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Exploring Empathy: A Dance/Movement Therapy Program for Adults with Developmental Disabilities

Krista Samborsky

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EXPLORING EMPATHY: A DANCE/MOVEMENT THERAPY PROGRAM FOR ADULTS WITH
DEVELOPMENTAL DISABILITIES.

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in

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Abstract

The purpose of this program development project was to assess how Rena Kornblum's (2002) activities from *Disarming the Playground: Violence prevention through movement and pro-social skills* could be adapted for adults with developmental disabilities (DD), resulting in a Dance/Movement Therapy (DMT) treatment program focusing on empathy. The project set out to answer the following question: How can Rena Kornblum's activities from *Disarming the Playground* be adapted for adults with DD, resulting in the development of a DMT treatment program? The program development cycle created by Rossman and Elwood Schlatter (2008) with formative evaluation was used in the development of *Exploring Empathy*. The question that guided the development of *Exploring Empathy* was: How can a DMT treatment program, based on the needs of adults with DD, support the emotional intelligence (EI) of adults with DD by developing competencies in the area of empathy? This program was implemented in a vocational day program for adults with DD. Structured program journals were kept, and two semi-structured interviews were held with the director of the program. Inductive theme analysis was used to draw themes from the journals and interviews. Themes that were drawn from the inductive theme analysis were used to evaluate and improve *Exploring Empathy*. Further adjustments and amendments were made to *Exploring Empathy* based on these themes, resulting in an enhanced movement-based program for adults with DD.

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To the wonderful individuals who took part in my program, thank you for trusting me and sharing your celebrity soul train dance with me. You have all shaped the dance/movement therapist, counselor, and person I am today.

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Introduction

Individuals with developmental disabilities (DD) face many obstacles throughout their lifetime. The Center for Disease Control and Prevention (CDC, 2012) defines DD as “a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person’s lifetime” (p.1). These impairments can result in individuals being viewed within their socio-cultural environment as needing long-term support in activities of daily living, and protection from exploitation and manipulation from others (Bates, 1980). Obstacles faced by individuals with DD come from both external factors such as being ostracized from society, and internal factors such as engaging in inappropriate social behavior.

Many treatment and social skills training programs have been developed to help individuals with DD lead fulfilling and meaningful lives. The development of social skills, which enables individuals with DD to successfully interact with others, has been recognized as critically important by both personality theorists and educators (Bates, 1980). Many of the programs developed for children, adolescents, and adults with DD have been focused on social skills training (Bates, 1980; Bornstein, Bach, McFall, Friman, & Lyons, 1980; Bouck, 2010; Dagseven Emecen, 2011; Dowdy, 2000; Hartshorn et al., 2001; Matson & Senatore, 1981; Murray & Doren, 2013; Schloss & Schloss, 1985; Zigelbaum & Rubino, 1991).

Social skills have been defined as an individual’s ability to express both positive and negative feelings in an interpersonal context without suffering consequent loss of social reinforcement, such as wanted attention from someone (Schloss & Schloss, 1985). Research has indicated that creative arts therapies may benefit the DD population by increasing communication, emotional expression, socialization, and choice making (Cook, 2008; Epp,

2008; Huang & Dodder, 2002). In particular, dance/movement therapy (DMT) offers a dialogue in movement and in speech that is able to meet the individual at their level (Torrance, 2003) and help them develop their social skills through movement-based interventions. This dialogue in movement becomes a new form of communication for individuals with DD. Pateli (1995) stated that it is in this movement dialogue that the individual with DD connects emotions, words, sounds, fantasies, and images with the dance/movement therapist and others.

Many social skills training programs for individuals with DD include some aspect of understanding others and their emotions. Understanding what other people are experiencing is a vital social skill in which we all engage on a daily basis. Within the framework of emotional intelligence (EI) put forward by Salovey and Mayer (1990), empathy is the binding primary factor that ties together the other primary factors: self-awareness, self-regulation, motivation, and social skills. According to Riggio, Tucker, and Coffaro (1989) there are parallels between the dimensions of social skills and dimensions of empathy. Riggio, Tucker, and Coffaro argued that what many consider to be empathy, or empathic ability, can also be defined and understood in terms of basic communication, or social skills. By engaging in a therapeutic DMT program, dance/movement therapists and other professionals working with individuals with DD are able to provide an opportunity for those individuals to experience and foster empathy on a movement-based level. By working to increase their awareness of empathy, adults with DD may gain an essential social skill that will help them to successfully integrate into society.

Purpose of the project

The purpose of this thesis project was to assess how Rena Kornblum's (2002) activities from *Disarming the Playground: Violence prevention through movement and pro-social skills* could be adapted for adults with DD resulting in a DMT treatment program focusing on

empathy. This thesis project set out to answer the following question: How can Rena Kornblum's activities from *Disarming the Playground* be adapted for adults with DD, resulting in the development of a DMT treatment program? The program development cycle created by Rossman and Elwood Schlatter (2008) with formative evaluation was used in the development of *Exploring Empathy*. The question that guided the development of *Exploring Empathy* was: How can a DMT treatment program, based on the needs of adults with DD, support the EI of adults with DD by developing competencies in the area of empathy? *Exploring Empathy* was created as a supplement to an adult vocational training program already in place at a therapeutic rehabilitation center where I completed my clinical internship. Working closely with the director of the adult vocational training program, *Exploring Empathy* was developed to help support the social-emotional goals and objectives of the adult vocational training program. The overall intention of *Exploring Empathy* was to create and implement a DMT program where adults with DD can learn, experience, and develop empathy on a movement-based level.

Motivation for the project

Motivation for this project arose from my personal experience as a respite care provider, where I provided relief to the parents and took over the care of a young boy with Willium's Syndrome, and through my internship work with children and adults with DD. Through my interactions as a respite care provider, I had noticed the lack of emotional insight that is often displayed by individuals with DD. At my internship site, many of the participants displayed a lack of emotional insight, particularly a lack of empathy. This lack of empathy was manifested through constant interrupting while their peers were sharing. This interrupting did involve some impulse control issues, but mainly demonstrated their genuine lack of understanding about what the other was experiencing. My intention was for *Exploring Empathy* to provide individuals

with DD the opportunity to make empathic choices. By allowing the participants to be in control of their movement-based experience of empathy, it was my hope that they would gain a better understanding of empathy on a cognitive, emotional, and physical level.

Value of the Project

This project can be of value to educators of children and adults with DD, to the field of DMT, and to children and adults with DD. By building upon Kornblum's (2002) activities, *Exploring Empathy* is furthering the knowledge and application of her curriculum. Evaluation of the interventions with the DD population will add to the knowledge of DMT work that is possible with the DD population. By doing therapeutic movement-based work with the DD population, dance/movement therapists can learn and evolve the field of DMT to better serve the DD population.

Exploring Empathy will be of value to educators of individuals with DD because it will provide an adapted program that focuses on empathy. This program is intended to be user-friendly to the facilitator, and to be implemented in a variety of settings that service the DD population. *Exploring Empathy* provides a supplemental curriculum to programs that are already in place by incorporating movement and body awareness of social skills. The main goal of therapeutic rehabilitation services for children and adults with DD is to have all of their clients integrate into society to whatever degree possible. Having a fully developed understanding of empathy could aid individuals with DD in having more socially acceptable interactions with others, thus aiding the process of integration into society. Given the ability of DMT to aid individuals with DD in their process and journey of integrating into society more fully, the project is of value to society as a whole.

Theoretical Framework

Though I consider myself to be an eclectic counselor, integrating many therapeutic systems into my work, my theoretical framework as a dance/movement therapist and verbal counselor is rooted in family systems therapy and the Chace technique. Family systems therapy suggests that individuals are not understood in isolation from one another, but as a part of their family (Corey, 2009). The Chace technique is a clinical style of DMT that utilizes dance movement as its predominant mode of interaction, communication, and expression (Levy, 1988).

Family systems therapy focuses on both verbal and nonverbal communication patterns within a family or community system. The goal of family systems therapy is to reduce symptoms of dysfunction and bring about structural change within the system by modifying the family transitional rules and developing more appropriate boundaries (Corey, 2009). Key concepts vary depending on specific orientation but include differentiation, triangles, power coalition, family-of-origin dynamics, functional versus dysfunctional interaction patterns, and dealing with here-and-now interactions. In this therapy, attention to the present is more important than exploration of the past. The role of the therapist in family systems is to function as a teacher, coach, model, and consultant. All family therapists are concerned with the process of family interaction and teaching patterns of communication. Techniques may be experiential, cognitive, or behavioral in nature; and most are designed to bring about change in a short time. Family systems therapy is useful for dealing with marital distress, problems of communication among family members, power struggles, crisis situations in the family, helping individuals attain their potential, and enhancing the overall functioning of the family (Corey).

Marian Chace's practice of DMT is based on the assumption that dance is communication, and that we all engage in communication. Chace was influenced by the work of

Herry Stack Sullivan, an American Neo-Freudian psychiatrist, who viewed hospitalized schizophrenic patients as individuals who deserve to be respected and yearn to be understood. This impacted Chace significantly, as she too had profound respect for the rights and needs of all hospitalized patients. Chace's work was organized into four major classifications by her protégés, Chaiklin and Schmais: body action, symbolism, therapeutic movement relationship, and rhythmic group activity. Levy (1988) describes the Chace technique as "a unique, complete, and self-contained system of group therapy which utilizes dance movement as its predominate mode of interaction, communication, and expression" (p.26). A DMT session that follows the Chace technique would consist of a warm-up, theme development, and closure. This structure would encompass body action, symbolism, therapeutic movement relationship, and rhythmic group activity.

These frameworks suit my approach as a dance/movement therapist and verbal counselor because they both highlight the importance of communication. I believe that the first step in any personal healing and growth is to openly communicate with oneself, and then find the desire to communicate with others. I am passionate about DMT because it offers additional avenues of communication through movement for many who feel they have no means by which to do so.

Throughout my work with individuals with DD, my theoretical frameworks have helped me provide meaningful care and appropriate therapeutic interventions. Any professional who works with the DD population acts as a model and teacher, leading by example. In my work with individuals with DD I modeled the socially appropriate behaviors toward which we were working. By doing this I provided a concrete example for the individual with DD to learn from and follow. When working on socially appropriate behaviors, focusing on the here-and-now has proven for me to be more beneficial than trying to determine why the inappropriate behaviors are

manifesting themselves. Family systems therapy has allowed me to focus and address the needs of individuals with DD, while still respecting them for the individuals that they are. This respect was at the heart of Chace's work, which resonates with me when I work with the DD population because I see the inherent respect for the individual within the work. I think that allowing the space for the individual to come forward and be seen is very therapeutic. In my clinical work with the DD population, Chace's work helped to remind me that even within a treatment program, an individual will make the work their own and shine through it. For me, Chace's work truly is a mode of expression and communication for all who participate.

In conclusion and summary, communication, both verbal and non-verbal, is something in which we all engage. Many individuals with DD struggle with fully expressing their intended meaning, or receiving that of another, through both verbal and non-verbal communication, which can result in the engagement of inappropriate social behavior. Many researchers, Cook (2008), Epp, (2008), Huang & Dodder (2002), support the use of creative arts therapies with the DD population because of their effectiveness in increasing communication, emotional expression, socialization, and choice making. To reiterate, DMT offers a dialogue in movement and in speech that is able to meet the individual at their level (Torrance, 2003) and help them develop their social skills through movement-based interventions. This dialogue in movement becomes a new form of communication for individuals with DD. Through DMT, an individual is able to connect with their own and with others' emotions, words, and images. Understanding what others are experiencing is a vital social skill, and one in which many individuals with DD have a deficiency. The aim of this thesis project was to develop and evaluate a movement-based treatment program focusing on empathy for adults with DD. Because it has had contributions from many different fields of study, the topic of empathy is multifaceted. The following

literature review will expand upon topics relevant to the scope of this thesis project such as: the definitions of empathy, social skills training for individuals with DD, and the elements of DMT that foster the development of empathy.

Literature Review

To be an engaged member of society and to form meaningful relationships we must be able to understand the actions of others. The topic of empathy is very large and the research has seen developments from many areas over many years. This literature review will focus on the role of empathy in emotional intelligence, exploring the history and definition of empathy, the different dimensions of empathy, and empathy deficiency disorders. Further reviews of the literature surrounding the different modalities that have been developed to help individuals with DD lead fulfilling lives will be introduced and discussed. Finally, a review of DMT treatment programs will be presented to demonstrate the relevancy of program development within the field of DMT.

Emotional Intelligence

In today's world, many individuals strive to live a fulfilling and meaningful life. The development of one's Emotional Intelligence (EI) can aid in this goal. Salovey and Mayer (1990) originally introduced the idea of EI and they defined it as "the subset of social intelligence that involves the ability to monitor one's own and others' feelings and emotions, to discriminate among them and to use this information to guide one's thinking and actions" (p.189). EI has five primary factors: self-awareness, self-regulation, motivation, empathy, and social skills (Salovey & Mayer; Mayer & Salovey, 1997). Many tests have been developed to assess a person's EI level, and many psychologists have worked at developing programs to improve a person's EI (Mindtools, 2013). Research shows that one's development of their EI has had positive effects on their physical wellbeing, life satisfaction, better health, and reduced risk of depression, anxiety, and substance abuse (Mayer & Salovey; Petersen, 2010).

Some researchers and theories state that EI cannot be learned or changed after adolescence (Cherry, 2012). Studies by Cheng, Chiang, Ye, and Cheng (2010), Federman (2011), Kim, Kang, Chung, and Park (2013), Kotsou, Nelis, Grégoire, and Mikolajczak (2011), and Pecukonis (1990) dispute these theories and demonstrate the ability to increase one's ability to empathize even in adulthood. Salovey and Mayer (1990) hypothesized that there was a positive relationship between empathy and EI. It is through empathy that the other four primary factors of EI are connected, namely: self-awareness, self-regulation, motivation, and social skills (Mindtools, 2013; Salovey & Mayer).

Kotsou et al. (2011) conducted a study investigating the possibility of increasing emotional competence in adulthood. The results of the study found that emotional competence can be trained and improved among adults, with significant benefits for psychological, somatic, and social adjustment. Improvements were noted to be present at the one-year follow-up date. Another study looking at the increase in empathy with adults was Kim, Kang, Chung, and Park (2013), which looked at the effectiveness of a kinesthetic empathy program for married couples. The authors provided empirical evidence that a movement program functions as an empathy enhancer through the process of perceiving, feeling, thinking, and interacting. The results of their study showed that a kinesthetic empathy-enhancing program could develop self-awareness and emotional attunement, that there is a relationship between intention and empathy, and that a kinesthetic empathy program could be a compliment to a general marriage counseling program (Kim, Kang, Chung, & Park).

Similar findings were seen in a study by Federman (2011) looking at the relationship between change in kinesthetic ability and the development of empathy in a group of dance/movement therapy trainees. Results of this study suggest that empathy is a skill that can be

acquired and developed through practice and training. At the end of the year-long training, dance/movement therapy trainees reported an increase in emotional empathy and physical empathy (Federman). Pecukonis (1990) presented parallel findings to Federman in his study where he looked at the effects of an affective/cognitive empathy training program and the relationship of ego development and empathy with 24 aggressive adolescent females. Results showed that training significantly increased levels of affective empathy. Pecukonis reported no difference between high and low ego development and the ability to benefit from the empathy training.

Empathy training programs have also benefited individuals on the autism spectrum. Cheng, Chiang, Ye, and Cheng (2010) used a collaborative virtual learning environment to explore the understanding of empathy, perspective-taking, and performance of empathy in three children diagnosed with autism spectrum conditions. The study lasted five months and results showed the effectiveness of using a collaborative virtual learning environment with individuals with autism spectrum conditions (Cheng, Chiang, Ye, & Cheng). The authors of the study posit that the collaborative virtual learning environment is useful in terms of maintaining learning and in understanding empathy with individuals with autism spectrum conditions.

These studies demonstrate, across a variety of populations, the capacity of individuals to increase their ability to empathize. However, before one can increase their capacity to empathize with others, there should first be an understanding of empathy. Many different fields have historically influenced the definition and concept of empathy.

Empathy

When people think of empathy they often think about our ability to understand and share the emotional states of others (Behrends, Müller, & Dziobek, 2012; De Greck et al., 2011;

Pavlovich & Krahnke, 2011). Empathy has been seen as the glue that holds social bonds together and is therefore vital to our success and survival in social environments (De Greck et al., 2011; Preston & de Waal, 2002; Rogers, Dziobek, Hassenstab, Wolf, & Convit, 2007).

The concept of empathy has had a difficult history, marked by disagreement and discrepancy. Although it has been studied for hundreds of years, with contributions from philosophy, theology, developmental psychology, social and personality psychology, ethology, neuroscience, and dance studies, the concept of empathy suffers from a lack of consensus regarding its definition, origins, and how it is mediated (Pavlovich & Krahnke, 2011; Salvat, 2010).

The modern concept of empathy was first introduced and discussed in 1873 by the German art historian and philosopher, Vischer. The German construct of *Einfühlung* (empathy) was first used to describe the projection of human feelings onto the natural world and inanimate objects. The term *Einfühlung* was not used to describe interpersonal relations between two individuals, but rather an individual's feelings when appreciating a work of art (Salvat, 2010). In 1897, the German psychologist-philosopher Theodor Lipps introduced this construct into the field of psychology, but it was not until 1903 when Wilhelm Wundt, the father of experimental psychology, first used the term *Einfühlung* in the context of an interpersonal process.

It was Edward Bradford Titchener, a British psychologist who studied under Wundt, who is credited for having brought the construct into American psychology and coining the English word "empathy" in 1909 (Salvat, 2010). Further growing the definition of empathy, Elmer E. Southard was the first to describe the significance of empathy in the relationship between clinician and patient for facilitating diagnostic outcomes (Salvat). Thereafter, American social and behavioral scientists have often used the concept of empathy in relation to the

psychotherapeutic or counseling relationship and the discussion of pro-social behavior and altruism. Many clinicians have made reference to empathy as a vital part of the therapeutic relationship, among them Freud. However, it was not until the introduction of Carl Rogers' client-centered approach to therapy that empathy stepped into the spotlight in both research and practice (Salvat, 2010).

Affective and Cognitive empathy. Current evolutionary research suggests that there are several systems mediating empathy. One of these systems is the phylogenetically early emotional contagion system, which is seen to support our ability to empathize emotionally. This system is known as "affective empathy". Behrends, Müller, and Dziobek (2012) state that affective or emotional empathy refers to the observer's response to another person's emotional state in the sense of feeling similar emotions in oneself as the person observed or feeling pro-social emotions toward that person. Similarly, Hoffman (1975) defined empathy as an affective response more appropriate to someone else's situation than to one's own. Batson et al. (1997) also gave a definition of empathy that is in line with affective empathy, stating that it is an other-oriented emotional response congruent with the other's perceived welfare. Researchers who support affective empathy view empathy as having two parts: (a) emotional contagion where the same feeling is shared, and (b) emotional responsiveness where one experiences emotion in response to the observed experience of another (Salvat, 2010).

