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Dance/Movement Therapy In-Service Model: A Collaborative Creation

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Dance/Movement Therapy In-Service Model: A Collaborative Creation

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Thesis submitted to the faculty of Columbia College Chicago

in partial fulfillment of the requirements for

Master of Arts

in

Dance/Movement Therapy & Counseling

Department of Creative Arts Therapies

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Abstract

The purpose of this thesis was to create a dance/movement therapy (DMT) in-service model for dance/movement therapists to effectively communicate and increase knowledge about DMT to colleagues on an interdisciplinary team. The Delphi Method was used to organize a panel of professional dance/movement therapists to collaborate and produce a cohesive in-service for other professional dance/movement therapists. Panel members offered their perspectives on the following research questions: What are effective ways to communicate the work of a dance/movement therapist to an interdisciplinary team? Which ways are ineffective in communicating the work of a dance/movement therapist to an interdisciplinary team? How do dance/movement therapists describe their personal style of dance/movement therapy to interdisciplinary colleagues? Information gathered was compiled into the website that offers resources and a complete in-service model to be followed by dance/movement therapists for a standardized way to communicate about DMT. The DMT In-Service Model, which is the final product of this thesis, can be located at DMTinservice.virb.com.

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“We should all be thankful for those people who rekindle the inner spirit.” –Albert Schweitzer

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Introduction

The work of a dance/movement therapist is fluid and intuitive, and joins together the work of dance and psychotherapy in an integrated approach to healing. However, when a dance/movement therapist begins work at a facility that has never had a dance/movement therapist before, explaining the profession can be an additional challenge of the job.

Dance/movement therapy (DMT) is unique to each dance/movement therapist. Although the American Dance Therapy Association (ADTA) has a general definition for DMT, there is no standardized way for dance/movement therapists to describe the work that is being done.

Dance/movement therapists are encouraged to be creative and develop a personal style for their therapy; nevertheless there is a need to convey a consistent message. A consistent message amongst dance/movement therapists could create a more concrete understanding of the discipline among other healthcare professionals. Additionally, having a consistent message will allow DMT professionals to more easily market their unique skill set to potential employers.

The purpose of this thesis was to create a website where dance/movement therapists can find support when communicating about their work to an interdisciplinary team. The final product developed through this thesis is available on the website DMTinservice.virb.com. This website offers an in-service model for dance/movement therapists to assist in communicating and increasing knowledge about DMT to colleagues. I have named the model the DMT In-Service Model, and will refer to it by this name throughout this document when referencing my particular model on the website. The DMT In-Service Model provides resources for dance/movement therapists to engage their colleagues in multiple ways during their in-services.

In order to organize a resourceful in-service model, I gathered a wealth of information from a panel of professional dance/movement therapists. I used the Delphi Method to gather

information regarding their experiences communicating the work of DMT to an interdisciplinary team. The dance/movement therapists were from various sites, each with different experiences and perspectives to contribute information to the website. The members of the panel contributed their personal opinions and knowledge regarding the topic. Ethical considerations of collaborators will be explained later in this thesis.

Utilizing the panel of professional dance/movement therapists' knowledge, I was able to assemble a solid foundation for the DMT In-Service Model. The information from their experiences allowed me to capture the essence of what makes a good presentation. This DMT In-Service Model aims to give dance/movement therapists a researched and sophisticated tool in support of communicating to colleagues about their work. One can mold and modify the DMT In-Service Model to their own style of clinical practice in their personalized presentation. With increased knowledge of DMT on an interdisciplinary team, the work of dance/movement therapists may be better understood and enhance best practice at their facilities.

Hong and Shaffer (2014) published a study indicating that transference of knowledge between members of the interdisciplinary team positively impacts best practice for both professionals. They stated "when working amongst varying professionals, there needs to be a respect of professional knowledge, openness to learn from respective counterparts, and willingness to transfer information to one's own practice" (Hong and Shaffer, 2014, p. 143). DMT sees its share of fallacies and misgivings. "Do you dance to make your patient happy?" "Do you teach them dance so they feel better?" These were the misconceptions one dance/movement therapist faced when asked if they had ever been considered the babysitter or dance teacher at a facility where they worked (W. Chen, personal communication, 2015). Being

misunderstood can directly affect a dance/movement therapist's environment, which alters how the dance/movement therapist can effectively work with his or her clients.

The motivation for this project came from my experience as an emerging dance/movement therapist in graduate school. The first field placement I had as a dance/movement therapist was at a rehabilitation facility for adults with substance abuse issues. My supervisor there was a dance/movement therapist. She had already been working as a dance/movement therapist with the clients and staff there for over twelve years. Since she had worked with the facility for so long, she was able to create a thorough explanation of DMT for her colleagues at the facility. It seemed like they understood and appreciated the work being done in the DMT groups. One of the most valuable lessons I learned from this supervisor was the importance of explaining DMT effectively. At this first placement, I felt valued as a dance/movement therapist and I felt inspired to keep sharing information about DMT.

My second placement was at a day facility for adults with developmental/intellectual disabilities with co-occurring mental illness. The experience was very fruitful and I learned so much about the field as well as about myself. My supervisor at this internship placement was not a dance/movement therapist and there were no other dance/movement therapists on staff. I discovered one component of my job was to educate this new group of colleagues at the facility about the work I did with my clients. With this population, many individuals had difficulty focusing during sessions. It was beneficial when I advocated for the group to have its own room. By letting colleagues know why this was important, they agreed and helped make this possible. Colleagues at the site began to understand the work and sent clients to me that they thought could benefit from DMT. Clients benefitted from a more cohesive treatment team as their treatment became more structured, sessions were more confidential, and the treatment team

supported their time with the dance/movement therapist. DMT sessions at this site that were treated as therapy first and foremost rather than a dance class yielded better experiences and outcomes for clients.

There are many fundamental components of DMT sessions such as privacy and confidentiality, which are hampered when the sessions are interrupted. If the session is interrupted and the clients do not feel safe they may not feel comfortable deepening into some of the more serious topics that can arise. We have to consider ethically whether the client is getting the same considerations and accommodations when seeing a dance/movement therapist as they would any other type of therapy. If dance/movement therapists can educate colleagues more clearly, that they are psychotherapists first and foremost, they are more likely to have the appropriate accommodations for what is needed in order to provide the most effective treatment for clients.

One example of an accommodation is the space needed for group therapy sessions. Groups will function best with private and sufficient room to move throughout the session. If the staff does not understand the process of DMT, the space may be undermined and this will disturb the therapy process. One week, at my internship, I was offered a large area in a lobby where we could dance for our movement group. Although I appreciated the size of the space, it was not conducive to my work with the clients. The lobby was a large space where we could move but the elevator was nearby which caused a lot of traffic from people coming and going frequently. This was frustrating because DMT sessions are therapy and require similar environmental safeguards as do other types of therapy. This session, thankfully, was only an introduction, but it did impede the clients' willingness to speak and move freely when movement and verbalization was encouraged. Therapy sessions require private and contained environments where clients are

supported so they feel safe to bring emotional material to the group members and therapist. By bringing awareness to the needs of a dance/movement therapist and the group, the facility may be more likely to set up more suitable spaces. This is only one example of how effective communication from a dance/movement therapist to a colleague could enhance dance/movement therapy sessions.

There are several reasons why communicating effectively to other professionals about DMT is beneficial to both the treatment team and those who the team serves. Imparting knowledge about DMT provides team members from other disciplines a different perspective and a new way of seeing their clients. They may look for attributes in new ways that they may not have thought of before. For instance, maybe something they learned through an in-service was that a body posture or facial affect change can be expressive of emotions and feelings. With this new knowledge, a non-DMT professional may now be aware that they can use their clients' movements as complementary information in their own practice.

Another example of how colleagues' understanding of DMT helps support client growth is through understanding staff caseloads. In my experience working with an interdisciplinary treatment team, once I presented my DMT in-service, staff was more likely to notice who on their caseload may benefit from DMT. Team members began to ask me questions about certain clients based on information they were given during the in-service I gave as an intern about DMT. In some cases, I worked in collaboration with team members on a case to help other staff incorporate elements of a body-based approach when working with clients. Several staff members showed interest in DMT once they heard the case-study examples from the in-service and witnessed changes in clients over time after DMT sessions.

This project's aim was to produce an outline that gives evidence based steps for creating more organized communication from dance/movement therapists to their colleagues. When a dance/movement therapist uses the DMT In-Service Model as a guide for in-servicing staff, they need to take into consideration the community and the needs of the site. Knowing the culture and political landscape of a site will help ensure that when a dance/movement therapist markets their specialty, they can adapt properly to their audience's needs. The website reiterates the importance of integrating the needs presented at the site which allows the dance/movement therapist to target where DMT can be beneficial in a specific setting. In addition, the language a dance/movement therapist uses during their presentation should match that of the audience; he or she should keep in mind the professional background and population in that setting.

It could be common of most professionals from other fields to associate DMT with familiar assumptions based on the term dance. Throughout the DMT In-Service Model it is suggested the individual presenting should refer to DMT as psychotherapy first and foremost with supporting evidence for that claim. Dance/movement therapists use traditional frameworks of psychotherapy as well as expressive ways of facilitating growth in clients and patients. Panel members in this thesis indicated that reminding team members they are predominantly psychotherapists helped staff at their facilities better recognize their position and their contribution to the treatment team.

Through utilizing the DMT In-Service Model and its complimentary materials, dance/movement therapists can work to give the staff a more thorough and easily conceptualized idea of what happens in DMT sessions. In addition, as part of the education, dance/movement therapists are encouraged to include experientials where the participants are invited to partake in movement or mindfulness explorations to experience the body/mind connection. The body/mind

connection during the DMT in-service supports participants to viscerally understand the body-based approach of DMT.

