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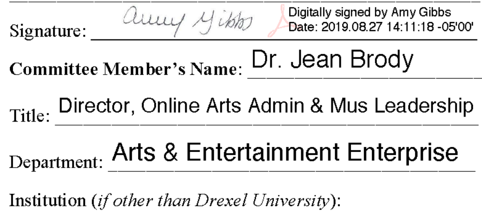

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Dance/Movement Therapy, Creative Arts Therapy, and How Dance and Performing Arts Managers Can Assist Program Participants and Employees in Times of Need

A Thesis

Submitted to the Faculty

of

Drexel University

By

Lauren K. Carnesi

In partial fulfillment of the

Requirements for the degree

of

Master of Science in Arts Administration

August 2019

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Table of Contents

Abstract v

Chapter 1: Introduction 1
Research Question/ Hypothesis 5
Research Methodology 5

Chapter 2: Literature Review 9
Creative Arts Therapies 9
Art Therapy 10
Drama Therapy 11
Music Therapy 13
Dance/Movement Therapy 14
Expressive Arts Therapy 15
Arts in Healthcare 15
Therapeutic Dance 17
Dance/Movement Therapy History 18
Patient Populations 19
Examples of Dance/Movement Therapy in Practice 21
Mental Health and Offering Help 23
Mental Health and the Workplace 23
Reaching Out and Where to Start 25

Chapter 3: Findings and Discussion 27
Dance/Movement Therapists 28
Dance/Movement Therapy's Role Within the Creative Arts Landscape 32
Similarities Between DMT and Other Creative Arts Therapies 33
Incorporating Other Modalities 33
Therapeutic Outcomes 34
Dance/Movement Therapy and Trained Dancers 36
Other Creative Arts Therapy Modalities 38
Drama Therapist 38
Art Therapist 40
Music Therapist 41
Incorporating Other Modalities 41
Modality Specific Outcomes 42
Patient Outcomes 43

Chapter 4: Conclusion 44
Performing Arts Versus Visual Arts 46
Referrals 46
Further Research 47

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How Can a Creative Arts Therapist Help in Dance and Performing Arts Organizations? 49
Dance and Performing Arts Managers 51

Chapter 5: The Toolkit 53
Creative Arts Therapy Governing Organizations 54
How to Identify Warning Signs 55
Steps and Guidelines to Provide Support 57
How to Talk to Someone You're Worried About/ PRIME SOS 60

Bibliography 62

Appendix 1: Therapist Locator Reference 67
Appendix 2: Interview Protocol 68
Appendix 3: Interview Questions 70

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Abstract

Dance/Movement Therapy, Creative Arts Therapy, and How Dance and Performing Arts Managers Can Assist Program Participants and Employees in Times of Need
Lauren K. Carnesi

The purpose of this study was to analyze dance/movement therapy's role within the creative arts therapy landscape and the process of determining when dance/movement therapy would be recommended over other creative arts therapy modalities. The thesis aims to provide information to help dance and performing arts managers to assist a program participant, or employee, potentially navigate the emotional, psychological, and potentially physical side of a situation they are facing by providing advice, information, or resources that could help them. The study included interviews with three dance/movement therapists and three other creative arts therapists. Amongst the dance/movement therapists, the emphasis on the mind/body connection is thought of as the top distinguishing factor between dance/movement therapy and other creative arts therapy modalities. The other creative arts therapists interviewed included an art, drama, and music therapist. All of the therapists work in different types of facilities, including multiple types of private practices, hospitals, and schools; the therapists have worked with ages ranging from babies to adults. Each of the therapists provided examples of extensive therapeutic outcomes. Only one therapist believed that overall, their therapeutic outcomes were modality-specific. One other therapist gave a single patient-specific example. The other therapists all believed their outcomes could also be achieved through other modalities. There is a large crossover between modalities and what can treat each

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diagnosis and treatment should be created around the individual patient and not the limitations of a modality.

