A Body-Based Program Development Project to Prevent Burnout Among Mental Healthcare Professionals

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A BODY-BASED PROGRAM DEVELOPMENT PROJECT TO PREVENT BURNOUT
AMONG MENTAL HEALTHCARE PROFESSIONALS

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Abstract

Using the Delphi Method as a guide, a self-care program for staff members was developed out of one dance/movement therapy intern’s experiences at a suburban mental healthcare facility. Designed to increase one’s connection to self, personal observations were gathered, professionals in the field were consulted and the program was created and implemented. Themes of stress, fatigue, and burnout among the mental health care profession are discussed. Previous research on body awareness, dance/movement therapy theories, and self-care are also discussed in order to provide a framework with which to understand the development of the program.
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# Table of Contents

Abstract................................................................................................................................................. i  
Acknowledgements......................................................................................................................... ii  
Table of Contents........................................................................................................................... iii  
Chapter 1: Introduction..................................................................................................................... 1  
Chapter 2: Literature Review........................................................................................................... 12  
  Body Awareness............................................................................................................................... 12  
  Dance/Movement Therapy............................................................................................................... 14  
  Pioneers of Dance/Movement Therapy......................................................................................... 16  
  Self-Care.......................................................................................................................................... 19  
  Maslow’s Hierarchy of Needs............................................................................................................ 20  
  Burnout............................................................................................................................................. 21  
  Mental Healthcare Professionals....................................................................................................... 25  
Chapter 3: Model and Process.......................................................................................................... 30  
  Program Development Cycle........................................................................................................ 30  
  Delphi Method............................................................................................................................... 30  
  Program Development Cycle: Outline........................................................................................ 31  
  Program Development Cycle- Stage 1.......................................................................................... 32  
  Round One of the Delphi Method................................................................................................. 33  
  Round One Results of the Delphi Method.................................................................................... 34  
  Program Development Cycle- Stage 2 and Stage 3.................................................................... 35  
  Round Two of the Delphi Method.................................................................................................. 37
Introduction

Have you ever been tired of your job? Not sure you want to go to work each day? America lives with the phenomenon of burnout. But what exactly is burnout? And how does it relate to the practice of dance/movement therapy?

This program development project, although not research based, was developed because of my interest on the topic of preventing burnout. I became interested in the topic of burnout as an undergraduate student in the dance program at Minnesota State University, Mankato. Burnout was introduced to me through the work of a guest artist, Stuart Pimsler, who had a residency with the dance department. He incorporated dance and theater to create an experiential that allowed people and performers to express emotions through a variety of modalities. One particular group the artist focused on was healthcare nurses. He went into hospitals around the country to provide a form of movement expression with nurses. Mr. Pimsler called it “Caring for the Caregiver.” This was a group created for the purpose of expressing the emotions and frustrations of being a nurse all while keeping silent about the confidentiality followed in healthcare. He described the sessions as being a way for the nurses to “talk” about their patients non-verbally through movement. The non-verbal communication with movement and dance heightened my understanding of what dance/movement therapy (DMT) was, which at the time, I had begun to develop an interest in DMT.

It is my understanding at the time that DMT helped individuals of all abilities engage in social, emotional, physical and spiritual parts of themselves. The American Dance Therapy Association (ADTA) defines DMT as, “the psychotherapeutic use of movement to promote emotional, cognitive, physical and social integration of individuals” (American Dance Therapy Association, 2015, date retrieved, August 24). I was attracted to this form of therapy, using dance
to heal, and I wanted to know more. I wondered about how this form of therapy connected to my earlier experiences with dance and the idea of caring for caregivers.

During my studies as an emerging dance/movement therapist, I discovered through my own research how the use of DMT helped me to be more aware of my body sensations. The process to become more aware of the body is called body awareness. Body awareness involves attentional focus on internal body sensations; it is however, subjective, and requires the ability to recognize subtle body cues (Mehling et al., 2011). But when attentional focus is on the body sensations and body cues, body awareness may begin to develop and possible patterns within the body may become more recognizable to the individual. This increased awareness results in being aware of changes that need to happen in order to become a healthier body. However, it takes time and effort to continually engage in body awareness. This is because body awareness may only be achieved through continued repetition of being aware through body sensations, internally and externally. DMT uses techniques to enable the individual to focus on the body first, and process next.

One such technique is called a body scan. It involves scanning the entire body from the head down to the feet. The purpose of a body scan is to notice internal body sensations and to focus on being attentive to those sensations, also known as interoceptive awareness. Hindi (2012) states that interoception is the processing of internal stimuli by giving attention to the sensory information that arises from anywhere inside the body (p. 130). Hindi continues to assert that through the use of body awareness practices, there will be attention to interoception. As a student in a dance/movement therapy graduate program, I started the process of developing body awareness as to learn how to engage my own body to work on attentiveness toward interoception, although I was not aware at the time this is what it was called.
Being more aware of my body helped me to begin the process of developing a healthy self-care routine. Self-care can be subjective and may be defined differently by most individuals. However, Richards, Campenni and Muse-Burke (2010) have argued that self-care is any activity engaged in that allows an individual to function more fully in daily life. Still, self-care remains subjective and varied because every person recuperates differently. What works for one individual may not work for all. One question I have is, how can dance/movement therapy be used to engage in body awareness to develop a self-care routine? I know now the benefits of using DMT to engage in body awareness and to use such knowledge when needed for self-care.

Self-care for me was about focusing on my personal needs, initiating from my body. For example, when I participated in a body scan I may have noticed parts of my body feeling stiff. Next I would choose to engage or utilize those parts through movement in hope to remobilize those body parts. It is possible that if I did not bring awareness to the parts of my body that were stiff, it could lead my body to feel fatigued. Feelings of fatigue over long periods of time may lead to the loss of the body itself. This could be described as a mind/body split. A mind/body split happens when there is a lack of awareness or attentional focus being drawn from the body sensations or body cues leading to the processing of what the body needs (Mehling et. al., 2011). Dance/movement therapy can be a key component to unlocking the barriers such as a mind/body split.

The reason I want to develop a program that highlights the importance of body awareness is because a majority of people living and working in this world may not be aware of the origin of their chronic pain, the decreasing desire to go to work, or the diminishing support from others. These feelings go back to their ability to meet the needs for survival in this world. Abraham
Maslow developed a system of needs that if not met, the individual was stuck and unable to move on (Bourne, 2011).

Maslow’s Hierarchy of Needs, a theory originating in 1943, is based on the fact that humans have certain needs that need to be met in order for growth and development to occur. The hierarchy of needs, from bottom to top, include: biological and physical, safety, love and belongingness, esteem, and self-actualization (McLeod, 2007). It is believed these needs are required to move forward into the realization of self-actualization. Self-actualization is where potential and personal growth may develop (McLeod, 2007). From the basic needs to self-actualization, it is the needs in-between- safety, love, belongingness and esteem, that with the use of DMT can further any individuals’ ability for self-actualization. Because DMT furthers the social, emotional, cognitive and physical integration of individuals, this is why DMT is posed to be the foundation for any self-care routine. Thus the reason DMT will be introduced to mental healthcare professionals.

Mental healthcare professionals are nurses, therapists, doctors, and staff members who work with individuals with mental illness. These are professionals who, like the healthcare nurses from earlier, are left feeling fatigued and emotionally drained because they are not aware of what their body needs or how to communicate what their needs are. Over time those feelings of fatigue may be a sign of burnout. Burnout is a condition common among mental healthcare professionals (Nayoung et. al., 2010).

Burnout can be described as a stress that results from close interpersonal relationships between mental healthcare professionals and their clients. The stress leads to exhaustion, lack of concern and lack of compassion (Nayoung et al., 2010; Puig et al., 2012). Not only is burnout a common condition, but according to the American Counseling Association (ACA), “seventy-five
percent of mental healthcare professionals reported some form of impairment by burnout and that it was a significant threat to the profession. Furthermore, sixty-three percent of mental healthcare professionals reported knowing a colleague whom they considered impaired” (Puig et al. 2012, p. 98). I interpret this statement to be of high importance. It gives an example of how many mental healthcare professionals are feeling impaired to do their work effectively. It is a scary thought to think most professionals working in mental health are on the path toward burnout. I am concerned about those numbers continuously rising unless there is some education on how to avert fatigue by communicating the importance of meeting needs in order to self-care. I am describing a relation to the feelings of stress and fatigue felt by mental healthcare professionals to Maslow’s Hierarchy of needs. If the mental healthcare professionals are feeling impaired are they taking time to meet their most basic needs?

I have been aware of burnout and combating burnout through movement since my undergraduate training as a dancer. It wasn’t until I became a DMT student that I became more aware of the gift DMT brings to this world and its ability to help individuals engage in body awareness. When it came time to make a decision for a thesis topic, I believe it was only natural for me to investigate burnout and self-care among the healthcare field. However, it was not until I really looked into the literature about burnout and healthcare workers that I realized the least amount of literature appeared to be on mental healthcare professionals and burnout. Thus another question emerged: how can dance/movement therapy be used to develop a body-based program to prevent burnout among mental healthcare professionals? Throughout the process of writing my topic proposal and gathering literature about my topic, I was an emerging dance/movement therapist and had just started my clinical internship at a mental health hospital, a mental health hospital serving children and youth ages 3-18 with various diagnoses. At this stage of my
graduate program, I would categorize myself as a new clinician coming into the world of mental health, a world I had only just studied about.

At the hospital, I was a fresh intern, new the world of dance/movement therapy and mental health. “It’s not for everyone” was a common phrase I would hear over and over as I started my first week at my nine-month internship. Was I prepared for this? In the back of my mind I kept saying, “you’re a dance/movement therapist, you have the tools to get through this”. From day one of my internship, I was constantly bombarded by well meaning, yet negative comments about the stress and difficulty of the job. It was clear that the work involved was tough and because this was a common phrase, stress was mostly likely felt by most of the staff members.