Operational Definitions

Dance/Movement Therapy. According to the American Dance Therapy Association (ADTA), we can understand DMT as follows: “Based on the empirically supported premise that the body, mind and spirit are interconnected, the American Dance Therapy Association defines dance/movement therapy as the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual. Dance/movement therapy is practiced in mental health, rehabilitation, medical, educational, and forensic settings, and in nursing homes, day care centers, disease prevention, and health promotion programs. The dance/movement therapist focuses on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are all considered for both group and individual treatment. Body movement as the core component of dance simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy” (2015).

In-Service. For the purpose of this thesis, the term in-service will refer to professional trainings, or staff development meetings, where professionals discuss their work with others in their peer group. Dance/movement therapists can use in-services as a way to communicate to places of employment about their caseload and how DMT is being used in their facility. Many DMT student interns are assigned to present an in-service for their internship sites to introduce staff to DMT. These in-services offer more knowledge about the field and what a dance/movement therapist position offers to the facility and its clients.

Multi-Media Templates. This model is an education platform that utilizes multiple methods of presentation strategies. These strategies are incorporated into the website as adaptable guidelines. The website includes template PowerPoint slides, handouts for audiences and colleagues, and example case studies (see Appendix A, B, C, and D). Jacovou-Johnson (2012) stated that using multiple modes of contact can enhance presentations. Those who use the DMT In-Service Model are able to adapt the model and its' additional templates to personalize the presentation (Jacovou-Johnson, 2012). Multi-media approaches to teaching are important to deepen knowledge and comprehension via other routes of administration, and invites audiences to participate in different demonstrations to maintain engagement. It also allows speakers to attend to specific needs for the audience and support individual learning strengths such as auditory, visual, kinesthetic, etc. (Du, Han, Yang, Duan, 2013).

The DMT In-Service Model can be seen as a living document. As I receive feedback and grow professionally, I will be able to revisit and update the DMT In-Service Model in accordance with best practices. In the future, I anticipate collaborating with non-DMT sources who have experience in effective marketing. Professionals from other fields may help provide additional support and material to enhance the marketability of the DMT In-Service Model to dance/movement therapists. Additionally, future knowledge from other professionals may be included which yields explanation to those using the DMT In-Service Model how they can further promote their trade of DMT. However, for the purpose of this thesis, I have decided to include only information from dance/movement therapists, to provide an organic foundation for the DMT In-Service Model where the primary focus is on increased awareness of DMT.

The DMT In-Service Model has the potential to contribute to dance/movement therapists and the communities in which they work. The website presents a tool for professionals and

students to communicate a consistent message about DMT. There is a gap in the field of DMT where consistent communication is absent. With future evaluation of the learning objectives offered on the website, the success of the DMT In-Service Model offering effective communication can be assessed. The DMT In-Service Model has the potential to help guide dance/movement therapists to communicate and increase knowledge about DMT to colleagues on their interdisciplinary team. The panel members from this thesis and students from Columbia College Chicago's Department of Creative Arts Therapies will have access to the final website. The following chapters address the process which helped mold the DMT In-Service Model and its materials.

Literature Review

DMT and other creative arts therapies work in conjunction with many professionals from other fields. The following speaks about literature which shows that members on an interdisciplinary team can encounter misconceptions from other members that affect the team's ability to collaborate efficiently. This chapter also examines evidence that supports the need for effective communication and advantages of using a standardized message. In addition, the sections illustrate marketing the DMT In-Service Model to dance/movement therapists and how these dance/movement therapists can market their specialty to others. The following explains how misconceptions of DMT can be reduced with effective communication and efforts to understand teammates' work.

The findings from Hong and Shaffer (2014) indicated that transference of expertise impacted best practice for specialized individual treatment. They stated "when working amongst varying professionals, there needs to be a respect of professional knowledge, openness to learn from respective counterparts, and willingness to transfer information to one's own practice" (p. 143). Their study introduced what they called an "inter-professional collaboration" (p. 135). They found that when therapist and teacher worked in this collaborative fashion, as opposed to compartmentalizing professions, common goals were communicated for the best interest of their population. They concluded by insisting, "Understanding the perspectives from those working day-to-day is an important aspect of the effectiveness of best practice" (p. 144). Hong and Shaffer's (2014) findings indicated that by communicating about our own strategies, and learning about other professional strategies, we can embed new knowledge into our own practice and increase our own repertoire and effectiveness. Creative arts therapies, and their colleagues

on an interdisciplinary team, could greatly benefit from an exchange of knowledge and strategies.

Creative Arts in Therapy

There is an abundance of literature that suggests creative arts are beneficial when used in therapy (Gladding, 1992; Goodill, 2005; Hervey, 2000; Jackson, 2015; Malchiodi, 2014).

Creative arts therapies include but are not limited to: music therapy, drama therapy, art therapy, poetry therapy, and dance/movement therapy. The aforementioned types of therapy are used within the context of psychotherapy, counseling, rehabilitation, and medicine (Malchiodi, 2014).

Creative arts therapies can offer aspects of joy and fun through expressivity. The lightheartedness of creative arts therapies can be beneficial when working through serious tasks in therapy. Gladding (1992) suggested a multitude of reasons why incorporating arts into counseling is advantageous. Gladding (1992) also discussed how the arts in counseling promote playfulness, collegial relationships, communication, sense of self, perceived objectivity, and participation. Creative arts therapists use not only the same techniques as any other counselor or psychotherapist, but they also have a unique tool kit, which is comprised of specialized interventions. Creative arts therapies incorporate different mediums of expressive possibilities which some therapies without artistic techniques do not offer. Nevertheless, assumptions about the use of creative arts therapies continue to be present.

Current Misconceptions of DMT

Arts are not always welcomed in counseling. One reason relates to popular misperceptions about the arts, especially about the relationship of the creative arts to mental health. In the 19th century, Cesaie Lombroso (1836-1909), an Italian physician and psychiatrist, linked creativity with mental illness. Even though such a connection is totally unfounded, the

perception still remains, and many are reluctant to participate in activities that are of a creative nature, such as the arts (Gladding, 1992). These longstanding views of the arts continue to affect current misconceptions about creative arts therapies.

Creative arts therapies face perceptual hurdles that therapists using more well-known techniques may not encounter. One of these perceptions indicates that DMT currently falls into the category of alternative therapy. Attached to this label is the belief that alternative therapies are not evidence based (Cunningham, 2001). Contrary to this belief, a growing body of research supports the use of alternative therapies in the U.S. as does the federal government and various foundations (Cunningham, 2001). Approximately nine billion dollars is spent on alternative and complementary medicine and therapy in the United States each year, which equals nearly three percent of ambulatory healthcare expenditures nationwide (Davis, Martin, Coulter, & Weeks, 2013).

Creative arts therapies and play therapy have sometimes been incorrectly labeled as nonverbal therapies (Malchiodi, 2014). They are both verbal and nonverbal, in fact, because verbal communication of thoughts and feelings is considered a central part of creative arts therapies and play therapy in most situations. In fact, most therapists who use these methods integrate them with traditional psychotherapy theoretical approaches. These theories include but are not limited to psychodynamic, humanistic, cognitive, developmental, systems, narrative, solution-focused, and others (Malchiodi, 2014). In DMT, verbalization takes movement from a therapeutic activity into therapy when a person explicitly processes what has happened. Although misconceptions about creative arts therapies still exist, research studies have illustrated the success of using DMT among different individuals and populations.

DMT in Practice

Several authors suggested DMT is effective in helping to change and heal individuals (Berrol, 2000; Jackson, 2015; Jobling, et al., 2006; Levy, 1988). Berrol (2004) discussed case studies which encompassed the direct, positive effect DMT has had on certain individuals:

She suffered from poor body image, low self-esteem, and difficulty in relationships, depression, and difficulty in expressing a range of emotions. These are typical characteristics of a bulimic (Stark et al., 1989, p.121). While she used space it was with superficial effect. The movement all reached upward as if not feeling the ground beneath her. It was clear from her body use that many parts of her were ignored.

I moved with the client, following the patterns of movement easily available to her, attuning to her timing, space and use of weight. At times new movement was introduced for brief moments in order to offer alternate possibilities and a reciprocal relationship became possible. By enabling the client to feel comfortable being seen in what was available to her, the fear of judgment diminished. This led to her being able to move on her own. As more focus was given to the body, there were many sessions of limited movement. She struggled to find how to move her shoulders, her hips, and her feet. It was when she finally allowed herself to get into a sense of her own body that she began to make significant changes. With great difficulty, she experienced rage and anger. It is still something that remains hard for her to do. Her self-esteem has gradually improved as she developed more of a sense of self. Her movement changed from the upward twirling and held torso to more groundedness and sequential movement using different segments of the body. She is no longer bulimic. (p. 91-92)

Berrol's case study demonstrated how the use of the body directly affected the patient's experience in therapy. The therapist took special precaution to create a safe space so her client could move around freely. The client began sessions of DMT struggling to acknowledge some of her body parts in movement. The trained eye of the dance/movement therapist noted this and introduced alternative movement options that seemed to change the client's movement repertoire and thus changed the client's perspective of herself over time. Although talk therapy techniques could be useful in this case study, DMT techniques provided a way to learn about the subconscious through the body's knowledge. Sometimes verbally processing after movement cannot fully encompass what the body has discovered.