In response to my very first question and desire to find out what role dance/movement therapy fulfills within the creative arts therapy landscape, I did not find a concrete role or answer to this question. Inviting a creative arts therapist into a community can truly benefit program participants and employees. A therapist could help bring closure to a production process; help an organization touch on subjects that the staff doesn't feel comfortable with; provide a subtler way of linking program participants and employees to support or help; and assist in situations related to trauma. The final chapter includes a toolkit including resources and references for arts managers, offers of encouragement to use the resources, and a discussion on why being brave and vulnerable is more important than playing it safe.

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CHAPTER 1: INTRODUCTION

The origins of the creative arts therapies date back to the times of the Ancient Egyptians (Rubin 2009); although certified practices did not start to develop until the conclusion of World War II (Rosen and Atkins 2014). Regulated dance/movement therapy did not occur in the United States until the incorporation of the American Dance Therapy Association in 1966 (Devereaux et al. 2016). Dance/movement therapy has since been a topic of great interest with new research being studied and published consistently. The majority of research currently surrounding dance/movement therapy is aimed towards assisting dance/movement therapists.

There is a lack of research about dance/movement therapy that is relevant and useful for arts managers and staff members. This thesis will focus on sharing information about dance/movement therapy, other creative arts therapy modalities, and how dance and performing arts managers may use this information to potentially assist a program participant in navigating the emotional, psychological, and possibly physical side of a situation they are facing. The purpose of this thesis is to explore dance/movement therapy to find out what role dance/movement therapy fulfills within the creative arts therapy landscape so that dance and performing arts managers and staff members of small to medium-sized organizations can better understand what dance/movement therapy is and why it would be recommended to someone seeking help with mental or physical health conditions over another creative arts therapy modality. I hope that through my research, I can arm dance and performing arts managers and staff members with a reference, resource, and knowledge base. It is my wish that this information can help them provide

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recommendations to each other and program participants if a situation like my own health challenges or ones I have faced through my experience as a person of influence working for a dance or performing arts organization, should arise within their organization's community.

A few terms must be defined for this thesis. American Dance Therapy Association defines the modality of dance/movement therapy as, "[the] psychotherapeutic use of movement to further emotional, cognitive, physical and social integration of the individual" (ADTA, n.d.). I learned from one of my interview subjects that sometimes therapists will use variations of the formal modality title to cater to the specific degree of dance versus movement or movement versus dance in their practice (Wager 2019). Some therapists also use variations of the name depending on what their client or patient population will react to best. For this thesis, dance/movement therapy will cover all variations of dance, movement, and dance/movement therapy.

Small to medium-sized organizations include for-profit and nonprofit organizations with no more than ten staff members. This information is relevant to larger organizations, but, I chose to focus on small to medium-sized organizations because of the direct contact managers have with program participants in smaller organizations. All levels of managers and staff members work with the program participants.

The term program participant will be used to describe someone like a teenager who takes dance classes through the organization, an adolescent in a children's theatre program, a professional performer with a company in residence, or a parent who pays for services and waits in the organization's lobby regularly. These are people who are participating in services offered by the organization, not audience members. Dance and

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performing arts managers and staff members refer to the people who work in the organization and have direct contact with program participants.

With the individual fields of arts and health continuing to crossover and collaborate, dance and performing arts managers need to have a better understanding of how the areas can assist each other in helping people (Ali, Cushey, Siddiqui 2016; Britton 1984; Courchesne, Ravanas, Pulido 2017; Goodwill 2016; Soh, Choi 2017). As these fields continue to progress and develop together, it will be important for dance and performing arts managers of small to medium-sized organizations to have a fuller understanding of their artistic discipline of choice and its relationship to medical areas of practice like psychotherapy. Creative arts therapy covers the space in which the arts and psychotherapy overlap. Dance and performing arts managers of small to medium-sized organizations work closely with their staff members and program participants, and these close-knit relationships allow managers to be seen as people of influence.

It is essential that people who are seen as influential acknowledge their standing and recognize the responsibilities that come with it. In today's world, people are expected to try to offer help when they realize that someone is going through something difficult, whether it be a mental or physical health crisis. Mental health is a topic of great discussion, and many people believe mental health programs should be integrated into the workplace (Greden 2017; LaMontagne et al. 2014; Race and Furnham 2014). Add in the tight-knit, family feel of a smaller dance or performing arts organization, and you can see why a manager or staff member would be sought out by a program attendee or co-worker for a recommendation on how to get help.

