner and participant(s)	32 (94.1%)
Set a non-judgmental tone that emphasized safety	30 (88.2%)
Used invitational language rather than demanding language	29 (85.3%)
Provided choice for participants	28 (82.4%)
Aided participants' ability to be present in the moment	21 (61.8%)
Addressed potential trauma-related triggers	19 (55.9%)
Began sessions by providing an outline of the session	17 (50.0%)
Created a sense of camaraderie among participants	17 (50.0%)
Other (e.g., Hoberman ball)	2 (5.9%)
Average session duration	
15 minutes	9 (26.5%)
30 minutes	10 (29.4%)
45 minutes	7 (20.6%)
50 minutes	3 (8.8%)
60 minutes	5 (14.7%)
Unique children who have experienced trauma within seven-day period	
1 to 5 children	6 (17.6%)
6 to 10 children	14 (41.2%)
11 to 15 children	5 (14.7%)
16 to 20 children	2 (5.9%)
Other (e.g., entire grades)	7 (20.6%)
Percentage of yoga sessions used in adjunct with psychotherapy	
0%	2 (5.9%)
1-25%	6 (17.6%)
26-50%	5 (14.7%)
51-75%	2 (5.9%)
76-99%	6 (17.6%)
100%	6 (17.6%)
Unknown	7 (20.6%)

Are “trauma-sensitive yoga” and “trauma-informed yoga”
synonymous?, yes

24 (70.6%)

Table 10

Why Yoga is Implemented with Children Who Have Experienced Trauma (N=34)

Item	n(%)
Emotional	30 (88.2%)
Improve affect regulation	27 of 30 (90.0%)
Increase emotion expression	22 of 30 (73.3%)
Increase self-esteem	21 of 30 (70.0%)
Improve body image	16 of 30 (53.3%)
To increase self-concept	16 of 30 (53.3%)
To increase Autonomy	13 of 30 (43.3%)
Other (e.g., to reduce dissociate responses)	2 of 30 (6.7%)
Physical	23 (67.6%)
Improve coordination	19 of 23 (82.6%)
Increased motor skills	18 of 23 (78.3%)
Improve Balance	17 of 23 (73.9%)
To reduce heart rate	13 of 23 (56.5%)
Other (e.g., improve self-awareness)	5 of 23 (20.8%)
Social	18 (52.9%)
Increase interpersonal communication	12 of 18 (66.7%)
Increase social competence	11 of 18 (61.1%)
Improve verbal communication skill	11 of 18 (61.1%)
Increase nonverbal communication skills	11 of 18 (61.1%)
Other (e.g., develop proper boundaries)	6 of 18 (33.3%)
Cognitive	18 (52.9%)
Increase information processing	14 of 18 (77.8%)
Increase ability to plan and anticipate	11 of 18 (61.1%)
Increase ability to orient to time and space	10 of 18 (55.6%)
To improve memory	9 of 18 (50.0%)
Increase ability to adjust to plans and strategi	8 of 18 (44.4%)
To develop abstract reasoning	4 of 18 (22.2%)
To address learning difficulties	4 of 18 (22.2%)
Other (e.g., improve interception)	4 of 18 (22.2%)
Spiritual	12 (35.%)
Find peace and harmony	9 of 12 (75.0%)
Find a sense of purpose	7 of 12 (58.3%)
Find meaning in life	6 of 12 (50.0%)
Overall deeper understanding	4 of 12 (33.3%)
No Outcomes	1 (2.9%)
Other (e.g., body awareness, family bonding)	7 (20.6%)

Table 11

Who Implements Yoga With Children Who Have Experienced Trauma (N=34)

Item	n (%)
Primary Area of Practice	
Social Work	9 (29.0%)
Other (e.g., high school administrator, hair stylist)	9 (29.0%)
Occupational Therapy	4 (12.9%)
Counseling	3 (9.7%)
Yoga Therapy	3 (9.7%)
Recreational Therapy	1 (3.2%)
Physical Therapy	1 (3.2%)
Speech-Language Pathology	1 (3.2%)
Years of Experience in Clinical Practice	
< 1 year	2 (6.5%)
1 to 3 years	10 (32.3%)
4 to 10 years	9 (29.0%)
11 to 20 years	7 (22.6%)
> 20 years	3 (9.7%)
Setting	
Community-Based Program	15 (48.4%)
Outpatient Mental Health	13 (41.9%)
Other (e.g., private practice)	9 (29.0%)
Yoga Studio	4 (12.9%)
Inpatient Mental Health	3 (9.7%)
Acute Care	2 (6.5%)
Psychiatric Care	2 (6.5%)
Personal Yoga Practice, yes	27 (87.1%)
Type of Yoga Personally Practiced	
Vinyasa	15 of 27 (55.5%)
Restorative	13 of 27 (48.1%)
Hatha	9 of 27 (33.3%)
Yin	8 of 27 (29.6%)
Ashtanga	4 of 27 (14.8%)
Gentle	3 of 27 (11.1%)
Mediation	2 of 27 (7.4%)
Yoda Nidra	2 of 27 (7.4%)
Hot Yoga	2 of 27 (7.4%)
Aerial	1 of 27 (3.7%)
Anusara	1 of 27 (3.7%)
Bikram	1 of 27 (3.7%)
Iyenger	1 of 27 (3.7%)
Kundalini	1 of 27 (3.7%)
Power	1 of 27 (3.7%)
Slow Burn	1 (3.7%)