The staff members that work at this particular mental health hospital deal with a great deal of unexpected commotion each day. The patients are there because they are acutely sick and at the highest need for help. The hospital employs over 100 professionals made up of doctors, therapists, case managers, nurses, and mental health staff. Every single team is there to help provide a safe environment for the patient. The mental health staff were a team who were on the patients’ floor everyday. They documented all activity of the floor each day and were responsible for individual notes on each patient. Often they were required to deescalate a patient, using Non-Violent Crisis Intervention (CPI), which can often be a physical restraint on a patient who becomes hostile and uncontrollable. If CPI is used daily, the staff member can become desensitized to patients’ behavior. The staff member becomes desensitized because using CPI restraints on a patient may happen more than once a day. If the staff members are continuously using CPI restraints over and over the pattern becomes predictable and less surprising to the staff member. I noticed as an intern that I began to react with less and less of a surprise. When I saw
the use of a CPI restraint the first time, I was in shock. In comparisons, by my last week at the hospital where I began to anticipate that it was most likely going to happen during my group. I was less reactive when a restraint happened by the end of my internship.

The mental health team at this hospital appeared to have a high turnover rate because of the physical and emotional demands of the job. The short time I was an intern, I saw quite a few staff members go through the hospital. While the team of professional doctors had a lower turnover rate, the emotional demands were still high. The team I worked with, Creative Arts Therapists, was composed of three art therapists, an art therapy intern, and myself. The education for both art and dance/movement therapy were master’s level. Two of the art therapists had been interns that led into full-time positions and both had been there a year. The head of the creative art therapy had been a part of the program for ten years. In addition to the art therapists, general therapists led talk therapy sessions. These therapists had a master’s level education, as well as, License Professional Counselor (LPC) certification. Clinical Psychologists, with a Doctorate level education, created the treatment program for each patient. Both Psychiatrists and Medical Doctors prescribed the medication and monitored the patients’ progress based on the therapists and staff notes. The process of providing help involved a team working with each patient. The patients often were not always open to help being offered, which resulted in behaviors and noncompliance that frustrated the staff when the patients acted out or became hostile.

Fatigue was prevalent among the staff. My days were made up of individual and group therapy sessions, where I practiced dance/movement therapy. Some days were much harder then others. From time to time, professional supervisors from my dance/movement therapy department and my on site supervisor observed my sessions. I discovered how it can be stressful preparing for a group therapy session not knowing how the group or my observer will respond to
my facilitation. Besides the stress of being a new therapist, I also had the overwhelming concern of returning patients whom I saw over and over again. I remember talking with my supervisor about how healthy the patients appear when they leave the hospital, but when some return, they look unhealthy again. There were moments it was hard to pick back up the work that had been accomplished with the patients prior to returning. I will admit each session I did was very draining and often left me tired. There were good sessions that held a lot of meaning to the patients and there were not so good sessions that left me frustrated. The frustrating ones always seemed to stay in my head the longest and needed the most debriefing. I experienced a lot of stress and fatigue while interning at the hospital. They manifested in different ways.

Here are some of my physical and emotional responses to my stress and fatigue:

• Eating McDonalds almost everyday after work
• Requesting to arrive at the hospital two hours later each day
• Using the breaks I had to recuperate instead of interacting with the patients
• Started to feel withdrawn from interacting with the patients
• Feeling isolated because of proximity of physical violence

In order to combat the feelings of fatigue, I tried to focus what I had learned about DMT and my own approach to using body movement to calm and reconnect back to my body. In order to stay connected during my internship, I found I needed to practice, body awareness and DMT techniques such as: body scans, moving through the body connectivities, and focusing on my breathing. Hackney (2002) states, “patterning body connections is fundamental and relationships which are created within our body become patterned as we grow.” (p.13). I was using the six body connectivities, known as the Fundamental Patterns of Total Body Connectivity: breath, core-distal connectivity, head-tail connectivity, upper-lower connectivity, body-half
connectivity, and cross-lateral connectivity. All six of these connectivities are developmental, but can be resequenced through to engage the body into reconnection and create a feeling of being grounded within the body. Hackney (2002) argues, “To say that someone is ‘grounded’ implies that that person has a stable sense of him/herself.” (p.41). I felt a need to recuperate during my day and in between the group and individual DMT sessions.

Each group session was an hour long. Each individual session was a half-hour long. Most days I had an hour to collect my thoughts and readjust before heading into another session. One day per week where I had back-to-back group therapy sessions. One hour was children and the next hour was adolescents. The fatigue of going from one group to another was tough. I really had to use my skills of deep breathing and tuning to my body. If I was tired, I acknowledged how tired I was. Accepting my feelings and emotions was so important. It was important that I knew what feelings were mine and what were the groups’ because I did not want to confuse my own stress and fatigue. I came to realize that those short moments of body awareness helped guide me to better my self-care techniques.

In order to better understand how my body felt during my moments of fatigue, I connected back to my dance/movement therapy training and practiced daily movement breaks. My goal for the movement breaks was to enhance my body awareness as to be informed of how my body was feeling. A quarter of a way through my internship period I noticed that I needed more from my moments of recuperation besides movement. Although movement was helping me through the day to reconnect and ground within my body, I felt stuck in the sense of not exactly knowing if I was really aware of my feelings and emotions throughout the day. Being that I was an intern among art therapists, I started an art journal. The art journal was a notebook that kept a record of drawings that I created either once or twice a day throughout the rest of my internship.
The art journal and movement served as my way of releasing and highlighting emotions within my body. I used a specific process in my art making that lead into body movement. First, took out my art journal and crayons and placed the materials in front of my on my desk space. Second, I took a few minutes to sit in my chair and relax. I closed my eyes and focused on my breath, inhaled and exhaled. When I felt my body was relaxed I continued onto drawing. My drawings were not specific. My motivation for drawing came from how I was feeling in the moment. I drew shapes and used various colors (Appendix B). Then I took a step back and internalized the drawing. I noticed how my drawing used sporadic lines. I know as a dance/movement therapist that sporadic lines can represent indirect movement. That knowledge lead me to engage my body in indirect movement. This example was one way that I used my art to elicit body movement.

In my training as an emerging dance/movement therapist, I have used art to create a visual picture and describe the art through movement. I proposed to do the same as a way of visualizing the present state I was in through art and moving my body to match the visual artwork created. I also focus on how I created the art by asking myself questions. Did I use increased pressure or soft strokes? Were my lines sporadic or clear and directional? These questions allowed me to internally focus on how I was feeling. My ability to internally focus brought me into a present state of mind and allowed me to notice any bodily sensations or body cues as to how I was feeling emotionally. In doing this, I was attending to interoceptive awareness. I took the knowledge I had from my body and used that knowledge to create movement, thus developing body awareness from the present state I was in through my artwork. By combining the modalities of art and movement I felt my recuperation was received and integrated better in my body.
My theoretical framework for this program development is incorporating the visuals arts into body awareness and then introducing body movement to help release the feelings of stress and fatigue. I created this framework based on the art therapy belief that art is a visual language through which people can express thoughts and feelings that they cannot put into words (Serlin, 2012) and the belief that dance/movement therapy furthers the emotional, cognitive, physical and social integration of the individual (Serlin, 2012). I believe these two concepts bring body awareness to the forefront of all individuals. Both art and movement are two ways of moving the individual towards a path of personal body awareness. Through the development of personal body awareness, individuals are able to achieve their personal self-care needs. It is my hope that when individuals are aware of their personal self-care needs they will become healthier and avert burnout.

This program is founded on incorporating the arts and it is my belief that incorporating visual art and physical movement may help individuals to become aware of their body. I learned from my own practice, as an emerging therapist, that expressing my emotions daily helped me to become more aware of my needs, at the end of my workday. After I learned how helpful it was for me to practice the techniques I had developed, I wanted to share the techniques with others who worked in a similar profession. Thus, emerged a desire to develop a program for mental healthcare professionals. The program I chose to develop involved answering the question, how can a body-based program increase body awareness among mental healthcare professionals?
Literature Review

Body Awareness

Body awareness is defined as the ability to notice subtle body cues through sensitivity and attentiveness (Mehling et. al., 2011). Sensitivity is the tendency to be aware of the bodily changes from internal and environmental conditions; where attentiveness is the ability to focus on the bodily sensations which able them to identify physiological fluctuations (Mehling et. al., 2011). The attentional focus on the body and the subtle changes allow for the reflection of the current moment experience. Although, body awareness is subjective and is an aspect of the proprioception and interoception that enters the conscious awareness. Additionally, body awareness is modifiable by the mental process of attention, interpretation, appraisal, beliefs, memories, conditioning, attitudes and affect (Ginzburg et al., 2014; Mehling et al., 2011).

