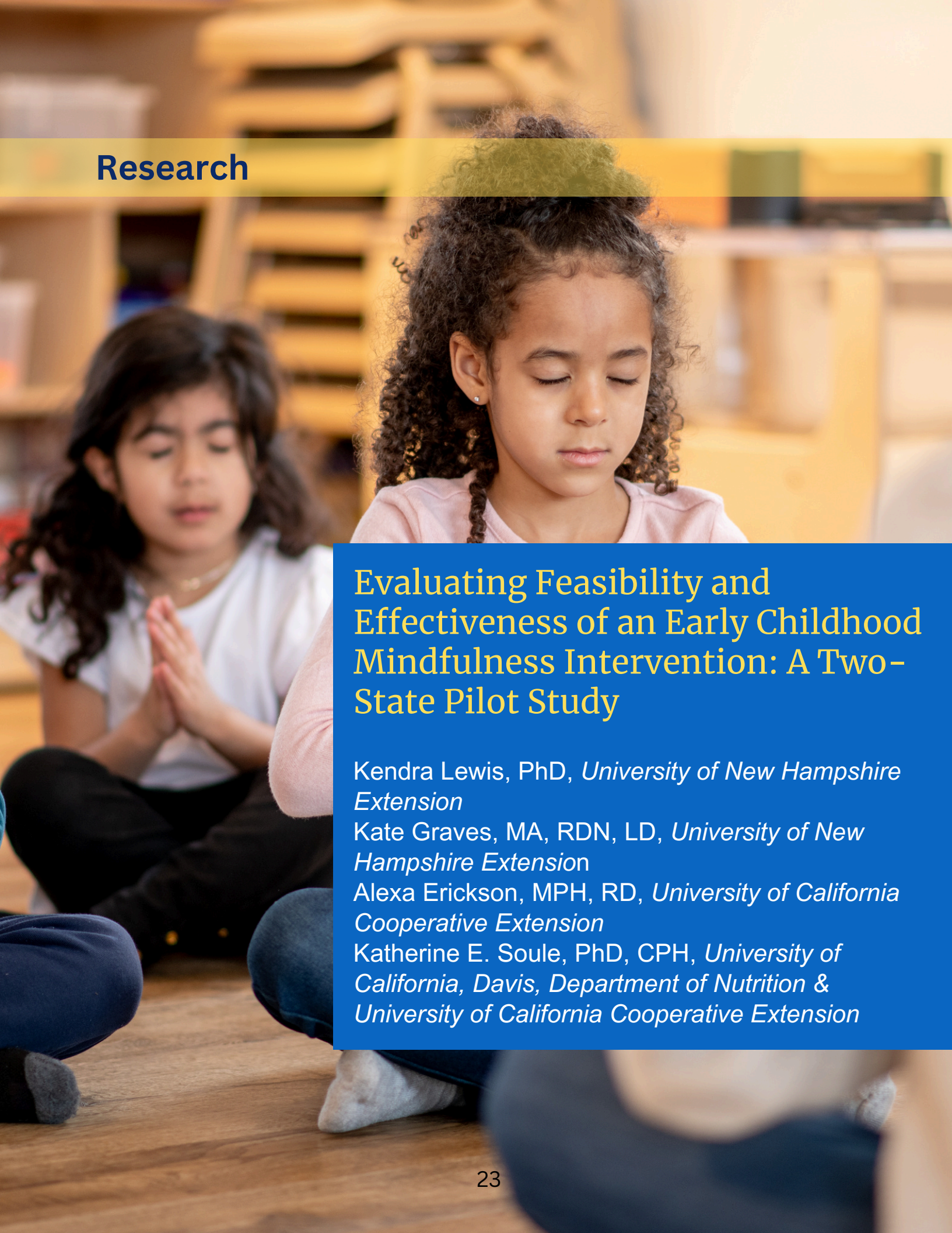




Research

Evaluating Feasibility and Effectiveness of an Early Childhood Mindfulness Intervention: A Two-State Pilot Study

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Abstract

This research examined how a mindfulness intervention may support young children's physical and socio-emotional development in early childhood education settings. Lessons were delivered to 96 children in early childhood classrooms by Extension educators in two states. Data were collected about 87 children from classroom teachers (91% response rate), and 55 children from caregivers (57% response rate). Paired sample t-tests compared pre/post-test responses, showing statistically significant improvements in early childhood behaviors related to mindful eating, physical activity, yoga practice, attention, and socio-emotional skills. The curriculum was revised based on pilot findings and shows promise as a scalable approach.