Amighi, Loman, Lewis, & Sossin (1999) described a case study in which one woman struggled to have her own voice. Their study illustrated the effectiveness of movement to facilitate personal growth. Through a version of authentic movement, the therapist in this study included sound and dramatic improvisation. The woman's movements during the therapy sessions evoked memories of past trauma. The therapist integrated the woman's movements with new movements to which the woman was not affined. She then led the woman to delve into her own subconscious through movement. The woman emerged as a more complete individual from the new awareness that surfaced.

These are but a few examples that demonstrate the effectiveness of DMT in working with individuals. The creative aspect of DMT can invoke a belief in those unfamiliar with the practice that the therapeutic approach is less psychotherapeutic and more playful in nature. This and other misconceptions do present a challenge a dance/movement therapist must understand and overcome. The success of a dance/movement therapist in overcoming misconceptions relies heavily on their ability to clearly communicate about their unique specialization.

Importance of Effective Communication of DMT

Schmidt (2011) suggested the ADTA could use some new energy in the approach they are taking in public relations efforts for DMT careers. Schmidt (2011) stated that holistic marketing techniques can be used by the currently practicing professionals and students to help fine-tune their careers. Schmidt's (2011) argument is important because it creates relevance for work in effective communication and marketing for DMT careers in healthcare. Being able to concretely market one's trade makes a huge difference in one's ability to expand the DMT profession. Therefore, there is a need for a structured way of communicating the information.

Cultural competency and recognition of different expertise are important aspects of the effective communication of DMT. Nguyen, Chen, & O'Reilly (2011) discuss how considering the cultural aspect of the facility is an important component of the education process. Training programs that incorporate exposure to a given population creates an opportunity to reflect on attitudes and assumptions towards its population (Smith & Cashwell, 2010). Studies show training, education, and expertise of a particular practice resulted in more positive attitudes toward the matter presented (Smith & Cashwell, 2010). This is evidence that giving didactic exposure, as well as first-hand stories about DMT work could be a beneficial mode of communication. Nguyen, et al. (2011) were interested in knowing if educational opportunities create attitude changes that may also lead to behavioral changes. One of the reasons for educating staff more thoroughly about DMT is that by communicating the benefits of DMT to allied professionals; it could possibly create attitude changes and behavioral changes amongst colleagues on the interdisciplinary teams. It seems if colleagues are taught about DMT, they are more likely to reflect on their own knowledge and assumptions about the field.

When working with a collaborative group of professionals, differences in approach to treatment will arise. The Robert Wood Johnson Foundation (RWJF) (2010) is dedicated to breaking down the barriers between disciplines. The RWJF (2010) admits that promoting interdisciplinary collaboration is not without its challenges; it is imperative nonetheless. RWJF (2010) highlights that there can be instances where health professionals may resist ceding certain responsibilities to other professionals who hold different kinds and levels of education. Resistance can, at times, be attributed to lack of education between disciplines. DMT is often a discipline that falls prey to this trend. A dance/movement therapist being able to articulately present their specialization can prevent such occurrences. The DMT In-Service Model will assist DMT professionals as a marketing strategy to eliminate any possible negative associations.

Marketing DMT with the In-Service Model

Marketing comes into play in two different instances when implementing and presenting the DMT In-Service Model. Firstly, the model I have created must be marketable to the dance/movement therapist. Marketing the In-Service Model to dance/movement therapists does present several challenges. The DMT In-Service Model has to be convenient, functional, and easily accessible to the dance/movement therapist. Networking with an established organization and utilization of the internet is imperative to successfully marketing a product. As an alumnus of Columbia College Chicago, I am partnering with this institution to offer the DMT In-Service Model to current, future, and past students of the Dance/Movement Therapy and Counseling program. The DMT In-Service Model is also available online which provides prospective dance/movement therapists easy access to the DMT In-Service Model and all supporting materials. In addition, the panel interviewed for this thesis was comprised of all current working

professionals who have networks of their own. The panelists are encouraged to guide their colleagues to the website and utilize the DMT In-Service Model.

Secondly, the dance/movement therapist must be able to market their personalized in-services to colleagues. The DMT In-Service Model, DMTinservice.virb.com, can be used as a tool to market a dance/movement therapist's specialization to an organization/interdisciplinary team. According to Lorette (2015), the heart of a business' success, in this case DMT, lies in its marketing. Without marketing, a business may offer the best products or services in an industry, but none of the potential customers would know about it (Lorette, 2015). When looking at the DMT In-Service Model through a business lens, general concepts and strategies for marketing cannot be ignored.

For the dance/movement therapist to successfully market their specialization to an organization they must overcome perceptual barriers mentioned earlier. Successfully executing an in-service requires a dance/movement therapist to think of the in-service in the context of marketing/advertising a service. When preparing for an in-service, the therapist, whether student or professional, should understand it is part of their overall marketability to their colleagues, clients, and organization as a whole. Being that the practice of DMT is in its adolescence when compared to the use of traditional talk therapy, it is necessary that the dance/movement therapist act as a therapist and also as a marketing professional. Dasenbrook & Walsh (2005) illustrate this concept and explain the necessity for the therapist to also act as a marketing professional. They state though therapists do not often think counseling and marketing/advertising go together, a therapist is promoting something they believe works, is cost effective, and helps people lead productive, enriched lives (Dasenbrook & Walsh, 2005).

Credentialing is noted by Cunningham (2001) as a barrier to successfully marketing alternative forms of treatment. However, this is overcome by referencing that the ADTA is a nationally recognized, professional organization, and the process necessary to become a dance/movement therapist is extensive. DMT is a credentialed profession with board certification. The ADTA dictates dance/movement therapist standards of education and ethical codes. In the DMT field, board certification is available and the process is standardized. The ADTA and the Dance/Movement Therapy Certification Board (DMTCB) standardize the process for board certifications and issue credentials.

When giving the first DMT in-service at an organization, a dance/movement therapists' specialized knowledge and contributions to the treatment team, however valuable, may go unnoticed. When conducting an in-service, utilizing best practice for giving presentations is also a necessity for successfully marketing one's work. What the audience sees in a presentation will make a stronger impact than the words they hear (Rosenthal, 2015). Successful presentation strategies require the presenter to make an emotional connection with the audience, generate and maintain a high level of energy to hold the audience's attention through the whole presentation, and focus the content on the payoff for the audience (Rosenthal, 2015). When conducting an in-service, it is important to remember different colleagues will find different aspects of the in-service beneficial depending on how it applies to them. As Opela (1987) states, psychiatrists may want to see scientific evidence, education staff may want handouts with strategies to take away, and recreation staff may be focused more on experiences. Each team member has a unique lens with which they view evidence. It is best to try to touch on each of these different ways in order to reach all different listeners.

The literature above provides evidence that DMT and other creative arts therapies are successful in a wide variety of cases. The literature also demonstrates how the misconceptions that follow DMT can and should be overcome through communication amongst colleagues on an interdisciplinary treatment team. The DMT In-Service Model could help fill the need for effective and concise communication about DMT.

Methods

Methodology

I used an adaptation of the Delphi Method as the approach to investigate how to most effectively communicate the work of DMT. The Delphi Method uses phases of feedback. It has advantages in the areas of: access and response rates, design and flexibility, anonymity, and democracy (Vernon, 2009). Within this method there is flexibility regarding the response methods for participants even within the structure that is present (Skulmoski, et al., 2007). The simultaneously structured and yet un-structured methodology seems to be a wonderful parallel to the way a dance/movement therapist often works.

Linstone and Turoff (1975) explain the Delphi Method in phases. The first phase is about exploring the subject being researched. This phase includes giving participants the opportunity to contribute information about how they would prefer to participate. The next phase attempts to determine an understanding of how the panel members view the issue (Linstone & Turoff, 1975). In the final phase the researcher explores any disagreement to determine reasons for differences. Skulmoski, Hartman & Krahn (2007) state the Delphi Method can be “aggressively and creatively adapted to a particular situation” (p.12).

Skulmoski, et al. (2007) had arranged some basic steps to outline the Delphi Method process. The following shows how I adapted the steps in a way that made sense for this project and the three rounds of questions.

- 1) Propose Initial Questions
- 2) Design the Research
- 3) Recruit Panel Members
- 4) Develop Delphi Round One Questionnaire

- 5) Release and Analyze Round One Questionnaire
- 6) Develop Round Two Questionnaire
- 7) Release and Analyze Round Two Questionnaire
- 8) Develop Round Three Questionnaire
- 9) Release and Analyze Round Three Questionnaire
- 10) Verify, Generalize and Document Research Results

My adaptation of this method included a validation strategy to make sure I fully understood the panel members. As indicated earlier in this chapter, I generalized the responses for the panel members and sent each panelist an email offering a chance to clarify and elaborate on any topic they feel was misinterpreted (see Appendix L). Validating the responses for each panel member each round was too tedious a task considering each member's different schedule. Panelists indicated their schedules were demanding, which presented difficulty for creating additional questionnaires at this time. In order to eliminate an unnecessary burden for the panel, as the primary researcher I elected to do one collective validation through email with the panel to gain deeper understanding and to eliminate any misinterpretation of the material. The panel was given a draft of the DMT In-Service Model and each individual was able to point out any discrepancies he or she noted.

I used the steps of the Delphi Method to organize and synthesize three rounds of responses from a panel of five dance/movement therapists. The questionnaires were managed electronically through email, which panelists indicated was the most convenient way to respond (see Appendices F, G, and H). Though I was corresponding with each member and knew who the data was coming from, using the Delphi Method allowed for anonymity of responses within the group. The Delphi method worked well for facilitating communication in group problem

solving. One limitation of the Delphi method is that it could have unclear objectives (Vernon, 2009). This means because the Delphi Method is very fluid and flexible in nature, much like DMT, the explicit purpose of each step can be unclear (Vernon, 2009). I found this most evident when creating the three rounds of survey questions.