There are three categories in processing body awareness: proprioception, interoception, and exteroception. Hindi (2012) states:

Both interoception and proprioception are received and transmitted from the inside of the body. Exteroception is received and transmitted from outside the body, such as smell and sound. Interoception is sensory information and it occurs everywhere and anywhere inside the body. An example of interoception is muscle tension and tingling. Proprioception tells the body if it is moving with required effort, and it monitors how well the parts of the body are moving in relation to one another. Neuroscience research indicates that these categories are integral in emotional processing, perception formation, and identity. Thus, body awareness is created from the outside and inside sensations. If one has the ability to attend to
interoceptive sensations, then they can tap into the ability to experience a range of emotions and feel efficient in navigating those emotions. (p.130)

Beyond the field of emotion, interoceptive awareness has been implicated in both basic cognitive processing and decision-making (Duschek et al., 2015). Does the interoceptive awareness help to determine how we choose the type of self-care we desire? In attempting to answer this question, is noteworthy that sensations and emotions are processed in different regions of the brain. Neurologists know this because the information that does reach the brain is routed to the amygdala, hypothalamus, thalamus, and then to the insular cortex, anterior cingulated cortex, and orbital frontal cortex. These pathways are the structures of the limbic system and emotions (Hindi, 2012; Ginzburg et al., 2014). Interoception can be viewed as an objective way of gathering internal sensory data by attending to the body cues such as breath or heartbeat. As stated before, interoception is the internal sensory stimuli integral to emotional processing and the development of body awareness, this attention is present through the use of body awareness practices. Interoception happens with or without conscious attention, however conscious attention to interoception can inform response to the sensory data (Hindi, 2012). There are aspects of internal body awareness when one focuses on internal interoceptive awareness, such as focusing on heartbeat and matching the internal rhythm to external movement (Duschek et al., 2015). DMT uses a technique called three-dimensional breathing (3D). 3D breathing uses breath to focus on becoming aware of breath that rises and falls within the rib cage. The expanding of the rib cage happens in three dimensions: horizontal, vertical, sagital. This exercise uses interoceptive awareness toward breath. A second exercise focuses on the heart beat rhythm. Just as describe before about the use of interoceptive awareness, the individual focuses internally on the rhythm of the heartbeat, which brings awareness to an internal body cue.
The brain responds to sensory information, and when conscious attention is given to the sensory data, body awareness can develop. From the start of life, people are endowed with a capacity for developing body awareness. It is a process and should be practiced repeatedly over a period of time. The repetition will create a shift in awareness that leads to self-care, thus experiencing an awareness of both the body and the mind (Mehling et al., 2011). Hindi (2012) reiterated from Rothschild (2000), who says that body awareness implies the precise subjective consciousness of body sensations arising from stimuli that originate both outside and inside the body. (p.129.130)

Body awareness helps shape the experience of emotions, beliefs, actions, and making meaning of those experiences. The perception of the body is an essential source of personal identity contributing to the regulation of human behavior and the maintenance of physical and mental health. Body awareness involves learning to fine tune and break down body sensations and body cues to attend to the nuanced and various components of internal experience (Mehling et al., 2011; Hindi, 2012; Duschek et al., 2015). Dance/movement therapy (DMT), as explained in the introduction, is a therapeutic practice that encourages observation and tracking of internal phenomena through body awareness. By understanding and attending to the process of internal and external body sensations, dance/movement therapists may be better able to support healthy emotional processing, perception, and identity formation through interoception focused interventions (Mehling et al., 2011; Hindi, 2012).

**Dance/Movement Therapy**

The arts are a particularly effective way to bring symbolic expression and coping mechanisms to people who struggle to express themselves, either verbally or cognitively. Dance comes from the basic human need to create, communicate, create coherence, and symbolize.
Dance provides the opportunity for communication and expression. The social part of dance has to do with creating individual and interpersonal relationships. Ravelin, Kylma and Korhonen (2006) stated:

Dance is a human resource learned from culture. Dance implies body movements, steps, expression, and interaction. The outcomes of dance are mostly, functional, physical and emotional health, and well-being and the ability to cooperate with other people in daily life as well as meeting role expectation within family and community. (p. 307)

Levy (1992) stated that dance is thought to cause changes in the human mind by affecting the person at the body level, thus promoting health and growth. Dance brings awareness to the body’s needs at the present moment. Movement serves to deepen or clarify themes that develop and reinforces resiliency and a renewed sense of ones life (Serlin, 2010).

As defined earlier, DMT is the psychotherapeutic use of movement to promote the emotional, cognitive, physical, and social integration of individuals (Levy, 1992). DMT is the use of movement as a healing tool and is rooted in the idea that the mind and body are inseparable (Levy, 1992). DMT uses a mind-body approach to enhance body awareness (Mehling et al., 2011). Mehling (2011) and associates describe how DMT can be used to achieve body awareness through the use of breath.

By bringing awareness to breath and coordinating gentle movement with the breath, helps to bring that connection to the mind, linking the body and the mind through the breath and coming to that place of greater body awareness at every level, body, breath, mind, emotions. (p. 6)
This is just one technique used to bridge the connection and awareness through the mind and the body to achieve body awareness. The body reflects emotional states and behavior that lead to changes in the psyche, which promote health and growth (Levy, 1992). DMT helps to release hidden emotions, but also serves as a vehicle to integrate the mind, body and spirit—thus creating new behaviors and communication. Non-verbal mirroring and attunement, containment, developmental sequencing, and re-experiencing are the major principles in DMT (Serlin, 2010). Non-verbal mirroring is reflection of movement between two people. Mirroring another movement is important in two ways. It allows the person moving to experience what their movement looks on another individual. It also allows the person mirroring to experience another individual’s movement. Body awareness is a somatic practice that deepens the body’s ability to feel and release memories and emotions locked in the body. The need for these practices arises because people have become stuck or disrupted in their ability to naturally develop into embodied human beings (Serlin, 2010 & Mehling et al., 2011). Deepening the experience through the use of movement to release emotions helps individuals to regain a sense of wholeness by experiencing the fundamental unity of body, mind and spirit, which is the ultimate goal of dance/movement therapy (Levy, 1992). DMT was developed by many individuals known as pioneers, who saw the art form of dance to be healing, not only for themselves, but also for others. They chose to learn more about how the body reacts to movement internally and externally.

**Pioneers of dance/movement therapy.** Dance/movement therapy was not considered a psychotherapeutic therapy until the 1960’s, when the American Dance Therapy Association was developed. Before the 1960’s there were men and women practicing a form of dance therapy
who are known today as the pioneers of the field of dance/movement therapy. Two of these pioneers are Marian Chace and Blanche Evan.

Considered to be the mother of DMT, Marian Chace worked with psychiatric patients. She was a dancer, choreographer, and a performer. Chace worked at St. Elizabeths Hospital in Washington, D.C. where she piloted a program called “dance for communication”. She was influenced by the psychologist Henry Stack Sullivan, whose major emphasis was on respecting the patient as an individual, worthy of empathic rapport and capable of interpersonal interactions (Levy, 1992). Chace’s framework was developed into four classifications: body action, symbolism, therapeutic movement relationship, and rhythmic activity.

Body action is simply the physical warm-up or muscular activity expressing emotion. It could be viewed also as dance action. Symbolism describes the process of imagery, fantasy, recollection and enactment through a combination of visualization, verbalization, and dance action (Levy, 1992). Therapeutic movement relationship is about the ability to kinesthetically perceive, reflect, and react to the emotional expression. It involves both the therapist and patient in a movement relationship. Lastly, the rhythmic activity incorporates a group rhythm meant to be contagious for all group members to join in. Rhythm helps to organize the expression of thoughts and feelings (Levy, 1992). All four classifications were structured into what is known today at the Chace Technique. The Chace Technique has a beginning, middle and end. It includes a warm-up, theme development, and closure. Within the three categories of the group structure are the four major classifications (Levy, 1992).

A second pioneer, Blanche Evan, described dance as the art form most connected to the psyche. Evan’s goal was to bridge the gap between psyche and soma, mind and body, allowing what was repressed or deadened to come back to life in the body through the form of dance.
Through her encounters, Evan often was faced with individuals who complained about fatigue. She interpreted these issues as manifestations of inner drives towards repression, fear and dependency preventing them from reaching their full physical potential. The repressed feelings were major maladies of the neurotic. Furthermore, Evan’s asserted that years of non-expression result in a self-defeating attitude as the very need to express becomes lost (Levy, 1992). “Body and spirit split and begin to atrophy, ego power shrinks to low self-esteem with an ineptness for both anger and love” (Levy, 1992, p. 32). In order to bridge the gap between the mind and body, it was Evan’s goal to re-educate individuals to accept their bodily response and needs (Levy, 1992). She achieved this through the expressive and creative aspect of the dance form with dramatic enactments of thoughts and feelings that might be repressed and turned against the self. The methodology developed through her work of exposing repressed emotions had four modes of intervention.

The four modes of intervention included: warm-up, functional technique, improvisation/enactment and verbalization of thoughts and feeling. Of these four modes, the intervention that gave meaning to the entire experience started with the warm-up. The warm-up released superficial and excess tension in order to help the individual come to a present state of relaxation. This state of relaxation allows the body to become receptive to feelings, emotions and expressive actions. Thus, if the individual is not relaxed in the present moment the opportunity for the body to experience the repressed feelings and emotions may not exist (Levy, 1992). For the whole body to be integrated in movement, Evan believed in starting with isolated movements, growing into larger body movements, and continuing until the entire body was engaged. Functional technique is considered a corrective exercise designed to retrain muscles to move in relation to nature’s design. It included postural work, coordination, placement of body
parts and rhythmicity. Evan focused on the spine to be the instrument for self-expression and her belief was the limitation in the overall strength and flexibility of the spine lead to insecurity and fear (Levy, 1992). Improvisation/enactment was next, which Evan defined as the spontaneous creation of form while in the moment of dancing. The projective technique is considered to be the cornerstone of her work in creative dance. Evan used the projective technique for self-expression and believed adults would benefit from being an animal, color or texture in movement. This technique is also called the emotional warm-up that attunes the individual to a specific feeling (Levy, 1992).

In summary, Chace and Evan, helped pave the way for the next generation of dance/movement therapists because they believed movement came from an internal source within the body, and expression of emotions only helped to elicit feelings, which improved body function- all while increasing body awareness and attention to internal body sensations.