Introduction

SNAP-Ed, the nation's largest nutrition education program, provides research- and evidence-based education and policy, systems, and environmental (PSE) interventions to support improvements in nutrition and physical activity behaviors. Researchers supporting nutrition education are particularly interested in understanding, implementing, and evaluating research-based interventions that can effectively enhance participant outcomes and sustain health-promoting behaviors across communities in the United States. Over the last decade, healthcare providers, educators, and researchers have increasingly explored how a mindfulness framework may support health outcomes. Mindfulness is defined as the intentional, non-judgmental attention to the present moment (Kabat-Zinn, 2003). It has been associated with improvements in self-regulation, reductions in stress, and promotion of dietary and physical activity behaviors.

Practices commonly associated with mindfulness include meditation or quiet reflection, mindful movement, mindful eating, emotional regulation, and intentional breathing. This study examines how a four-lesson mindfulness intervention may support young children's physical and socio-emotional development in early childhood education settings and to assess the alignment of a mindfulness framework for nutrition education programming.

The objective of this pilot study was to examine the feasibility, acceptability, and exploratory impacts of incorporating the *Healthy Minds, Healthy Bodies* mindfulness intervention into nutrition education programming. Researchers adapted existing curriculum into a four-lesson, classroom-based pilot study that was conducted in SNAP-Ed programming in New Hampshire (NH) and California (CA).

Literature Review

Youth participation in mindfulness intervention programs had a significant impact on nutrition-related behaviors. At 6-month post-intervention follow-ups, youth who participated in mindfulness intervention programs had lower stress-induced eating behaviors, lower food reward sensitivity (Shomaker et al., 2019), and increased consumption of healthier foods, including low-calorie and low-fat options (Barnes & Kristeller, 2016) than youth in the control groups. There was also a significant impact on youth physical activity behaviors. At 6-month post-intervention follow-ups, youth had increased rates of engaging in at least one hour of moderate-to-vigorous physical activity (Salmoirago-Blotcher et al., 2018, p. 95) and showed increased days per week of aerobic exercise and moderate aerobic exercise (Barnes & Kristeller,

2016) compared to controls. Youth participation in mindfulness programs resulted in significant BMI reductions compared to control groups (Daly et al., 2016; Stavrou et al., 2016), which were maintained 1.5 years post-intervention (Bernstein et al., 2021); as well as a significant waist-to-hip ratio reduction (Emmanouil et al., 2018). Shao et al. (2024) observed that establishing mindfulness courses in schools increases access for adolescents through improved convenience and also noted that adolescents are highly influenced by family dietary habits and lifestyles, prompting the need for family-based mindfulness approaches that involve parents in the intervention.

A smaller body of research explored the impact of mindfulness interventions on emotional regulation and healthy food preferences in early childhood. Children who struggle with emotional regulation and inhibitory control at age two are at higher risk of becoming overweight or obese, with self-regulation skills serving as stronger predictors of weight status at age 5.5 than BMI at age two (Graziano et al., 2010, p. 638). A pilot 5-week controlled mindfulness intervention in Head Start preschool classrooms found that children in the intervention group, but not the comparison group, had significantly higher behavioral regulation and fruit and vegetable liking (Schmitt et al., 2020). Together, these findings demonstrate the potential of early childhood mindfulness exposure for shaping emotional regulation and healthier food preferences. Family environments and parental attitudes are also linked to children's emotional regulation and health decision-making, which may directly affect outcomes. In a randomized controlled study, children ages 2–5 whose parents participated in a mindfulness-based

stress intervention showed significantly lower BMI trajectories over 8 weeks compared to controls (Jastreboff et al., 2018).

Researchers also examined the components of effective mindfulness interventions. Youth who participated in mindful eating interventions used significantly more senses and more descriptive language when eating and demonstrated willingness to try novel foods (Dial et al., 2019). Morillo-Sarto et al. (2023) found that a mindful eating intervention achieved higher effects at follow-up than at post-treatment, with short-term improvements in the "observing" facet of mindfulness (i.e. noticing internal and external experiences) maintained at follow-up. Shao et al. (2024) and the Harvard T.H. Chan School of Public Health (2020) similarly found that mindfulness training reduces impulsivity and supports the distinction between emotional and physical hunger. López-Alarcón et al. (2025) indicated that results across a systemic review suggest beneficial effects of mindfulness on body weight and an advantage over other cognitive interventions in managing pediatric obesity, but variability in study designs, measured outcomes, intervention durations, and sample sizes complicates definitive conclusions.