Recruitment Procedure

The panel of dance/movement therapists was recruited through the ADTA website. The panel was recruited based on their knowledge, expertise, availability, and willingness to contribute to this project. The panel included five dance/movement therapists. The potential panel members received a recruitment email to ask them for their participation in offering feedback to this project (see Appendix H).

Participants

Four of the five dance/movement therapists on the panel desired to be recognized overtly rather than be kept anonymous.

- Cassie Bull, MA, BC-DMT. Thirty years of experience in psychiatric hospitals and schools, current title: Co-Director, LEAPNOW: Transforming Education. Specializes in addictions and women with multiple personality (dissociative identity disorder).
- Heidi Landgraf, MA, PCCI, REAT, RSMT/E, R-DMT. Three years post grad experience, current title: Rehabilitation Therapist II. Experience with chronically mentally ill, adolescents, dual diagnosis, developmental disabilities, Parkinson's, and geriatric patients.

- Wei Chen, R-DMT. One and a half years of experience in DMT, current title: Activity Leader. Experience with frail, elderly with dementia, Alzheimer's disease and aging.
- Joseph Bocage Few, MA, LPC, BC-DMT. Twenty-five years of experience, current title: Dance/movement therapist with breast cancer survivors at the University of Arkansas for Medical Sciences in Little Rock, Ar. Experience with severely abused, neglected, and sexually exploited inner city multiethnic children and teens at risk for out of home placement in Los Angeles, Ca.

The fifth and final panelist preferred to remain anonymous. Once the panel was confirmed the first questionnaire was sent out via email.

Information Collection Method

The participant agreement email initiated contact with all panel members (see Appendix I). The agreement form offered questionnaires, surveys and verbal feedback as methods of collecting data from the dance/movement therapists (see Appendix J). The panel members were all most comfortable using email so this was the method of contact throughout the questionnaire phases. The feedback was analyzed through the Moustakas heuristic data analysis method (Moustakas, 1990) which will be discussed later in this chapter.

Rounds of Questions

During a class, I created a pilot study in which I asked staff from my internship site questions about their base understanding of DMT. I used the feedback from this pilot study to determine what questions to include in my thesis project (see Appendix K). The pilot study questionnaire proved to be a helpful tool that gave me great feedback about what staff at my

internship site did not know, wanted to know, and did not want to know about DMT. I used the feedback from this pilot study to generate the initial questions for this project.

In the beginning, while creating my first round of questions, I was unsure what salient ideas would surface. The first round survey questions (see Appendix E) were intentionally general such as: “Do you enjoy speaking about the work that you do as a dance/movement therapist? If you do, what do you enjoy?” and “Which staff members are most/least interested in learning about DMT? (i.e. clinical team, administration, case management, etc.) How do you know?” The responses I received after these questions were short and generic, yet they generated ideas for the more complex questions in the next round. The next two rounds of survey questions (see Appendices F and G) were based on the first round’s responses and related more directly to individual experiences. In the third round of survey questions, I aimed to get an idea of how to organize the final DMT In-Service Model through more detailed questions.

One brief question from round one that directly affected round two asked: “What types of media do you utilize for describing DMT? (i.e. formal in-service, handout, PowerPoint, conversation, etc.) What works well, and what does not work well?” Some team members mentioned handouts in their responses while one panelist stated handouts are “harder and uncommon since they require extra time for people to attend and read through.” (W. Chen, personal communication, 2015). Nonetheless, the majority of panel members said they had handouts readily available as needed. In addition, the team members unanimously spoke about how conversation has been the best vehicle through which to communicate about DMT in their settings. After reading that all panelists felt that conversational information sharing was a common way to communicate, subsequently I added a question in the second round specifically about elevator speeches. An elevator speech can be defined as brief communication one can use

to bring attention to what he or she or his or her organization does. An elevator speech should last no longer than a short elevator ride. I felt that adding this idea to the DMT In-Service Model, as supplementary material, could benefit dance/movement therapists based on how commonly the panel said it occurred.

The above is one example of how each questionnaire was developed based on the previous round's responses. Items from their responses about elevator speeches are included on the website, DMTinservice.virb.com, for dance/movement therapists to reference. Panelists said that talking about DMT in less formal settings is actually where we tend to do the most educating.

A question regarding elevator speeches in the third survey asks the panel to consider what he or she included in his or her elevator speech. This question was person-specific and gave each panel member the opportunity to give an example of how he or she described his or her work. The responses from the third round were more elaborate and it seemed the panel members' interest increased when they were able to explore and describe their own ways of communicating their work. I would like to acknowledge here that I have added the section called elevator speeches to the website as bonus material. It is clear that the panelists felt the idea of brief communication was important, which led to the addition of a section offering examples of elevator speeches that can be used by other dance/movement therapists. By offering this additional section to the website it could further benefit dance/movement therapists as complimentary material to the DMT In-Service Model.

In this project, significant disagreement occurred among responses from the panel. I used subsequent questions in the next survey rounds to allow members to elaborate on certain topics. For instance, when the group seemed split on a particular question, I asked a more direct

question in the next round for them to give more details. The survey rounds gave me an understanding of what methods of contact have worked well with colleagues and what has not worked well in the panelists' experience of communicating about DMT. This information guided me in the creation process for the DMT In-Service Model.

Data Analysis

After using the Delphi Method and gathering the information from the five dance/movement therapists, I utilized Moustakas' heuristic method (1990) for data analysis. Despite knowing that this project does not fall under the typical structure of a heuristic inquiry I found this method was the best route for completing data analysis. The phases I followed were as follows:

- 1) Initial Engagement- researcher's contact with the subject and question
- 2) Immersion- researcher focuses on information collected
- 3) Incubation- researcher pauses period of inquiry
- 4) Illumination- researcher reflects on awareness of new ideas
- 5) Explication- researcher examines information collected
- 6) Creative Synthesis- researcher integrates collective experiences

It was interesting to see how some phases began even before I gathered all final responses from the questionnaires. The first three phases: Initial Engagement, Immersion, and Incubation, all occurred both before I officially began data analysis as well as throughout the data analysis process. Moustakas (1990) intended for the researcher to deeply feel connected with the questions proposed. The phase of Initial Engagement occurred for the longest duration of time. This phase was the commencement of when I sought clarity, understanding, and integration as indicated by Moustakas (1990). I began to understand the panel's responses while

reading through them between each round of questions. During Moustakas' (1990) phases of Immersion and Incubation, I found fluctuation between the two came in and out of my life. The study, between each phase, surfaced and then would conceal itself invariably. I immersed my thoughts into the questions and reading the responses to figure out what they meant and how they informed my next round of survey questions. Each time I received all five responses I set aside hours to read, take notes and meditate on them by only focusing on thoughts in relation to the responses. All other thoughts during meditation were allowed to escape. Then I would create the next round of survey questions, and send it for approval by my thesis advisor to be sent out to the panel. Between sending each round of survey questions, I would return to Incubation where I would let my mind settle and allow time for the panel to respond. These periods of time felt unstable to me in the moment, but I trusted the process. I trusted the responses would come back and once again I would return to the stage of Immersion. These first three phases began before my final data analysis process as well as re-occurred during the final stages of analysis.

The phase of Illumination came with each survey round, but more so after they were all received. I am truly grateful for the clarity this phase provided. At first, it was ambiguous how long I would be away from the work directly. It seemed as though stepping away would inhibit my process; however, I found the opposite occurred. There were moments where I felt I would forget everything I had been working on, but then there was a point in time where I became motivated to put energy back into my project. It almost felt as though the phase of Initial Engagement was re-emerging.

When I was ready to come back to the desk and submerge myself again into thought, I dove head first into the Explication phase. This seemed quick to me, but I felt there was passive focus during the previous phase where things had time to sink in, so when I came back to it

things were sorted out already. At this time I consolidated all responses and considered how they would become the final DMT In-Service Model. The pieces started forming a clearer picture.

Next came the Creative Synthesis phase, and once I opened up the website to formally crystallize the words onto the page, I could see the panelists' responses come alive. In the third survey, I asked what order the panelists thought an in-service should follow. It was important to organize the DMT In-Service Model so each stage of the process could be consistent on the website. The question gave a list of potential sections to include in an in-service (i.e. Introduction, Experiential, Case Studies, etc.). The order of the presentation was similar across all panelists' responses. I used this question to create the basic layout. And with that, the DMT In-Service Model unfolded with all of their input to support it. All I needed to do was consolidate and make it accessible.

It is evident that I analyzed the panels' responses in multiple ways over time while utilizing Moustakas' (1990) heuristic method. I first reviewed responses to each questionnaire in order to develop the next round of questions. I also did a cumulative review and analysis of all responses to all rounds of questions for organization and contents of the final DMT In-Service Model. Here I will go into detail regarding the exact way I read through responses during the six phases of Moustakas' (1990) heuristic method for data analysis.

Reviewing responses for individual questionnaires was more straightforward than my final cumulative review of all three rounds. In order to give proper analysis of each survey between rounds and also keep on schedule, I reviewed the responses systematically for each round. First, I read the questions along with their corresponding responses from each individual panelist (i.e. Panelist A's Responses 1-6. Then Panelist B's responses 1-6, etc.). I then read the responses among groups of answers (i.e. Panelist A, B, C, D & E responses for question #1 etc.).

For example, I read all five responses to question #1 from the first survey then moved on to read all five responses to question #2 and so on. Once I read and re-read all of the responses, I noted the most salient ideas that surfaced and common themes. I then asked questions in the next survey to gather further information about certain topics.