The second system of empathy requires more complex cognitive functions, including empathic perspective-taking, mentalizing, and cognitive flexibility, and is known as "cognitive empathy". Carl Rogers' (1959) suggested definition of empathy speaks to cognitive empathy as "an ability to perceive the internal frame of reference of another with accuracy as if one were the other person but without ever losing the 'as if' condition" (p.210). This cognitive perspective on

empathy advocates the ability to assume the role of another person. This view of empathy suggests that empathy is the ability to think and perceive from the other's point of view. Researchers who support cognitive empathy place more emphasis on understanding and social insight than on emotional involvement (Salvat, 2010).

To mediate empathy fully, researchers have adopted a third system. Researchers have acknowledged a multi-dimensional approach to empathy where both components, affective and cognitive, are integral (Rogers, Dziobek, Hassenstab, Wolf, & Convit, 2007). This approach views the cognitive and affective components of empathy as two separate yet interdependent constructs (Behrends, Müller, & Dziobek, 2012; Davis, 1980). Dziobek et al. (2008) demonstrated that this is possible because emotional and cognitive empathic capabilities can be developed to different degrees, as shown in individuals with Asperger's syndrome. The definition given by Eisenberg (2000) includes both affective and cognitive systems and states that empathy is "an affective response that stems from the apprehension or comprehension of another's emotional state or condition and that is similar to what the other person is feeling or would be expected to feel in the given situation" (p.671). Davis (1994) in his organizational model of empathy believed that cognitive and affective components interact by defining empathy as:

A set of constructs having to do with the responses of one individual to the experiences of another. These constructs specifically include the processes taking place within the observer and the affective and non-affective outcomes which results from those processes. (p.12)

Similarly, Bennett (2001) gave a multi-dimensional definition of empathy as " a mode of relating in which one person comes to know the mental content of another, both affectively and

cognitively, at a particular moment in time and as a product of the relationship that exists between them” (p.7).

Further dimensions of empathy are looked at through the field of neurobiology. Understanding how empathy happens allows us to further understand it and its societal implications.

Neurobiology of empathy

Mirror neuron system. Mirror neurons represent the neural basis of a mechanism that creates a direct link between the sender of a message and its receiver. Thanks to this mechanism, actions performed by other individuals become messages that are understood by an observer without any cognitive mediation (Rizzolatti & Craighero, 2004). Mirror neurons were originally discovered in the Macaque monkey brain and several studies using different experimental methods, such as neurophysiological and brain-imaging experiments, have demonstrated that mirror neurons also exist in the human brain (Gallese, 2008; Rizzolatti & Craighero, 2004).

The fundamental concept is that the mirror matching mechanism is activated in relation to a stimulus or stimuli outside the self that is in relationship to another (Berrol, 2006).

Researchers inform us that while some of these neurons may discharge involuntarily to certain stimuli, others are experience-dependent for activation, requiring social and physical recognition and cognitive understanding. Due to this experience-dependent aspect of mirror neurons, they are being linked to psycho-affective, social, and cognitive development. Researchers also see mirror neurons influencing attachment, attunement, empathy, social cognition, and morality (Gallese, 2005; Gallese & Goldman, 1998; Goldman, 2005).

Gallese (2003) stated that we do not overtly reproduce the observed action, but our motor system becomes active as if we were executing that very same action that we are

observing. This implicit, automatic, and unconscious process of embodied simulation enables the observer to use his/her own resources to penetrate the world of the other without the need to explicitly theorize about it (Gallese, 2001; Gallese & Goldman, 1998). It is the body state shared by observer and observed that enables direct understanding. Gallese with Rizzolatti and Craighero (2004) posit that because of the trans-modal nature of the mirror neuron system, one can understand and embody both the actions and intentions of others.

Perception-action model. Building further upon the mirror neuron system, Preston and deWaal (2002) proposed another model to understanding empathy, the Perception-Action Model (PAM). Whereas the multi-dimensional approach to empathy views affective and cognitive components as separate but interdependent, PAM takes a unifying approach to the components of empathy. According to Preston and deWaal (2002), in order to unify the various components, empathy needs to be construed broadly to include all processes that rely on the perception-action mechanism. Thus, the authors view empathy as a superordinate category that includes all subclasses of phenomena that share the same mechanism such as emotional contagion, sympathy, cognitive empathy, and helping behaviors. Preston and deWaal stated that a PAM of empathy is “attended perception of the object’s state which automatically activates the subject’s representations to the state, situation, and object, and that activation of these representations automatically primes or generates the associated autonomic and somatic responses, unless inhibited” (p.4). The research surrounding PAM suggested that the interaction between the PAM and prefrontal functioning can also explain different levels of empathy across species and age groups. Also, it has been stated that PAM can predict a variety of empathy disorders (Preston & deWaal).

Experiential empathy. Corcoran (1981) considered empathy to be an emotional state which allows one to realize that empathy is a body phenomenon, since emotions are themselves body phenomena. In terms of the development of empathy, Corcoran, through his understanding of Feldenkrais' work, speculated that all sensory and motor experiences are accompanied by an emotional discharge. Coupled with this are voluntary muscular patterns corresponding to emotions, which are preceded by a sensory experience. With this understanding of empathy, Corcoran explained that there are two components to empathy: the experiential empathic process, and the communication of empathy. The experiential empathic process is a body process which occurs at the felt-level, the internal body experience of feeling one's emotions, and is a function of the right hemisphere. The right hemisphere integrates the meaning of the felt-level experience by means of the symbolic-level, and it is through the symbolic-level and the left hemisphere that the meaning of the empathic process is communicated.

Support for this view of empathy as a felt-level body experience can be found in research on developing empathy through Zen meditation. The results of Lesh's (1970) study showed that by increasing levels of Zen meditation, the participants were actually increasing their body awareness, which positively related to their ability to empathize. Lesh inferred that increasing body awareness contributes to the development of empathy. Similarly, Lueng (1973) researched the relationship between Zen techniques of internal and external concentration and the development of predictive empathy. Lueng found that participants who were trained in internal concentration, the focusing of mental activities on an internal sensory process, scored significantly higher in predicative empathy than subjects trained in external concentration, focusing on an object completely outside oneself. These findings support the notion that body awareness or a felt-level experience influences empathy more than external awareness.

Empathy Deficiencies

Many psychiatric and developmental disorders fall into the broad category of “disorders of empathy” (Behrends, Müller, & Dziobek, 2012; Rogers, Dziobek, Hassenstab, Wolf, & Convit, 2007) such as narcissistic personality disorder, borderline personality disorder, and social conduct/antisocial personality disorders (Behrends, Müller, & Dziobek), Asperger’s syndrome, high functioning autism (Rogers, Dziobek, Hassenstab, Wolf, & Convit), and autistic spectrum disorder (ASD) (Decety & Meyer, 2008; Dziobek et al., 2008; Gallese, 2008). Focusing more specifically on ASD, growing research efforts suggest that an irregular mirror neuron system may contribute to motor and social problems experienced by individuals with ASD (Decety & Meyer, 2008; Dziobek et al., 2008; Gallese, 2008). One study that contributes to this research is by Theoret et al. (2005) where they applied transcranial magnetic stimulation over the motor cortex of adults with ASD and matched healthy controls. Individuals with ASD showed significantly less motor-evoked potential amplitude change during the observation of meaningless figure movements. Theoret et al. suggest that this demonstrates less mirror neuron activation in the motor cortex. This may be partly responsible for the cascade of deficits in social cognition. The Functional magnetic resonance imaging (fMRI) experiments conducted by Dapretto et al. (2006) to examine the link between mirror neuron dysfunction and developmental delay of social cognitive skills are in line with the findings of Theoret et al. The fMRI study found a lack of activation in the inferior frontal gyrus, a key area of mirror neurons, in children with ASD during the observation and imitation of basic facial emotion expression. Baker and Crnic (2009) stated that children with developmental delays exhibit more difficulty with certain emotional processes than their typically developing peers, which seemed to partially account for the increased risk for the development of social problem in this population. The next section will

discuss what attempts have been made to provide individuals with DD programs to manage and treat their social problems.

Social skills training and Developmentally Disabled

Social skills training has been one method proposed to help individuals with DD enhance adaptive interpersonal skills. Murray and Doren (2013) defined social skills as socially acceptable learned behaviors that enable a person to interact effectively with others and avoid socially unacceptable responses. Skills that are developed through social skills training are those of decision, for instance: establishing verbal communication by starting and keeping conversation; expressing emotions such as wishes, likes, and dislikes; rejecting; group work; coping with negative situations; and making a choice (Dagseven Emecen, 2011).

Developmentally disabled adults are frequently deficient in the skills necessary for effective interpersonal functioning (Bates, 1980; Bornstein, Bach, Miles, McFall, Friman, & Lyons, 1980; Bouck, 2010; Greenspan & Shoultz, 1981; Matson & Senatore, 1981; Schloss & Schloss, 1985). Despite this recognition, social skills development has been largely ignored from the standpoint of developing effective intervention procedures for those who are deficient in interpersonal behaviors (Bates). Oppenheimer and Rempt (1986) defined social cognitive skills as “an individual’s ability to understand people, social events, and the process involved in regulating social events” (p.238). Through their research, Oppenheimer and Rempt demonstrated that individuals with DD performed significantly lower on social cognitive tasks. Similarly, Greenspan and Shoultz showed that it was the individual with DD’s inability to interact effectively with other people, rather than an inability to operate machines or perform job tasks, which often caused many to get fired from their competitive jobs. Their research was based on interviews conducted with former employers to determine the primary reason for involuntary

termination from competitive jobs for workers with DD. The results from their research supported their two hypotheses: (1) that social incompetence plays at least as important a role in explaining competitive job failures of workers with DD as do nonsocial reasons; (2) that interpersonal inept behavior (low social awareness), rather than emotionally disturbed or antisocial behavior, appears to be the most frequent factor operating for those workers with DD who are terminated because of social incompetence.

The standard procedure for social skills training, including instructions, feedback, role playing of simulated social situations, and modeling of appropriate behaviors, has proven effective for remediating a wide range of social skill excesses and deficits (Bates, 1980; Matson & Senatore, 1981). Matson and Senatore (1981) outline that these excesses and deficits can be problems with physical aggression, inappropriate verbalization, appropriate smiling, acting cheerful, complying with requests, decreasing interruptions of conversations, tantrums, and arguments.

Improving the ability of individuals with DD to successfully adapt in the community by enhancing appropriate interpersonal social skills is a widely accepted treatment (Matson & Senatore, 1981). In a study by Bornstein, Bach, Miles, McFall, Friman, and Lyons (1980) six individuals with DD were provided with individualized social skills training over a four-week period. Results indicated that treatment was effective for all target behaviors, which included number of words spoken, speech latency, inappropriate hand-to-face gestures, overall interpersonal effectiveness, posture, enunciation, inappropriate speech content, loudness, inappropriate hand movement, intonation, eye contact, and rate of speech. This behavioral performance was maintained one month following the termination of treatment. Bates (1980) conducted a similar study with 16 individuals with DD over a 12-week session of social skills

training. Target behaviors were introductions and small talk, asking for help, differing with others, and handling criticism. The results showed that individuals with mild and moderate DD acquired new social skills, as evidenced by performance on a situation role play assignment. Bates outlined that these gains transmitted to untrained role play situations, but did not result in significant group difference when assessed in a more natural setting such as a grocery store.

Studies have also been conducted looking at the effectiveness of social skills training as compared to more traditional methods for aiding individuals with DD. A study by Matson and Senatore (1981) conducted a comparison of social skills training to traditional psychotherapy for changing targeted behaviors with 35 individuals with mild and moderate DD. Targeted behaviors were defined as appropriate statements of one word, appropriate statements of more than one word, and inappropriate statements. Assessment measures were taken pre-, post-, and follow-up to treatment. Sessions were held twice weekly for five weeks. Social skills training proved to be significantly more effective than traditional psychotherapy in changing target behaviors (Matson & Senatore 1981).

The literature shows that through training programs, individuals with DD can change their social behavior for the better. Social competence and interpersonal skills have been found to be strong predictors of an individual with DD's success in adjusting to the community (Bouck, 2010; Murray & Doren, 2013; Schloss & Schloss, 1985). Particularly, Murray and Doren (2013) stated that social skills among students with disabilities are positively associated with adjustment during high school, post-school employment, and post-school community participation. Bouck (2010) found through his research that there were very few individuals with DD who were receiving social skills training post-school. Bouck put forward that educators would have to be creative in implementing social skills training because of the predisposition

towards inclusive general education placements for students with disabilities. Schloss and Schloss (1985) posit that the interventions that promote social competence, such as social skills training, may be more likely to have an impact on the quality of life of an individual with DD than traditional academic or vocational skill development.

Creative arts therapies. Another avenue that has been seen to help individuals with DD learn to initiate activities beyond their perceived limitations is creative arts therapy (Huang & Dodder, 2002). The spectrum of creative arts therapy is extremely broad, with modalities including art, music, dance, and drama. This variety allows individuals to find a creative art therapy that best suits the way in which they wish to express themselves.

Research has indicated that creative arts therapies may benefit this population by increasing communication, emotional expression, socialization, and choice making (Cook, 2008; Epp, 2008; Huang & Dodder, 2002). For example, Epp utilized art therapy in her study looking at the improvement of social skills in children with social development disorders. She found that there was a significant improvement in the children being assertive, as well as a decrease in internalizing behaviors, hyperactivity scores, and problem behavior. Similarly, Huang & Dodder conducted a study with 168 participants and concluded that participating in creative arts therapies increased the ability of an individual with DD to make choices. The literature shows that creative arts therapies are a viable therapeutic option for individuals with DD. These therapies offer a way for the individual with DD to communicate through a medium that is most suited to their needs. In particular, DMT offers an extremely suitable therapeutic option for aggressive individuals with DD. With the majority of aggressive actions displayed by the individual with DD, DMT offers a therapeutic medium that meets the individual with DD on a body level to increase body awareness. This can result in the individual becoming aware of

triggers and self-regulation techniques.

Dance/movement therapy

The American Dance Therapy Association defines DMT as “the psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual” (http://www.adta.org/About_DMT). DMT is an innovative form of psychotherapy that works with the whole person integrating movement, creative process, and verbal communication. The connection of body and mind is the basis of DMT, which aims to further self-expression, healing, personal growth, and the treatment of physical, neurological, and social issues. The therapeutic use of dance in DMT is based on the essential realization that individuals can, through the medium of dance, relate to the community of which they are a part, and simultaneously express their own impulses and needs within that group (Chaiklin, 2009). The main focus of therapy is the body in movement as the central medium for emotion perception and expression, and as an important source of personal resources and vitality.

Today, DMT is practiced worldwide, in numerous countries with varying populations. DMT is an all-inclusive modality of psychotherapy serving people of all ages, races, and ethnic backgrounds in individual, couples, family, and group therapy formats. DMT is practiced in mental health, rehabilitation, medical, and educational settings, and in nursing homes, day care centers, disease prevention, health promotion programs, and in private practice. DMT has been shown to be effective for individuals with developmental, medical, social, physical, and psychological impairments (http://www.adta.org/About_DMT).

Dance/movement therapy and empathy

Empathy is at the base of all of therapeutic relationships. Empirical data indicate links between empathy and improving health outcomes, better patient compliance, reduction of

medical-legal risk, and satisfaction of clinicians and patients (Hardee, 2003). Empathy, as it evolves through the therapeutic relationship, is at the heart of DMT and it is the basis of this therapeutic model (Fishman, 2009). Empathy is a felt sense that lends form to feelings and is expressed both through words and movement. The dance/movement therapist gets empathically involved in an intersubjective experience that is rooted in the body (Fishman).

Empathic reflection is the process by which the dance/movement therapist incorporates clients' spontaneous expressions into the ongoing movement experience and responds to those expressions in an empathic way (Sandel, 1993). Mirroring, which involves imitating qualities of movement, is an exercise employed by dance/movement therapists to enhance emotional understanding and empathy between the therapist and client or among members of a group (Berrol, 2006; McGarry & Russo, 2011; Mills & Daniluk, 2002). Mirroring involves imitation by the therapist of movements, emotions, or intentions implied by a client's movement, and is commonly practiced in order to enhance empathy of the therapist for the client (Fishman, 2009; McGarry & Russo). The effectiveness of understanding another's emotions through mirroring has been attributed to the mirror neuron circuitry (McGarry & Russo). Gallese (2008) emphasized that mirror neurons help explain mechanisms of social, kinesthetic, and emotional understanding.

Dance/Movement Therapy and Developmental Delay

Communication/ self-expression. Many people with DD cannot express themselves verbally. Some may be non-verbal, while others do not feel comfortable expressing themselves through speech. Baudino (2010) found these communication and social difficulties reflected in early attachment deficits. DMT offers a dialogue in movement and in speech that is able to meet the individual at their level (Torrance, 2003). This dialogue in movement becomes a new form of

communication for individuals with DD. Pateli (1995) stated that it is in this movement dialogue that the individual with DD connects emotions, words, sounds, fantasies, and images with the dance/movement therapist. In addition to the physical, every movement and gesture can be connected with an idea or image (Pateli).

For this communication to be received, the dance/movement therapist must be present in their own body, open and attuned to all their senses. Duggan (1978) spoke to this by stating that dance/movement therapists are trained to pick up and observe the non-verbal behavior of individuals with DD and to recognize the attempts at communication. By attuning to the non-verbal communication of the individual who has difficulty communicating, the dance/movement therapist creates and adjusts the environment to facilitate the individual's optimal engagement with the environment (Tortora, 2006). Other therapists who are trained in conventional modes of talk therapy might overlook these non-verbal attempts of communication by the individual with DD.

The very nature of DMT supports communication and expression in individuals with DD. DMT pioneer Liljan Espenak asserted that DMT can be of great value to the individual with DD by offering them a tool for communication (Levy, 1988). DMT can be utilized as a mode of communication for the individual with DD while working on maladaptive behaviors and social skills. Espenak's Psychomotor Therapy approach emphasizes the use of rhythmic beat, which organizes movement and thinking. Through this organization there will be a fostering of ego development, which Espenak believed is necessary for many individuals with DD (Levy).

While communication and self-expression are being fostered, the dance/movement therapist can develop other aspects of the individual with DD. Through movement, the dance/movement therapist is able to develop an individual's body image. Duggan (1978)

asserted that developing body image influences emotional, physical, and cognitive development. Franklin (1979) conducted a study of 22 youths with DD to compare the changes of body image after attending a 10-week program of either DMT or physical education. Her results reported that the participants in the DMT group showed greater improvement in body image measures than the participants in the physical education program. She concluded that DMT had a positive effect on changing the body image of the youths with DD. Similarly, in an unpublished masters thesis, Oxendine (2012) created a DMT treatment program that aimed to deal with the underlying causes of inappropriate sexual behavior in individuals with DD. The treatment program was based around body image, self-concept, spatial awareness, and autonomy. DMT creates an environment where individuals with DD can undertake new experiences and change their perception of their bodies (Pateli, 1995; Duggan; Franklin).

Therapeutic DMT relationship and DD. Many individuals with DD often lack the presence of relationships in their lives. A key component to the successful work of DMT is the therapeutic relationship between the client and the dance/movement therapist. Janet Adler (2003) described the child with autism as someone who has never had a relationship with another human being. Through her work with children with autism and DMT, Adler observed that these children have no internalized sense of others. However, through DMT and its use of non-verbal and verbal techniques, these relationships can be experienced and repaired. Baudino (2010) stated that the interactional patterns of the individual with DD can be identified during a DMT session. The dance/movement therapist can then focus on these patterns and create a safe environment where relationships can be experienced. During this relationship, the dance/movement therapist may incorporate mirroring, where they will take on the individual's movements. It is through this technique and relationship that the dance/movement therapist is

able to meet and understand the individual with DD on a deep and genuine level (Levy, 1988). It can be hypothesized that this additional set of skills brought by the dance/movement therapist can offer an individual with DD a new way to connect and be in a relationship.