Self-Care

In surveying the literature it is revealed that self-care is subjective and defined differently. From the data observed I have combined the following to create my working understanding of self-care. One description of self-care is any activity engaged in that allows an individual to function more fully in daily life. In order to self-care, one has to understand and recognize his or her needs (Richards et. al., 2010). Self-awareness and being in tune with one’s own thoughts, emotions, and behaviors is essential to achieve optimal functioning (Norcross & Guy, 2007; Richards et. al., 2010).

Personal awareness is a way to body awareness and well-being. Through the process of personal therapy, individuals may become aware of their stressors on the job and in their personal life (Daw & Joseph, 2007; Norcross & Guy, 2007). However, it is common for mental
healthcare professionals to feel uncomfortable seeking help through personal therapy (Norcross & Guy, 2007). It was noted that receiving personal therapy can have a narcissistic feel (Fleischer & Wissler, 1985; Norcross & Guy, 2007). Mental healthcare professionals who are therapists struggle with a patienthood paradigm. This paradigm is the self-as-healer/patient-as-wounded (Fleischer & Wissler, 1985). The mental health therapists take to heart society’s projection of what a healer is. The paradigm is best explained with a quote, “how can one counsel others while dealing with problems of their own” (Fleischer & Wissler, 1985, p. 590). It is so important that seeking help is understood as positive and a way to bring awareness to the importance of self-care.

Maslow’s Hierarchy of Needs. Some strategies in self-care can be as simple as getting enough sleep, exercising, and eating healthy (Bourne, 2010; Norcross & Guy, 2007; Webb, 2011). These simple strategies are also the first step in Maslow’s Hierarchy of Needs. They are the basics in human needs (Bourne, 2010) and if they are not entirely met, self-care is not initiated. Webb (2011) described that getting enough sleep is most important with everyday activity. Webb continues to say that without enough sleep, an individual will not be aware of what one needs because they are fatigued. Physical exercise is another strategy to self-care because exercising establishes a healthy routine (Norcross & Guy, 2007; Webb, 2011). The last simple strategy to use in self-care is eating the right kinds of food. Webb (2011) stated that one should avoid mood eating because it will lead to unhealthy habits, which include alcohol, caffeine, and sugar. If a healthy routine is established then the individual can focus on other strategies to self-care.

The second step in Maslow’s Hierarchy of Needs is safety (Bourne, 1990). A healthy workplace entails physical, psychological, and social factors (Kelloway & Day, 2005). In order
to establish a healthy workplace within the mental health field, one needs to know their limit. Mental healthcare professionals should not take on more than they can handle when it comes to helping others (Nayoung et al., 2010; Norcross & Guy, 2007; Webb, 2011).

Once the first two stages of needs are met, then one can continue to meet the next three stages. Maslow believed that every individual requires a need to feel supported and have a sense of belonging (Bourne, 2010). Peer and professional support should be established through interpersonal relationships outside the work environment (Richards et al., 2010; Webb, 2011). Having support outside of the work environment creates a sense of release and distraction from the stressors on the job (Norcross & Guy, 2007; Webb, 2011). The last category of Maslow’s needs is self-esteem (Bourne, 2010). Self-esteem entails self-respect and a sense of wholeness. Self-esteem is one of the needs that is lacking when burnout occurs. It is crucial that mental healthcare professionals establish positive self-esteem.

It should be noted that there is a paradox to self-care. Norcross and Guy (2007) explain that the first paradox to self-care is recognizing that the patient’s need is also what the therapist’s need is. For example, in the mental health field, recognizing the client’s need for compassion is one thing, but the mental health worker needs to recognize the importance for receiving his or her own compassion too. In addition, they need to practice what they preach when it comes to their own self-care. As stated earlier, one needs to be aware and mindful of the need in order for self-care to be functional (Richards et al., 2010). To avoid burnout it is important to understand what types of self-care are working.

**Burnout**

Burnout is a common condition and significant problem among mental healthcare professionals (Grosch & Olsen, 1994; Paris & Hoge, 2009). Researchers described a certain kind
of stress that results from close interpersonal relationships between mental healthcare
professionals and their clients. Such stress leads to exhaustion, lack of concern, and compassion
fatigue (Nayoung et al., 2010; Puig et al., 2012). Compassion fatigue is a disconnection from the
counselor where they begin to devalue their client. A form of depersonalization, compassion
fatigue is a defense created by the mental healthcare professional (Puig et al., 2012). Pines
(2002) also defined the concept of burnout in any occupational field as the symptom of
exhaustion and over performance from highly motivated individuals who lose their spirit.
Exhaustion, despair, boredom, irritability, depersonalizing, and poor judgment are five
symptoms that build up to stress and lead to burnout (Grosch & Olson, 1994; Nayoung et al.,
2010; Tyrell, 2010). Nayoung (2010) described exhaustion as “physical and emotional
depletion” (p. 86). Depersonalization has been described as a separation from clients, then the
mental health worker can no longer empathize and the therapeutic relationship could be lost. If a
therapeutic relationship is lost, the mental health worker may develop a feeling of hopelessness
leading to despair. Without the sympathetic and empathetic relationship continued growth could
be lost because mental healthcare professionals may not know if they are making progress with a
client (Lloyd, McKenna & King, 2005). Unlike a surgeon, who can see results in a short amount
of time, mental healthcare professionals may go months without seeing results. A result may
provide the therapist information on how well the therapeutic relationship was. If the therapist is
unable to have a therapeutic relationship with the client, a possible result may be boredom.
Boredom results from avoiding stressors and limiting work activities (Tyrell, 2010). In addition
to boredom, irritability and poor judgment are side affects of burnout.

Other stressors that lead to burnout are economic pressures such as funding, time limit,
and client to mental health worker ratio. Furthermore, mental healthcare professionals tend to be
idealistic and can overcommit themselves to their work, which adds to their stress and future burnout. In the mental health field, burnout appears to be more prevalent because of the expectations the workers put on themselves. Most individuals choose their occupation because they have high hopes and ideals to contribute to their field. Often the idealistic person is one who believes that their lives are meaningful, useful, important and even heroic (Pines, 2002).

Burnout happens when the state of the body and mind have become “unhealthy”. There are four levels that depict the change from a “healthy” mind-body connection to an “unhealthy” mind-body connection. The desired level is the “subjective body,” where the body is experienced as a source of learning with an innate tendency towards embodiment. There is an integral and equal part of the self and the locus of consciousness. The next level, “cultivated immediacy” is an experienced relationship to the body characterized by acceptance, immediacy and the body experienced without objectification. The body is no longer numb to the experience, but not fully aware of the consciousness connection. The “objective body state” assumes tension between the body and self, disunity. There are physical restraints that develop including pain and some degree of loss of function, which leads to the burnout level. The final level is the “lived body,” where the body is taken for granted and unconsciously aware or unaware of it. The body is absent, there is no longer a mind-body connection (Mehling et al., 2011). Early studies suggested burnout to be a homogenous phenomenon, however more recent studies have examined burnout to be a multidimensional construct. Thus, there is more to the existence of burnout than previously researched before (Puig et al., 2012).

There are physical and psychological signs of burnout. The psychological signs are depression and anxiety (Shinn, Rosario, March & Chestnut, 1984; Tyrell, 2010). Tyrell (2010) argued the consequences of burnout can be severe enough to affect distress, finance, career
progression and self-esteem, which all contribute to the symptom of depression and anxiety. Depression can trigger automatic negative thoughts that can lead to loss of self-esteem and self-worth where the mental health worker feels unable to cope. The physical signs include: headaches, fatigue, lack of sleep and appetite (Shinn et. al., 1984; Pines, 2002; Tyrell, 2010; Puig et al., 2014).

Burnout contributes to job dissatisfaction, absenteeism, and high employee turnover (Grosch & Olson, 1994; Lloyd et. al., 2005; Tyrell, 2005). Job dissatisfaction can lead to isolation and avoidant of stressors at work. Isolation and avoidance contributes to frequent absenteeism. The psychological and physical symptoms result in the mental health worker being unable to work, leading to high turnover in the mental health field. (Grosch & Olson, 1994; Lloyd et. al., 2005; Tyrell, 2005).

The literature suggested that the less experienced mental health worker and the overly committed more experienced mental health worker are at a higher at risk for burnout (Nayoung et al, 2010; Lloyd et. al., 2005). The less experienced mental healthcare professional may not know the warnings signs of burnout and they may attribute their high levels of stress as a part of the job (Nayoung et al., 2010; Lloyd et. al., 2005). On the other hand, mental healthcare professionals who are overly committed may use their job as a substitute for their social life (Pines, 2005). Gilroy, Carroll and Murra (2001) also noted that female mental healthcare professionals have been found to experience distress and depression at significantly higher rates.

Tyrell (2010) developed a cognitive-behavioral therapy (CBT) model for investigating the processes for burnout. The model was generated from the belief that burnout could be monitored by the signs and symptoms of negative feelings. The model found that mental healthcare professionals who experienced burnout first experienced a feeling of fatigue. The
fatigue was not believed to lead to burnout, but was a warning sign of burnout. The model focused on the signs of fatigue and the main causes for feeling tired. It did not focus on how to cope with fatigue, because fatigue became a coping mechanism that would only contribute to burnout. Stress and fatigue could be highlighted as danger signs before the burnout set in. The CBT model focused on fatigue and negative feelings in order to find where self-care could be most effective in preventing burnout.

Individuals whose sense of self does not include their sense of body tend to ignore somatic signals. On the other hand, individuals whose sense of body is integrated in their sense of self tend to perceive their bodies as reliable informants to their emotional and somatic conditions (Ginzburg et al., 2014). While the CBT model is a targeted intervention for burnout prevention, there is a need for more interventions that provide multiple prevention strategies. Other ways of preventing burnout are associated with the development of body awareness. Higher levels of body awareness were associated with lower levels of burnout. Thompson, Amatea and Thompson (2014) found body awareness and self-care to be related to well-being.