To analyze the panel's responses for the website, I needed to do a cumulative review of all responses from all three questionnaires. Cumulative analysis of all three rounds began with question #4 from the third survey. This question addressed the basic skeleton of the DMT In-Service Model. Since I was quite familiar with the material at this point in time, I was able to go back and insert appropriate responses into the model. It was helpful to keep a list of all questions from each questionnaire, so that I could refer to the panel's responses when I wanted to know what they said regarding a certain topic. I grouped questions based on topic once I began organizing the steps of the model. For instance, when I worked on the experiential section, I referred to the group of questions that asked about the experiential. This helped me avoid spending a lot of time searching through my paperwork randomly for responses. The following section will go over synthesis and how the DMT In-Service Model took form.

Incorporating Information into the Model and Creating Templates

After I acquired feedback from the three rounds of survey questions, I searched for common themes in what the panel of dance/movement therapists had said. With these themes I have created a website that offers steps for organizing professional communication about DMT based on the synthesis of these themes. The synthesis for these themes included meditation, art-making, and word clouds inspired by the ups and downs of the process. Each time I engaged in any part of my thesis I lit a candle.

After lighting a candle, I used my breath intentionally to take in words from responses as I read them and then I would allow any thoughts that came up to float away before moving forward. By doing this, I was able to stay objective and absorb the information in a non-judgmental way. Art-making helped me revisit the thoughts that floated away while reading the responses. I used an integrated version of art-making and word clouds to visualize the panel's responses. While creating visuals, I made sure to maintain uplifting sounds, such as a favorite movie or genre of music, in my workspace. This audible element energized the painting or drawing. I then found a simple word cloud generator online (see Appendix M). I inserted each rounds responses and the generator offered word clouds. These word clouds were satisfying as they gave a visual way to analyze further. Examples of the word clouds can be seen on the website.

The layout of the DMT In-Service Model became tangible as pieces of white printer paper lined my living room floor. I reviewed panelists' responses and inserted information into the different sections as appeared appropriate. The DMT In-Service Model became concrete enough to create a Word document for revisions. From the Word document, each section was inserted into the website.

The website includes template handouts, PowerPoint slides, and sample case studies that will add to the adaptable nature of the DMT In-Service Model. In addition to PowerPoint slides, using verbal discussion and small group work can be valuable (Jacovou-Johnson, 2012). These handouts, PowerPoint slides and sample case studies are available on the website for additional support to individualize a dance/movement therapist's In-Service presentation. Those who use the DMT In-Service Model will be able to adapt the Model and templates to personalize their presentation.

Ethical Considerations

This project considered the panel's ethical rights. The Delphi Method can be long and drawn-out, and participants can become subject to round-fatigue and loss of motivation (Vernon, 2009). To address this concern, there were only three rounds of survey questions and the number of questions in each round was less than seven. The set deadlines became desynchronized as the responses were not all returned at once. This affected the timeline which the panel had committed to, but added flexibility in response to their personal schedule conflicts. During the cyclical pattern of round distribution and validation, I found reviewing each response with the members became tedious for the panel as evident by the responses taking an extended amount of time. To avoid round-fatigue, I elected to change my validation method. To ensure the participants felt understood in a collective intelligence (Lindstone & Turloff, 1975), I followed up with one collective review of each panelist's responses with any further questions for clarification.

In addition, the panel was given an option whether they would like to be anonymous or named for their participation. Each panel member was blind carbon copied on each round of survey questions and the names of each were anonymous to one another as well as any other party invested in this project (i.e. Thesis Advisor, Chair of the Thesis Committee, etc.). Those who chose not to remain anonymous have been named within this final written thesis. The panel each signed an agreement to participate, which provided a detailed description regarding my process and what would be asked of them (see Appendix J). The panel members have been given a copy of the final product and free access to the site. They do not, however, own any part of the website or the written thesis. They are acknowledged as essential collaborators to the project.

Results & Discussion

The study conducted in this thesis compiled professional opinions regarding the questions presented: What are effective ways to communicate the work of a dance/movement therapist to an interdisciplinary team? Which ways are ineffective in communicating the work of a dance/movement therapist to an interdisciplinary team? How do dance/movement therapists describe their personal style of dance/movement therapy to interdisciplinary colleagues? With very little research published regarding DMT and interdisciplinary teams, I set out to produce a product that would support dance/movement therapists who may need assistance in marketing themselves during their career. Using the Delphi Method, I was able to assemble responses from a panel of dance/movement therapists who were willing to offer their thoughts and experiences to create the product. I was able to gather information and create a working-document to be offered online.

DMT In-Service Model – Original Thesis Format

Each time I get the chance to tell people about DMT, I feel a sense of eagerness. I am passionate about DMT, which fuels my eagerness to educate and discuss this field with other people. In the early stages of my thesis, I knew how important something like this would be for the field of DMT, but I did not know how to make it work as a thesis. Since this was not a typical thesis project, it did not have a format to follow. Through meetings with advisors and through my own research, it became clear where this excitement could fill a need and how it could be proposed as a thesis.

During my years of studying DMT, I spoke with my cohort about their experiences regarding the start of our professional careers. It was clear to me I was not the only student experiencing disinterest from colleagues at internship sites. Throughout the first stages of

creating the proposal, I witnessed members of my cohort needing support and asking questions while working through an assignment to present an in-service for their internship placements. I felt excited about this assignment because it provided an opportunity to share about DMT. However, I came across some similar questions as my cohort. As we each created our own individual in-services, I noticed there was no standardized model to follow. Therefore, we were possibly each explaining DMT differently. I also noted that we needed to acknowledge the setting and population to which we were presenting. In addition to these questions I thought a little deeper into the process and how this may be addressed. Once I finished presenting my in-service to my internship placement I was interested in knowing more about this process of imparting knowledge about DMT and how it was received by others.

Information Collection

The pilot study at my internship site was the inspiration that generated the initial questions and gave me an idea of who I needed to reach out to for the answers. Reaching out to gather a panel proved to be one of the more difficult tasks. I sent out numerous emails over a period of several months. It was then I realized by using the Delphi Method I was going to be running on other people's time during this portion. I came up with a prospective timeline where I would distribute the rounds of survey questions and give about three weeks for panel members to respond. Then I gave myself one week to read through their responses and provide them with the next round of survey questions. As mentioned in the Information Collection Method section in chapter three, I began with a set of initial survey questions and then used the responses to follow up with more detailed survey questions during the next round.

I took precautions to ensure I gave the panel enough time to respond, and gave myself time to review and create a new round of survey questions based on the previous responses.

Difficulty arose when I received panel member responses later than expected, which was a setback to the process. Due to all panel members having different schedules, I decided to use a validation strategy where the panel was able to review the DMT In-Service Model as it will be presented online and tell me if they feel their opinions were presented accurately. In order to prove that the participants' responses were recorded and presented correctly, time was allotted for the panel to review the website.

Upon completing the information collection, analysis of the information provided was the next step. This was completed using Moustakas' data analysis method. While using Moustakas' data analysis method, I felt the product come together almost seamlessly. The information gathered had clear outcomes, so piecing together an outline of the DMT In-Service Model was fairly straightforward. I allowed the process to move through time organically and paid close attention to feelings of saturation or stagnation in order to proceed to the next step.

Questions Researched

Upon setting out to answer my initial survey questions more elaborate questions were needed in order to obtain the necessary information for the website and the DMT In-Service Model. The research process included gathering information and exploring responses for clarity with each subsequent survey. Here I will relay some of the more salient information upon reviewing the surveys and responses. The initial research questions stated earlier in this chapter were used to generate the first survey that went out to the panel.

The first set of questions yielded shorter replies and the panelists' responses were less varied. It became clear with the first survey that the questions were vague; expanding upon the initial questions could happen during the following surveys. The answer to the first survey's first question, which asked if the panel enjoyed speaking about their work as a DMT, was a

unanimous yes. Each member affirmed they enjoyed speaking about DMT. In this first survey, I found it clear the panel agreed conversational information sharing was best and well received in their experiences. It was also abundantly clear, while reading the responses, that staff seemed most interested when they could apply the information learned to their own day-to-day practice. Panel member's responses to being asked "What have team members found interesting/not interesting about DMT?" were the most varied responses of this particular survey. Some panel members stated staff felt "amazed at the wisdom of the moving body" (C. Bull, personal communication, 2015). It seemed most staff found it interesting that dance/movement could be used as a way to "treat and communicate with people disregard [*sic*] of cultural background and language barriers" (W. Chen, personal communication, 2015). Several panel members spoke about their experience of staff members being drawn to the lightheartedness or joy DMT can provide. Most of the panelists explained that staff at their sites seems to recognize DMT for what it contributes to the unit. They shared that staff appreciate DMT's ability to provide safety, regulate clients, and manage the milieu. Others claimed that they did not see much interest in DMT from staff. To deepen into understanding the responses given to the first survey, I composed seven questions for the second survey (See Appendix F), which were designed specifically to gain further information about their first set of responses.

While reviewing the second survey responses, one response stood out to me immediately from the first question. The panelist said she personalizes her description of DMT "by simplifying it, not sounding too collegiate" (personal communication, 2015). This panel member stated she used humor and makes it relatable to everyone's experience. Each member eloquently divulged their way of personalizing their explanation of DMT differently to answer the question.

The following are the responses to the second survey's first question: "In what ways have you been able to personalize your description of DMT?"