Relationships formed through DMT are found not only between the dance/movement therapist and the individual with DD, but also between individuals moving together. Cook (2008) found through her master's thesis work, which focused on individuals with DD utilizing DMT and performance as therapy, that she was able to witness the relationships that formed between participants as well as with the dance/movement therapist. Cook held a 10-week performance for a therapy group where individuals with DD learned new techniques of communication through movement. She found that new relationships, based on trust, began to form between the participants. Cook added that during the final performance, new relationships were seen to form that had not manifested during the rehearsal process, including individuals holding hands while dancing together, something that they had not done before.

Behavior changes. In addition to relationship development, DMT can address the movement components of aggressive behavior. Loman, Cellini, Johnson, and Hallett (2009) state that children with DD are utilizing these aggressive movements to move through their developmental tasks. They supported the use of the Kestenberg Movement Profile (KMP) approach by dance/movement therapists with this population. The KMP approach provides a lens to observe these aggressive movements (Loman, Cellini, Johnson, and Hallett). Through the KMP lens and other interventions, such as attuning to Tension Flow Rhythms, the dance/movement therapist can gain an understanding of the internal world of the individual with DD. Once this is achieved the dance/movement therapist can create goals for the individual, such as expanding the movement repertoire of the individual with DD. By expanding the individual's

movement repertoire the dance/movement therapist can provide alternate behaviors and movements to replace the aggressive behaviors (Duggan, 1978). The use of repetition by the dance/movement therapist is one way that the goal of expanding a movement repertoire can be achieved. Repetition facilitated by music provides structure that helps organize movement and thoughts. Through repetition, and expanding the individual's movement repertoire, ego development is fostered through creativity (Levy, 1988; Oxendine, 2012).

Hartshorn et al. (2001) documented the movement changes in 38 autistic children after two months of biweekly DMT sessions. Their results reported that there was a significant increase in attentive behaviors, less time wandering, and more time showing on-task passive behavior. There was a decrease in stress related behaviors, such as negatively responding to touch, and resisting the teacher. The use of repetition and rhythm was present in this study. The dance/movement therapist opened every session with a warm-up where the group clapped the syllables of each child's name out loud. Every session was closed with a cool down where the specific patterns of movements did not change. Likewise, during her DMT work with children with DD, Duggan (1978) noticed an increase in initiation of non-abusive contact and significant reduction of the number of assault attempts.

Dance/Movement Therapy Treatment Programs.

Though many DMT interventions are guided by in-the-moment shifts that occur, programs outlining DMT interventions have been created. Rena Kornblum's (2002) *Disarming the Playground: Violence prevention through movement and pro-social skills* is perhaps one of the best-known movement curriculums for dance/movement therapists. Kornblum, a creative arts therapist and board certified dance/movement therapist, developed this movement-based curriculum that is comprehensive in utilizing the body and mind as equal partners in developing

the skills necessary for creating a safer environment. *Disarming the Playground: Violence prevention through movement and pro-social skills* was originally created with the intention to be used in elementary schools as a tool in the prevention of bullying and aggression. Kornblum's movement curriculum fosters the ability to be proactive, to manage anger, and to strengthen the social skills necessary to meet one's needs without hurting others.

An evaluation of *Disarming the Playground: Violence prevention through movement and pro-social skills* conducted by Hervey and Kornblum (2006) demonstrated that this movement-based violence prevention program had positive outcomes. This evaluation was a mixed method approach, including both quantitative and qualitative data. This program evaluation was practice-oriented, meaning that the program was already being implemented and that there was no control group. Though the lack of control group did present a limitation to the study, it was assumed by the authors that the findings were influenced by the real-life challenges of actual implementation. Kornblum's (2002) *Disarming the Playground: Violence prevention through movement and pro-social skills* was conducted with three second-grade classrooms, amounting to 56 students who were seven and eight years old. Statistical findings indicated significant positive outcomes: a change in individual scores occurred in 87.5% of the students, with 76.79% of those changes being a decrease in problematic behavior. Qualitative findings pointed toward reasons for the program's effectiveness, as well as methods of improving evaluation and delivery of the curriculum (Hervey & Kornblum).

Koshland & Wittaker (2004) conducted a study that looked at a 12-week DMT-based violence prevention program with 54 multicultural elementary school children called PEACE. Much like Kornblum's curriculum, PEACE provides skills of self-control for decreasing aggressive and disruptive behavior through DMT interventions with elementary school children.

Koshland & Wittaker found that there were significant decreases in aggressive and disruptive behavior after the 12-week PEACE program. The children's responses, verbally processed after each movement session, showed a change in their understanding of handling themselves in a less aggressive manner. Both of these evaluations demonstrate not only the benefit of program evaluations, but also the valuable outcomes of DMT treatment programs.

Conclusion.

In summary, the research surrounding empathy has demonstrated that it is a complex trait that is being mediated by both affective and cognitive systems. Empathy plays a large role in our daily lives as both the core factor of EI and by supporting the other primary factors of EI. In many social interactions empathy is employed to deepen and further the relationship between people. For this reason, empathy is a part of social skills training for individuals with DD. Many developmental disorders have an empathy deficiency component, ASD being one of them. Social skills training has had much success with the DD population in improving their positive social interactions, namely in the area of empathy.

Other therapies, along with traditional social skills training, have shown to improve social skills in the DD population as well. The research in this literature review demonstrates how the creative art therapies, in particular DMT, have not only been an aid with the further development of an individual with DD's social skills, but also their communication skills, self-expression, forming of meaningful relationships, and the recognition of emotional triggers. Furthermore, just as social skills training has been laid out in formal programs, treatment programs and curriculums have been developed within the DMT field. After reviewing evaluations of these DMT treatment programs, their effectiveness is evident.

To build upon the existing knowledge of DMT treatment programs, this project set out to answer the following question: How can Rena Kornblum's activities from *Disarming the Playground* be adapted for adults with DD, resulting in the development of a DMT treatment program? The question that guided the development of *Exploring Empathy* was: How can a DMT treatment program, based on the needs of adults with DD, support the EI of adults with DD by developing competencies in the area of empathy?

Model and Process

Program Model

Programs are developed through trial and error; it is unusual for a perfect program to be planned and implemented on the first attempt. Successful programs are the result of ongoing, incremental expansion and improvement over a period of time. The development model that I chose for my project was the program development cycle created by Rossman and Elwood Schlatter (2008). Refer to Appendix B for a visual diagram of the program development cycle. The program development cycle is a model for action that guides professional practice. I chose to follow and use this model because it clearly outlines the steps necessary for developing and implementing a program in an already established organization. It provided a path to follow, and it contains a number of recycling loops that illustrate the need to retrace certain steps in the ongoing development of a program (Rossman & Elwood Schlatter). I felt that this model would be a good fit with the formative evaluation process that I would conduct on my program.

I chose to adapt chapter six: Managing anger and building empathy from *Disarming the Playground: Violence prevention through movement and pro-social skills* (Kornblum 2002). In the preliminary phases, I was concurrently developing my program while adapting Kornblum's (2002) activities and following the aforementioned program development cycle. I adapted one activity to submit to the departmental thesis committee (DTC) as part of my thesis proposal. After I received approval from the DTC, I adapted the remaining activities for my program. The modifications made to the activities were based on my knowledge from working with the DD population through my internship work, past experiences as a respite care worker, material from other arts-based programming for the DD population, conversations with staff from my internship agency, and the needs assessment that I conducted. Through formative evaluation

conducted on the original program, I developed a second version of the program with additions and amendments. Both adaptation and development were used in the creation of my program.

When developing a program using the program development cycle there are four stages to move through: A) agency culture, B) targeted program development, C) operational strategies, and D) follow-up analysis. Each stage is further broken down into steps and goals that should be accomplished before proceeding to the next stage. For clarity, in this written thesis the original program that I developed for implementation is referred to as *Exploring Empathy I* (Appendix D). The finished program that includes amendments, which were dictated by the evaluation process, is referred to as *Exploring Empathy II* (Appendix E).

Stage A: Agency culture. In the first stage of the cycle, the programmer develops an understanding of the agency's programming philosophy and the overall programmatic goals of the agency (Rossman & Elwood Schlatter, 2008). It is the goal of this first stage in the development cycle that the programmer ensures that the program being developed contributes to the agency's strategic plan and mission. The first step is focused on learning and becoming very familiar with the agency's missions. Completing eight months of my nine-month internship prior to implementing my program allowed me the time to become familiar with the agency's mission. Spending time leading DMT groups in the agency's culture and speaking with directors, supervisors, teachers, social workers, behavior analysts, and paraprofessionals, I became well-informed about how the agency's mission is carried out in its day-to-day programming.

In the second step, strategic directions, general planning for the development of program services is outlined. The mission statement of the adult vocational program guided this second step for me. It is the intention of the agency to see the participants of the adult vocational program employed in the greater community within the next three years. Understanding this, I

considered what social skills DMT could help foster in the participants to help them gain this long-term mission of community employment. Though I used the adult vocational program's mission statement to guide me in the development of *Exploring Empathy*, my program can be facilitated in other organizations with different mission statements. Through my research and personal experience I have come in contact with many mission statements of organizations that serve the DD population. Across these organizations there are common goals for the DD population, such as integration and self-betterment. I believe that my program supports these common goals, and can therefore be facilitated in many different organizations.

Stage B: Targeted program development. The goal of this stage is for the programmer to merge program demands with the allotted resources, the agency mission, and strategic goals. A needs assessment is often conducted during this stage (Rossman & Elwood Schlatter, 2008). The programmer attempts to gain useful information about the participants, their needs, services that are already in place, services that might be implemented, and available resources. I conducted a needs assessment with the director of the adult vocational program. My intention here was to see how my program could fit in with the program that the director was already implementing with the participants. I also reviewed the Individual Service Plan (ISP) of each person who would be participating in my program to see their social-emotional and behavioral goals, and I pulled out common themes from within those goals.

Next, the programmatic goals are generated from the information that has been gathered. The goals developed could be outcome-based programming, wherein the programmer identifies specific behavioral outcomes to be achieved by a program (Rossman & Elwood Schlatter, 2008). From my discussion with the director of the adult vocational program, and review and analysis of the goals from the ISPs, I began to loosely form program objectives. After reviewing the

objectives from Kornblum's (2002) program and seeing how they aligned or did not align to the needs of the participants in my program, I was able to solidify my own objectives. Kornblum's (2002) objectives for the empathy section are "gain awareness of and connection with others; experience acceptance and respect; expand acceptance and respect of others; and learn techniques for showing you care" (p.150). Areas that emerged from my needs assessment were: discussion about what empathy is and why it is important in getting and maintaining a job at a cognitively appropriate level, social-emotional awareness of self and others, increasing group cohesion, and techniques to appropriately express positive and negative emotions. After comparing Kornblum's objectives with my needs assessment, the three program objectives that were developed were: 1) to foster the development of empathy on cognitive and body-felt levels, 2) to promote emotional literacy, and 3) to increase participants' self-awareness while building group cohesion. These program objectives reflect the results from my needs assessment, and the study results of Greenspan and Shoultz (1981). Their research showed that it was the individual with DD who had an inability to interact effectively with other people rather than an inability to perform tasks, which caused many to lose their competitive jobs.

Next, in program design, the programmer conceptualizes and plans the action scenarios and configurations of components needed to stage a program. For my project proposal to Columbia College's Dance/Movement Therapy & Counseling Departmental Thesis Committee (DTC) I chose nine activities from Kornblum's (2002) *Disarming the Playground* to adapt and provided one modified activity sample. Activities were selected based on several factors: How will the activity appeal to an adult audience? How will the selected activities together provide a range of different experiences for learning about empathy? What props will be needed? How much time is needed to complete the activity? These factors were used to select the activities

because they addressed the major differences that needed to be taken into account for the development of this program. Population, program focus, available resources, and allotted time were factors that differed from what Kornblum had in her program. These factors were the basis of the adaptations made, thus they were the bases of the program.

A duration period of nine weeks was selected to allow time for the program to be created and developed, and still be implemented before May 2013. Absenteeism was a factor that was also considered when determining the length of the program. Nine weeks allowed enough time for all members of the group to be exposed to the program for more than one week.

Stage C: Operational strategies. In this stage, the creation of a written program plan and implementation of the program are conducted. The programmer communicates the program concept to all who will be involved in staging the program. Once I completed my written program plan and objectives, the documents were emailed to my internship supervisor and multiple directors from the agency for feedback and to ensure that my program was in line with the agency's mission. All agreed that my program supported the mission of the agency. The agency's human rights ethics board then approved my program and its implementation. After all approval was gained I held an information session with multiple directors from the agency including the director of programs, the director of the adult vocational program, my internship supervisor, and the social worker for the adult vocational program. The information session consisted of an overview of my thesis project, my program objectives and how I arrived at them, a brief introduction to Kornblum's (2002) *Disarming the Playground*, an outline of my adapted program and activities, a brief introduction and explanation of formative evaluation, and an overview of my structured program journals. I explained that I would not need to have the participants of the adult vocational program sign consent forms since I would not be evaluating

them as individuals, but conducting an evaluation of my program itself. The only official participant in my project would be the director of the adult vocational program, as she would be involved in my semi-structured interviews. The director of the adult vocational program signed a consent form for her participation in my project. See Appendix B.

Formative evaluation. During the implementation of the program, a formative evaluation process was utilized. Formative evaluation improves the likelihood of achieving a successful outcome through better program design (Evaluation Toolbox, 2010). Beyer (1995) stated that the purpose of formative evaluation is to produce a better product, and it is a practical, cost-effective way to determine the quality of a newly developed product before it is put into regular use. This evaluation process has proven to be especially important in community engagement and behavior change, where complex interventions are often required and a careful monitoring of processes is needed in order to respond to emergent properties and any unexpected outcomes (Evaluation Toolbox, 2010).

I utilized the formative evaluation process to focus on the interventions themselves to ensure that the activities had been successfully adapted and were applicable to the DD population. Evaluations were based on the responses from the participants, such as a change in affect or their willingness to become more engaged in the intervention; my personal observations and responses to the interventions; and the adult vocational program director's impressions and feedback. Any shifts in the interventions that I made in the moment were recorded in my structured program journal for analysis. Formative evaluation allowed me to improve the program's design as it was being implemented.

Structured program journal. Throughout the implementation of the program I kept a structured program journal to record the success, lack of success, shifts, and responses to the

interventions. Elements that I set out to observe were as follows: more engagement between participants as a result of the intervention, both on a movement and verbal level; a willingness to participate in the activities; brighter affect when they engaged in the activities; decreased verbal and movement interruption; and a willingness to cooperate in group verbal processing. I was observing these elements in order to see if they were a result of the interventions. Portions of the structured program journal were filled out objectively, such as shifts made in the moment away from the planned activity. Other portions were written from a more subjective point of view, namely my reactions to facilitating the activity.

The structured program journal outlined the sub theme of each week, the original activity of that week, the adaptations made to that week's activity, any in-the-moment shifts that occurred during the activity, the unidentified participants' responses to the adapted activities, and my overall impressions.

Semi-structured interviews. Formal feedback was given through two semi-structured interviews with the director of the adult vocational program, who was present and participated in the nine-week program. The interviews were held halfway through the implementation of the program, and at the conclusion of the program. The interviews focused on the appropriateness of the interventions for the DD population, processing questions, level of movement, freedom to display individuality, and further recommendations for the program. The director was informed that the interviews would have no direct mention of any participant, as I was not evaluating the participants. The director was present at all sessions.

Since the director was present during all the sessions she was able to give feedback as aspects of the program that she felt were benefiting the clients and aspects that needed modifying. These semi-structured interviews were invaluable to the development of the

program. Through these interviews the director acted as sounding board to bounce new ideas off of. The interviews acted as a time to check in and ensure that the goals of the program were being met.

Validation Strategies. For this project I used a validation strategy of methodological triangulation. Mertens (2010) states that triangulation involves checking information that has been collected from different sources or methods for consistency of evidence across sources of data. Triangulation occurred between my overall impressions of the effectiveness of the interventions, the responses of participants to the interventions, and the two semi-structured interviews with the director of the adult vocational program. My observations of the interventions were recorded in my structured program journal.

Ethical considerations. During the planning and implementing of my program, ethical considerations were made regarding the emotional welfare of each participant during the implementation of the program. It was agreed that if the director of the adult vocational program and myself observed that a certain participant was being emotionally triggered in an unhealthy way by the work being done, steps would be taken to arrange for the participant to engage in another activity during DMT session time. In addition, if *Exploring Empathy I* proved to be inappropriate for the group, it would be discontinued and regular DMT sessions would resume. Neither of these issues occurred during the implementation of the program.

In the program development cycle, implementation falls into the seventh step. This step is where the program is actually conducted. This includes obtaining physical space for the program, promoting the program, registering patrons, staffing, supervising the operation, and other matters (Rossman & Elwood Schlatter, 2008). My program, *Exploring Empathy I*, was implemented as a part of my overall DMT program at my internship site. By doing this I was

able to avoid some obstacles, such as finding physical space. The gymnasium where I held all my other DMT groups would be used to implement my program, as the space had proven to be amenable to DMT sessions.

My program was implemented during the usual time that the participants of the adult vocational program have their DMT session. Prior to the implementation of *Exploring Empathy I*, I had been working with this group of individuals for six months. By adding *Exploring Empathy I* into the existing DMT program I was able to avoid disrupting the agency's and project participants' schedules. Throughout the planning of the implementation, I was conscious to maintain, where possible, routines familiar to the participants. Keeping ethical standards in mind, I did not want to disrupt their routine where I did not have to and risk negatively impacting someone.

Promotion of the program was done through a separate information presentation held with the participants of the adult vocational program. During this presentation I outlined the purpose of the project, the value of the project, an overview of the nine weeks, and a brief discussion about empathy. I made it clear that I am evaluating the interventions and not the participants themselves. I explained that at the end of each session we would verbally process the activities and that I would like to include any pertinent statements made. I explained that the way in which I would include the participant's statements was to paraphrase them in my project journal. No direct quotes would be used and no individual would be identified. Anyone who did not want to participate in the program was offered alternate programming during the DMT session time. At this time I asked for the participants to think of their favorite songs and asked the director of the adult vocational program to compile a list. I explained to them that each of their favorite songs would be used in the warm-up that they would each get to co-lead with me. It

was my intention that through this warm-up they would get to the opportunity to practice communicating their feelings, as well as practice empathizing with each other over the feelings that the music elicited in them. The list of songs was given to me before the start of the program. I was able to find all the songs and create a schedule as to when I would use them in the program.

Setting. The agency where *Exploring Empathy I* was implemented is a therapeutic day program for adults with mild, moderate, and severe developmental disabilities. The actual sessions were held in the facility's gymnasium, a large open space equipped with a sound system.

Participants. The one participant of the project was the director of the adult vocational program who participated in the two semi-structured interviews providing feedback about the program. The program director is of Caucasian background, female, and in her late twenties.