Method

Study Design

This study was conducted in NH and CA, allowing researchers to assess generalizability of the program across states. Lessons were delivered in SNAP-Ed eligible classrooms by Extension educators. Researchers developed a retrospective pre-post survey for leadclassroom teachers and caregivers. The retrospective pre-post survey were sent home immediately following the

implementation of the final lesson. Extension educators also provided feedback after each lesson was delivered. Both paper and online (Qualtrics) surveys were available. The study protocol was approved by the Institutional Review Board at the University of NH and reviewed by the Institutional Review Board at the University of CA, Davis. Caregivers received an introductory statement explaining the purpose of the evaluation, the intended use of the findings, protections for individual information, the optional nature of demographic questions, and contact information for questions about the evaluation. Written informed consent was not required per IRB approval.

Participants

In NH, two Head Start sites consisting of three classrooms were identified for the pilot. Sites were recruited by a local SNAP-Ed Educator who held a meeting with each site to discuss curriculum offerings and required evaluations. The two sites were selected based on previously expressed interest in physical and mental wellness curriculum and their representation of both urban and rural settings in Pittsfield and Franklin. Thirty-two preschool-aged children (ages 3–5) participated, including 18 boys and 14 girls, with most identifying as white. Two preschools in Oakland, CA were selected to pilot the curriculum. Classrooms were recruited by the SNAP-Ed Supervisor based on classroom teachers' expressed interest in SNAP-Ed programming and class size. Following an email, a SNAP-Ed Educator met with sites to discuss curriculum details, scheduling, and evaluation procedures. A total of 64 children participated across three classrooms, including 38 girls and 26 boys, ages 2–5 years. Most students identified as white ($n = 57$) and/or

Hispanic/Latino ($n = 55$); 9 identified as non-Hispanic/Latino, and 7 identified as Black or African American.

Intervention

The *Healthy Minds, Healthy Bodies* mindfulness intervention included three core intervention components: (1) Children's literature book and skills practice, where children learn about and practice the lesson theme; (2) Reflection prompts, where children review their learning and connections to their lives; and (3) Application, where classroom teachers and caregivers support children in using new skills in daily life. *Healthy Minds, Healthy Bodies* lessons were adapted from *Mindful Me* (Iaccopucci et al., 2019) by reviewing children's literature, activities, and reflection questions for developmental appropriateness. Language was modified for younger children, and alternative books were selected for some lessons. For this pilot, six of nine adapted lessons were utilized based on alignment with SNAP-Ed funding and classroom teachers' interests. Each classroom was required to implement four lessons, including mindful eating and physical activity (yoga), as well as two additional lessons selected by classroom teachers and Extension educators. In NH, additional lessons were mood management and describing feelings. In CA, additional lessons were mood management and meditation. Lessons not selected for implementation in the pilot were affirmations and kindness, being present, and quiet listening. Children took home materials summarizing lesson content, the book read, and the activity completed. Handouts also included suggested activities for caregivers to continue learning at home. Each handout included a summary of the lesson, the name of the children's literature utilized,

two activities to do at home, reflection questions to ask their children, and resources. All classrooms completed implementation within 8 weeks.

Measures

Classroom demographics were accessed through the PEARS reporting system and were initially provided by the early childhood school sites. Extension educators provided feedback on fidelity and suggested modifications after delivering each lesson via an online Qualtrics survey. The survey included questions indicating whether each lesson component was completed (checked yes or no); whether they modified any part of the lesson, how they modified the lesson, and why they modified the lesson (open-ended); what they liked about the lesson (open-ended); and what they would change about the lesson (open-ended).

The classroom teacher and caregiver retrospective pre-post surveys each included 14 questions related to children's knowledge and skills gained from the lessons. Classroom teachers and caregivers rated each question on a scale of 1 (strongly disagree) to 4 (strongly agree). As some behaviors may not be observed by classroom teachers (e.g., physical activity at home), a "Not Applicable" option was included on the classroom teacher survey. Caregivers were also asked an open-ended question about the take-home handouts regarding usefulness, preferences, and any feedback. The survey was available in English and Spanish.