**Mental Healthcare Professionals**

The literature defines mental healthcare professionals as nurses who work in the mental health field and therapists who work directly with mental illness (Gibb et. al., 2010). Burnout affects nurses and therapists who work within inpatient units and outpatient programs. (Nayoung et al., 2010). Because of the complexity of working with individuals dealing with mental illness, the stress level of mental healthcare professionals is inherently high and they are at a risk for burnout (Lloyd et. al., 2005). One study found mental health nurses experience higher levels of stress than allied health nurses (Gibb et al., 2010). According to the American Counseling Association (ACA), “Seventy-five percent of mental healthcare professionals reported some
form of impairment by burnout and that it was a significant threat to the profession. Furthermore, sixty-three percent of mental healthcare professionals reported knowing a colleague whom they considered impaired” (Puig et al. 2012, p. 98).

In both inpatient and outpatient programs the mental health worker is faced with clinical demands of the job, such as: long hours, low staffing, and unsupportive colleagues and management (Gibb, Cameron, Hamilton, Murphy & Naji, 2010; Lloyd et. al., 2005). Puig and colleagues (2012) stated, “Mental health professionals constantly experience a variety of job stressors, which may include heavy caseloads” (p. 98). Those new to the mental health profession, as well as those with more experience who may tend to overcommit, are at risk for burnout. (Nayoung et. al., 2010). Mental health care professionals who are new to the field are more likely to have lower self-esteem because of feelings of incompetence, which affects their level of wellness (Puig et al. 2012). Working with patients and families can be challenging and can overwhelm even the most experienced mental healthcare professional. Being overwhelmed may lead to burnout, compassion fatigue, anxiety and depression (Whitebird et al. 2013). Gilroy, Carroll, and Murra (2001) also noted that female mental healthcare professionals have been found to experience distress and depression at significantly higher rates. Another group at higher risk for depression and distress are mental healthcare professionals who work closely with traumatized individuals. McCann and Pearlman (1990) explained that being exposed to others’ trauma could vicariously traumatize therapists working with victims of human cruelty and natural disasters.

Patients come to mental healthcare professionals to fix something that does not work right, but unlike the patients’ desire to fix what is wrong, mental healthcare professionals may not know to fix, in themselves, what does not feel right. The mental healthcare professional will
promote wellness to their client, but often the professional may not have a wellness developed into their own lifestyle (Puig et al., 2012). Serlin (2010) points out:

> We live in a world of split mind and body; we read and discuss, then go to the gym to work out the body. We live in boxes, drive in box-like cars, and move in space in straight, functional path. We have lost the meaning connection between action and imagination; lost is play that used to nurture our lives. (p.31)

Serlin goes on to argue that it is time for psychologists to practice an integrative mind/body perspective. Most clinicians are not trained in how to integrate these techniques.

This literature review briefly presented information on five topics of interest: the stress mental healthcare professionals face, the burnout this stress can lead to, what body awareness and dance/movement therapy can do to address symptoms of burnout, and what self-care can do to help the professionals. Mental healthcare professionals were chosen for this review because of their increased risk for burnout. Burnout was briefly defined as a certain kind of stress that results from close interpersonal relationship between mental healthcare professionals and their clients. Mental healthcare professionals face different challenges and different burnout rates based on their level of experience in the field, their gender, and how idealistic or overcommitted they may be. Burnout can result in a depersonalization and separation from client, job dissatisfaction, and high turnover rates. How burnout and self-care relate in the mental health field is complex and needs more research, as the definition of self-care is often subjective and defined differently. One definition of self-care was given as any activity engaged in that allows the individual to function more fully in daily life (Richards et. al., 2010). Some strategies in self-care are as simple as getting enough sleep, exercising, and eating healthy.
CBT was briefly discussed. It is important for the professional to become mindful of their surroundings. Without this mindfulness, a person may become trapped in stress and fatigue. Through the use of body awareness with mindfulness a person can become aware of their sense of self and perceive their bodies as reliable informants to their emotional and somatic condition. One way body awareness can be achieved is through dance/movement therapy.

The stress mental healthcare professionals face can result from a sometimes slow progression or even regression of the client, low pay, and over work. These stressors can lead to burnout. There are psychological and physical signs of burnout. The psychological signs include: depression, anxiety, negative thoughts, and loss of job satisfaction. The physical signs include: headaches, fatigue, lack of sleep, and poor appetite. Maslow’s Hierarchy of Needs was discussed. Every individual has a need to be supported and have a sense of belonging. One modality that enhances the sense of belonging and self-esteem is dance, specifically, dance/movement therapy. This approach provides the opportunity for communication and expression. The social part of dance has to do with individual and personal relationships. Dance/movement therapy changes the mind by changing the body. While not all self-care is beneficial, one needs to be aware and mindful in order for self-care to be functional.

After reviewing the literature, questions come to mind such as: How can mental healthcare professionals come to realize their own burnout? Are there programs set up to deal with mental healthcare professionals and their burnout? Has a program been created to bring awareness to burnout using dance/movement therapy? How will dance/movement therapy help with self-care awareness? How can body awareness inform a body-based program? Can a body-based program development project prevent burnout among mental healthcare professionals?
The purpose for this program is to decrease burnout and increase body-awareness among mental healthcare professionals. The desired outcome is that there would be more education on body awareness as it relates to the internal focus and attention to body sensations. There is appears to be a gap between the literature on burnout and learning how to do self-care. I hope this program can be a bridge between the literature and the steps needed to achieve self-care. The following chapters will outline the program cycles, the Delphi method, the process of creating the program and analyzing data, and the program plan and evaluation.
Model and Process

This chapter will describe the program development cycle, the Delphi method, an outline of the program development cycle, which will include the rounds of the Delphi method, and finally the detailed explanation of the process.

The Program Development Cycle

The program development cycle is based off of Rossman and Schlatter (1989) and The Program Development Cycle (Appendix C). In the overview of the program development cycle, the authors noted that there is a cycle to developing successful programs, first introduced by Carpenter & Howe (1985). A fully developed program, over 3-5 years in duration, would require several cycles through different stages. The program development cycle is a trial and error method that may take more than one implementation until a suitable program design is developed. Successful programs are the result of ongoing improvement over a period of time. It is unusual for a perfect program to be planned and implemented. The program development cycle is a model that guides and provides a path to follow. The path may not be straight, it may contain several loops, but it provides a guide for professional practice (Rossman & Schlatter, 1989). The Delphi method will be briefly discussed, as it is an integral part of the program development cycle.

The Delphi Method

The Delphi method is a structured communication technique used to predict an outcome (Heap-Yi, Adnan and Zin, 2012). Because of the qualitative research needed for program development, the Delphi method was the best option for evaluating this program and project. The origin of the Delphi method dates back to a cold war study initiated by RAND. RAND is a nonprofit cooperation that helps improve decision-making and policy through research and
analysis. The method is a systematic approach used to gather a consensus among experts on a topic where scientific knowledge is scarce. It allows participants to give their opinion freely, change it after having received feedback, and assure that the opinion of every expert is equally represented (Huijg et al., 2013).

The Delphi method has been used in many fields, such as marriage and family therapy, information systems and project management. A typical Delphi study uses two or more rounds of questionnaires. The first round is considered the exploration phase and uses more open ended questions. Each round after is the evaluation phase, which allows for a consensus to occur, or creates another set of questions (Fletcher & Marchildon, 2014). For this program development project, a two-round Delphi study was conducted within a one-month time frame. A flow diagram of the method is shown in Appendix D.

By way of introduction, it may be of use to briefly outline the program development cycle. After this brief outline, the stages will be more fully described in the following sections.

**Program Development Cycle**

Stage 1: Agency Culture

- Step 1: Understanding the agency’s culture
- Step 2: Understanding the agency’s services
- **Round one of the Delphi Method**
  
  *Gathered feedback from consultants*

Stage 2: Targeted Program Development

- Step 3: Participant Input
- Step 4: Creation of program goals
- Step 5: Program Design
Stage 3: Operational Strategies

Step 6: Written program plan
Step 7: Program implementation

- Round two of the Delphi Method
  Gathered feedback from consultants

Step 8: Limited evaluation of results

Next the program development cycle is discussed in more detail.

Program Development Cycle - Stage 1

A mental health hospital located in the Chicago suburbs was the site for stage one of this program development phase. This is a mental health hospital serving children and youth ages 3-18 with various diagnoses. The hospital has over 100 employees. The employees that were focused on for the program development were: mental health staff members, therapists, nurses and doctors.

Following along with the program development cycle, the first step was understanding the agency’s culture. In order to understand the agency’s culture, I needed to understand the agency’s mission. For confidentiality reasons, the mission of the hospital will be generalized so citing will not be needed. The mission for most mental health hospitals is to help children and families to reach their fullest potential. The mission was to primarily serve the children and youth who come to the hospital for treatment services and thus it was important that any program developed stayed true the overall meaning of the mission. Step two involved understanding the agency’s services. The mission at the hospital is to serve every child and their families to the best of their ability. If the mental healthcare professionals have feeling of stress and fatigue, the mission statement may not be met at the highest potential.
Round One of the Delphi Method

Round one of the Delphi method was aimed at the mental healthcare professionals employed at the hospital and dance/movement therapists from the Chicago area. All the employees at the mental health hospital and dance/movement therapists were given an email invitation (Appendix E) to consult on the program project. Those who were willing to be a consultant at the hospital were personally given the consent form (Appendix F). The dance/movement therapists who were willing to participate were given the consent form via email.

The consent form detailed their role as a consultant and the programmer’s role, which was myself, the dance/movement therapy intern. The reason for utilizing the term consultants was due to the fact that they were giving their opinion while not necessarily participating in the final program implementation. At the hospital, there were only two responses from a list of 50 mental healthcare professionals. Because there were only two responses from the first email a second email was sent to the remaining mental healthcare professionals. However, there were no further responses. The two consenting consultants were given the first round questionnaire (Appendix G).