The group of individuals from the adult vocational program who participated in *Exploring Empathy I*, but were not evaluated in any way, consisted of 12 participants, three females and nine males. The racial breakdown of the participants was 18% Latino, 18% Caucasian, and 64% African American. All of the participants had a cognitive development disability, but were verbal and physically mobile. Diagnoses included mild, moderate, and severe intellectual disability, autism, and schizoaffective disorder. The age range of the participants was from 18 to 52 years of age.

Implementation procedure. The program was implemented for nine weeks commencing in early March. The program did not run for nine consecutive weeks due to holidays. The program was held once a week on Monday, running for 30 minutes during the group's usual scheduled DMT time. Five participants were present for all nine weeks. Three participants were

present for eight out of the nine weeks, and another three were only present for seven out of the nine weeks. One participant was present for two out of the nine weeks.

Stage D: Follow-up analysis. In the final stage of the programming development cycle, the worth of the program is to be determined from multiple perspectives (Rossman & Elwood Schlatter, 2008). Step eight, evaluation, is designed to help determine the worth of the program services. I chose to conduct formative evaluation during the implementation of my program to better assess the worth of *Exploring Empathy I*. I was able to make alterations to the program that reflected the feedback I was given and keep the program in a constant state of development.

In the final step of follow-up analysis, disposition decision, the result of data evaluation is used to make one of three possible decisions about the future of a program: to continue the program without modification, to continue with modification, or to end the program (Rossman & Elwood Schlatter, 2008). My program journal and the semi-structured interviews were analyzed using theme analysis with an inductive approach. Thomas (2003) outlines that the purpose of an inductive approach is to condense extensive and varied raw text data into a brief summary format and to establish clear links between the research objectives and the summary findings derived from the raw data. By conducting an inductive analysis of my program journal I would be able to better understand the full effectiveness and ineffectiveness of the interventions and different aspects of the program. Themes that arose from inductive analysis of the structured program journal and interviews helped strengthen the program's future development. After the inductive theme analysis was conducted, it was concluded that *Exploring Empathy I* is a beneficial program to the DD population, but should continue with modifications. A further discussion of themes and the modifications made to the program are explained in the following chapter.

Program and Program Evaluation

The purpose of this program development project was to assess how Rena Kornblum's (2002) activities from *Disarming the Playground: Violence prevention through movement and pro-social skills* could be adapted for adults with DD resulting in a DMT treatment program focusing on empathy. By developing *Exploring Empathy I* and conducting formative evaluation, I was able to assess how Kornblum's activities could be adapted for the DD population. According to Beyer (1995), not only is formative evaluation ongoing, it also involves assessment and making informed judgments about how well the product meets criteria indicating the extent to which it is likely to produce the results intended. Assessments were made of the effectiveness of the adapted activities, and judgments made whether or not *Exploring Empathy I* should continue to be implemented as a DMT treatment program for adults with DD. Judgments and assessments about the *Exploring Empathy I* program were based on the themes that emerged from an inductive theme analysis.

Inductive theme analysis was used to analyze my program journals. The purpose of inductive theme analysis is to condense raw textual data into a brief summary format, establish clear links between the research objectives and the summary findings as derived from the raw data, and develop a framework of the underlying structure of processes that are evident in the raw data (Thomas 2006). To begin, my process of inductive coding involved cleaning the data. All the raw data was placed into a common format by typing all my structured program journals and semi-structured interviews into an electronic document. Next, I completed a close reading of the data to gain a thorough understanding of the themes and events covered in the text. Following this, I created general categories, which were derived from Beyer's (1995). The general categories were based off of information that Beyer stated must be collected to determine

that adequate formative evaluation was conducted. After multiple readings of the data, I created what Thomas refers to as lower-level categories. These lower-level categories emerged from meaningful and specific text segments, usually meaningful and repeated phrases, from my data. I chose to allow text segments to overlap into multiple general and low-level categories. This decision was made because one text segment could illuminate multiple aspects of the program. Finally, after all the data was placed in categories, I reread the categories and tried to flush out sub-themes. It was these themes that I used to answer my project questions and assess *Exploring Empathy I*.

The general categories that I used in my inductive coding process from Beyer (1995) were:

- Gaps in the content of the product
- Irrelevancies in the content
- Sufficiency of the content, examples, and practices for mastery or understanding
- Accuracy of the content
- Clarity of the information, directions, and tasks
- Workability of any activities or tasks included, given the ability, experience, and knowledge levels of the intended users and the time available
- How well the structure and sequence of the material enables its users to achieve the stated objectives and to develop an appropriate level of understanding
- Unanticipated or unintended consequences or outcomes of the product, both negative and positive
- Congruence between product objectives, identified users' needs, learning material or content, learning activities or using procedures, and learner assessment

- User-friendliness of the product, in terms of potential users' presumed or diagnosed entry-level skills, knowledge experience, interests, abilities, and concerns

According to experts in educational development, we need to elicit information that will indicate how well the proposed program is likely to work and how well it will ultimately work to accomplish its intended objectives (Beyer, 1995). The following is a discussion of Beyer's categories and the themes found from my inductive theme analysis. Examination into the themes and categories led to further amendments made to *Exploring Empathy I*, resulting in *Exploring Empathy II* (Appendix D).

Gaps in the content of the product. Two gaps were discovered while implementing the program and analyzing the data. The content gaps related to the competencies of anger management and positive problem solving. During implementation, many situations in session with the participants arose that suggested more attention needed to be given to anger management techniques. Themes from the data analysis that emerged suggest that working on elements of empathy, such as trying to listen and relate to others, can provoke anger and aggression in some individuals. Antonacci, Manuel, and Davis (2008) stated that skills deficits - particularly in areas of communication, social relatedness, and independent functioning - increase the probability of aggression. As a result of the evaluation and analysis conducted, anger management is addressed in *Exploring Empathy II*.

The content gap of positive problem solving was discovered in part through the semi-structured interviews, but also out of reviewing Kornblum's (2002) activity manual. In reviewing the activity manual, it was discovered that positive problem solving is one of the competencies under the unit for managing anger and building empathy, the chapter on which *Exploring Empathy I* was adapted. The objectives and competencies of *Exploring Empathy I* were based on

Kornblum's competencies in hopes that *Exploring Empathy I* would cover and address all elements involved in developing empathy. Through the formative evaluation that was occurring during the implementation period, adjustments were made to future sessions to include activities that addressed positive problem solving skills. Due to time restrictions, I was unable to dedicate a whole week to positive problem solving in the following weeks of implementation. In *Exploring Empathy II*, an activity has been added to focus on positive problem solving. These two gaps in the content, anger management and positive problem solving skills, go hand-in-hand and build upon each other. It could be postulated that with the inclusion of activities that address anger management and positive problem solving in *Exploring Empathy II* there could be a further increase of empathy. Providing skills and techniques to manage the anger will allow the individual to participate fully in the program if topics relating to empathy are triggering.

Irrelevancies in the content. Through the inductive theme analysis, it was clarified that the only irrelevancy of the session was the closing exercise. A modified Dimensional Scale by Rudolf Laban was the closing ritual from previous sessions and it was kept because it was a group norm from our previous work together. This modified Dimensional Scale served no purpose to the overall goals of *Exploring Empathy I*, though this was a group norm from our previous work together and it can be said that it contributed to group cohesion. For future groups that are just beginning *Exploring Empathy II* it is suggested to create a closing ritual based around empathy.

Sufficiency of the content, examples, and practices for mastery or understanding. It was deduced from the theme analysis that *Exploring Empathy I* could use further development in the areas of content, examples, and practice for mastery. Through this evaluation process I wanted to know if the content being presented was manageable, if examples were relevant, and if there was

enough time and repetition for the participants to gain understanding of a concept. Much of the discussion with the director of the adult vocational program during the semi-structured interview revolved around this aspect of the *Exploring Empathy I*. A concern of the director's was the concreteness of the questions being asked. She suggested employing short stories at the beginning and asking questions about the story. Another suggestion made by the director of the adult vocational program was for the participants to do one activity that focuses on teambuilding before their group academic lessons. She hypothesized that if they first came together as a group on a body-level it would perhaps help their group academic performance. This was not feasible in this implementation of *Exploring Empathy I*, but is seen as a valuable asset to the program. Extending the movement activities outside of the session allows for more time for the participants to gain mastery of the activities and the material.

Accuracy of the content. All activities for *Exploring Empathy I* were adapted from Rena Kornblum's (2002) *Disarming the Playground: Violence prevention through movement and pro-social skills*. This is a published movement curriculum, intended for all ages, that uses creative movement activities and discussion to work on developing the skills necessary to make all environments safer. This curriculum has been subject to evaluation and analysis by Hervey and Kornblum (2006). The authors of this evaluation found through qualitative and quantitative research that Kornblum's (2002) *Disarming the Playground: Violence prevention through movement and pro-social skills* is effective at lowering threatening behaviors and obtaining the goals of their curriculum. Kornblum's managing anger and building empathy unit was used as a template and guide while developing *Exploring Empathy I*. Knowing that this curriculum has been subject to evaluation and proven to meet its goals, I attempted to include all the same

competencies and objectives. By including the same competencies and objectives as in Kornblum's program I felt that the material in *Exploring Empathy I* was accurate.

Furthermore, when *Exploring Empathy I* was developed it was reviewed by my site supervisor, the director of the adult vocation program, and the director of programs. All three individuals who reviewed *Exploring Empathy I* each had over 10 years experience working with the DD population. They all deemed the program was in line with the agency's values and that the material was accurate for the population. Through the semi-structured interviews with the director of the adult vocational program, it became more evident that the material was accurate for the DD population. One area that was discussed to be inaccurate was my use of language when discussing the topic questions. This was not seen as a reflection of the material, but rather a reflection of my need to better assess the cognitive levels of the participants.

Structure and sequence. Themes that emerged from the inductive theme analysis surrounding structure and sequence were: the structure of the session, the types of activities, and the length of the session. The format in which the adapted activity was modified proved to be very important to the overall success of *Exploring Empathy I*. Structured activities and sessions are very important for the DD population (Bates, 1980). Keeping the same overall structure from week to week proved to be beneficial for the participants. The structure for the session consisted of the following sections: greetings/check-in, favorite song warm-up, discussion questions, movement activity following the three-stage format, verbal processing, and closing movement activity. Although the favorite song warm-up, the topic of the discussion questions, and movement activity were varied in content from week to week, the structure allowed the participants to know what was coming next. Structure helps create a holding environment for the participants. (Duggan, 1995). The participants were encouraged to stay in session the whole

time, but many would leave the room for a short period of time. Following this structure allowed them to come back into session and know where we were and what was going to happen next.

Every section of the session contributed in a different way to *Exploring Empathy I*. The favorite song warm-up proved to be a beneficial addition to the program. It was a concrete and direct way to start every week by asking the participants to empathize with each other. Prior to the start of the nine weeks of implementation, the participants were all asked to provide their favorite song. Every week one or two participants were chosen and their favorite song was played during the warm-up. They were allowed to lead the movement and their peers were encouraged to follow along. During the warm-up I asked the participant who was leading how their song made them feel, how having everyone dance with them made them feel, and why this was their favorite song. Throughout the song I encouraged all the participants to see if they could empathize with the leader by feeling whatever emotion the leader was feeling. Often, some participants would not like the song that their peer had chosen and would want to leave the room. When a participant wanted to leave the room I encouraged them to stay and just listen and try to understand why their peer might like this song. As the program progressed, participants who would usually want to leave began to stay in the room, first moving their chair out of the circle during the warm-up, then eventually staying in the circle during the warm-up. The favorite song warm-up allowed the designated leader to explore how they were feeling, and it gave the group time to explore how they felt in reaction to their peer's feelings.

The three-stage format was used to investigate Kornblum's (2002) original activities. The three-stage format was as follows: 1) I introduced the movement with voice cues, 2) participants joined in the movement with voice cues, 3) participants and I stopped voice cues but continued moving. Levy (1988) emphasizes the value of repetition in working with individuals DD. She

suggested that the technique of repetition, when used in the DMT session with individuals with DD, is a crucial tool for refining and crystallizing new areas of growth and psychophysical education. Shifts that were noticed in the body, and later in the verbal processing, showed that this format allowed for greater connections to be made between the mind and body of the participants.

The discussion questions allowed for time to learn and practice new emotional vocabulary and also gain a cognitive understanding of the week's topic. The movement activity allowed for that knowledge to be translated and understood into the body. Movement activities that were performed in one large group, rather than in pairs, allowed for a greater sense of group cohesion by not being limited to empathizing with just one other person. The verbal processing time gave the participants a chance to reflect on their own experience and be validated in it. Having a set closing activity provided a good transition into the participants' next activity of the day.

Workability of any activities or tasks included, given the ability, experience, and knowledge levels of the intended users and the time available. This category examined the activities and the feasibility of accomplishing the activities in the allotted time frame. The length of each session was 30 minutes. This was dictated in part by the facility where the program was implemented, as all programs ran on 30-minute intervals. The length of the session proved to be a major constraint to the program; as the facilitator, I often felt rushed for time. The participants and the director of the adult vocational program also commented on the limited time. Solutions to this problem during the implementation period included inviting the participants to arrive early to get settled in before the session start time, reminding the participants in the following group to wait outside the room, and limiting the greeting/check-in and discussion

question time. It would have been preferable to have 45 minutes to run the session. Extra time was needed throughout the program in every section.

How well the structure and sequence of the material enables its user to achieve the stated objectives and to develop an appropriate level of understanding. Throughout the whole development and implementation of the program I was concerned with the clarity of the information, directions, and understanding of tasks. Paying attention to the cognitive needs of the DD population, wording of the instructions and questions proved to be an area of concern throughout the nine weeks of implementation. When adapting the activities I intentionally used cognitively appropriate language, while still respecting that this was a group of adults and not wanting to come across as patronizing. Repetition and rewording of instructions was vital while facilitating the program. For the discussion questions, the director suggested the use of a concrete example, such as a story, rather than asking an abstract question. Rather than defining a topic myself, the participants were asked to do so to allow me to gauge their vocabulary level. This would allow for better use of words when giving instructions and leading discussions. Having the participants understand the directions and instructions was crucial to achieving the program objectives.

The three program objectives for *Exploring Empathy I* were to foster the development of empathy on cognitive and body-felt levels, to promote emotional literacy, and to increase participants' self-awareness while building group cohesion. As the program continued, observations were made that supported the second program objective to promote emotional literacy. Observations included participants incorporating more emotional language into the discussion during verbal processing at the end of session. At the beginning of the nine weeks of implementation, participants would speak about emotions in general terms or refer to someone

else as experiencing the emotion. As the program progressed, participants began to take ownership of their emotions when speaking. During this time, the participants were able to experiment with and explore new emotional language such as “I feel” statements, respectfully asking their peers questions about their feelings, and speaking about emotionally charged topics such as good-byes and lack of respect in a safe and open environment.

Support for the participants increasing their self-awareness was seen when they were able to identify body sensations that were congruent with an emotion they were experiencing. Congruent statements were made about the body sensation of tightness and experiencing stress, as well as the body sensation of high energy and experiencing happiness. After the body sensation and emotion were identified, the participants were able to verbally express this in the group. DMT and the creative arts therapies can be therapeutic avenues that help individuals with DD learn to initiate activities beyond their perceived limitations (Huang & Dodder, 2002) as demonstrated here.

Group cohesion was seen to increase through observable shifts in the bodies of the participants, as well as comments made during check-in and verbal processing at the end of session. The observable body shifts that support the increase in group cohesion were as follows: a collective rhythm; mirroring of actions accurately through time, pressure, and flow; echoing movements; a collective breath; exploring the same cardinal planes; a collective silence; matching in tone of voice; and brightening of facial affect. Movement synchrony hones the fostering social cohesion and provides information to observers of the group that this is a social unit (Laken, 2010; Valdesolo, Ouyang, & DeSteno, 2010). In addition to these shifts in the body, the physical space and distance between participants began to change as the program progressed. It was observed that in the beginning of the program participants maintained

distance and would often hesitate to allow each other into their personal space. As the program progressed, and the group began to come together, spatial barriers began to change. Appropriate physical touch was initiated, accepted, and reciprocated. In the activities that called for giving weight to their partner, the participants began releasing all their weight onto their partner. This can be seen as an increase of trust resulting in an increase of group cohesion.

Support for the first program objective, to foster the development of empathy on cognitive and body-felt levels was not directly found through the theme analysis. Inferences can be made that there was evidence to support this program objective, but in actuality without directly measuring the participants' cognitive and body-felt understanding of empathy prior to and following participating in *Exploring Empathy I* there is no evidence from the data that directly supports this objective being met. I do think that in later evaluations of *Exploring Empathy II* this analysis can be done, and therefore I do not think it necessary to change the objective.

Unanticipated or unintended consequences or outcomes of the product, both negative and positive. From the inductive theme analysis two unanticipated themes emerged: self-efficacy, and balancing in-the-moment shifts with the planned activity. Self-efficacy was not an intended competency to be covered, nor was it a need that emerged from the needs assessment. The topic of self-efficacy began when the participants made comments about being a leader or a follower, demonstrating the exploration of self-efficacy. As the facilitator, I observed actions that supported this exploration of self-efficacy. It was observed that participants who were usually more reserved began to initiate movements, volunteer to be the leader without prompting, and change group movements to make it their own. Further, comments were made about the ability to accomplish the activities through concentration and patience. Based on

verbal comments and actions observed, I believe that self-awareness and self-efficacy did increase through the duration of the program.

Balancing in-the-moment shifts with the planned activity was a far more predominant theme than I expected or anticipated. It was evident that many times I ignored themes that were emerging from the participants to instead follow the program plan. I believe I was biased to follow the program because of the formative evaluation that I was conducting. This suggests that future evaluations would benefit from having an outside evaluator and facilitator in order to remove this possible bias. Observations that were made in weeks when I would follow the lead of the participants, and veered from the program, showed a greater sense of authenticity being shared by everyone. When I chose to veer from the program plan it was to make both small changes and large changes. A small change would be asking a certain discussion question or extending the length of a particular section of the session. Usually, with these small changes I was able to somehow bring the group back to the program plan or at least tie in the topic of empathy. With large changes I completely abandoned the program plan, met the participants where they were, and addressed needs that they brought to the session.

This unanticipated outcome has shown me that this program is a jumping off point for the DMT session. It is believed that the program can be followed while still following the organic shifts and leads provided by the participants. Kornblum (2002b) stated, "I might change my lesson plan to work on the problem at hand. Yet another way in which this approach might affect my lesson plan would be by convincing me to stay with a skill or topic as long as a class seems to need it" (p.177). If a facilitator always has the overarching goal of empathy in their mind it will eventually be tied back into whatever is happening when appropriate.

Congruence between program objectives, identified users' needs, learning material or content, learning activities or using procedures, and learner assessment. Congruencies were seen in the theme analysis in the areas of program objectives, identified needs, content, and statements made by the director of the adult vocational program. The program objectives were set out in part by Kornblum's (2002) goals from *Disarming the Playground: Violence prevention through movement and pro-social skills* and through the needs assessment conducted. The content and activities chosen for *Exploring Empathy I* were directly related to the program objectives and selected for their capacity to support the program objectives.

There was no learner assessment done other than my clinical observations of the participants in the session. Themes from the semi-structured interviews that were held with the director of the adult vocational program showed that, in her opinion, she felt that the needs outlined for the participants were being addressed and that the program objectives were met at the completion of the nine weeks.

