

UCI CARE

HOLISTIC HEALING TRANSFORMING TRAUMA

re:Connect - Yoga as Healing Application

Mission and Goals

UCI Campus Assault Resources and Education (CARE) is pleased to offer re:Connect - Yoga as Healing for students who have experienced sexual or relationship violence as part of its Holistic Healing program. The CARE Office believes in all forms of healing and this program will explore reconnection to the self through mind, body, and spirit. In Bennett's book, *Emotional Yoga*, she reminds us that our emotions can act as a bridge between our bodies and minds, which are intimately intertwined and connected with our emotions (2002). This program will provide survivors of sexual or relationship violence a means of becoming reacquainted with their bodies, help them become grounded in the present moment, and allow them to explore the benefits of mindfulness as they flow breath to movement in guided practice and meditation.

Memories of trauma can be intrusive, which can create challenges for survivors. These memories can also make it difficult for survivors who are looking to establish connection in their lives and learn how to trust again. The entire experience of practicing yoga, can help survivors find union between seemingly disconnected and challenging aspects of the self; allowing participants to slowly build the pieces into an integrated whole. In *The Body Remembers: The Psychophysiology of Trauma and Treatment*, Rothschild recognizes the need for therapy to consist of helping people to stay in their bodies and to delve deeper into understanding these important bodily sensations (2000). Yoga's focus on self-acceptance provides survivors with tangible benefits that will become noticeable throughout their practice. This gradual integration can be transformational and healing for a survivor of sexual or relationship violence.

Program Structure

re:Connect - Yoga as Healing will run for 5 weeks and will meet every Tuesday from 7:00PM to 9:00PM beginning on October 18, 2016. Each session will offer survivors a safe space to gain greater awareness around strength, stability, assertiveness, and mindfulness. Classes will have different themes, focus on various chakras and restorative postures, build strength in the core, explore positive affirmations, and will also be coupled with guided activities including de-briefing exercises, journaling, and art therapy. Classes will explore strength and pain, and allow survivors to re-connect with themselves and build community with their peers.

Classes will establish consistency and will build upon each other each week. As a result, it is essential for survivors to attend the entire 5-week program.

Class Schedule (all classes meet from 7:00 pm to 9:00 pm):

Session 1: 10/18/2016

Session 2: 10/25/2016

Session 3: 11/01/2016

Session 4: 11/08/2016

Session 5: 11/15/16

Commitment to re:Connect - Yoga as Healing will benefit you by providing the opportunity to:

- Find peace and healing through your yoga practice
- Learn to establish connection in your life and trust others
- Establish safety and stability in your body and relationships in your life
- Tap into inner strength and build skills for managing painful experiences
- Build yoga and mindfulness practices
- Build a strong network and community through peer to peer connections

APPLICATION PROCESS

- Please complete the application form below. Please be sure to answer all short answer questions, and waiver form.
- Completed applications can be submitted via e-mail as an attachment(s) to pascale@uci.edu or dropped off at the CARE Office (G320 Student Center).
- Applicants will be notified when their completed applications have been received.
- Applications are due on **Friday, October 7, 2016 by 5PM**
- Students will be contacted by phone or email to schedule an initial meeting.
- Initial meetings will be scheduled between October 4, 2016 and October 12, 2016.
- Please contact Eli Pascal, Assistant Director of the CARE Office with any questions via email at pascale@uci.edu or via phone at (949) 824-7273.

FINAL CHECKLIST

- Completed application form**
- Physical Activity Readiness Questionnaire**
- Waiver Form**
- Availability Form**

UCI CARE

re:Connect – Yoga As Healing

Application form (Part I)
Applications are due Friday, October 7th, 2016 by 5PM

Full Name:

_____ (first) (middle) (last)

Phone Number: _____

Email: _____

Sex: ___ Female ___ Male ___ Inter-sex

Gender: (Check) ___ Woman ___ Man ___ Trans-Man ___ Trans-Woman
___ Genderqueer ___ Nonbinary ___ Self-Identified

Age: _____ **Birthdate:** _____/_____/_____

Ethnicity (Please check all that apply):

- | | |
|--|------------------------------|
| _____ African American | _____ Korean/Korean American |
| _____ Caucasian | _____ Native American Indian |
| _____ Chicano/Mexican American | _____ Pacific Islander |
| _____ Chinese/Chinese American | |
| _____ Vietnamese/Vietnamese American | |
| _____ East Indian | |
| _____ Filipino | |
| _____ Japanese/Japanese American | |
| _____ Iranian/Persian | |
| _____ Latino/a | |
| _____ Multi-racial (Please specify): _____ | |
| _____ Other (Please Specify): _____ | |

Educational Background:

School/ Major _____ GPA: _____

Current Status: Freshman Sophomore Junior Senior

Graduate Student Medical Student Law Student

Expected Date of Graduation _____

Please fill out the following health information and short answer questions:

1. Have you ever practiced yoga before? If so, for how long?

2. Please check all that apply to you:

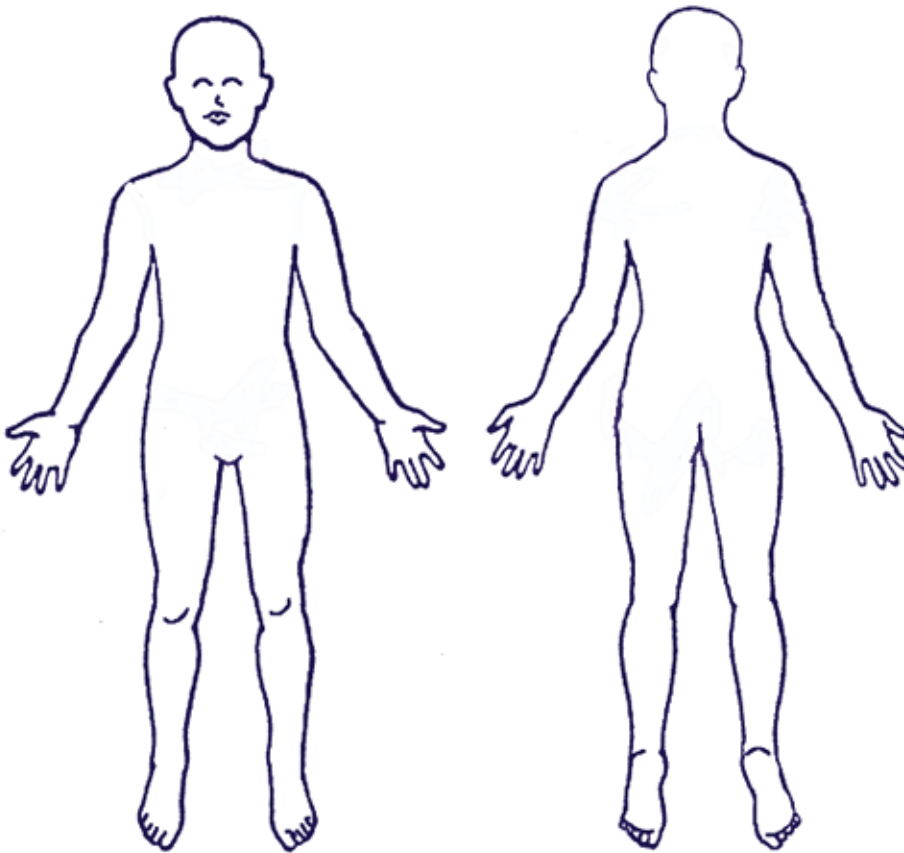
Heart condition		Herniated disk	
Anxiety		Sciatica	
Depression		Pregnant	
Insomnia		Breastfeeding	
Headaches		Dizziness	
Change of appetite		Weight loss	
Swelling of joints		Low mood or sadness	
Neck pain or swelling		Lack of interest in things	
Shortness of breath		Use of harmful coping strategies	
Scoliosis		Eating disorder	
Other:		Other:	
Other:		Other:	
Other:		Other:	

3. Please list any health problems or medication you are currently taking:

4. Are you currently under medical supervision from a health care provider? If so, have you discussed your interest in practicing yoga?

5. Is there anything else we should know about your physical wellbeing?

6. **Circle** any areas where you have experienced injury.
Place an **X** over any place where you are currently experiencing physical pain/tension:



7. How would you define “self-care”?

8. Do you regularly practice any activities that you would consider “self-care”?

9. Have you ever been in personal counseling? If so, with whom, when, where and how long?

10. Are you currently working with a counselor?

11. Please describe the nature of your support systems (i.e., friendships, significant relationships, relationships with family members).

12. How did you find out about the Yoga as Healing Program?

13. Why do you want to participate in the Yoga as Healing Program?

14. Please list your availability between October 4, 2016 and October 12, 2016 in one hour blocks.

	Monday	Tuesday	Wednesday	Thursday	Friday
8AM					
9AM					
10AM					
11AM					
12PM					
1PM					
2PM					
3PM					
4PM					
Select if available all day					

15. Please read and sign the waiver on the next page.

1. Participant's Name: _____

**UNIVERSITY OF CALIFORNIA IRVINE
CAMPUS ASSAULT RESOURCES & EDUCATION
Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

Waiver: In consideration of being permitted to participate in any way in UCI CARE Holistic Healing programs, including but not limited to: re:Connect – Yoga as Healing, hereinafter called “The Activity”, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Signature of Parent/Guardian of Minor Date Signature of Participant Date

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant Date Signature of Parent (if participant is a minor) Date

Physical Activity Readiness Questionnaire (PAR-Q and you)

Name of Participant: _____ Date: _____
(Please print) Day: _____ Time: _____ am/pm

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor. Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Please check YES or NO.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be made worse by change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs for your blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |

If you answered YES to one or more questions:

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal – this is an excellent way to determine your basic fitness level so that you can plan the best way for you to live actively.

Delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever – wait until you feel better.
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

***Please note:** If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.
Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.*

Name (printed)

Signature

Signature of Parent/Guardian
(For participants under 18 yr. of age)

Witness Signature

Dated this _____ day of _____, 20__.