In addition to the two consultants at the hospital, the same questionnaire was given to two dance/movement therapists who agreed to be a consultant in the program. One was an adjunct faculty from an accredited dance/movement therapy program in Chicago and the other was employed with a mental health hospital within the Chicago area. The questionnaire was aimed at understanding the consultants’ view of self-care and their definition of self-care. The questionnaire on self-care was used to determine a consensus on the knowledge and familiarity from mental healthcare professionals and the dance/movement therapists on how they view self-care.
care. The dance/movement therapists were given a similar questionnaire (Appendix H). Their questionnaire also focused on the definition of self-care, but in addition included their opinion on body-based interventions for the development of body awareness. The feedback from all four consultants was reviewed and a definition of self-care and body awareness interventions was created.

In order to meet ethical considerations, the consultants were not expected to complete any questionnaire that they felt would hinder their mental health. If, at any time a consultant wanted to opt out of the program project, they were allowed to do so and their opinions would not be used in the program development process. The consultants were told that their personal information would be confidential and only their written responses would be used. The consultants who participated in the program implementation process where allowed to opt out of the movement or art making if they felt uncomfortable or threatened for their health or safety. As the programmer, I made sure ethical safety was address before continuing on with the implementation.

**Round One Results of the Delphi Method**

The consensus from all four consults on the definition of self-care was that self-care was a desired practice among mental healthcare professionals and dance/movement therapists. Between the four consultants, there was a split definition. The mental healthcare professionals defined self-care as practiced after work or done with family members. The dance/movement therapists’ definition of self-care was defined as a subjective experience that should include the body in order to release emotions. The definition created from all four consultants was: self-care is subjective, a practice often done after the workday. It can be practiced alone, which should include a form of bodywork or with others, such as family.
The consensus from both dance/movement therapists on the inclusion of body awareness during a self-care practice was mutual. Both dance/movement therapists stressed the important of being aware of the body, not only for self-care, but to become a more connected individual. The consensus on having an awareness of the body is important for furthering individuals’ perception and function in the world. The suggestion of body-based interventions was based on techniques derived from the philosophy of DMT. The first suggestion focused on the use of breath. Breath is constantly happening in the body. By focusing on breath, the individual begins to develop a sense of interoceptive awareness, the internal body sensations and body cues. The second suggestion for a body-based intervention was the use of body warm-up. This could include body scanning or the physical movement of body parts. Body scanning, like breath, focuses on the internal body sensations. When an individual focuses on each part of the body, starting from the head and scanning down to the toes, the individual starts to become aware of any body cues or internal body sensations. A body scan may help to determine what body parts to move during the physical body part warm-up. Both of these interventions are body-based and are techniques used in DMT that begin the process of developing body awareness through internal interoceptive awareness. The results from the questionnaire on self-care and body-based interventions were used to develop the program goals and plan.

**Program Development Cycle- Stage Two and Stage Three**

Targeted program development, stage two, focused on the participant input. Participant input is step three, which for the purposes of the program will be called consultants. At this hospital the targeted consultants were mental healthcare professionals made up of: mental health staff, therapists, nurses and doctors. The community of professionals within the hospital appeared to have high levels of stress and fatigue.
Step four of the program development cycle is to specify the program goals, objectives, and activities from the consultant input. From the information generated, the emerging goals were: increase body-awareness, deepen internal connection, expand body part movement, and make a body connection with visual artwork. The objectives to meet the goals were: complete 5-10 minutes of internal body connection through breath or attention to heart beat, draw one picture for 5-10 minutes based on present emotions, and move the body for 10-15 minutes at least once a day. The activities to meet the objectives were: focus on breathing or heart beat rhythms, use art supplies, paper and crayons, to draw a picture, internally scan how each body part feels and use physical movement to move each body part. The body-based intervention may include focusing on breath, completing a body scan, or the physical movement of body parts. Each objective and activity should follow in sequence for the development of body-awareness. The desired outcome of the goals was to create a routine that become a beneficial self-care practice through the development of body-awareness.

Step five of the process is program design. Once the program goals, objectives, and activities were created using the consultant input from round one of the Delphi method, the program design was developed. This program project incorporated the philosophy of DMT and the body-based interventions that were derived from DMT techniques. The flow and design of the program used the theory and methodology from a pioneering dance/movement therapist. The theory and methodology that was used came from Marian Chace, the Chacian Technique.

The Chacian Technique is based on the idea that “dance is communication” and fulfills a basic human need. The methodology is a self-contained system of group therapy that utilizes dance and movement as its mode of interaction (Levy, 1992). It is comprised of three parts: warm-up, theme development and closure. The warm-up begins with the physical movement of
the body and its parts. The movement of the body may start with small movement, but the goal is to develop larger movement by the end. During the warm-up, nonverbal cues are picked up and the use of imagery develops into a theme. Verbalization, symbolism, and role-play help deepen theme development. The theme development is followed by the closure. The foundation of the closure is created with a circle. The group participants will engage in a group rhythmic activity and is finished with any final thoughts or feeling from the group members. The methodology of the Chace Technique was used for the program design because it is a self-contained system of group therapy, which uses body part warm-up and theme development.

Continuing on with the program development cycle, stage three is Operational Strategies. This includes step 6 and 7: the Written program plan and Implementation. At this stage the entire program was created into a detailed script.

A third email (Appendix E) and visual invitations (Appendix I) were sent to the entire mental health staff, and three additional staff members accepted this invitation. The two dance/movement therapists who consulted in round one of the Delphi method were not apart of round two, because round two was focused on the hospital staff. The script became a narrative guide and was presented to this group of consultants. The resulting five employees from the hospital consulted on the final implementation of the program. Four of the five were creative arts therapists and one was a traditional therapist. The consultants evaluated their experience by completing questionnaire two (Appendix J) at the end. This questionnaire was included in round two of the Delphi method.

**Round Two of the Delphi Method**

Round two of the Delphi method surveyed the consultants on their evaluation of the program. Two of the five consultants were from the first questionnaire. The second questionnaire
was to gather a consensus on whether or not the consultants felt they had engaged in body
awareness and whether or not they would participate in this program regularly. All five of the
consultants completed the questionnaire.

**Round Two Results of the Delphi Method**

The second questionnaire surveyed all five consultants on their experience. The goal of
the questionnaire was to generate a consensus on whether or not the program met its intended
goals through the opinions of the consultants. The results from the questionnaire appeared to be
positive. The consensus opinion was the program allowed for the development of body
awareness. The program introduced the consultants to body-based interventions, which over time
may develop into body awareness. The second part of the questionnaire focused on whether or
not they would participate in the program regularly if offered. The consensus opinion was that
they would participate in the program if it were implemented at the hospital. The overall
consensus concluded that the program offered ways to increase body awareness and if the
program were implemented on site mental healthcare professionals would participate. Round two
of the Delphi method analyzed the consultants’ opinion of the implemented program.

The final step of the program development cycle is a limited evaluation of the results.
The limited evaluation is found in the discussion chapter. The following chapter will describe the
program script.
Program

The program plan follows a script format intended for the use of any individual who wishes to follow and complete this program. The script will be in the form of a narrative guide and will include the goals, objectives, and activities. Thirdly, the narrative guide will describe how to facilitate the body-based interventions.

The goals are: increase body-awareness, deepen internal connection, expand body part movement, and make a body connection with visual artwork. The objectives to meet the goals are: complete 5-10 minutes of internal body connection through breath or attention to heart beat, draw one picture for 5-10 minutes based on present emotions, and move the body for 10-15 minutes at least once a day. The activities to meet the objectives are: focus on breathing or heart beat rhythms, use art supplies, paper and crayons, to draw a picture, internally scan how each body part feels and use physical movement to move each body part.

This is a body-based program development project used to increase body awareness among mental healthcare professionals. The area or physical space where the program will take place needs to be large enough for full body movement. This may be in an office or conference room, as long as the office equipment or furniture can be pushed aside. The space should be in an area free of loud noise. Noise may be too distracting for the group members. The materials needed are white printer paper and an assortment of color crayons or pastels. The white printer paper and crayons/pastels will be used to create visual artwork.

To begin, the space must be clear of all furniture. Chairs may be present and should be placed in a large circle. There will need to be a space between each chair, large enough for full body movement. The white printer paper and crayons/pastels should be placed in the middle of the circle or intended place of movement.
As the group members enter the space, direct each one to take one sheet of white printer paper and the desired amount of crayons/pastels. Have each member find a place to sit in the circle. This may be on a chair or on the floor depending on the space setup and/or participant preferences. Once all the group members have arrived introduce who you are and the purpose for the program. At this time all the group members should be seated in a circle with a white sheet of printer paper and crayons/pastels.

Instruct each individual to bring their focus inward, either closing their eyes or keeping a soft gaze in front of their space. Direct them to focus on their day, is it just starting, in the middle, or the end of day. Give the group members the option to focus on how they are breathing or the rhythm of their heartbeat. Both suggestions allow the individual to internally focus on their body cues. This exercise will deepen the internal connection and beginning to introduce body awareness. Allow this exercise to last for at least five minutes and no more than ten minutes.

After the alluded time has passed, quietly instruct the group members to bring their focus back into the space around them. Direct them to take their white printer paper and crayons and being to draw a picture. The picture can be whatever the individual desires. There is no limitation as to how the picture will look. Do however, direct the group members to focus on the feeling or emotion that may have developed as they were focusing internally just moments ago. Their drawing should describe that feeling or emotion while using crayons/pastels. The timeframe for drawing should be between five and ten minutes. As each group members comes to completion or the alluded time has passed, direct each one to take a moment and focus on their drawing. Ask them to notice how the drawing makes them feel. Does the visual artwork bring up any more feelings or emotions? Next, direct each group member to begin to think about how this visual artwork may feel in his or her body. Take a moment to notice how the group members are
responding their internal body sensations or body cues and allow time for this activity to continue.