- Since a great deal of my experience has been working with severe trauma, neglect and all forms of abuse victims, my description will generally include the connection between development socially, emotionally, and of course somatically. Additionally, I always include the fact that our very essence is movement; our blood flow, our pulse, our breathing, all rhythmic and essential for effective movement therapy.
- Over the years I have been fortunate to work in hospitals as well as in educational environments. DMT is, at the heart of the discipline, deeply personal. My body is the vehicle through which it moves. There is not a piece of art, or music, or other modality to describe it and so with me it begins and ends – no matter the context.
- I have been able to weave in the practice of other disciplines that I've already done before becoming a dance/movement therapist. Practices like expressive arts therapy, somatic movement therapy and Vipassana meditation.
- I usually try to put DMT with art and music therapies together so people get the idea of how creative art therapies work and what their clinical values and usefulness are. I sometimes include drama therapy as well. Also giving the idea of mind-body connection is a good one to use when I describe what DMT is.
- By simplifying it, not sounding too collegiate. I also use humor quite a lot but make it relatable to every person's experience.

From these responses I gained a better understanding of the diversity the website and DMT In-Service Model needed to address. The DMT In-Service Model includes guidelines to

follow but leaves room for creativity and personal artistic perspectives. The website encourages dance/movement therapists to speak from their own experiences within the structure given by the DMT In-Service Model.

Throughout the website it is suggested the presentation be kept light and conversational. Although the panelists each supported a conversational method of communication, communicating to groups of colleagues or a panel of interviewers for a job is common. The DMT In-Service Model can potentially be a useful tool for these instances. One idea referenced in the website, which came from panel members' feedback, is that when citing sources they will "target sources that are specific to the population" (personal communication, 2015). Targeting site and population specific sources ensures colleagues will remain engaged with the information because it is applicable to their work and their specific clients. One panelist also says she "explains the simple terms of the effort elements and ends by pointing out that that was just the basics" (personal communication, 2015). Using a brief description of a technique or theory is beneficial for clarity during time-sensitive meetings. Taking this into consideration, the website refers to handouts which include simplified versions of DMT sources for use during an in-service. Other panel members stated they use resources as well. I included a question in the third survey to explore this further, which I review later in this chapter.

In the second survey, I inquired about their professional opinions regarding citing resources and using scientific books or theories while sharing information. The responses were divided so I inquired further in the third survey. The responses regarding citing additional sources varied among panel members. Most stated it depends on with whom they were talking. This could help determine whether they will want further resources and what type of resources they may like. Bull (personal communication, 2015) stated "Know your audience and use what

you know about them as the lens to see and introduce DMT.” This statement is repeated on the website and should be considered for any type of presentation. One panelist made an important distinction between academia and hospitals: “In academia, more sources are always welcomed. In the world of hospitals I don’t think they care as much – If you can get their attention with one strong article/book from a solid source I think that’s enough” (H. Landgraf, personal communication, 2015).

As part of the third survey, additional questions were added to guide the creation of the DMT In-Service Model and its contents. One question involved their opinions about presentations themselves. When asked if they were to coach an intern through an in-service process where would they start, each panel member mentioned the importance of knowing the site and population. From here I inquired about an elevator speech. Since a light conversational style seemed to be prominent, I wanted to see what they would include in a brief speech if the opportunity arose. Examples of an elevator speech are provided on the website for users to access for a quick overview of DMT.

Finally, as part of the third survey, I asked the dance/movement therapists on the panel to share a story that has been the highlight of their career as a dance/movement therapist. I wanted to give the panel an opportunity to share a highlight that could hopefully act as a closure to the final round of questions and also tell me a little about them. If I could go back and revise the questionnaires, I would ask each panel member to share more about them-selves earlier on in the process. This would have helped me get a sense of the context from which they were speaking. I have included the idea of adding personal anecdotes within the DMT In-Service Model since it is often a wonderful way to engage an audience.

Creation of the Model

As data analysis concluded, the final product became more tangible. The creation process began with question number four from the third survey. This question set up the framework of the DMT In-Service Model. From here, I created the DMT In-Service Model's organization of steps to be followed. Using the panelists' feedback I started inserting content for the different sections. There was follow-up research necessary to include the handouts and other sources available on the website. This material is referenced in chapter two.

Summary

Sometimes, feelings are complicated and can be difficult to put into words; images, poetry, dance, or songs are capable of capturing feelings entirely. Creative arts therapies offer another avenue for accessing and processing emotions. One author explains this phenomenon directly; "The arts can open a back door to the psyche, drawing from individuals that which they cannot yet put into words" (Jackson, 2015, p. 22). Practitioners of creative arts therapies are skilled in their discipline and understand its connection to the psyche. For example, a dancer's connection to movement can go far beyond the movement itself. It can be a dancer's way of expressing the indescribable. This is not always evident for professionals who use more traditional methods of therapy.

The website, DMTinservice.virb.com, offers a foundation to support dance/movement therapists in confidently communicating about the work they do. The completed website offers students and professionals a uniformed format for presenting DMT. It provides a solid foundation where the dance/movement therapist is easily able to insert their knowledge and experience to disseminate it for an audience.

As experienced by current working professionals and students, there continues to be a gap in understanding of DMT. If this discipline is going to mature and synchronize as well as more traditional forms of therapeutic support, it is vital that practitioners are able to concisely provide knowledge for better understanding of our discipline. A more cohesive team is able to provide better support for individuals in their care (Hong and Shaffer, 2014).

Future implications and Use of the Website

There is a need for sharing and marketing the work of DMT. It is my hope that this thesis has created a product to start filling this need. I see the DMT In-Service Model being used by both students and professionals who delve into the field of DMT. The adaptable nature of this project allows for DMT professionals to share information in different settings. Being the first to introduce DMT to a site can be challenging, and this website will offer support to those acting as a pioneer. It can possibly support those dance/movement therapists who need to present a position pitch in a setting where DMT is new. The DMT In-Service Model can be used by students for their in-service presentation requirements for internships as well as for those inquiring about state licensure. The ADTA offers an annual Day of Service to give back to the community and offer a non-therapy DMT group and in-service to sites in the neighboring cities where we hold the annual ADTA conference. It is my vision that the DMT In-Service Model will serve as the formal layout for the Day of Service in-service. These are but a few of the places where the DMT In-Service Model will contribute.

I also see this DMT In-Service Model being adapted to help DMT stand out from other therapeutic professionals. Through using the DMT In-Service Model, dance/movement therapists may be better able to represent themselves to a future employer. Through the DMT In-Service Model, in addition to presenting their work in a concrete way, dance/movement therapists could

use alternative modes of media and presentation platforms to access their listeners' interests. The learning objectives (see Appendix D) for the DMT In-Service Model will help dance/movement therapists present with a clear intention. The learning objectives also offer a comprehensible way to evaluate the effectiveness of the DMT-In-Service Model.

A future area for research could look more closely at elevator speeches. This project unveiled the importance of conversational imparting of information; a more formal study done on elevator speeches and DMT could further illuminate this idea regarding making the most of informal opportunities. The DMT In-Service Model can morph and change over time; I see the DMT In-Service Model as a living document that is malleable to incorporating all levels of dance/movement therapists as well as many different sites and populations.

*The website is available at DMTinservice.virb.com.

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Appendix A

Sample Handout

Dance movement therapy (DMT) falls under the umbrella of expressive arts therapies. These types of therapies help individuals explore new ways to find their assertive, confident, competent selves (i.e. promoting independence and autonomy). New awareness in these areas can reflect back on an individual's behaviors, and attitudes in everyday life.

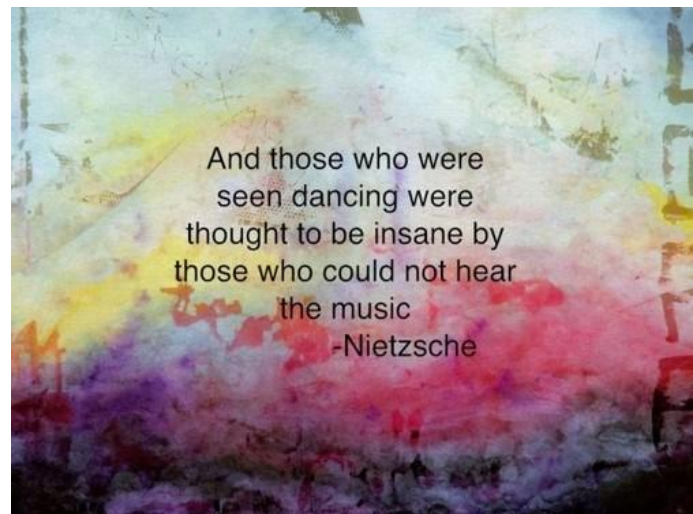
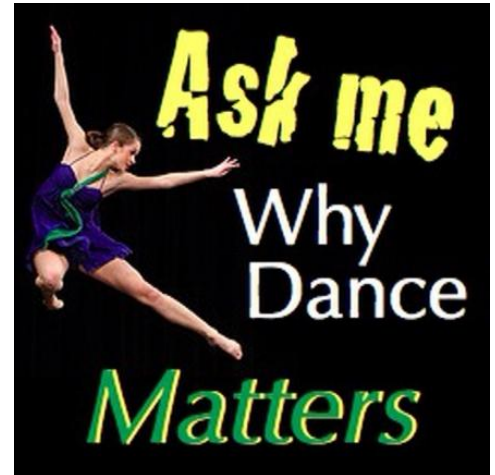
According to the American Dance Therapy Association "*DMT is the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual.*" (ADTA.org)

The ADTA states that DMT focused on movement behavior as it emerges in the therapeutic relationship. Movement is both the means for assessment and mode of intervention for a dance/movement therapist. DMT is practiced in mental health, rehabilitation, medical, educational, forensic science settings, nursing homes, day care centers, disease prevention, private practice, health promotion programs and more (ADTA.org). Expressive, communicative, and adaptive behaviors are all considered for group and individual treatment. DMT is used with people of all ages, races and ethnic backgrounds in individual, couples, family and group therapy formats (ADTA.org).