Data Analysis

In total, 96 children participated in the program. Data were collected from classroom teachers for 87 children (91% response rate) and from caregivers for 55 children (57% response rate). Seven

caregiver responses were removed for being blank, incomplete, or indicating that a sibling rather than a caregiver had completed the survey. The final caregiver sample size was 48 (50% response rate). Paired sample t-tests compared classroom teacher and caregivers' pre- and post-test responses for each survey item. Open-ended responses were analyzed using open coding (Corbin & Strauss, 1990) to identify themes.

Results

Extension educators delivered all planned lesson components with a single deviation, and limited modifications were reported (see Table 1). When considering children's participation outcomes, classroom teachers reported statistically significant increases for all 14 items, $p < .001$ (see Table 2). Caregivers similarly reported significant increases on all 14 items, $p < .05$ (see Table 3). Both groups reported the greatest improvements in children's mindful eating, yoga practice, emotional expression, and meditation/reflection. Thirty caregivers (63%) provided feedback on the take-home handouts. We identified two themes: 1) transference (children applying what they learned outside the classroom) and 2) connectivity (children sharing what they learned with others). Example responses included:

- "Yes, we found the information helpful and it gave us a better understanding of emotions and how to express them. We enjoyed 'The Grouchies' exercise and use it to help express when we're feeling grumpy and cheer each other up." (Transference)
- "We still have the handouts. They were useful and a way to have my child share what he learned. I saw him use yoga poses both at home and outside the home in an appropriate setting." (Connectivity)

- "I have seen very obvious changes. She is more relaxed and aware, she doesn't get upset as much. She has learned to be patient and to redirect what she does in a nicer way."
[translated from Spanish]
(Transference)

Extension educators similarly noted that children were engaged, lessons were well-received, the mindful eating lesson was particularly interactive, and the yoga lesson flowed naturally from classroom greeting routines into circle time. Table 4 presents Extension educator suggestions for changes to each lesson.

Discussion

Findings indicate that the curriculum was implemented with high fidelity and limited adaptations by Extension educators, was well-received by early childhood classroom teachers and families, and supported statistically significant improvements in a range of early childhood behaviors related to mindful eating, physical activity, yoga practice, attention, and socio-emotional skills. The results indicate that *Healthy Minds, Healthy Bodies* is feasible for implementation by nutrition educators in early childcare educational settings. Extension educators delivered all planned lesson components with a single deviation. Most of the reported modifications strengthened the lessons through the addition of music and physical activities. Other modifications, including shortening stories and preparing materials in advance to save time, reflect adaptive fidelity through preservation of core lesson components while tailoring delivery to specific contextual needs (Carroll et al., 2007). The high level of implementation fidelity suggests that Extension nutrition educators can deliver a curriculum

integrating mindfulness, nutrition, physical activity, and socio-emotional learning with relatively few changes to planned content. The adaptations reported by Extension educators were generally responsive to classroom conditions and preserved the curriculum's core components, indicating that the curriculum allows sufficient flexibility for use across varied early childhood settings. This balance between fidelity and local adaptation is particularly relevant to Extension because educators frequently deliver programming in partnership with sites that differ in schedules, staffing, available space, resources, and classroom routines. The Extension educators' recommendations in Table 4 have been incorporated into curriculum revisions following the pilot. Based on these findings, the curriculum is appropriate and usable for early childhood educational settings and warrants further testing across a broader range of Extension programs and community contexts. Future implementation should include Extension educator training that supports confidence in teaching each lesson, as well as tips learned to reinforce lessons in classrooms and at home. These findings also suggest that the curriculum could be integrated into existing Extension nutrition education programming without requiring extensive additional materials or instructional time, although implementation costs and staffing requirements should be examined in future studies.

The research also demonstrated a high level of acceptability. Extension educators and classroom teachers noted that children were engaged and lessons were positively received. Caregiver feedback indicated transference of learned skills into home and family environments.