User-friendliness of the product, in terms of potential users' presumed or diagnosed entry-level skills, knowledge, experience, interests, abilities, and concerns. When adapting the activities for *Exploring Empathy I*, the cognitive levels, mobility issues, and interests of the participants, as well as the population overall, were considered. Through my observations and the verbal comments made by the participants, it was evident that they were able to complete the movement activities and engage in verbal discussion. Comments made by the participants demonstrated that with concentration and patience they were able to complete the activities. The director of the adult vocational program validated this through the semi-structured interviews, in which she stated that she felt the program was at a good level for the participants, both cognitively and physically. The director of the adult vocational program made further comments

about her observations that in-the-moment adaptations were beneficial in meeting the group and individual participants' skill levels, if needed. This demonstrates that *Exploring Empathy I* is user-friendly to the participant by addressing their needs and being at an appropriate cognitive and physical level.

Exploring Empathy I is also user-friendly to the facilitator. The activities are laid out in an easy to read format so that they can be taken into session and referenced as needed. The wording of the instructions and activities is very basic so that little preparation time is required before session. The movement instructions are very elementary so that a facilitator with minimal movement experience, but who is trained in facilitating group therapy sessions, can feel comfortable leading this program. The movement involved in this program does not require extensive movement training, allowing any trained clinical professional to be able to facilitate. However, it should be noted that trained clinical professionals, knowledgeable in group therapy, should be administering this therapeutic program, as it has the potential to trigger individuals in ways that would best be dealt with by a clinical professional. Also, this program is intended to be a jumping off point for therapeutic work. The facilitator will need to be familiar with group therapy dynamics and how best to modify the program in the moment to meet the group where they are. For these reasons, it is recommended that *Exploring Empathy II* be facilitated by a dance/movement therapist or clinical professional familiar with facilitating group therapy.

In conclusion, through formative evaluation and inductive theme analysis *Exploring Empathy I* has demonstrated to be a successful adaptation of Rena Kornblum's (2002) *Disarming the Playground: Violence prevention through movement and pro-social skills* for adults with DD. Parts of formative evaluation involve assessment and making informed judgments about whether the program should be stopped, continue as is, or continue with amendments (Beyer, 1995). It is

concluded that *Exploring Empathy I* should continue with amendments. The following is a summary of the amendments made to *Exploring Empathy I*.

Summary of amendments made to *Exploring Empathy I*. In the updated version of *Exploring Empathy II* (Appendix D) the inclusion of Kornblum's (2002) activities of the "4B's" (p.51) and "Show Me That You Care" (p.187) were added to address the content gaps of anger management and positive problem solving skills. In *Exploring Empathy II* they appear in week 5 and 10. A list of activities that can be modified to use as possible closing exercises is given in *Exploring Empathy II* in Appendix E. The closing exercise should be created out of the therapeutic work being done in session and should reinforce the theme of empathy. The replacement of the opening discussion questions by short stories has been made. The short stories follow the same format from week to week and provide concrete examples of empathy to initiate group discussion.

The addition of two new activities has expanded the length of the program from 9 weeks to 11 weeks. This allows for all the program competencies to be met and gives more time to gain mastery and understanding of empathy. The individual session time has been increased from 30 minutes to 45 minutes, allowing for appropriate time to be given to each section. Allowing each section to reach completion and come to a natural close will allow for a more organic feel to the session. If possible, to further the understanding of empathy and mastery of new skills, the incorporation of one or two movement activities outside of each session is suggested. Incorporating movement activities outside the session will depend on the feasibility of the site where the program is being held and facilitated.

Discussion

The process of developing and implementing *Exploring Empathy I* proved to be a very beneficial venture, not only for the individuals who participated in the program, but also for myself as an emerging dance/movement therapist. Through the analysis of the data, it became very clear to me that *Exploring Empathy I* is best used as a supplement to other programs that are being implemented. I feel that the success of the program was largely due to the fact that I developed the program out of the adult vocational program's established objectives and goals. As a result of this, *Exploring Empathy I* was a complementary fit with the other programming that was being presented. The adults who participated in the program were not only working towards these goals during my time with them, but also throughout their day in various ways. Since the goals and objectives of my program were created out of the needs assessment from its inception, *Exploring Empathy I* was paired in a supportive way to the Adult Vocational Program.

For future implementations I recommend the amended program *Exploring Empathy II* found in Appendix E. It is my hope that any dance/movement therapists and other professionals who are working with adults with DD will be able to use *Exploring Empathy II* and easily incorporate it into their programming. The new amended program has many additions, but there is one addition in particular that I would like to highlight. I feel the incorporation of one body-based empathy enhancing or attuning exercise into the regular daily programming of the participants would add invaluable benefit to the program by helping incorporate the concepts into another portion of the program's routine. For example, incorporating a body-based empathy enhancing movement exercise before the participants engage in a group activity will help build and reinforce the mind-body connection in their development of empathy and other social skills. To do this, it is recommended that a conversation be held with direct service staff involved in the

programming. It is suggested that whomever is implementing *Exploring Empathy II* choose one of the first few exercises to be incorporated into the daily programming such as *Group Pushing*. Finally, it is recommended that the facilitator of *Exploring Empathy II* be the one to introduce the body-based empathy enhancing or attuning exercise to the participants when it is to be incorporated into the daily programming. By doing this the participants will understand that this exercise is linked with the movement session in which they are participating. The facilitator can also make any in-the-moment adjustments to empathy enhancing or attuning exercise to best suit the allotted time and space in which to carry out the exercise.

Future evaluation of *Exploring Empathy II* should be conducted. A structure similar to the evaluation set up by Hervey and Kornblum (2006) is recommended. By having a mixed method evaluation, a more inclusive representation of the effectiveness of *Exploring Empathy II* will be established. A recommendation for future evaluations of *Exploring Empathy II* is to include data from the participants themselves, and to have some sort of quantitative aspect to the evaluation. The Multi-Dimensional Emotional Empathy Scale (Caruso & Mayer, 1998) is recommended as a pre- and post-test for future evaluations. It would be beneficial to speak with other staff, such as behavioral analysts, to see if the site at which *Exploring Empathy II* is being implemented already has social-emotional tracking systems in place that could be used in the evaluation. Also, future evaluations should include summative evaluation. The purpose of summative evaluation is to focus on the impact of the program. It is conducted at the end of the program implementation and is done to provide judgments about the program's worth and merit (Mertens, 2010).

This program was created with the intention to develop empathy in its participants so that their overall EI could increase. After completing the formative evaluation and inductive theme

analysis I now feel that *Exploring Empathy* is better suited to supporting the social skill development of empathy for adults with DD. Reflecting upon the definitions of social skills training and EI, it is evident that social skills training is focused more on the interaction between people, whereas EI is focused more on the individual and their internal emotional process. The activities in *Exploring Empathy* are rooted in interaction between the participants and therefore support the social skills development of the participants. For future implementations, the ways in which *Exploring Empathy* affects social skills should be looked at and evaluated.

Another limitation to this project was the possibility of researcher bias. This may have occurred because I developed, facilitated, and conducted all the analysis on *Exploring Empathy I*. Although I carried out triangulation to mitigate this, it is still viewed as a limitation to the project. Guion, Diehl, and McDonald (2011) stated that disadvantages to triangulation are investigator bias, conflicts because of theoretical frameworks, and lack of understanding about why triangulation strategies were used. Mertens (2010) suggests using multiple researchers, multiple methods of data collection, and multiple theoretical analyses to improve validity associated with researcher bias. By following the evaluation structure of Hervey and Kornblum (2006) limitations in validity, such as facilitator biases, will no longer pose a problem.

It is expected and encouraged when implementing *Exploring Empathy II* that the facilitator of the program make adaptations to best suit and serve their clients. Adaptations could include not doing all the activities, but rather choosing a few that fit best with the goals and objectives of the participants, and repeating them for several weeks. Another adaptation could be to take the 3-stage format and incorporate it into other activities rather than following the exact activity. *Exploring Empathy II* can be modified to work with younger individuals with DD. The intention behind *Exploring Empathy II* is to incorporate body-based interventions in the

development of social skills and emotional intelligence for the DD population. The program is flexible and can be followed closely or used as a jumping-off point for professionals working with the DD population. This program is best implemented by treatment providers who have knowledge of the participants' goals, and training on how to maintain safety and therapeutic care even while implementing a structured program.

In the future, it is my hope that a full program based in DMT interventions can be created to aid in the development of all aspects of emotional intelligence and social skills for individuals with developmental disabilities. I believe that such a program would encourage more dance/movement therapists and other professionals to do expressive movement-based work with this population. Individuals with developmental disabilities should not be perceived as having movement limitations because of their cognitive impairments. Rather, dance/movement therapists need to recognize the value in appropriately adapted treatment programs for this population. Individuals with developmental disabilities have the capabilities to enjoy all the benefits that Dance/Movement Therapy has to offer.

References

- Adler, J. (2003). From autism to the discipline of authentic movement. *American Journal of Dance Therapy, 25*(1), 5-16.
- American Dance Therapy Association., (N.A.). About dance/movement therapy (dmt) [website]. Retrieved from http://www.adta.org/About_DMT
- Antonacci, D. J., Manuel, C., & Davis, E. (2008). Diagnosis and treatment of aggression in individuals with developmental disabilities. *Psychiatric Quarterly, 79*, 225-247.
- Baker, J. K., & Crnic, K. A. (2009) Thinking about feelings: Emotion focus in the parenting of children with early developmental risk. *Journal of Intellectual Disability Research, 53*(5), 450-462. doi: 10.1111/j.1365-2788.2009.01161.x
- Bates, P. (1980). The effectiveness of interpersonal skills training on the social skill acquisition of moderated and mildly retarded adults. *Journal of Applied Behavior Analysis, 13*(2), 237-148.
- Batson, C. D., Sager, K., Garst, E., Kang, M., Rubchinsky, K., & Dawson, K. (1997). Is empathy-induced helping due to self-other merging? *Journal of Personality and Social Psychology, 73*,495-509.
- Baudino, L.M. (2010). Autism spectrum disorder: A case of misdiagnosis. *American Journal of Dance Therapy, 32*, 113-129. doi: 10.1007/s10465-010-9095-x
- Behrends, A., Müller, S., & Dziobek, I. (2012). Moving in and out of synchrony: A concept for a new intervention fostering empathy through interactional movement and dance. *The Arts in Psychotherapy, 39*, 107-116. doi: 10.1016/j.aip.2012.02.003
- Bender, R. (2012). *Don't laugh at giraffe*. Toronto, ON: Pajama Press.

- Bennett, M. J. (2001). *The empathic healer: An endangered species*. San Diego: Academic Press.
- Berrol, C. F. (2006). Neuroscience meets dance/movement therapy: Mirror neurons, the therapeutic process and empathy. *The Arts in Psychotherapy, 33*, 302-315. doi: 10.1016/j.aip.2006.04.001
- Beyer B. K. (1995). *How to conduct formative evaluation*. Alexandria, VA: Association for Supervision and Curriculum Development.
- Bornstein, P. H., Bach, P. J., McFall, M. E., Friman, P. C., & Lyons, P. D. (1980). Application of a social skills training program in the modification of interpersonal deficits among retarded adults: A clinical replication. *Journal of Applied Behavior Analysis, 13*(1),171-176.
- Bouck, E. C. (2010). Reports of life skills training for students with intellectual disabilities in and out of school. *Journal of Intellectual Disability Research, 54*(12), 1093-1103. doi:10.1111/j.1365-2788.2010.01339.x
- Cali, D. (2013). *The enemy*. Chicago, IL: Wilkins Farago Pty Ltd.
- Centers for Disease Control and Prevention., (2012). Developmental disabilities [website]. Retrieved from <http://www.cdc.gov/ncbddd/developmentaldisabilities/index.html>
- Caruso, D. R., & Mayer, J. D. (1998). A Measure of Emotional Empathy for Adolescents and Adults. Unpublished Manuscript, University of New Hampshire.
- Chaiklin, S. (2009). We dance from the moment our feet touch the earth. In S. Chaiklin, & H. Wengrower (Eds.), *The art and science of dance/movement therapy life is dance* (pp.3-12). New York, NY: Routledge.

- Cheng, Y., Chiang, H.C., Ye, J., & Cheng, L. H. (2010). Enhancing empathy instruction using a collaborative virtual learning environment for children with autistic spectrum condition. *Computers & Education*, 55, 1449-1458. doi: 10.1016/j.compedu.2010.06.008
- Cherry K., (2012). What Is Emotional Intelligence? Definitions, history, and measures of emotional intelligence [website]. Retrieved from <http://psychology.about.com/od/personalitydevelopment/a/emotionalintell.htm>
- Cook, K. L. (2008). *Using performance as therapy as a component of dance/movement therapy in working with people with developmental disabilities*. (Unpublished master's thesis). Columbia College Chicago, Chicago, IL.
- Corcoran, K. J. (1981) Experiential empathy: A theory of a felt-level experience. *Journal of Humanistic Psychology*, 21(1), 29-38.
- Corey, G. (2009). *Theory and practice of counseling and psychotherapy* (8th ed.). Belmont: Brooks/Cole.
- Dagseven Emecen, D. (2011). Comparison of direct instruction and problem solving approach in teaching social skills to children with mental retardation. *Educational Sciences Theory & Practice*, 11(3), 1414-1420.
- Dapretto, M., Davies, M. S., Pfeifer, J. H., Scott, A. A., Sigman, M., Bookheimer, S. Y., & Iacoboni, M. (2006). Understanding emotions in others: Mirror neuron dysfunction in children with autism spectrum disorder. *Nature Neuroscience*, 9, 28-31.
- Davis, M. H. (1980). *A multidimensional approach to individual differences in empathy* (Unpublished master's thesis). The University of Texas, Austin.

- Davis, M. H. (1994). *Empathy: A social psychological approach*. Boulder, CO: Westview.
- Decety, J., & Meyer, M. (2008). From emotion resonance to empathic understanding: A social developmental neuroscience account. *Development and Psychopathology*, 20, 1053-1080. doi: 10.1017/S0954579408000503
- De Greck, M., Wang, G., Yang, X., Wang, X., Northoff, G., & Han, S. (2011). Neural substrates underlying intentional empathy. *Social Cognitive and Affective Neuroscience*, 20(2), 35-44. doi: 0.09/scan/nsq093
- Dowdy, A. (2000). *The effects of dance/movement therapy on mentally retarded adolescents' awareness of personal space: A thesis* (Master's thesis). Retrieved from Columbia College Chicago Library. (THESIS. 2000 D745e)
- Duggan, D. (1978). Goals and methods in dance therapy with severely multiply-handicapped children. *American Journal of Dance Therapy*, 2(1), 31-34.
- Duggan, D. (1995). The "4's": A dance therapy program for learning-disabled adolescents. In F. J. Levy, J. Pines, F. Leventhal (Eds.), *Dance and Other Expressive Art Therapies: When words are not enough* (pp.225-241). New York, NY: Routledge.
- Dziobeck, I., Rogers, K., Fleck, S., Bahnemann, M., Heekeren, H. R., Wolf, O. T., & Convit, A. (2008). Dissociation of cognitive and emotional empathy in adults with Asperger syndrome using the multifaceted empathy test (MET). *Journal of Autism and Developmental Disorders*, 38, 464-473. doi: 10. 1007/s10803-007-0486-x
- Eisenberg, N. (2000). Emotion, regulation, and moral development. *Annual Review of Psychology*, 51, 665-697.

- Epp, K. M. (2008). Outcome- based evaluation of a social skills program using art therapy and group therapy for children on the autism spectrum. *Children & Schools, 30*(1), 27-36.
- Ernest, J., Northoff, G., Böker, H., Seifritz, E., & Grimm, S. (2013). Interceptive awareness enhances neural activity during empathy. *Human Brain Mapping, 34*, 1615-1624.
- Evaluation Toolbox (2010). Formative evaluation [website]. Retrieved from http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id24&Itemid=125
- Fischman, D. (2009). Therapeutic relationships and kinesthetic empathy. In S. Chaiklin & H. Wengrower (Eds.), *The art and science of dance/movement therapy life is dance* (pp. 33-51). New York, NY: Routledge.
- Franklin, S.B. (1979). Movement therapy and selected measures of body in the trainable, mentally retarded. *American Journal of Dance Therapy, 3*, 43-50.
- Federman, D. J. (2011). Kinesthetic ability and the development of empathy in dance movement therapy. *Journal of Applied Arts & Health, 2* (2), 137-154.
doi:10.1386/jaah.2.2.137_1
- Gallese, V. (2001). The ‘shared manifold’ hypothesis: From mirror neurons to empathy. *Journal of Consciousness Studies, 8*, 33-50.
- Gallese, V. (2003). The roots of empathy: The shared manifold hypothesis and the neural basis of intersubjectivity. *Psychopathology, 36*, 171-180. doi: 10.1159/000072786
- Gallese, V. (2005). ‘Being like me’: Self-other identity, mirror neurons and empathy. In S. Hurley & N. Chater (Eds.), *Perspectives on imitation* (pp.101-118). Cambridge, MA: MIT Press.