If you can change the body, you can change the mind. Re-patterning the body can create new linkages in the brain which creates new overall patterns of behavior. DMT can be considered a bottom-up approach vs. the traditional top-down in talk therapy. (Siegel, 1999).

Here at *SITE*

I use my dance/movement therapy training to assist those who have difficulty discussing their problems. Sometimes words are inadequate or unavailable. My services allow individuals to find their own way of expression at a pace that is comfortable to them. Dance/movement therapy at --SITE- is capable of helping clients achieve goals such as developing social skills, increasing independence by offering choices, enhancing quality of life and offering a voice to those who cannot fully express themselves verbally.



Appendix B
Sample Handout

Dance Therapy Survey Questionnaire

Date: _____

Department: _____

Position/Title _____

1. What do you know about dance/movement therapy? Have you ever done dance/movement therapy?
2. Does a dance/movement therapist do psychotherapy? What could they use as their therapeutic framework?
3. What do you think dance/movement therapy could offer our clients here at **cite**?
4. Are you interested in learning about dance/movement therapy?
5. What would you like to learn about dance/movement therapy?

Appendix C

Sample Handout

***DMT In-Service
Model Flow Chart***

1
Brief Intro
& Overview

2
Experiential

3
Introduction

4
Case
Studies

5
Closing
Experiential

6
Discussion/
Q&A

Notes: _____

Appendix D

Sample PowerPoint Slides

Slide 1

* Please use this example as a guide for your own site-specific presentation. Remember to read "notes" for the presenter at the bottom of each PowerPoint slide.

Dance/Movement Therapy (DMT) In-Service

-Erin Howe, MA Columbia College
Chicago

In-services can be creative and fun! You can tweak this Model to any length of time that works for you and your site.

Today's Agenda:

- Today's Objectives
- Movement Experiential
- Introduction to DMT
- Case Studies
- Closing Experiential
- Discussion & Questions

Brief Overview- Again, keep in mind the goals of the in-service (Learning Objectives on next slide example) and let the audience know what they are going to get out of today's' presentation. Learning Objectives for the DMT In-Service Model can be found at DMTinservice.virb.com.

Objectives for today's presentation:

- Attendees will acquire greater self-awareness and body-knowledge through movement experientials.
- Attendees will be able to recognize the differences between traditional talk therapies and DMT.
- Attendees will be able to recognize the differences between a dance teacher (or therapeutic dance) and DMT (dance therapy).
- Attendees will know where a dance/movement therapist fits into an interdisciplinary treatment team.

Note that you do not need to add ALL of the DMT In-Service Model's Learning Objectives, you can add those which apply.

Experiential

-Groups of two

- First partner has two minutes to do a movement sequence
- Second partner reflects
- Switch and second partner creates movement sequence
- First partner reflects

-
- Observations?
 - Questions?
 - Comments?

Experiential- Make sure that you leave some time at the end of this experiential to go over what they felt and how they think it could be useful for clients.

Introduction

What is Dance/Movement Therapy?

- Profession developed in the 1940s and 50s
- American Dance Therapy Association (ADTA): 1966
- Emergence of Master's programs: 1970s
[Currently 7 in US and an alternate route option]
- American Journal of Dance Therapy (AJDT): 1977
- From registry credential to Board: 2009

Introduction Con't

- The American Dance Therapy Association (ADTA) defines dance/movement therapy as the *"...psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual."*
- The ADTA stated that dance/movement therapy is:
 - Focused on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are all considered for group and individual treatment. Body movement, as the core component of dance, simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy.
 - Is used with people of all ages, races and ethnic backgrounds in individual, couples, family and group therapy formats.

ADTA.org

Introduction- Again, depending on the site and the audience you have, please add additional information for those who are interested. Remember to keep things short and succinct as well as informative and engaging. Information should all be something that the audience can walk away with a good understanding of and any references they may need in the future.

Introduction Con't

- Similar application and philosophy to: somatic therapy, yoga/yoga therapy, expressive arts therapy.
- DMT is practiced in mental health, rehabilitation, medical, educational and forensic settings, and in nursing homes, day care centers, disease prevention, health promotion programs and in private practice.
- DMT is effective for individuals with developmental, medical, social, physical and psychological impairments.

Case Study 1 “Sally”

Movement observations

- Developmentally and intellectually disabled
- History of sexual abuse
- Violent behaviors when not given objects she desires
- Demonstrates anger physically
- Clients Goal:
 - Make friends
 - Engage/disengage better in conversations
- Uneven/unstable gait
- Unable to process emotions verbally, would reflect her anger through ‘punching’ and ‘slashing’ movement qualities (refer to Laban’s diagonal scale).
- Difficulty disengaging with peers.
Effort:
(weight, space, time)
 - “float” action Drive
 - Indirecting
 - decreasing pressure
 - decelerating

Case studies- These will differ based on the audiences you have. If everyone generally knows the client you are presenting on then there will be less time needed for telling them about this client in specific details. However, you will need to go into more detail regarding their movement qualities and what you observe on a body-level for the client. This is the new lens that you are bringing forward. Allow a moment for questions if necessary.

Case Study Con't “Sally”

- Interventions:
 - Laban’s Dimensional Scale and Diagonal Scale
 - Effort modulation into “press” action Drive
(biggest change in spatial direction)
- FROM Indirecting TO Directing
- FROM decreasing pressure TO Increasing pressure
- Decelerating no change
- Increase in spatial awareness
(by changing spatial pattern from indirecting to directing)
- Better able to disengage in conversations.

For presenter to inform audience: Using Laban’s scales as DMT interventions addressed some of Berrol’s (2009) specific “primary areas of function”. The areas of function addressed in these DMT sessions were: body image, self concept, social skills, affect/self regulation, balance, motor planning, motor sequencing, spatial awareness, spatial judgment, and communication skills (Berrol, p. 203).

Case Study 2 “Rickie”

The grid & Goal setting

- Movement qualities:
 - Indirecting (space)
 - Sustained/decreasing (time)
(moving slowly)
 - Passive use of weight
- Practicing new movement qualities to get to the “goal”/new place in the room
- Increase in spatial awareness
(by changing spatial pattern from indirecting to directing)

Dimensional Scale

Rudolf Laban (1879-1958)

- One of the founders of European Modern Dance.
- A dancer, choreographer and dance/movement theoretician.
- Influenced by his studies in visual art, science, mathematics, theater, philosophy, and psychology.
- Created a system of dance analysis and theory known as Laban Movement Analysis, as well as a system of notating movement called Labanotation.

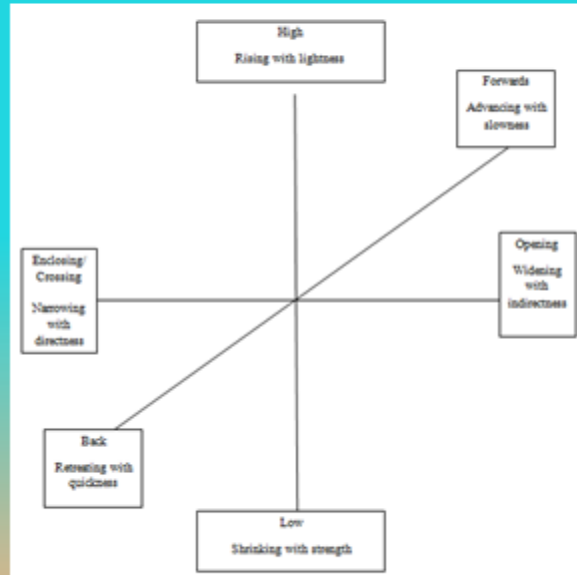
- The 3 different Dimensions are:
 - Vertical Dimension (up-down)
 - Horizontal Dimension (side-side)
 - Sagittal Dimension (front-back)

I have chosen to incorporate Laban in this slide and the next. Please take time to adapt the language of your slides and word choices to the site where you are presenting. Make sure that it is appropriate for the culture and population of the site. You may choose to use less of one specific category (such as Laban) and incorporate other ideas. (i.e. KMP, body knowledge/body prejudice, breathing techniques, WOMMPing, etc.)

Be mindful of the content in your slides and experiential materials. Try to consider the sites culture, population, and language in order to keep your audience engaged. Using the Learning Objectives provided will help guide the contents of your slides in this way.

Closing Experiential

Laban's Dimensional Scale



I have chosen to illustrate the Laban Dimensional scale for this presentation. Please take time to adapt the language of your slides and presentation to the site you are presenting. Make sure that it is appropriate for the culture and population of the site.

Closing Experiential- Make sure that you leave some time at the end of this experiential to go over what they felt and how they think it could be useful for clients. At this point they could possibly be able to see the benefits of the experiential to clients on their own.

Discussion / Q & A

- DMT is psychotherapy first and foremost.
- ADTA is a nationally recognized, professional organization, and the process necessary to become a dance/movement therapist is extensive.
- DMT is a credentialed profession with board certification. The ADTA dictates dance/movement therapist standards of education and ethical codes.
- ADTA and the Dance/Movement Therapy Certification Board (DMTCB) standardize the process for board certifications and issue credentials.
- Visit CALPCC.org for California's state licensure process.

De-brief of experiential- This is only one example of a movement intervention. Please select intervention that best suits your audience and facility. At this point they could possibly be able to see the benefits of the experiential to clients on their own.



Contact me

- Feel free to contact me if you think your client could benefit from movement interventions.
- Please hand in your evaluation forms !

😊

Erin Howe:
First.last@emailme.com
Ext. 2345



You may choose to insert questions from your Learning Objectives from earlier in the presentation for their evaluations.