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I am attracted to this topic as a rising arts manager whose artistic discipline of specialty and passion is dance. I am also particularly drawn to this topic of research for two different reasons. First, I am a Lupus survivor. I was diagnosed with Systemic Lupus Erythematosus, which caused me to become critically ill in the late fall of 2013. I had a long battle back to recover physically, mentally, and emotionally. Lupus is a lifelong disease that has affected every aspect of my life and will continue for the rest of my life. Being allowed to teach and choreograph dance from a chair was the only thing that kept me going while I was recovering; I wish I had been aware that dance/movement therapy existed back then. This type of therapy would have addressed the emotional and mental aspects of my recovery that were never truly tended to. Second, as a teacher, guest artist, manager, and consultant for many different dance and performing arts programs over the past seven years, I have crossed paths with more people experiencing traumatic events or needing help than I ever thought a person in my position would. My experience with other people who could have benefitted from dance/movement therapy or another creative arts therapy modality range from someone having a parent die in a highly publicized car crash, to working in Baltimore City during the Freddie Gray riots, having students battle anorexia nervosa, and another suffer with severe depression as a result from multiple concussions. Dance/movement therapy or another creative arts therapy modality would have been something I could recommend to help these people when they felt helpless.

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Research Questions/ Hypothesis

My early research indicated that all creative arts therapy modalities could include some element of movement. This movement could be swaying to the music; how the body naturally reacts to putting a paintbrush on canvas; or taking on the physicality of a character in a role-playing exercise. I was interested to see when dance/movement therapy is recommended as the primary treatment over other forms of therapy and why it would be recommended as someone's first choice. Additional questions include what types of patients do the therapists work with? Where do patient referrals come from and does insurance cover these therapy services? What are the most important outcomes of therapy for patients that result directly from dance/movement therapy?

Based on personal experience as a lifelong dancer and a quick overview of dance/movement therapy, I expected recommendations for dance/movement therapy to be heavily influenced by a person's inability to vocalize their trauma or deterioration in the mind/body connection. As a dance professional, I have experienced situations where I can't put into words what I am feeling, but can express the emotions through movement. The mind/body connection is the relationship between the mind and mental states such as emotions, beliefs, thoughts, and attitudes, and a person's physical health, or, the body (The Chopra Center 2018).

Research Methodology

I have completed my qualitative, pure research for my thesis by conducting interviews. My thesis is an analysis of dance/movement therapy's role within the creative arts therapy landscape and the process of determining when dance/movement therapy

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would be recommended over other creative arts therapy modalities. I felt qualitative research would be the best fit for my thesis since the answers to many of my questions involve opinion over real data. I knew the views, and expert knowledge of working professionals would be necessary for my research; therefore, the clear choice for my research design was interviews.

For my thesis, I interviewed three dance/movement therapists. To gain the perspective of other creative arts therapy modality therapists, I also interviewed a drama therapist, art therapist, and music therapist. Since these therapists have to adhere to patient confidentiality laws, the therapists were not expected to share narratives of their patients or cases unless they were comfortable in doing so.

Creative arts therapists are professionals who have fulfilled extensive education, training, and licensing requirements. Each modality of creative arts therapy has its requirements established by their specific governing organization. Most modalities have psychotherapy and counseling worked into their education and training. Creative arts therapists toe the line between being considered mental health professionals and allied healthcare professionals (Malchiodi 2014). The classification depends on the governing organization's professional stance on their field, type of licenses, and where the modality is practiced, i.e., in a mental health facility or not (Malchiodi 2014). The main difference between the allied health professions and mental health professions is how the interventions are designed. Allied health professions focus on promoting wellness, managing stress, stimulating physical rehabilitation, expressing feelings, alleviating pain, and improving memory. Mental health professions focus on achieving psychosocial goals (Malchiodi 2014). Most creative arts therapies include interventions that include elements

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of both mental health and allied health professions. Even with governing organizations taking stances on the classification of their modality, not all creative arts therapists and other healthcare professionals agree on the categorizations (Malchiodi 2014).