- Gallese, V. (2008). Empathy, embodied simulation, and the brain: Comment on Arango and Zepf/Hartmann. *Journal of the American Psychoanalytic Association, 56*, 769-781.
- Gallese, V., & Goldman, A. (1998). Mirror neurons and the simulation theory of mind-reading. *Trends in Cognitive Sciences, 2*(12), 493-501. doi: 10.1016/S1364(98)01262-5
- Goldman, A. (2005). Imitation, mind-reading, and simulation. In S. Hurley & N. Chater (Eds.), *Perspectives on imitation* (pp. 79-93). Cambridge, MA: MIT Press.
- Greenspan, S., & Scoultz, B. (1981). Why mentally retarded adults lose their jobs: Social competence as a factor in work adjustment. *Applied Research in Mental Retardation, 2*, 23-38.
- Guion, L. A., Diehl, D. C., & McDonald, D. (2011). Triangulation: Establishing the validity of qualitative studies (FCS6014). Retrieved from University of Florida, IFAS Extension website: <http://edis.ifas.ufl.edu>
- Hardee, J. T. (2003). An overview of empathy. *The Permanent Journal, 7*(4), 51-54. Retrieved from <http://www.thepermanentejournal.org/files/Fall2003/cpc.pdf>
- Hartshorn, K., Olds, L., Field, T., Delage, J., Cullen, C., & Escalons, A. (2001). Creative movement therapy benefits children with autism. *Early Child Development and Care, 166*, 1-5.
- Hervey, L., & Kornblum, R. (2006). An evaluation of Kornblum's body-based violence prevention curriculum for children. *The Arts in Psychotherapy, 33*, 113-129. doi:10.1016/j.aip.2005.08.001

- Hoffman, M. L. (1981). The development of empathy. In J. P. Rushton & R. M. Sorrentino (Eds.), *Altruism and helping behavior: Social, personality, and developmental perspectives* (pp.41-63). Hillsdale, NJ: Erlbaum.
- Huang, Q. & Dodder, R.A. (2002). Creative therapy and initiative activities among people with developmental disabilities in public facilities. *Journal of Disability Policy Studies, 13*(3), 138-143.
- Kim, S. Y., Kang, H. W., Chung, Y. C., & Park, S. (2013). Empirical application of empathy enhancing program based on movement concepts for married couples in conflict. *Journal of Exercise Rehabilitation, 9*(4), 426-431.
- Keir G., (2012). Empathy [Oxford online dictionaries]. Retrieved from <http://oxforddictionaries.com/definition/english/empathy>
- Kornblum R. (2002). *Disarming the Playground: Violence prevention through movement and pro-social skills activity book*. Oklahoma City, Oklahoma: Wood & Barnes Publishing.
- Kornblum R. (2002b). *Disarming the Playground: Violence prevention through movement and pro-social skills activity book. Training Manual*. Oklahoma City, Oklahoma: Wood & Barnes Publishing.
- Koshland, L. & Wittaker, J. W. B. (2004). PEACE through dance/movement: Evaluating a violence prevention program. *American Journal of Dance Therapy, 26*(2), 69-89.
- Kotsou I., Nelis D., Grégoire J., & Mikolajczak M., (2011). Emotional plasticity: Conditions and effects of improving emotional competence in adulthood. *Journal of Applied Psychology, 96*(4), 827-839. doi: 10.1037/a0023047
- Lakens, D. (2010). Movement synchrony and perceived entitativity. *Journal of Experimental Psychology, 46*, 701-708. doi: 10.1016/j.jesp.2010.03.015

- Lesh, T. V. (1970). Zen meditation and the development of empathy in counselors. *Journal of Humanistic Psychology, 10*, 39-74.
- Levy, F. J. (1988). *Dance movement therapy: A healing art*. Reston: The American Alliance for Health, Physical Education, Recreation, and Dance.
- Loman, S., Cellini, N., Johnson, M. & Hallet, E. (2009). Magical moments in movement: Antioch university New England dance/movement therapy and counseling students quest in the real world. *American Journal of Dance Therapy, 31*, 159-169. doi:10.1007/s10465-009-9071-5
- Leung, P. (1973). Comparative effects of training in external and internal concentration on two counseling behaviors. *Journal of Counseling Psychology, 20*, 227-234.
- Matson, J. L., & Senatore, V. (1981). A comparison of tradition psychological and social skills training for improving interpersonal functioning of mentally retarded adults. *Behavior Therapy, 12*, 369-382. doi: 0005-7894/81/0369- 0382
- MacLachlan, P. (2007). *Edward's eyes*. New york, NY: Atheneum Books
- Mayer, J. D. & Salovey, P. (1997). What is emotional intelligence? In P. Salovey & D. Sluyter (Eds.), *Emotional Development and Emotional Intelligence: Implications for Educators* (pp.3-31). New York: basic Books.
- Mccloud, C. (2006). *Have you filled a bucket today? A guide to daily happiness for kids*. Northville, MI: Nelson Publishing & Marketing.
- McGarry, L. M., & Russo F. A., (2011). Mirroring in dance/movement therapy: Potential mechanism behind empathy enhancement. *The Arts in Psychotherapy, 38*, 178-184.

- Mill, J. L., & Daniluk, J. C. (2002). Her body speaks: The experience of dance therapy for woman survivors of child sexual abuse. *Journal of Counseling & Development, 80*, 70-85.
- MindTools.com. (2013). Emotional Intelligence Developing Strong "People Skills" [Online]. Available from:
<http://www.mindtools.com/pages/article/morale.htm>. [Accessed:December 31, 2013].
- Mertens, D. M. (2010). *Research and evaluation in education and psychology integrating diversity with quantitative, qualitative, and mixed methods* (ed. 3). Thousand Oak, CA: Sage Publications.
- Moss, P. & Tardif, D. (2011). *Our friendship rules*. Gardiner, ME: Tilbury House.
- Mueller, D. (2012). *David's world*. New York, NY: Sky Pony Press.
- Murray, C., & Doren, B. (2013). The effects of working at gaining employment skills on the social and vocational skills of adolescents with disabilities: A school-based interventions. *Rehabilitation Counseling Bulletin, 56(2)*,96-107. doi: 0.77/00343552245364
- Murray, M. (2011). *Hippo goes bananas*. North Vancouver, BC: Two Lions.
- Oppenheimer, L., & Rempt, E. (1986). Social cognitive development with moderately and severely retarded children. *Journal of Applied Developmental Psychology, 7*, 237-249.
- Oxendine, N.D. (2012). *Moving through sexuality: Dance/movement therapy treatment program for adolescents with developmental disabilities* (Unpublished master's thesis). Columbia Collage Chicago, Chicago, IL.

- Pateli, L. (1995). Aesthetic listening: Contributions of dance/movement therapy to the psychic understanding of motor stereotypes and distortions in autism and psychosis in childhood and adolescence. *The Arts in Psychotherapy*, 22(3), 241-247.
- Pavlovich, K., & Krahnke, K. (2012). Empathy, connectedness and organization. *Journal of Business Ethics*, 105, 131-137. doi: 10.1007/s10551-011-0961-3
- Pecukonis, E. V. (1990). A cognitive/affective empathy training program as a function of ego development in aggressive adolescent females. *Adolescence*, 25(97), 59-76.
- Petersen, V. C. (2010). *The relationship between emotional intelligence and middle school students with learning disabilities* (Doctoral dissertation). Retrieved from ProQuest. (UMI 3411256)
- Preston, S. D., & De Waal, F. B. M. (2002). Empathy: Its ultimate and proximate bases. *Behavioral and Brain Sciences*, 25, 1-72.
- Reichert, P. (2012). *The Lemonade Ripple: A Story of Kindness and Charity*. New York, NY: Sky Pony Press.
- Riggio, R., Tucker, J., Coffaro, D. (1989). Social skills and empathy. *Personality and Individual Differences*, 10(1), 93-99. doi: 10.1016/0191-8869(8)90184-0
- Rizzolatti, G., & Craighero, L. (2004). The mirror-neuron system. *The Annual Review of Neuroscience*, 27, 169-192. doi: 10.1146/annurev.neuro.27.070203.144230
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (ed.), *Psychology: A study of science, Vol 3: Formulations of the person and the social context* (pp 184- 256). New York: McGraw-Hill.

- Rogers, K., Dziobek, I., Hassenstab, J., Wolf, O. T., & Convit, A. (2007). Who cares? Revisiting empathy in Asperger syndrome. *Journal of Autism Developmental Disorder, 37*, 709-715. doi: 10.1007/s10803-006-0197-8
- Rossman, J. R., & Elwood Schlatter, B. (2008). *Recreation programing: Designing leisure experiences 4th edition*. Sagamore Publishing: Champaign, IL
- Salovey P., & Mayer J. D., (1990). Emotional intelligence. *Imagination, Cognition and Personality, 9*(3), 185-211. doi:10.2190/DUGG-P24E-52WK-6CDG
- Salvat, A. (2010). *Empathy embodied: An integrative literature review of the history, philosophy, clinical science, neuroscience, and phenomenology of the construct of empathy with clinical recommendations* (Doctoral dissertation). Retrieved from ProQuest. (UMI 3414090)
- Sandel, L. S. (1993). The process of empathic reflection in dance therapy. In S. L. Sandel, S. Chaiklin, & A. Lohn (Eds), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp.98-111). Columbia, Maryland: Marian Chance Memorial Fund.
- Schloss, P. J., & Schloss, C. N. (1985). Contemporary issues in social skills research with mentally retarded persons. *The Journal of Special Education, 19*(3), 269- 282.
- Theoret, H., Halligan, E., Kobayashi, M., Fregni, F., Targer-Flusberg, H., & Pascual-Leone, A. (2005). Impaired motor facilitation during action observation in individuals with autism spectrum disorder. *Current Biology, 15*, 84-85.
- Thomas D. R., (2003). A general inductive approach for qualitative data analysis [website]. Retrieved from http://www.fmhs.auckland.ac.nz/soph/centres/hrmas/_docs?Indutive2003

- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237-246. doi: 10.1177/1098214005283748
- Torrance, J. (2003). Autism, aggression, and developing a therapeutic contract. *American Journal of Dance Therapy, 25*(2), 97-109.
- Tortora, S.(2006). *The dancing dialogue: using the communicative power of movement with young children*. Baltimore: Paul H. Brookes Publishing Co.
- Valdesolo, P., Ouyang, J., & DeSteno, D. (2010). The rhythm of joint action: Synchrony promotes cooperative ability. *Journal of Experimental Social Psychology, 46*, 693-695. doi: 10.1016/j.jesp.2010.03.004
- Zagelbaum, V. & Rubino, M. (1991). Combined dance/movement, art, and music therapies with a developmentally delayed, psychiatric client in a day treatment setting. *The Arts In Psychotherapy, 18*, 139-148. doi: 0197-4556/91

Appendix A

Definitions of Key Terms

Developmental Disability

“A group of conditions due to an impairment in physical, learning, language, or behavior areas.” (Centers for Disease Control and Prevention, 2012, p.1).

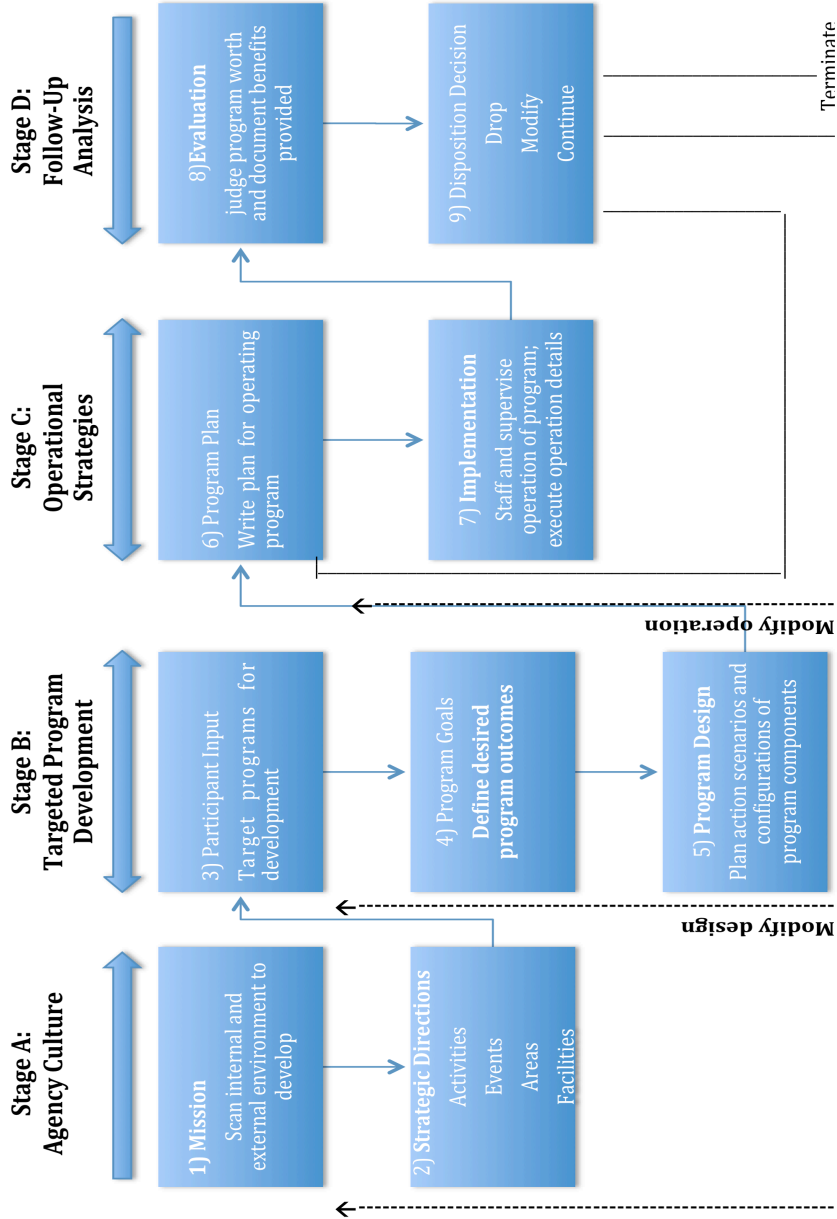
Empathy

“An nonconscious or conscious intent to share another person’s inner state which is a fundamental human prerequisite for cooperation and pro-social behavior” (Behrends, Müller, and Dziobek, 2012, p.108), “the ability to understand and share the feelings of another” (Keir, 2012), “adopting the posture or matching the neural responses of an observed other” (Batson, 2009, p.4).

Appendix B

Programming Development Cycle

The Program Development Cycle
 Created by: J. Robert Rossman & Barbara Elwood Schlatter



Appendix C

Blank Informed Consent for Semi-Structured Interview



Informed Consent Form Consent Form for Participation in Program Development

Title of Research Project: Exploring empathy: Dance/movement therapy treatment program for adults with developmental disabilities

Principal Investigator: Krista Samborsky

Faculty Advisor: Laura Downey, BC-DMT. LPC, GL-CMA, 312-369-8617

Ldowney@colum.edu

Chair of Thesis Committee: Laura Downey, BC-DMT. LPC, GL-CMA, 312-369-8617

Ldowney@colum.edu

INTRODUCTION

I, Krista Samborsky, am inviting you to participate in a semi-structured interview to gain further insight into the effectiveness of the *Exploring Empathy Program*. This consent form will give you the information you will need to understand why this project is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called ‘informed consent.’ You will receive a copy of this form for your records.

PURPOSE OF THE STUDY

The purpose of this research study is to create a nine-week movement-based program for adults with developmental disabilities to increase their emotional intelligence through focusing on empathy.

PROCEDURES

Procedures of this project ask that you participate in a semi-structured interview. The interview will be conducted between May 6, 2013 and May 17, 2013 at a time of your convenience. If you agree to participate in this project, you will be asked to comment on the participants' reaction to the intervention of Exploring Empathy Program. This interview will be audio recorded then transcribed by the principal investigator.

POSSIBLE RISKS OR DISCOMFORTS

I (We) believe there are no known risks associated with this research study. However, a possible inconvenience may be the time it takes to complete the study.

POSSIBLE BENEFITS

You may not directly benefit from this research, however, I (we) hope that your participation in the study may benefit the development of a full emotional intelligence movement program for adults with developmental disabilities.

CONFIDENTIALITY

The following procedures will be used to protect the confidentiality of your information:

1. Any audio recordings of the interview will be destroyed after they are transcribed into an electronic document.
2. All electronic files containing personal information will be password protected.
3. To protect your identity, information about you that will be shared with others will not use your name.
4. No one other than the investigator will have access to the original data.
5. At the end of this study, the researchers may publish their findings. You will not be identified in any publications or presentations.

RIGHTS

Being a participant in this project is voluntary. You may choose to withdraw from the project at any time without penalty. You may also refuse to participate at any time without penalty.

We will be happy to answer any questions you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator Krista Samborsky at 312-432-3944 or the faculty advisor Laura Downey at 312-369-8617. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 312-369-7384.

COST OR COMMITMENT

The approximate time commitment of the interview will be one hour in length.

PARTICIPANT STATEMENT

This study has been explained to me. I volunteer to take part in this project. I have had opportunity to ask questions. If I have questions later about the project or my rights as a project participant, I can ask one of the contacts listed above. I understand that I may withdraw from the project or refuse to participate at any time without penalty. I will receive a copy of this consent form.

Participant's Signature

Print Name:

Date:

Principal Investigator's

Print Name:

Date:

Appendix D

Exploring Empathy I

The following is the original program of activities that I adapted from Rena Kornblum's *Disarming the Playground* (2002) and used for implementation:

Based on Kornblum's Activity 15, Empathy: Group Pushing (p.177)

Overview: Group connecting activity, joining palm to palm on inhale hand rise over head and on exhale lower down with breath

Objective: For the whole group to move as one

Purpose:

- Experience lightness and delicacy
- Increase awareness and sensitivity to others
- Improve group cohesion

Discussion Topic:

- Discuss how we breathe at different rates
- Discuss why it might be important to move as one group

Activity Description:

- Start in a standing circle formation
- Everyone will join palm to palm
- Dance/movement therapist will explain:
 - That we are going to breathe together
 - That when we inhale we are going to raise our hands up together when the leader says "up"

- When we exhale we are going to lower our hands when the leader says “down”
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the second round, the dance/movement therapist will explain:
 - That this time we will do the same movements, but everyone will say the words together
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the third round, the dance/movement therapist will explain:
 - This time we will continue to breathe and move our hands up and down but we will not say up or down
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood and a natural rhythm has emerged from the group

Processing Questions:

- Did you have to change the way you were breathing to match the group’s breathing rhythm?
- Was it easy to breathe as one group?
- What did it feel like to breathe as one group?

Based on Kornblum’s Activity 9, Empathy: Matching Intensity (p.170)

Overview: Group members take turns trying to attune to their partners

Objective: Matching partner’s posture, intensity, and shape

Purpose:

- Increase awareness of others

- Develop the ability to match someone else's movement through observation skills
- Experience being followed and actively following
- Improve group cohesion through connecting with others

Discussion Topic:

- Discuss what body tension (flow) is, how we can be loose and tight
- Talk about why it is important to pay attention to someone else's body tension
- When we pay attention and match someone's body tension this skill is called attunement

Activity Description:

- Start in a seated circle formation
- Dance/movement therapist will demonstrate being loose (free flow) in the whole body and ask everyone to put that into their whole body, then repeat with being tight (bound flow) in the whole body and ask everyone to try it on
- Dance/movement therapist will ask/explain:
 - In partners, we are going to pay attention to each other's body tension
 - Dance/movement therapist will call out a body part (face, shoulders, hands, and legs) and a body tension
 - Partner 1 will demonstrate a pose with that body part and body tension then partner 2 will show it back
 - Partners will then switch roles
- Have partners sit across from each other
- Dance/movement therapist calls out for partner 1 leading:
 - Tight face
 - Loose hands

- Tight legs
- Partners will switch roles, and dance/movement therapist will call out for partner 2

leading:

- Loose shoulders
- Tight hands
- Loose legs

Processing Questions:

- How did it feel to have your partner match you?
- Was it easy to match your partner's body tension?
- Did you like being loose, or tight?

Based on Kornblum's Activity 12, Empathy: Group Rhythm (p.173)

Overview: In a seated circle formation participants watch each other walk around the circle to see if they can identify similar energy level

Objective: To be able to identify someone who has a similar energy level to yourself

Purpose:

- Increase self-awareness
- Increase awareness of others
- Establish respect for differences
- Improve group cohesion

Discussion Topic:

- Discuss energy levels and how they can change throughout the day
- Discuss how the way we move can be a result of our energy levels

Activity Description:

- Start in a seated circle formation
- Ask everyone to close their eyes and gauge their current energy level
- Dance/movement therapist will explain:
 - That one person at a time will walk around the circle showing us their energy level
 - As we are watching each other we will make mental notes about whose energy level and walk are similar to or different from our own
- Discuss if anyone felt like someone had an energy level and walk similar to their own.
- If someone responds ask the other participant they identified if they could both walk around the circle together and try to find a common speed and rhythm between them.
 - If no one responds, the dance/movement therapist will identify someone and ask if they want to walk together
- As the pair is walking ask the group if there is anyone else that shares the pair's energy level and speed and wants to join them
- If time allows ask if anyone had a different energy level and speed than the first pair and if they want to walk around the circle with someone else who also had a different speed

Processing Questions:

- Was it easy to determine your own energy level?
- Was it easy to see the energy level of others when they were walking?
- How did it feel to see someone else who had the same energy level as you?
- Did anyone find it difficult to find someone who had a similar energy level and speed as their own? How did that feel?