These findings align with socio-ecological models (Bronfenbrenner, 1989), which theorize that support and reinforcement of positive behavioral changes across settings has potential for greater outcomes. Future Extension implementation should therefore include intentional strategies for engaging classroom teachers and caregivers. Positive feedback was received from Spanish- and English-speaking families, indicating that materials were linguistically accessible. However, broader implementation will require that caregiver materials be available in the languages that students and their caregivers speak and read at home.

Classroom teachers and caregivers documented significant pre/post gains for each of the 14 measured behaviors. Assessments from classroom teachers tended to show larger shifts in mean scores than those from caregivers; however, both groups showed convergence in positive directionality, which supports researcher confidence in the observed improvements. The greatest improvements appeared in measures of mindful eating, yoga practice, emotional expression, and quiet reflection. Notably, the four lessons did not directly engage students in activities specifically related to quiet meditation or reflection; however, classroom teachers reported increases in these behaviors, as well as related behaviors such as kindness and presence. This suggests that engaging children in mindfulness lessons contributes to reflective and social behaviors. These skills are closely linked to self-regulation pathways in early childhood (Murray et al., 2015) and can support improved healthy eating and physical activity.

There were limitations: the pilot study did not include control groups, limiting causal inference. The evaluation protocol relied on classroom teacher and caregiver assessment, which may have introduced reporting biases. These assessments may have been affected by recall error, social desirability, expectations about the intervention, and classroom teachers' differing opportunities to observe each behavior. The consistently positive classroom teacher ratings and the larger changes reported by classroom teacher compared with caregivers may indicate respondent bias. Classroom teachers may also have had limited knowledge of behaviors occurring outside the classroom, such as yoga practice or physical activity at home. The 50% caregiver response rate, combined with the use of a \$25 gift card incentive, raises the possibility of selection bias. Finally, this study did not measure potential influences outside the curricula, such as standard classroom lessons or household activities, that may have affected the reported outcomes.

Planned future research from this pilot study includes follow-up surveys and interviews with caregivers, staff, and administrators to assess continued implementation of related activities, changes made to environments or policies based on lesson activities, and sustained changes in children's outcomes. Additional research should include a randomized controlled trial with a multi-method outcome assessment including pre/post assessment, survey, interview, direct observation, and accelerometry, with follow-up at 6 and 12 months. Future studies should also examine factors relevant to broader Extension implementation, including Extension educator training time, lesson preparation, program costs, and partnership

requirements. This information would help Extension administrators determine whether and how the curriculum could be incorporated into existing early childhood nutrition education programs. All future research should ensure that caregiver materials are provided in the languages families speak and read at home.

Conclusion

In conclusion, this pilot study provides preliminary evidence that Extension nutrition educators can deliver a brief, low-cost curriculum integrating mindfulness, nutrition, physical activity, and socio-emotional learning in early childhood settings. Participation in the four-lesson *Healthy Minds, Healthy Bodies* curriculum provides positive evidence that a short, low-cost educational program integrating mindfulness lessons can support meaningful improvements in short-term behavior changes, including healthy eating, physical activity, and socio-emotional outcomes. The findings support the feasibility and acceptability of the delivery model and identify practical considerations for Extension educator training, contextual adaptation, classroom partnerships, caregiver engagement, and linguistic accessibility. The results of this pilot study indicate that the curriculum is feasible for Extension and nutrition education delivery in early childhood educational settings.