A registered dance/movement therapist (R-DMT) or board certified dance/movement therapist (BC-DMT) is a mental health professional who has gone through the accreditation process and licensure to be able to use dance/movement therapy for psychotherapeutic purposes (Goodwill 2016; Mau, Giordano-Adams 2016; Orkibi 2018). A Registered Dance/ Movement Therapist (R-DMT) is someone who has attained a basic level of certification within dance/movement therapy education and training and has acquired entry level admittance and licensure into the profession. The title signifies that the therapist can be employed within a clinical and/or educational setting. A Board Certified Dance/Movement Therapist (BC-DMT) is the highest accreditation and certification level of dance/movement therapy practice and indicates the therapist's additional credentials and licensure to participate within private practice and to supervise and educate students in the process of becoming an R-DMT (American Dance Therapy Association, n.d.). I interviewed Jody Wager, Jesse Smith, and Amanda Gill.

For the three non-dance/movement therapy interviews I conducted, I made sure to interview someone who was a member of the governing agency or organization in charge of accreditation for each creative arts therapy modality. The North American Drama Therapy Association (NADT) is the governing agency for Drama Therapy in the United States. There are different paths that drama therapists can take that lead to receiving a license. Depending on what track they take determines whether they will be classified as

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a mental health professional or an allied healthcare professional (North American Drama Association, n.d.). I interviewed Angelle Cook.

The American Art Therapy Association (AATA) is the nation's most prominent nonprofit organization for advancing the art therapy profession. The association describes art therapy as an "[integrative] mental health and human services [profession]" (American Art Therapy Association n.d.). Art therapy is heavily involved in the classification debate between mental health profession or allied health profession (Malchiodi 2014). A large piece of the discussion rides on the fact that the American Art Therapy Association is transitioning the management of their educational standards to the Accreditation Council for Art Therapy Education. The Accreditation Council for Art Therapy Education is regulated by the Commission on the Accreditation of Allied Health Education programs (American Art Therapy Association, n.d.). I interviewed Elizabeth Hlavek.

The Certification Board for Music Therapists is the organization in charge of accreditation for music therapists. Music therapists fall into the category of allied healthcare professionals (Malchiodi 2014). I interviewed Mariagracia Rivas Berger.

This study had many limitations. The most prominent limitation of this study was patient confidentiality. The therapists used their best judgement in providing information about their work without crossing the boundaries of patient confidentiality expectations. The creative arts therapies that I have studied are limited to dance/movement therapy, art therapy, drama therapy, and music therapy. This study does not purposefully seek to aid medical professionals. The research and writing for this thesis took place over six

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months, which is the allotted time frame provided by the Arts Administration Masters Graduate Program at Drexel University.

Chapter 2: LITERATURE REVIEW

Creative Arts Therapies

Creative arts therapies were used as community building and holistic healing practices long before they were formally transitioned into medical professions. The impetus for the formalization of art healing into a therapy primarily came from the needs of veterans returning home after the world wars (Mau, Giordano-Adams 2016; Sonke et al. 2009). The foundations of many current creative arts therapy modalities were born during this time out of experimentation with theory and practice (Mau, Giordano-Adams 2016). After a few decades of formalized individual practice, it became clear that each modality needed a community of peers and professionals to share information and research, and establish qualifications for registered practice. This desire led to the incorporation of groups that are now known as the American Music Therapy Association, American Dance Therapy Association, American Art Therapy Association, and the North American Drama Therapy Association.

"Creative arts therapy denotes the general grouping of all of the arts modality-based therapies" (Rosen and Atkins 2014). These different modality-based therapies include dance/movement therapy, art therapy, music therapy, poetry therapy, play therapy, and drama therapy. Each modality has its theories and best practices but furthering holistic health through art, aesthetic experiences, and creativity are their

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common goals (Rosen and Atkins 2014). The modalities find common ground by "[sharing] a psychotherapeutic approach, which distinguishes them from other professions such as speech and language therapy and occupational therapy" (Colbert 2018).