Next, direct each individual to begin to move any body part that feels tense or may need to relax. You may instruct the group members try on a body scan. Have them start with their head and scan each body part internally all the way down to their toes. The body scan may highlight parts of the body that feel stiff or tense. Continue to allow the group members to participate in the movement exercise. Make suggestions to the group members such as:

- “Take your movement and make it larger”
- “Notice if you are only moving one body part, how can you incorporate another body part?”
- “Are you sitting and want to stand or are you standing and want to move to the floor?”

These suggestions will help to expand the body movement of the group members. The time suggested for this exercise should last between 10 and 15 minutes. This time frame allows for the individuals to begin the process of developing a sense of body awareness. At the end of the alluded time, direct the group members to bring their focus and attention back into the space around them. Allow for each individual to finish their movement and ask them to come back to a circle.

Have each group member take a second sheet of white printer paper and crayons/pastels. Direct them to draw another picture. The picture may be drawn however they so wish. Make a suggestion to the group that they may focus on how they feel at the moment after participating in the movement exercise. Allow the group members to draw for at least five minutes and no more than ten minutes. After the alluded time has past direct the group to bring their attention to both
pieces of visual artwork. Direct the group members to notice if there is a difference between the drawing before and the drawing after. Here are some suggested questions to ask the group.

- “What are the differences between the two pictures?”
- “Which picture do you like better?”
- “Is one picture disturbing to you?”
- “Would you add or change anything to the pictures?”
- “Is there a picture you feel more connected to?”

These questions encourage the group members to process the visual artwork as related to their feelings and emotions. The artwork created before the movement exercise described their present state before and the artwork created after the movement exercise describes their current state. The purpose for creating two pieces of art, is to have a before and after visual, that informs the individual of their emotional state. At this time the facilitator is encouraged to thank the group member for participating. If the program will continue at a later date, remind the group members the date and time. Allow the group members to take their artwork with them as they exit the room.

This completes the program narrative. The facilitator is encouraged to repeat this program over a period of a few weeks to months. The desired outcome for this program is for it to become a routine practice that allows the group members to achieve body awareness. The program (Appendix K) has been created into a flow chart that can be repeated.

The program evaluation will be included in the discussion, as the program implementation process did not lead to a proper evaluation of the program at the current time. The weaknesses of the program will be discussed. It will also include the future of the program at other sites, ways of adapting the program, and my personal reflection of the program process.
Discussion

The program development project detailed above was implemented at the aforementioned hospital. One weakness of this program is that it was created around a specific agency and the recreation of this program may not be as successful as hoped. This is because this program will need to be adapted for future use and the mission, agency, and targeted participants will need to be changed.

A second weakness has to do with the evaluation process. This program was only implemented once at the cite it was created for. For an effective evaluation to be done, this program will need to be implemented more than once. Because I was an intern for only nine months I had the chance to implement the program one time. If time allowed the program would have been repeated multiple times. This may have lead to a diverse set of feedback and produce a proper evaluation of the program.

My introduction to mental healthcare started at my clinical internship site and I discovered how difficult the profession is for these hard working individuals. Although I had only begun to work with mental healthcare professionals, it was clear that the stress of the jobs affected most of the employees. The problem of burnout described in the literature became real to me when I experienced on the job stresses while working alongside the professionals. If I did not already have a foundation for body awareness, then I would have been more affected by the stress for the short amount of time I was there. While the symptoms of burnout can easily be seen it is much more difficult to make people aware of body awareness and the need for self-care. Based on the responses from questionnaire one, all consultants agreed that self-care starts after work. Is it possible that the time constraints placed on the staff reflect the agencies attitudes toward self-care and the possibility of the staff not feeling supported and able to care for
themselves during work hours? This might be reflected in the poor responses to my emails. While this question could not be answered it is a topic ripe for future research. I believe all work environments would benefit from understanding burnout symptoms and engaging in body-based practices. Besides my interests in burnout among all jobs, I knew that my topic of interest had to be directed toward those who also worked in mental health.

When I began this creative process my hope was twofold. I hoped to learn something from developing this program and to educate others on the value of mindfulness, body awareness and self-care. I discovered a lack of body awareness among mental healthcare professionals. Even though many art therapists worked alongside me at the hospital there remained a lack of understanding about creative arts therapies among the staff. I felt this lack of understanding when I tried to present about DMT to the hospital staff. I had planned an informational session and an experiential to give the staff an understanding of what I do with group and individual therapy. Unfortunately, I had no attendance and I was somewhat discouraged. Even though they have had a dance/movement therapist at the hospital before there was a perceived separation between the mental healthcare professionals and creative arts therapists. Although I have limited experience this might be profession wide and the approach to dance/movement therapy may not be accepted yet. After the disappointment with the lack of attendance to my first presentation, I was concerned I would have a hard time finding participants for my program. Since I did not have participants, then I knew that my job would involve educating the mental healthcare professionals on DMT.

In order to insure that I might have participants I made sure that the entire staff at MSN knew who I was and the purpose for my time at the hospital. I emailed the entire staff twice a week about the presentation and I placed flyers on each floor where they were visible. I was
hoping that at least one mental health staff from each floor would be in attendance. I observed that the mental health staff dealt with their difficult workload as routine and appeared to be disengaged with some of the patients. I hoped that this program would have brought something new and fresh to their routine and reestablish a connection with their patients. Along with my persistent invitations, my supervisor made sure her colleagues knew about my presence and purpose for my time at the hospital. I was hoping for a group of ten participants made up of mental health staff, therapists, and nurses. Ten participants would have given me a larger cross section of the mental healthcare professionals with various backgrounds.

I had five consultants who attended the program. There were three art therapists, one art therapy intern, and a traditional therapist. I was grateful for the amount of attendees, however, the majority of the consultants were creative arts therapists. Even though the therapists who consulted were aware and more open to body awareness, in reality the short time I was with them it was my observation that they were not connected to their body in their daily work. From what I observed most was accelerated movement, especially when going from one place to another and the interactions between one another was often very brief. The mental healthcare professionals always had binders of patients’ information. I know this because more than one of the consultants brought paperwork with them. I felt disengagement amongst the consultants before the presentation started. Once the presentation began the consultants quickly became involved with the present moment experience because creating art required them to be in the present moment. I used art to express the state of the body. As I continued the program I observed body motions that were consistent with a relaxed body state such as deceleration in arm and torso movement and more passive weight while seated in the chairs. I concluded that the consultants achieved this through awareness of their body. The feedback from the consultants
was overall positive. Granted I was not looking for positive opinions, but what I was looking for was a consensus on how each consultant found the body-based techniques to be beneficial. The feedback on the program was as follows

- “Helped me to unwind”
- “Being able to relax, release tension and visualize something positive”
- “Helped with clearing my mind and reducing some stress”
- “Calming and self-awareness heightened”

It was clear that the program helped to relax, release tension and de-stress while bringing awareness to the body. Secondly, I wanted to know if the consultants would participate in the program during their workday. The feedback was as follows

- “Would be a good ritual to have”
- “Due to the high level of stress and anxiety throughout the day it would help manage those factors and ultimately provide better patient care”
- “ Ideally it would be utilized in short increments due to the demands of the workday”
- “This could be a self-guided technique that could be beneficial at many different times during the day”.

I concluded that mental healthcare professionals are open to increasing their body awareness and participating in this program throughout their workday. The body-based program could be successful in bringing awareness to the body in hopes of preventing burnout because self-care would be incorporated into the work day when needed the most. I gathered the results from the questionnaires and began to evaluate my program. By doing so I edited and improved the body-based program.
The improvements that I made included the theory and methodology within the DMT framework. At first I had selected The Chace Technique because of the self-containing system of group therapy. I had also chosen this technique because of the emphasis on physical body part warm-up. After reviewing the feedback and evaluating the program, the theory and methodology I believe follows the program goal greater is Blanche Evan.

Evan argues that dance utilizes the most direct and complete connection to the psyche. Her work was done with neurotic adults who complained of feeling fatigued. Evan interpreted these issues as manifestations of inner drives toward repression (Levy, 1992). She believed the person needed a push in the right direction for feeling and experiencing the internal sensations of the body. I was clearly noticing the same trend among the mental healthcare professional I was working with. Evan argues that repressed aggression and anger were the major maladies of the neurotic and that the emotions caused tension to develop within the body. She also stated that neurotics developed self-defeating attitudes where the body was trained for non-expression and the need to express became lost. Her goal was to re-educate individuals to focus on internal bodily sensations and body cues in order to meet the needs of the body. Evan’s methodology and my observations of the mental healthcare professionals correlated. I observed stress and fatigue among the staff members along with signs of burnout such as absenteeism and lack of community support from the staff members. Another reason I chose to follow Evan’s theory was because her focus was on individuals who were not hospitalized.

Evan’s methodology has four major parts: warm-up, “Evan’s system of functional technique,” improvisation, and verbalization of thoughts and feelings. The physical warm-up was a process of releasing tension to achieve a state of relaxation allowing for bodily feelings and
emotions to arise (Levy, 1992). I noticed that my program used body movement to release tension and bring awareness to bodily sensations by becoming aware of internal stimuli.