- How was it walking together in a pair? What did you have to do to be able to find one rhythm and speed?

Based on Kornblum's Activity 13, Empathy: Paired Pushing (pp.174-175)

Overview: In seated pairs, participants will push hard against each other's hands equally

Objective: To equally push into partner's hands and match strength

Purpose:

- Experience matching someone else's intensity
- Increase connection with another
- Increase ability to engage in weight

Discussion Topic:

- Discuss how strong each participant thinks they are
- Discuss that each of us have a different amount of strength and differ in the way we use it
- Discuss why we should be aware of someone else's strength

Activity Description:

- Start in a seated circle with participants on the edge of their chairs
- Remind them to ground (push into ground) with their legs
- Hands will be placed together in front of the chest and everyone will press as hard as they can into their own hands, hold for three seconds, and then release. This is to be repeated three times
- Dance/movement therapist will explain:
 - That in pairs sitting down we are going to push into each other's hands
 - We want there to be an equal amount of force, so you will have to determine the right amount of strength in your pairs

- Your hands should be equally in between the two of you
- The Dance/movement therapist will demonstrate the movement with a volunteer
- Participants will be divided into pairs and sit across from each other
- The dance/movement therapist will explain:
 - Bring your palms up in front of yourself and place them gently on your partner's hands
 - Begin to slowly increase your strength in your hands and push against your partner's hands
 - Remind everyone to ground through their feet
- Allow time for the partners to sense each other's pushing and try to find a balanced pushing
- After about 30 seconds invite everyone to release from their partner and let their arms hang down by their side
- Encourage everyone to shake out their arms and hands
- Ask participants to bring their hands back to their legs and begin the sequence again
- Repeat this at least three times, increasing the time they spend pushing into each other with each repetition
- As the partners are pushing into each other, the dance/movement therapist will walk around complimenting pairs that are doing well and give concrete suggestions when there is not equal pushing

Processing Questions:

- Were you able to push equally with your partner?
- Did you have to change your intensity to match your partner's intensity?

Based on Kornblum's Activity 10, Empathy: Who is the Mirror? (p.171)

Overview: In pairs, facing each other, participants are given a shape to trace in the air while their partner mirrors them.

Objective: To follow your partner's movements

Purpose:

- Increase awareness of others and connection to them
- Increase ability to move in synchrony
- Improve group cohesion

Discussion Topic:

- Discuss what we see in the mirror when we move
- Discuss any problems that come up when we try to lead or follow

Activity Description:

- Start in a standing circle formation
- Dance/movement therapist will explain:
 - That to have someone follow or mirror you successfully, you need to have slow and sustained movement
- The dance/movement therapist will demonstrate a movement several times and ask everyone to begin mirroring the movement
- Participants will be divided into pairs and will stand or sit across from each other
- The dance/movement therapist will explain:
 - That one partner will be shown a shape to trace in the air with their hands and they will repeat it several times, alternating the hand that they are using
 - The other partner is to follow and mirror them

- Once the first partner has completed their shape, the other partner will be shown a shape and asked to trace it in the air with their hands
- Each partner will trace three shapes
- As the partners are mirroring each other the dance/movement therapist will walk around complimenting pairs that are doing well and giving concrete suggestions where needed

Processing Questions:

- Was it easy to know the shape your partner was making?
- How did you feel being the leader?
- How did you feel being the follower?
- How did you feel working with you partner?

Based on Kornblum's Activity 19, Empathy: Follow the Stretch Cloth Leader (p.183)

Overview: Group connecting activity, joining palm to palm, on inhale hand rise overhead and on exhale lower down with breath

Objective: For whole group to move as one

Purpose:

- Experience lightness and delicacy
- Increase awareness and sensitivity to others
- Improve group cohesion

Discussion Topic:

- Discuss how we breathe at different rates
- Discuss why it might be important to move as one group

Activity Description:

- Start in a standing circle formation

- Everyone will join palm to palm
- Dance/movement therapist will explain:
 - That we are going to breathe together
 - That when we inhale we are going to raise our hands up together when the leader says “up”
 - When we exhale we are going to lower our hands when the leader says “down”
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the second round, the dance/movement therapist will explain:
 - That this time we will do the same movements, but everyone will say the words together
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the third round, the dance/movement therapist will explain:
 - This time we will continue to breathe and move our hands up and down but we will not say up or down
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood and a natural rhythm has emerged from the group

Processing Questions:

- Did you have to change the way you were breathing to match the group’s breathing rhythm?
- Was it easy to breathe as one group?
- What did it feel like to breathe as one group?

Based on Kornblum's Activity 8, Empathy: We all stop Together (p.169)

Overview: In a seated circle formation the whole group will drum together; anytime one person stops the whole group will stop

Objective: To stop playing together

Props: A drum, tambourine, or rhythmical instrument for each group member

Purpose:

- Increase awareness of others
- Increase scanning and focusing ability
- Improve group cohesion

Discussion Topic:

- Discuss how it felt to stop the group
- How did it feel to have the whole group follow you in the stopping?
- How did it feel when the whole group stopped as one?
- Talk about frustration when someone does not follow along with the stopping

Activity Description:

- Start in a seated circle formation
- Explain that today our goal is to work as a team and stop together
- Dance/movement therapist will explain:
 - Everyone will get an instrument and that we are all going to play our instrument however we want
 - When someone wants to stop the group they are going to stop playing; say "STOP!" in a loud and commanding voice, and put both hands out in the air

- After everyone has stopped playing and there is a moment of silence the dance/movement therapist will say “GO” and the group can start playing again
- Dance/movement therapist will demonstrate how to stop the group
- Dance/movement therapist will explain that once you have stopped the group you cannot stop them again
- Group will begin drumming
- After two participants have stopped the group the dance/movement therapist will explain:
 - That now, as we continue to try to stop the group, we are going to do so without saying “STOP!” but will continue raising our hands as the signal
- After two more participants have stopped the group the dance/movement therapist will explain:
 - That now, as we continue to play, if we want to stop the group the signal will be stopping to play. It is important that we scan the group to notice when someone has stopped playing.

Processing Questions:

- When was it easiest to know when to stop playing?
- What did you have to do to know when to stop playing, when no words or arm movements were used?
- How did you feel when someone continued to play once you stopped the group?
- How did it feel to stop the group?
- How did it feel when the group followed you?

Based on Kornblum’s Activity 18, Empathy: Making Waves (p.182)

Overview: In circle formation, a two-part movement will be taught that the whole group does in a wave.

Objective: To all make one wave together without talking

Purpose:

- Increase awareness of others
- Improve attention span and impulse control
- Improve group cohesion

Discussion Topic:

- Discuss what a movement wave is
- Talk about frustration when someone interrupts them
- Talk about frustration when someone does not follow along when it is his/her turn in the circle

Activity Description:

- Start in a standing circle formation
- A two part movement is demonstrated: raising arms up in front of body (part one) and bringing them back down (part two)
- Everyone will learn and try the movement together
- Dance/movement therapist will explain:
 - That one person at a time will do the movement
 - After they have completed the movement they will turn to the participant next to them, place their hands on their own chest, and say “I am done”
 - They will then open their hand to the participant next to them and say “You may begin”

- The next participant does the two part movement
- Discuss what happened when one participant would turn to another to pass on the movement
 - Question to be asked: How do you know that the other participant is paying attention in order to know that it is their turn?
- For the second round, the dance/movement therapist will explain:
 - That this time we will do the same movements, but without words
- Discuss what was different about the second round
 - Question to ask: Did you have to do something differently in order to make sure the participant next to you knew it was their turn?
- For the third round, the dance/movement therapist will explain:
 - This time we will take out the gestures of bringing our hands to our chest and opening our hands to the next participant.
 - The only movement we will do is raise our arms and lower them
 - The next participant will start when we have completed the movement

Processing Questions:

- Did you know when to start without the participant before you telling you?
- Did you know when to start without the participant before you turning to you?
- How did it feel when the next participant started doing the movement too early?
- How did it feel when they did not start the movement when they were supposed to?

Based on Kornblum's Activity 20, Empathy: Giving Our Weight to the Stretch Cloth (pp. 184-185)

Overview: Standing inside the stretch cloth, group will walk together and away from each other in a circle formation, eventually expanding the stretch cloth to a point where it can support the whole group

Objective: For the whole group to move as one and sense each other

Purpose:

- Increase body awareness
- Increase trust
- Improve group cohesion

Discussion Topic:

- Discuss the importance of working together
- Discuss how everyone is connected and how a person's actions will affect everyone

Activity Description:

- Start in a standing circle formation
- Everyone holds the stretch cloth in front by the same edge
- On the count of three everyone puts it over their head and down behind their back
- Everyone will reach their arms out of the stretch cloth and hold the top edge with their hands
- Dance/movement therapist will explain:
 - That together we are going to slowly take steps moving backwards until the stretch cloth can stretch no further, the leader will say 'back'
 - Once that has happened we will all take a deep breathe together
 - We will then slowly take small steps forward until we come back close together, the leader will say 'forward'

- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the second round, the dance/movement therapist will explain:
 - That this time we will do the same movements, but all say the words together
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the third round, the dance/movement therapist will explain:
 - This time we will continue to move backwards and forwards, but without saying the words
 - It is important that we watch each other to know when to start moving forward or back
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood and a natural rhythm has emerged from the group

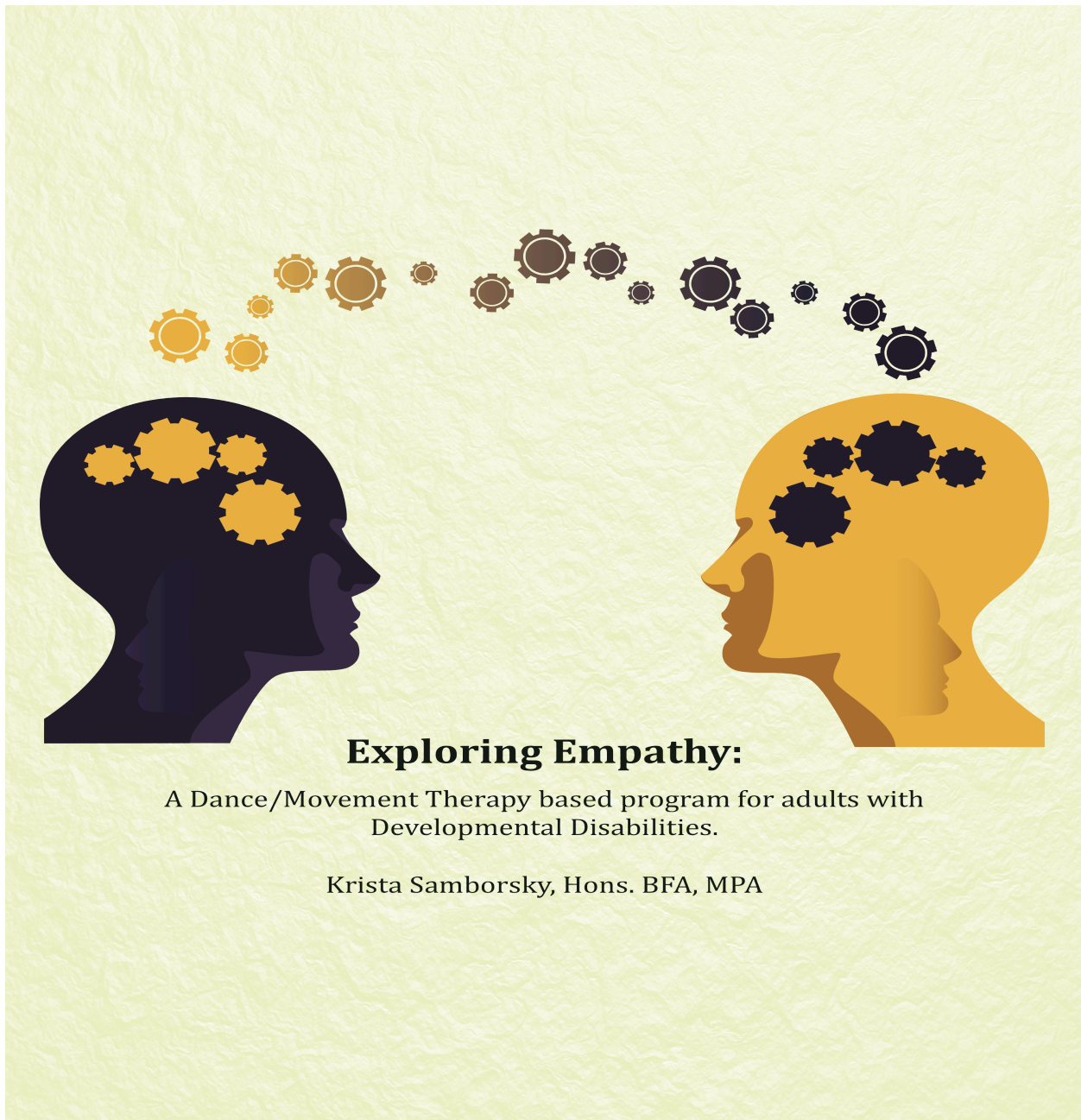
Processing Questions:

- How did it feel to work as one group?
- How did you know when to move forwards or backwards without talking?

Appendix E

Exploring Empathy II

The following includes all amendments as dictated by the evaluation conducted on *Exploring Empathy I*:



Expanding the Exploration!

Welcome to *Exploring Empathy: A Movement-Based Program for Adults with Developmental Disabilities*. This program is intended to be a supplement to other social-emotional training programs for individuals with developmental disabilities. All the activities are based on dance/movement therapy interventions and have been adapted from Rena Kornblum's (2002) *Disarming the Playground: Violence Prevention through Movement*.

Empathy was the chosen focus because it is a vital social skill that is needed to succeed in the world today. *Exploring Empathy* fosters the competencies of empathy such as recognizing feelings in others, how to express support for others by showing empathy, positive problem solving skills to get needs met, and strategies for managing anger. The program objectives are: 1) to foster the development of empathy on cognitive and body-felt levels, 2) to promote emotional literacy, and 3) to increase participants' self-awareness while building group cohesion. In the activities listed below, the purpose of each activity is matched with the objectives toward which it is working.

Activities are laid out in the suggested order for an 11-week session. Activities can be omitted or repeated depending on what best suits the individual group and facility. The recommended time for each session is 45 minutes. Each week a short story or poem is presented to discuss a particular sub-theme of empathy. These short stories have been inspired and adapted from Cindy Gainer (2011) *I'm Like You, You're Like Me*. Facilitators of *Exploring Empathy* are suggested and encouraged to make adjustments to the program as needed.

Included with the program are supplemental worksheets and a list of empathy-focused books that can be used outside of session to revisit the work being done in session. I recommended that facilitators of *Exploring Empathy* work with other staff and try to incorporate

one activity from the program into the daily programming. Empathizing movement activities can become a part of the group's daily morning activities, or be performed before they engage in some group activity together. By doing this, the connection between the body and empathy that will be developed in the sessions will also be reinforced throughout the day.

Any professional working with this population is encouraged to facilitate *Exploring Empathy*. It is laid out in a straightforward step-by-step format. The movement is basic pedestrian movement that any trained clinical professional working with the developmentally disabled population can perform and lead.

In closing, thank you for choosing to use *Exploring Empathy* to enhance the social-emotional learning of all who take part.

Sincerely,

Krista Samborsky

Creator of *Exploring Empathy*

Favorite Song Warm-up

Overview:

Each group member gets to lead the warm-up movement to their favorite song, which has previously been provided

Objective:

To allow each group member to share something about themselves, and have the rest of the group empathize with them

Purpose:

- To build group cohesion (objective 3)
- To increase self-esteem (objective 3)
- To recognize differences in each other (objective 1)
- To allow group members a sense of co-facilitation (objective 2)

Activity Description:

- Before the start of the *Exploring Empathy* program, meet with group members to explain the structure and purpose of the program
- After this, pass out the favorite song warm-up sign up sheet and explain that each member will have the chance to lead warm-up to their favorite song; this can be left with staff members to be filled out
- Starting the second week, begin the session with one group member's favorite song
- Tell them that they are going to lead the warm-up movement
- Encourage the rest of the group to follow along, move how they want to, or just sit and listen to the music

- While moving, ask the group member who is leading what it is about this song that they like and how it makes them feel; highlight the change in affect in the individual's face
- Ask the rest of the group if they can try to feel the same way while listening to this song

Many participants will not like each other's music and want their own music to be played. This is a wonderful opportunity for them to practice empathy. Encourage them to simply remain in the space and listen to the music. Stress that they will all have a turn and that it is fun getting to know each other more through the different music that we like.

If there are more group members than weeks then double up, having one lead the warm-up and another lead the cool down. You should still have a separate closing exercise after the second group member's favorite song.

Favorite Song Warm-Up Sign-up Sheet

Group Member Name	Name of Favorite Song

Possible Closing Exercise

The closing exercise acts as a transition from *Exploring Empathy* back into the group members' daily programming. It should become a set ritual that is developed together so that the group members all know that this is the end of session. Structure and routine are important aspects to programming for most populations, the developmentally disabled in particular.

I have included some possible closing exercises that could be suggested to the group. Alternatively the group can develop their own closing exercise out of material that they have created. It should be something that is natural and simple so that every member of the group can participate. As the facilitator, try to elicit the theme of empathy somewhere in the closing exercise.

Some activities from the program that could be repeated as a closing exercise are:

- Group Pushing
 - In a circle have everyone join palm to palm and coordinated with their breath raise arms up and down three times
- Matching Intensity
 - Holding hands in a circle pass along a hand squeeze matching the squeeze that was passed to you
- 5B Dance
 - Recite words BRAKES, BREATH, BRAIN, BODY, BREAK with corresponding actions

Other closing exercise suggestions:

- Create a short movement phrase to the words *I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.*

- Doing deep stomach breathing together placing your hands on your stomach and focusing on feeling yourself expand and contract
- Letting a small movement such a sway or a rock build bigger and bigger together, then become smaller and smaller, sensing each other throughout

Table I

45-minute session breakdown for Exploring Empathy Program

Time (minutes)	Activity	Notes
5	Check-in and favorite Song warm-up.	Have chairs set up in a circle and selected group member's song ready
10	Discussion topic	Read short story and ask one question to stimulate short discussion
10-15 (depending on activity)	Activity	Weekly empathy activity making appropriate shifts along the way to suit the group
5-10	Processing questions	Ask questions pertaining to that week's empathy sub-topic eliciting emotional focused language
5	Closing Exercise	Transition back to daily programming

Table II

Schedule of Activities

WEEK	ACTIVITY
1	Moving as One
2	Self Settling
3	Give a Squeeze
4	Group Walk
5	The 5B Dance
6	Follow the Stretch Cloth Leader
7	Who is the Mirror
8	We all stop Together
9	Making Waves
10	Showing that You Care
11	Supporting Each Other

Week 1: Moving as One

Overview: Group connecting activity, joining palm to palm on inhale hand rise over head and on exhale lower down with breath

Objective: For the whole group to move as one

Purpose:

- Experience lightness and delicacy (objective 3)
- Increase awareness and sensitivity to others (objective 1)
- Improve group cohesion (objective 3)

Discussion Topic:

We are all in this together

Together, together, together everyone

Together, together, come on let's have some fun

Together, we're there for each other every time

Everyone is special in their own way

We make each other strong

We're not the same

We're different in a good way

Together is where we belong

We're all in this together

I'm like you, you're like me

But we're not exactly the same

That's why I like you and you like me

Activity Description:

- Start in a standing circle formation
- Everyone will join palm to palm
- Facilitator will explain:
 - That we are going to breathe together
 - That when we inhale we are going to raise our hands up together when the leader says “up”
 - When we exhale we are going to lower our hands when the leader says “down”
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the second round, the facilitator will explain:
 - That this time we will do the same movements, but everyone will say the words together
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the third round, the facilitator will explain:
 - This time we will continue to breathe and move our hands up and down but we will not say up or down
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood and a natural rhythm has emerged from the group

Processing Questions:

- Did you have to change the way you were breathing to match the group’s breathing rhythm?
- Was it easy to move as one group?