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References

- Barnes, V. A., & Kristeller, J. L. (2016). Impact of mindfulness-based eating awareness on diet and exercise habits in adolescents. *International Journal of Complementary & Alternative Medicine*, 3(2), 60–67.
- Bernstein, R., Sanchez, N., Clark, E. L. M., Conte, I., Gulley, L. D., Legget, K. T., et al. (2021). Mindfulness-based intervention in adolescents at risk for excess weight gain: 1.5-year follow-up of pilot randomized controlled trial. *Eating Behaviors*, 43, 101580.
- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of child development*: Vol. 6 (pp. 187–249). Jessica Kingsley Publishers.
- Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science*, 2(1), 40. <https://doi.org/10.1186/1748-5908-2-40>.
- Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, and evaluative criteria. *Qualitative Sociology*, 13, 3–21.
- Daly, P., Pace, T., Berg, J., Menon, U., & Szalacha, L. A. (2016). A mindful eating intervention: A theory-guided randomized anti-obesity feasibility study with adolescent Latino females. *Complementary Therapies in Medicine*, 28, 22–28.
- Dial, L. A., Emley, E. A., Koerten, H. R., Waite, T. C., & Musher-Eizenman, D. R. (2019). A mindfulness intervention for food neophobia among preschoolers. *Early Childhood Education Journal*, 48(1), 117–126.
- Emmanouil, C. C., Pervanidou, P., Charmandari, E., Darviri, C., & Chrousos, G. P. (2018). The effectiveness of a health promotion and stress-management intervention program in a sample of obese children and adolescents. *Hormones*, 17(3), 405–413.
- Graziano, P. A., Calkins, S. D., & Keane, S. P. (2010). Toddler self-regulation skills predict risk for pediatric obesity. *International Journal of Obesity*, 34(4), 633–641.
- Harvard T.H. Chan School of Public Health. (2020). Mindful eating. The Nutrition Source. <https://nutritionsource.hsph.harvard.edu/mindful-eating/>
- Iaccopucci, A., Lewis, K., & Soule, K. E. (2019). Mindful Me: A 4-H primary mindfulness curriculum (National 4-H Curriculum No. 01909F). University of California.
- Jastreboff, A. M., Chaplin, T. M., Finnie, S., Savoye, M., Stults-Kolehmainen, M., Silverman, W. K., et al. (2018). Preventing childhood obesity through a mindfulness-based parent stress intervention: A randomized pilot study. *Journal of Pediatrics*, 202, 136–142.e1.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144–156.
- López-Alarcón, M., Villasis-Keever, M. A., & Fernández, J. R. (2025). Systematic review of the efficacy of yoga and mindfulness in the management of pediatric obesity. *Annals of the New York Academy of Sciences*, 1543(1), 17–30.
- Morillo-Sarto, H., López-del-Hoyo, Y., Pérez-Aranda, A., Modrego-Alarcón, M., Barceló-Soler, A., Borao, L., et al. (2023). 'Mindful eating' for reducing emotional eating in patients with overweight or obesity in primary care settings: A randomized controlled trial. *European Eating Disorders Review*, 31(2), 303–319.
- Murray, D. W., Rosanbalm, K., Christopoulos, C., & Hamoudi, A. (2015). Self-regulation and toxic stress report 1: Foundations for understanding self-regulation from an applied perspective (OPRE Report No. 2015-21). U.S. Department of Health and Human Services, Administration for Children and Families.

- Salmoirago-Blotcher, E., Druker, S., Frisard, C., Dunsiger, S. I., Crawford, S., Meleo-Meyer, F., et al. (2018). Integrating mindfulness training in school health education to promote healthy behaviors in adolescents: Feasibility and preliminary effects on exercise and dietary habits. *Preventive Medicine Reports*, 9, 92–95.
- Schmitt, S. A., Snyder, F., Korucu, I., Bryant, L. M., & Finders, J. K. (2020). Pilot intervention enhances preschoolers' self-regulation and food liking. *Journal of Nutrition Education and Behavior*, 52(11), 1035–1042.
- Shao, S., Li, L., Zhang, Y., Liu, Z., & Zhang, X. (2024). Research progress on the role of mindfulness in intervention for adolescent obesity. *Frontiers in Endocrinology*, 15, 1412522.
- Shomaker, L. B., Berman, Z., Burke, M., Annameier, S. K., Pivarunas, B., Sanchez, N., et al. (2019). Mindfulness-based group intervention in adolescents at-risk for excess weight gain: A randomized controlled pilot study. *Appetite*, 140, 213–222.
- Stavrou, S., Nicolaides, N. C., Papageorgiou, I., Papadopoulou, P., Terzioglou, E., Chrousos, G. P., et al. (2016). The effectiveness of a stress-management intervention program in the management of overweight and obesity in childhood and adolescence. *Journal of Molecular Biochemistry*, 5(2), 63–70.

Tables

Table 1. Extension Educator Modifications to Lessons

Lesson	Modifications
Mindful Eating	Added movements in the physical activity portion and changed pacing for variety; changed some physical activity prompts (e.g., pretend to climb a tree rather than a ladder to pick apples); eating cut up apple slices rather than a whole apple.
Yoga	Played music in the background; some poses too difficult for some children so they were left out.
Describing Feelings	Did not ask children how certain emotions make them feel — felt this was too challenging for the age group.
Mood Management #1	Some children struggled with drawing faces on their paper plate and needed assistance; some children struggled with "tag," and this activity worked better in small groups with a "tapping" option. Added physical movements, such as hugging themselves and stretching.
Mood Management #2	Pre-filled jars with water to save on time.
Being the Quiet	Changed a few prompts of the meditation to be inside versus outside (e.g., "feel the ground" instead of "feel the grass beneath you"); added meditative music in background.