Appendix E

First Survey Questions

1. Do you enjoy speaking about the work that you do as a dance/movement therapist? If you do, what do you enjoy?
2. Where do you find yourself most often speaking to other staff about DMT? (i.e. in passing, formal presentations etc.)
3. Which staff members are most/least interested in learning about DMT? (i.e. Clinical team, administration, case management, etc.) How do you know?
4. What have team members found interesting/not interesting about DMT? How did you receive such feedback?
5. What types of media do you utilize for describing DMT? (I.e. formal in-service, handout, PowerPoint, conversation, etc.) What works well, and what does not work well?

Appendix F

Second Survey Questions

1. In what ways have you been able to personalize your description of DMT?
2. In your experience, what specifically have you found most effective when briefly giving an explanation of DMT to colleagues? (brief: 10-15 minutes)
3. When explaining the scientific elements of DMT, what books, theories, names etc. do you name/cite?
4. What has been your experience with anecdotal evidence? Do others enjoy hearing your specific stories? If so, can you describe one that was particularly helpful to your team?
5. What type of unique qualities do you find yourself bringing to a medical or otherwise non-dance/movement therapy based team?
6. Have you been able to effectively explain DMT to those who are not particularly interested? (i.e. medical personnel, other line staff, etc.) If so, how?
7. Have you experienced the dance/movement therapist being seen as a 'dance teacher', 'babysitter', 'anger management teacher', etc.? What was your experience?

Appendix G

Third Survey Questions

1. Do you feel that your work is more well-received if you cite additional sources? If yes, how so? If not? Why do you think that might be?
2. What elements of DMT do you find overlap the closest with other fields?
3. What benefits do you seem to achieve after educating colleagues regarding the work of dance/movement therapists?
4. With the understanding that explanation of DMT usually happens organically, please place these possible sections in order and give a brief description of why you chose the particular order. You can also add sections or take out what you feel would create the best presentation.

Introduction (self- what brought you to DMT)

Experiential

Overview of DMT (official definition, mind/body connection)

Brief history of DMT

Personal anecdotes of cases

Final experiential

Questions (if time permits)

5. If you were coaching a student to give the best possible presentation of DMT to their first internship placement, where would you start?
6. What goes into *your* DMT elevator speech?
7. Please share one story, or more :) that has been the highlight of your career once becoming a dance/movement therapist.

Appendix H

Recruitment email

Dear Prospective Participant,

My name is Erin Howe. I am a master's student in the dance/movement therapy and counseling program at Columbia College Chicago. I am recruiting panel members for my thesis to help explore effective communication about DMT.

Your information was referred to me via _____. I am looking for dance/movement therapists who have familiarity with informing interdisciplinary teams about DMT. You are being asked to collaborate in the creation of a DMT in-service model. Your feedback to questions will provide evidence based information to the model. The purpose of this project is to create an in-service model for dance/movement therapists to effectively communicate and increase knowledge about dance/movement therapy to colleagues on an interdisciplinary team. Your contribution to this study will be incorporated (with a choice of anonymity) into a website that will be available to help dance/movement therapists and dance/movement therapy students.

Please let me know if you are interested in participating.

Thank you for considering this request.

Erin Howe
Columbia College Chicago
Dance/Movement Therapy and Counseling
M.A. Candidate 2014

Appendix I

Participant Agreement email

Hello _____,

Thank you again for collaborating with me on this thesis project. Attached is the agreement form. The form is fairly straight forward, but if you have any questions let me know. Please return a signed copy of this form. To return the signed form you may:

1. Scan and email to erin.howe@loop.colum.edu
2. Fax to [\(312\)369-8054](tel:(312)369-8054)
3. Mail to *personal address*

I would like to receive all returned forms by February 10th and plan to send out the first round of questions by February 17th. It would be ideal to have the questionnaires returned within one week so that I can consolidate responses, verify with you, and then send out the next questionnaire. This is a prospective timeline:

February 10th - Read, sign, and return agreement form

February 17th - Receive first round questionnaire

March 17th -Receive second round questionnaire

April 7th -Receive third round questionnaire

*These dates may be sooner or later than anticipated based on response times for questionnaires. I encourage you to return the questionnaires within one week after they are sent.

I am very excited to hear about your experiences and to be working together in this season.

Thank you,

Erin Howe
Columbia College Chicago
Dance/Movement Therapy and Counseling
M.A. Candidate 2014

Appendix J

Agreement to Participate

Collaborative creation of a dance/movement therapy multi-media in-service model

Erin Howe

Columbia College Chicago

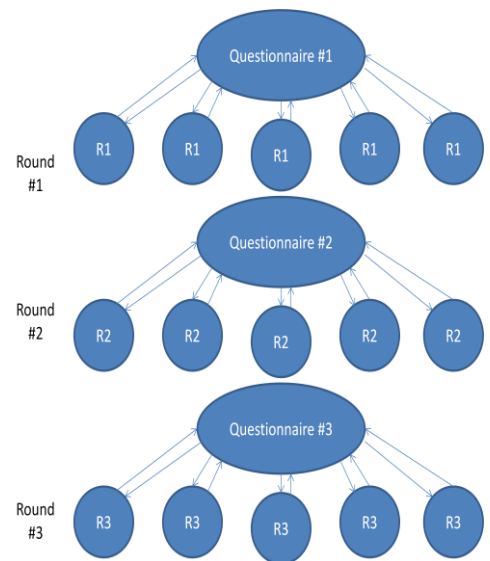
Faculty Advisor: Laura Allen, BC-DMT, LCPC, GL-CMA, lallen@colum.edu, 312.369.7963

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

You are being asked to collaborate in the creation of a dance/movement therapy in-servicing model. The purpose of this project is to create an in-service model for dance/movement therapists to effectively communicate and increase knowledge about dance/movement therapy to colleagues on an interdisciplinary team. Your contribution to this study will be incorporated into a website that will be available to help dance/movement therapists and dance/movement therapy students.

Expectations of Collaborators and Lead Collaborator

- By volunteering to participate in this study, you will be asked to partake in three rounds of surveys. After each survey I will be following up with you to summarize your response for validation. (This image is how I envision the three rounds to progress.)
- I will begin communication with you by email but will offer alternative options for contact based on your convenience (i.e. phone conversations, face-to-face meetings, etc.).



Estimated time that is required

- Time required to answer the questionnaire will be dependent on how much information you would like to share. Most questions will be short answer. I anticipate the questionnaires to be between 5 - 12 questions each.
- Ideally I will receive responses from panel members within a one to two week timeframe.
- Attached to the end of this agreement is a prospective timeline for the full project.

Choice of Anonymity

- You will be asked if you would like to remain anonymous or have your name be added as a contributor to the information on the website. You also will have the option to create a pseudonym. If you choose to remain anonymous, the location of our meetings will be confidential in a space such as your office. I can reserve a space at Columbia College Chicago, or other possible locations to keep your identification minimal.

Beneficence

- You will be given a copy of the final product as well as full and free access to the website and templates once established.
- The Collaboration will help produce information that will be utilized within the website and templates to benefit the field.
- Once finished the thesis and site will acknowledge you as a collaborator (if desired) to the project.

Risk considerations

- This study will be asking for your own personal experience of informing interdisciplinary teams about DMT. Risks are not anticipated to be beyond what you experience in everyday life.
- You will not own any of the final thesis or the website; you will be purely contributing to the content.

Your participation is voluntary and you may withdraw at any time without any negative effect on your relations with any participating institutions or agencies. If you have any questions, concerns or problems you may contact me at *personal mobile number*. Or, you may contact my faculty advisor, Laura Allen at lallen@colum.edu, 312.369.7963.

Thank you for considering this request.

Your signature on this document indicates agreement to participate as a collaborator.

The signature on this document indicates agreement to include the above named subject in the project and confirmation that the participant understands this agreement.

| | | |
|---------------------|--------------------------|-------|
| _____ | _____ | _____ |
| Collaborator’s Name | Collaborator’s Signature | Date |
| (Please print) | | |

| | | |
|--------------------------|-------------------------------|-------|
| _____ | _____ | _____ |
| Erin Howe | | |
| Lead Collaborator’s Name | Lead Collaborator’s Signature | Date |

Appendix K

Pilot Project Questions

Dance Therapy Survey Questionnaire

Date: _____

Department: _____

Position/Title _____



1. What do you know about DMT? Have you ever done DMT?
2. Does a dance/movement therapist do psychotherapy? What could they use as their therapeutic framework?
3. What do you think DMT could offer our clients here at *facility*?
4. Are you interested in learning about DMT?
5. What would you like to learn about DMT?

Appendix L

Follow up email

Good afternoon,

Attached is a draft of the In-Service Model that will be going on the website. THANK YOU! for everything!

If you can review this and give some feedback I would like to make sure that I have gotten all of your points across correctly. I will be working to submit this draft in about two weeks. If you could get back to me sometime within the next week, that would be ideal. I know that this is not a long amount of time, I apologize. Let me know best you can- and if you need some more time just shoot me a quick email and let me know :)

Thank you so, so much!

Erin Howe
M.A. Candidate 2014
Dance/Movement Therapy and Counseling
Columbia College Chicago

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TITLE OF WORK: ___ Dance/Movement Therapy In-Service Model: A Collaborative Creation ___
SIGNATURE: _____ *Erin Howe* _____
DATE: ___ 12/10/2015 ___ EMAIL: ___ erin.howe@loop.colum.edu ___

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INNOVATION IN THE VISUAL, PERFORMING,
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Address: 1933 Sunset Drive, Vista, California. 92081

Signature 

Date: 12/10/2015

Witness Signature

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve and waive any rights in this release.

Parent/Guardian Signature (if under 18)