“Evan’s System of Functional Technique” was designed to retrain muscles to move in relation to the natural design of the body (Levy, 1992). This technique is not used in my program. However, Evan did not always follow her methodology sequentially nor did she include each part every time. Even though I did not include “Evan’s System of Functional Technique” I still followed her method framework. I did however, include improvisation into the movement exercises. Evan’s third part was improvisation. Evan argued that improvisation is spontaneous and refers to the inner feelings and emotions at a specific moment. Improvisation is an inner sense compelling the body to move (Levy, 1992). During the body part movement of the program, the group members were encouraged to move how their body’s desire at that moment. I encouraged improvisation to happen. The final part of Evan’s methodology is projective technique, which allows the adult to be creative and become an animal, color, or texture. I did not use the projective technique as one of the exercises, but if a group member interpreted his or her artwork as an animal and moves like an animal that is their personal choice. The intended purpose for this program is to develop an awareness of the body and to use the program as a self-care practice.

A major disappointment was the apparent lack of interest among the mental healthcare staff. I do understand that the work can be very tough and taking the time to attend a presentation, that may extend their workday, would not be appealing. If I were to implement this program, then I would have multiple sessions over a long period of time. I hope that multiple sessions would increase interest among the staff. If I had multiple sessions maybe more mental health staff and nurses would take the time to join in a group. Maybe I would incorporate more
attractive flyers to get greater attention. Could the lack of attendance from the mental health staff be because they did not understand how beneficial mindfulness might be? In contrast, the creative arts therapists knew about mindfulness. If I can introduce the idea of the mind/body connection to those that have no knowledge of it, would the result be even more beneficial? I am wondering if the mental healthcare professionals are uninterested in trying new approaches to therapy because they are already fatigued with their work.

I found myself asking, are the mental health care professionals here aware of burnout? I also wondered if the mental health staff had the chance to step away for any type of training that might increase their personal wellness and if not then maybe there needs to be a focus on the importance of beneficial trainings offered in the future. How well did the staff know about the creative arts therapies? Did the staff know that the creative arts therapies help not only the patients, but all people?

In the future it would be useful to hold a “pre-program” session to inform them of what the benefits could be. The pre-sessions might include going to each floor and introducing short movement groups with the staff. Then the mental health staff would not need to leave their station for longer than 20 minutes at a time. By bringing the program to staff members I could generate interest. Before I can implement this program I will need to do a lot of education such as “pre-program” sessions to bring awareness to body-based practices.

Although I am no longer an intern with this site, I do plan on implementing this program among professionals within the community of Bismarck, North Dakota. It will take place through the State College in the form of a noncredit class. The State College encourages people from the community to facilitate and lead projects. Anyone from the community may sign up and participate in the projects. My intention is to use this program as a way to introduce myself as a
dance/movement therapist among the community of Bismarck. It is my hope that I can implement this into the general workforce such as: hospitals, office settings and school systems. If more people are exposed to body awareness then perhaps more people will be willing to participate in self-care practices.

In conclusion, the intended purpose for this program was to decrease burnout and increase body awareness among mental healthcare professionals. The consultants who did participate found that they were more relaxed, released tension, and felt more self-aware. One could assume that if the program was applied over a period of time the stressors of burnout may decrease. Although the feedback from the consultants who participated in the program implementation may have had a positive experience, there was not enough data collected to ensure that the program was successful. However, there are future plans for the program to be implemented among community members. Data from the future implementation could lead to a better understanding on whether the program met its intended purpose.
References


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doi:10.1037/a0022752

Appendix A

Definition of key terms

*Body awareness*

Body awareness can be defined as a subjective experience of a somatic emotion, which is embodied cognitively and involves attentional focus on internal body sensations (Mehling et. al., 2011; Sze et. al., 2010).

*Burnout*

Burnout has been described as a certain kind of stress that results from close interpersonal relationships between mental healthcare professionals and their clients (Nayoung et. al., 2010).

*Dance/movement therapy*

Dance/movement therapy is defined as the psychotherapeutic use of movement to promote emotional, cognitive, physical, and social integration of individuals (American Dance Therapy Association, 2015).

*Grounded*

Grounded can be defined as a person with a stable sense of him/herself. (Hackney, 2002, p.41).

*Interoception*

Interoception can be defined as sensory information and it occurs everywhere and anywhere inside the body. It is the internal sensory stimuli integral to emotional processing and the development of self-concept (Hindi, 2012).

*Mental health care professional*

Mental health care professionals are defined as therapists, mental health counselors, and nurses who work directly with mental illness, both within inpatient units and outpatient programs (Nayoung et al., 2010).
Self-care

Self-care is subjective and defined differently. One description of self-care is any activity engaged in that allows an individual to function more fully in daily life. In order to self-care, one has to understand and recognize his or her needs (Richards et. al., 2010).

Somatic

The definition of somatic is any relation to the body (Ginzburg et. al., 2014).
Appendix B

Art Journal Selection
Appendix C

Program Development Cycle Diagram

For a detailed explanation, visit our website at www.recreationprogramming.com
# Appendix D

## Delphi Flow Diagram

### Round 1 N = 4

<table>
<thead>
<tr>
<th>Input</th>
<th>4 Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire</td>
<td>4 questions on the definition of self-care, the importance of self-care, how often self-care is practiced, and body-based interventions</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>Self-care is subjective and defined differently by each person</td>
</tr>
<tr>
<td></td>
<td>Self-care is important to most mental healthcare professionals</td>
</tr>
<tr>
<td></td>
<td>Self-care is practiced after work or on weekends and sometimes with family</td>
</tr>
<tr>
<td></td>
<td>Body-based interventions could include developing a focus on breath, body scanning, and movement of body parts in order to develop body-awareness</td>
</tr>
</tbody>
</table>

### Round 2 N = 5

<table>
<thead>
<tr>
<th>Input</th>
<th>2 Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questionnaire</td>
<td>2 questions on the program experience and its benefits, incorporating the program as a self-care technique</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>All 5 reported positive experiences varying from heightened self-awareness, reduced stress, release tension</td>
</tr>
<tr>
<td></td>
<td>All 5 reported they would participate in the program as a self-care technique.</td>
</tr>
</tbody>
</table>
Appendix E

Recruitment of Consultants

Mental Healthcare Professionals

Dear All,

My name is Amanda Abeling, I am the dance/movement therapy intern here at the hospital. I have been here since September of this year. I am seeking out staff members who would be willing participate as a consultant for my thesis work. I am developing a program for mental healthcare professionals. Your role would involve taking a short survey in the form of a questionnaire. If this interests you please respond back via email for more information.

Sincerely,

Amanda Abeling

Dance/Movement Therapists

Dear All,

My name is Amanda Abeling, I am a student in a dance/movement therapy program here in Chicago. I am currently working on my thesis project, which is in the form of a program development. I am looking for dance/movement therapists who are willing to be consultants and giving their opinion on how dance/movement therapy and body-based techniques help with self-care improvement. Your role as a consultant would be answering a short survey in the form of a questionnaire. If you are interested please email me back for more information.

Sincerely,

Amanda Abeling
Appendix F

Consultant Contract

Amanda Abeling
Dance/Movement Therapy and Counseling
Columbia College Chicago

This contract agreement is entered into this_______ day of __________________, by and between Amanda Abeling, and __________________ with a principal place of business in consulting.

The consultant’s role is to provide opinions for the purpose of a program development as a master’s thesis project on burnout. The consultant will be required to meet with Amanda Abeling a minimum of one times and a max of three times. The consultant will participate in a panel discussion and questionnaires. The consultant’s will have no rights to the program itself.

The developer’s role is to organize and conduct all panel interviews and consultations. The developer will be the primary author of the program and will retain the sole rights to the program. In exchange the consultant will provide knowledge that will benefit the mental health field and professionals.

Period of Performance:

The agreement may be used between _______________ and _______________ and will be subject to renewal only by mutual written agreement of the parties.

Confidentiality:

The author will not at anytime divulge information to any third party and will protect such information as confidential.

Termination:

(a) Performance under this agreement may be terminated at any time.

(b) This contract may be terminated if circumstances are beyond its control.

Payment:

The consultant will not receive monetary compensation.

Signature of Consultant:___________________________________ Date:______________

Signature of Developer:______________________________________ Date:___________
Appendix G  
Questionnaire #1  
Mental Healthcare Professionals

What is your definition of self-care?

What does self-care mean to you?

What do you do for self-care?
Appendix H

Questionnaire #1

Dance/Movement Therapists

What is your definition of self-care?

What does self-care mean to you?

What do you do for self-care?

As a dance/movement therapist, what are some body-based methods for self-care?
Appendix I

Recruitment Flyer

Dance/Movement Therapy: A Healing Art

Presented By: Amaryllis Abeling DMT Intern
When: Tuesday, May 10th
Time: 2:15-3
Where: 4th floor auditorium

All staff are encouraged to attend. Attendees will be asked to participate in a thesis project as a consultant. Attendance of presentation will not mean all have to be included in the thesis project. Attendees will be encouraged to create art and a movement exercise. The art and movement will be individually driven.

Through movement, DMT can help individuals with a wide range of psychological disorders achieve greater well-being.
Appendix J

Questionnaire #2

Mental Healthcare Professionals

1. Was the program experience beneficial to you? In what ways was the program beneficial or not beneficial?

2. Would you want this program to be apart of your workday as a self-care technique? Why or why not?
Appendix K

Program Flow Diagram

Body-Based Program to Prevent Burnout

Goals
- Increase body-awareness
- Deepen internal connection
- Expand body part movement
- Body connection to visual artwork

Objectives
- Draw 1 picture for 5-10 minutes based on present emotions
- Complete 5-10 minutes if internal body connection
- Practice 1 body-based intervention for 10-15 minutes at least once a day

Activities
- Create visual art, such as a drawing
- Focus on breath or a body scan
- Physical movement of body parts

Outcomes
- Increase of body-awareness
- Development of beneficial self-care routine through body-awareness

Impact
- Decrease in burnout symptoms