- What did it feel like to move as one group?

Week 2: Self Settling

Overview: Group members move through calm, medium, and high energy zones

Objective: To experience one's own energy modulation

Purpose:

- Increase ability to modulate energy (objective 3)
- Improve impulse control (objective 3)
- Improve body awareness (objectives 1+3)

Discussion Topic:

We all get mad and angry sometimes. What makes you mad might not make me mad. What makes me angry might not make you angry. When we are mad or angry it could look different, too. I might want to scream and kick. You might want to cross your arms and be quiet. What is important is that we try to understand each other and help each other feel better again. I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.

What makes you mad?

What do you do to calm down?

Activity Description:

- Facilitator will introduce the energy thermometer and discuss calm, medium, and high energy
- Facilitator will explain that the space is going to be divided into three zones: calm, medium, and high energy zones
 - Outline where each energy zone will be
 - As a group we will move through each energy zone

- Move together into the calm energy zone, play slow relaxing music as a support, discuss everyday movements that would be considered calm movements such as stretching, breathing, and petting a pet.
 - Encourage everyone to move through the calm energy zone in a calm way
- Repeat this with the medium and high energy zones, making sure to discuss different everyday movements that would belong in each one
- While moving to the next energy zone discuss the differences between the new zone and the pervious zone, such as using more energy and becoming more alert
- The facilitator will then invite the group members to move freely between the energy zones, music that would support this would be something that has many tempo changes
 - If some group members are staying in one energy zone only encourage them to move with you to another zone

Processing Questions:

- Which was your favorite energy zone and why?
- Was it difficult to move from one energy zone to the other?
- Which energy zone do you think is best to be in throughout the day?

Week 3: Give a Squeeze

Overview: Group members take turns trying to attune to their partners

Objective: Matching partner's intensity of hand squeeze

Purpose:

- Increase awareness of others (objective 1)
- Develop the ability to match someone else's movement through observation skills (objective 1)

- Experience being followed and actively following (objectives 1+3)
- Improve group cohesion through connecting with others (objective 3)

Discussion Topic:

Even though we're different in some ways, we can enjoy being together. We can show that we like and welcome each other. We can learn to accept each other. I feel accepted when you invite me to talk with you, or when you want me to help you with your work. I feel accepted when you say I'm your friend. I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.

What are some ways that you feel accepted by your group members?

Activity Description:

- Start in a seated circle formation
- Facilitator will explain that we are going to try to match each other through hand squeezes
 - Someone will walk to the center of the circle, then chose someone and walk towards them
 - They will offer their hands to their partner and give their partner's hands a little squeeze
 - The squeeze can be firm or light, as long as we don't hurt each other
 - Then both will let go of this squeeze
 - The sitting partner will then try to squeeze the standing partner's hands just like they did, matching the intensity
- The partner that was chosen will then walk to the center of the circle and choose someone else to go to

- Continue until everyone has had a turn

Processing Questions:

- How did it feel to have someone approach you?
- Was it easy to match your partner's squeeze?
- When you chose a partner did you do a different squeeze than what was done to you?

Week 4: Group Walk

Overview: In a seated circle formation participants watch each other walk around the circle to see if they can identify each other's energy level

Objective: To be able to identify someone who has a similar energy level as yourself

Purpose:

- Increase self-awareness (objective 3)
- Increase awareness of others (objective 3)
- Establish respect for differences (objectives 1+2)
- Improve group cohesion (objective 3)

Discussion Topic:

You and I are alike in many ways. We may be the same age or live on the same street. We may go to the same school or even have the same name. We are different from each other, too. Our hair may be brown or blond or red or black. Our eyes may be blue or brown or green. Our skin may be dark or light or in between. It's fun to find ways I'm like you and you're like me. It's fun to find ways we're different. One of us is bigger, and the other is smaller. I like my body and how I look. My body is just right for me. Your body is just right for you. I've learned how to do things by myself, and so have you. We have different families. Some families have many

people. Some families have few people. I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.

What are some of the similarities and differences in our group?

Activity Description:

- Start in a seated circle formation
- Ask everyone to close their eyes and gauge what their current energy level is
- Facilitator will explain:
 - That one person at a time will walk around the circle showing us their energy level
 - As we are watching each other we will make mental notes about whose energy level and walk are similar or different to our own
- Discuss if anyone felt like someone had a similar energy level and walk to their own.
- If someone responds, ask the other participant they identified if they could both walk around the circle together and try to find a common speed and rhythm between them.
 - If no one responds, the facilitator will identify someone and ask if they want to walk together
- As the pair is walking ask the group if there is anyone else that shares the pair's energy level and speed and wants to join them
- If time allows, ask if anyone had a different energy level and speed than the first pair and if they want to walk around the circle with someone else with a different speed

Processing Questions:

- Was it easy to determine your own energy level?
- How did it feel to see someone else who had the same energy level as you?

- How was it walking together in a pair? What did you have to do to be able to find the same rhythm and speed?

Week 5: The 5 B Dance

Overview: Learn a movement phrase to go with the words “brakes,” “breath,” “brain,” “body,” and “break.”

Objective: To learn a self-settling technique

Purpose:

- Introduce self-talk (objectives 2+3)
- Establish a ritualized method for calming down (objective 3)
- Aid in stress management (objective 3)

Discussion Topic: We all get mad

We all get mad and angry sometimes. What makes you mad might not make me mad. When we are mad or angry it could look different too. What is important is that we try to understand each other and help each other feel better again. You might want to talk to someone about what you are feeling. I might want to take some deep breaths and go for a walk. What is important is that we know what makes each other feel better. I’m like you, you’re like me. But we’re not exactly the same. That’s why I like you and you like me.

Activity Description:

- Start in a seated circle formation
- Facilitator will explain:
 - That we are going to learn a little dance to help us when we get mad and need to calm down
 - The dance has 5 parts and each part has a word with it

- The facilitator will teach the movements first with their words
 - BRAKES: we catch all the energy that we need to stop with our hands and squeeze it together (clasp hands together in front of self and squeeze)
 - BREATH: we throw our hands into the air letting go of all that energy and take a deep breath
 - BRAIN: we put our hands on our head and say to our selves “I can calm down.”
 - BODY: we place our hands on our chest and feel our bodies calming down
 - BREAK: we open up arms down by the side of our bodies and think of something that makes us happy; we can close our eyes here if we want.
- For the second round, the facilitator will ask the participants to join in with saying the words while doing the movements
- For the third round turn on music that has pauses in it, or ask another staff member to sit by the music and periodically pause it
 - Explain that we are going to dance and move throughout the room and when the music pauses we are going to do our 5B Dance to stop our energy
- Turn the music on and dance until the first pause
- When the first pause comes encourage everyone to say the words as they are doing the actions
- Repeat this three times, and on the third pause tell everyone that for the next pause we are just going to do the movement without the words

Processing Questions:

- Which is your favorite part of the 5B Dance and why?
- Do you think you could do this the next time you are mad and need to calm down?

Week 6: Follow the Stretch Cloth Leader

Overview: In a standing circle, participants take turn determining the speed of movement of the stretch cloth and the rest of the group follows.

Objective: To take turns leading the whole group and following the group leader

Prop: Stretch Cloth

Purpose:

- Practice leading and following (objective 1)
- Increase ability to move with others (objective 3)
- Improve group cohesion (objective 3)

Discussion Topic:

We can listen to each other. This is a good way to get to know each other better. We can learn more ways we're alike and different. You listen when I tell you a story. I listen to your stories, too. I listen when you tell about something important that happened to you. We can tell each other about things we like and things we don't like. We can try our best to understand each other. I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.

Activity Description:

- Start in a standing circle formation
- Everyone will hold the stretch cloth by the same edge
- Facilitator will explain:
 - That individually we are going to say the speed at which we want everyone to move the stretch cloth: slow, medium, or fast

- After we say what speed we want, everyone will move the stretch cloth at that speed
- Facilitator will demonstrate first
- Everyone will have chance a to lead; go in order around the circle
- For the second round, the facilitator will explain:
 - That this time we will identify the speed that we want the group to move only through our movements, we will not say the words
- Facilitator will demonstrate first
- Everyone will have chance a to lead; go in order around the circle

Processing Questions:

- How did it feel having the whole group do the speed of movement that you wanted to do?
- Was the experience of leading easy or difficult for you?

Week 7: Who is the Mirror?

Overview: Group members take turns leading the movement while the rest of the group mirrors them

Objective: To follow each other's movements

Purpose:

- Increase awareness of others and connection to them (objective 1)
- Increase ability to move in synchrony (objective 1)
- Improve group cohesion (objective 3)

Discussion Topic:

We can tell each other about things we like and things we don't like. We can try our best to understand each other. I can tell you how I'm feeling. You can tell me how you're feeling too.

We can tell each other what we want and what we need. Sometimes we want the same things. Sometimes we want different things. We can try our best to be kind to each other. Even when we don't agree with each other. Even when we feel tired or upset. I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.

Activity Description:

- Start in a standing circle formation
- Facilitator will explain:
 - That today we are going to be each other's mirrors, following each other as best we can
 - When we follow each other there is a lot that we can learn about each other
 - We will each have a turn being the leader of the movement, you can do whatever movement you like, the rest of the group will follow you as best they can
- The facilitator will demonstrate a simple movement and ask everyone to begin mirroring the movement
- The next leader can be the group member sitting next to the facilitator, or go to a group member who is ready
- The facilitator will manage the length of time each group member has to be the leader
- Go through the exercise until everyone has had a turn

Processing Questions:

- How did you feel being the leader?
- How did you feel being the follower?
- Was it easy to follow the leader?

Week 8: We all stop Together

Overview: In a seated circle formation the whole group will drum together, meanwhile one person dances in the middle and determines when the group should stop drumming

Objective: To stop in response to each other

Props: A drum, tambourine, or rhythmical instrument for each group member

Purpose:

- Increase awareness of others (objective 1)
- Increase scanning and focusing ability (objective 1)
- Improve group cohesion (objective 3)

Discussion Topic:

Sometimes we work together to get things done. We cooperate with each other. Sometimes there needs to be a leader and a follower. We need to listen and show each other respect.

Sometimes we forget to show each other respect. Sometimes we cannot wait for our turn to talk and interrupt each other. That can hurt people's feelings. Let's keep our eyes and ears open and wait until it is our turn. This way we will always get things done. I'm like you, you're like me.

But we're not exactly the same. That's why I like you and you like me.

Activity Description:

- Start in a seated circle formation
- Explain that today our goal is to work as a team and stop together
- Facilitator will explain:
 - Everyone will get an instrument and that we are all going to play our instrument however we want
 - Everyone will take a turn being the music conductor in the center

- While you are the music conductor in the center you can move and conduct however you want, but when you stop moving everyone has to stop playing
- We want to try to stop as soon as the conductor has stopped moving
- Practice playing the instruments all together first
- Facilitator will demonstrate being the music conductor in the center first
- Group will begin drumming
- Go through until everyone has had a turn leading reminding everyone to pay attention to the conductor and stop playing right when they stop moving

Processing Questions:

- How did it feel to stop the group?
- How did it feel when the group followed you?
- How did you feel when someone continued to play once you stopped the group?

Week 9: Making Waves

Overview: In circle formation, a two-part movement will be taught that the whole group does in a wave.

Objective: To all make one wave together without talking

Purpose:

- Increase awareness of others (objectives 1+3)
- Improve attention span and impulse control (objective 3)
- Improve group cohesion (objective 3)

Discussion Topic:

Sometimes we work together to get things done. We cooperate with each other. We cooperate when we build a sand castle together. We cooperate when we play a game all the way

to the end, without fighting or interrupting each other. When we cooperate, we can do almost anything! We can play together and work together. We can be friends. We can trust each other. I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.

Activity Description:

- Start in a standing circle formation
- Discuss what a movement wave is and where we sometimes see it, usually at sporting events
- The facilitator will demonstrate a two-part movement: raising arms up in front of the body (part one) and bringing them back down (part two)
- Everyone will learn and try the movement together
- Facilitator will explain:
 - That one person at a time will do the movement
 - After they have completed the movement they will turn to the participant next to them, place their hands on their own chest and say "I am done"
 - They will then open their hand to the participant next to them and say "You may begin"
- The next group member does the two-part movement
- Discuss what happened when one participant would turn to another to pass on the movement
 - Question to ask: How could you tell that the person next to you was paying attention to you?
- For the second round, the facilitator will explain:

- That this time we will do the same movements, but without words
- Discuss what was different about the second round
 - Question to ask: Did you have to do something differently in order to make sure the participant next to you knew it was their turn?
- For the third round, the facilitator will explain:
 - This time we will take out the gestures of bringing our hands to our chest and opening our hands to the next participant.
 - The only movement we will do is raising our arms and lowering them
 - Then the next participant will start

Processing Questions:

- Did you know when to start without the group member before you telling you?
- How did it feel when the next participant started doing the movement too early?
- How did it feel when they did not start the movement when they were supposed to?

Week 10: Showing That You Care

Overview: Through role play situations, group members practice showing that they care

Objective: To demonstrate empathic skills through role play

Purpose:

- Increase social skill repertoire, allowing one to reach out to others (objectives 2+3)
- Improve group cohesion (objective 3)
- Increase awareness of others (objective 1)

Discussion Topic:

We can try our best to be kind to each other. Even when we don't agree with each other.

Even when we feel tired or upset. It's unkind to make fun of each other or call each other names.

That hurts people's feelings. Let's be nice instead. We are nice to each other when we hold hands. When we say "Please" and "Thank you." When we take turns. When we give each other help. I'm like you, you're like me. But we're not exactly the same. That's why I like you and you like me.

Activity Description:

- Facilitator will lead a discussion about ways that we show we care such as listening and looking at a person when they talk, leaning towards them, patting them on the back, helping them, getting a staff member, and telling them that you care or understand how they are feeling
- Facilitator will explain that:
 - We are going to take turns being actors and actresses in the center
 - One person will get a piece of paper and a situation will be written on it, such as feeling sick or lost favorite hat; their partner will have to show them that they care
- Facilitator will demonstrate with other staff member or one group member
- After each pair, the facilitator should highlight how the group member showed empathy
- Go through this until everyone has had a turn being the partner that shows they care

Processing Questions:

- How did your partner show you that they care?
- What did they do?
- Why is it important to show others that we care?

Week 11: Supporting Each Other

Overview: Standing inside the stretch cloth, group will walk toward and away from each other in a circle formation, eventually expanding the stretch cloth to a point where it can support the whole group

Objective: For the whole group to move as one, sense each other, and support each other's weight

Purpose:

- Increase body awareness (objective 3)
- Increase trust (objective 1)
- Improve group cohesion (objective 3)

Discussion Topic:

We are all in this together

Together, together, together everyone

Together, together, come on let's have some fun

Together, we're there for each other every time

Everyone is special in their own way

We make each other strong

We're not the same

We're different in a good way

Together is where we belong

We're all in this together

I'm like you, you're like me

But we're not exactly the same

That's why I like you and you like me

Activity Description:

- Start in a standing circle formation
- Everyone holds the stretch cloth in front by the same edge
- On the count of three everyone puts it over their head and down behind their back
- Everyone will reach their arms out of the stretch cloth and hold the top edge with their hands
- Facilitator will explain:
 - That together we are going to slowly take steps moving backwards until the stretch cloth can stretch no further, the leader will say 'back'
 - Once that has happened we will all take a deep breath together
 - We will then slowly take small steps forward until we come back close together, the leader will say 'forward'
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the second round, the facilitator will explain:
 - This time we will do the same movements, but all say the words together
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood
- For the third round, the facilitator will explain:
 - This time we will continue to move backwards and forwards, but without saying the words

- It is important that we watch each other to know when to start moving forward or back
- The group will do the movement a minimum of three times or until there is a sense that the movement is understood and a natural rhythm has emerged from the group

Processing Questions:

- How did it feel to work as one group?
- How did you know when to move forwards or backwards without talking?
- How did it feel to be supporting each other and be supported by each other?

This information can be used as supporting material to the program by photocopying and giving to each participant or displaying in a common area.

Empathy

Information Sheet

Empathy is understanding how someone else feels and showing that you care.

Ideas for showing empathy:

- Listening and looking at a person when they talk
- Leaning towards them
- Patting them on the back
- Helping
- Getting a staff member for that person
- Telling them that you care or understand how they feel

These worksheets can be used as supportive material to the program. They can be completed throughout the implementation of the program.

Empathy

Worksheet #1

Empathy is understanding how someone else feels and showing that you care.

Think about a time when someone showed empathy to you. What did you like about what that person did? Write it down and draw a small picture to show what happened.

Now think of a time when you showed empathy to someone else. What did you do? Write it down and draw a small picture to show what happened.

Empathy
Worksheet #2

Empathy is understanding how someone else feels and showing that you care.

Think about a time when someone showed you empathy.

Who was there?

When did it happen?

What happened?

What feelings were expressed to you?

How were they expressed?

How did this make you feel?

Empathy
Worksheet #3

Empathy is understanding how someone else feels and showing that you care.

For the next week try showing empathy at least three times.

Who was there?

When did it happen?

What happened?

What feelings were expressed?

How were they expressed?

What did you do to show empathy?

+++++

Who was there?

When did it happen?

What happened?

What feelings were expressed?

How were they expressed?

What did you do to show empathy?

+++++

Who was there?

When did it happen?

What happened?

What feelings were expressed?

How were they expressed?

What did you do to show empathy?

List of Empathy Books

Bender, R. (2012). *Don't laugh at giraffe*. Toronto, ON: Pajama Press.

Cali, D. (2013). *The enemy*. Chicago, IL: Wilkins Farago Pty Ltd.

Gainer, C. (2011). *I'm like you, you're like me*. Minneapolis, MN: Free Spirit Publishing Inc.

MacLachlan, P. (2007). *Edward's eyes*. New York, NY: Atheneum Books.

McCloud, C. (2006). *Have you filled a bucket today? A guide to daily happiness for kids*. Northville, MI: Nelson Publishing & Marketing.

Moss, P. & Tardif, D. (2011). *Our friendship rules*. Gardiner, ME: Tilbury House.

Mueller, D. (2012). *David's world*. New York, NY: Sky Pony Press.

Murray, M. (2011). *Hippo goes bananas*. North Vancouver, BC: Two Lions.

Reichert, P. (2012). *The Lemonade Ripple: A Sweet Story of Kindness and Charity*. New York, NY: Sky Pony Press.