Table 2. Classroom Teacher Responses on Children's Outcomes

Item	Pre-test Mean	Post-test Mean	Result
1. This child takes their time when eating food	3.03	3.42	$t(85) = -5.96, p < .001$
2. This child tries new foods	2.47	3.12	$t(84) = -9.19, p < .001$
3. This child eats more fruits and vegetables	2.8	3.35	$t(83) = -8.24, p < .001$
4. This child is physically active at home	3.1	3.51	$t(70) = -6.58, p < .001$
5. This child practices yoga at home	2.13	2.96	$t(44) = -9.58, p < .001$
6. This child shows empathy for others	2.95	3.25	$t(83) = -4.57, p < .001$
7. This child shows kindness to others	3.15	3.34	$t(84) = -3.47, p < .001$
8. This child can focus their attention on their current surroundings	2.88	3.18	$t(84) = -5.11, p < .001$
9. This child can focus their attention on what they are doing	2.81	3.16	$t(84) = -5.92, p < .001$
10. This child can identify emotions such as happiness, sadness, fear, and anger	3.12	3.48	$t(83) = -5.71, p < .001$
11. This child uses their words to talk about their feelings	2.89	3.23	$t(82) = -4.74, p < .001$
12. This child expresses emotions in an appropriate way	2.93	3.29	$t(83) = -5.93, p < .001$
13. This child is observant of their surroundings	3.01	3.31	$t(84) = -4.73, p < .001$
14. This child practices quiet meditation or reflection	2.69	3.19	$t(85) = -7.39, p < .001$

Table 3. Caregiver Responses on Children's Outcomes

Item	Pre-test Mean	Post-test Mean	Result
1. This child takes their time when eating food	3.07	3.5	$t(45) = -3.33, p < .01$
2. This child tries new foods	2.5	3.24	$t(41) = -4.61, p < .001$
3. This child eats more fruits and vegetables	2.84	3.38	$t(44) = -4.39, p < .001$
4. This child is physically active at home	3.48	3.73	$t(43) = -2.21, p < .05$
5. This child practices yoga at home	2.02	2.87	$t(45) = -5.96, p < .001$
6. This child shows empathy for others	3.23	3.59	$t(43) = -3.22, p < .01$
7. This child shows kindness to others	3.16	3.6	$t(44) = -4.11, p < .001$
8. This child can focus their attention on their current surroundings	2.85	3.3	$t(45) = -4.71, p < .001$
9. This child can focus their attention on what they are doing	2.98	3.51	$t(46) = -4.88, p < .001$
10. This child can identify emotions such as happiness, sadness, fear, and anger	3.33	3.72	$t(45) = -3.43, p < .01$
11. This child uses their words to talk about their feelings	2.91	3.48	$t(45) = -4.92, p < .001$
12. This child expresses emotions in an appropriate way	2.79	3.4	$t(46) = -5.73, p < .001$
13. This child is observant of their surroundings	3.09	3.54	$t(45) = -4.12, p < .001$
14. This child practices quiet meditation or reflection	2.26	2.96	$t(46) = -6.42, p < .001$

Table 4. Extension Educators' Suggested Changes for Lessons

Lesson	Suggested Changes
Mindful Eating	Book is a bit long; identify pages to skip. Distribute the snack to everyone after everyone has washed their hands so that some children are not holding their snack while waiting for others to wash their hands.
Yoga	Include language for instructors on how to introduce yoga in a kid-friendly way. Add additional ideas in case the lesson goes too fast. Consider adding music or a breathing exercise. Bring laminated copies of each pose. Have children say the book affirmations to themselves.
Describing Feelings	Add physical activity to lengthen lesson time.
Mood Management #1	Some students struggled with the question "What makes you feel better when you are grouchy?"; could provide some prompts and examples for children.
Mood Management #2	Book is a bit long; identify pages to skip. Add a breathing activity for the end of the lesson.
Being the Quiet	Use a singing bowl or gong to help signal breaths.