Art Therapy

Art therapy is one of the most commonly known modalities of creative arts therapy. According to the American Art Therapy Association, art therapy "[uses] art media, the creative process, and the resulting artwork to explore [the patient's] feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem" (American Art Therapy Association n.d.). Art therapy uses visual formats to stimulate psychological substance through projective technique (Levy 2014). Art therapy relies on the use of physical objects marrying the "art aspect" to the "therapy aspect." Assisting in discovering the materials and supplies most appropriate for the client's condition and needs is one of an art therapist's main responsibilities (Orkibi 2018).

The origins of art therapy in the United States are attributed to Margaret Naumburg and Edith Kramer (Potash 2018; Rubin 2009). Both women were scholars who studied many subjects in addition to their combined expertise in art, child development, analytic theory, and education. From 1941- 1947 Naumburg, known as the "grandmother" of American art therapy, worked with patients at the New York State Psychiatric Institute where she published case studies in psychological journals (Potash 2018; Rubin 2009). Elinar Ulman is credited with facilitating an early training program at

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George Washington University and creating the first journal dedicated to art therapy, Bulletin of Art Therapy, in 1961 (Potash 2018). The journal was later renamed American Journal of Art Therapy. Elinar Ulman, Robert Ault, Don Jones, Felice Choen, and Myra Levick joined as the original committee that incorporated into the American Art Therapy Association in 1969 (Rubin 2009).

Authors Regev and Cohen-Yatziz conducted a study of twenty-seven art therapy cases from 2000- 2017 dealing with the effectiveness of art therapy within different adult patient populations. Seven general patient categories were created, including cancer patients, medical conditions, mental health, trauma victims, prison inmates, the elderly, and clients who face ongoing daily challenges. The authors concluded that there is enough meaningful evidence to claim that cancer patients, trauma (non-PTSD) patients, prison inmates, and elderly patients benefited from art therapy services. Cancer patients emerged as the patient population to be most positively affected by art therapy (Regev and Cohen-Yatziz 2018).

Drama Therapy

Drama Therapy is a creative arts therapy where the most defining element of the therapy relates to the patient's role. Most other creative arts therapy modalities function with the assigned roles of client and therapist. A drama therapy client is considered a "participant observer who can experience both the audience and performer roles which can change from moment to moment" (Orkibi, Bar, Eliakim 2014). Practices typically involve participating in story-making, role-play, and rituals. Props such as puppets, miniature figures, and masks can also be utilized (Orkibi 2018). Each of these methods,

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in addition to the use of metaphors, is meant to provide a space where clients can work through issues from a perceived safer distance (Orkibi, Bar, Eliakim 2014). Overall, drama therapy is meant to employ drama to enable change (Orkibi 2018).

Many studies have been conducted on drama therapy's success with different populations and disorders. Most scholarly research associated with drama therapy has been associated with mental illness (Orkibi, Bar, Eliakim 2014). In 2014 a study was conducted to see what was the effect of drama-based group therapy on aspects of mental illness stigma. Two focus groups were created; the first group included five people with mental illness aged 22–60. These participants had a range of disorders, including borderline personality disorder, bipolar disorder, and schizoaffective disorder. These participants were thought of as high functioning and were distanced from their last episode. The second focus group included seven university students ages 25-50 years old who were not diagnosed with mental illness. Findings on the participants with mental illness from the study included a rise in self-esteem and a decrease in believing the stereotypes associated with their disorder to be true about themselves. Findings on the student participants without diagnosed mental illness included a decline in public stigma and negative thoughts about people diagnosed with mental illness (Orkibi, Bar, Eliakim 2014). Additionally, drama therapy was found to reduce symptoms of schizophrenia in comparison to other creative arts therapy modalities (Crawford, Patterson 2007).

The term "drama therapy" was popularized by Gertrude Schattner in Europe during World War II. American drama therapy found its roots in drama educators who worked with young children and process drama (Brooke 2006). American pioneers including Rosilyn Wilder, Eleanor Irwin, Naida Weisberg, Rose Pavlow, Patricia

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Sternberg, and Jan Goodrich are credited as some of the founders of the National Association for Drama Therapy which was incorporated in 1979 (Brooke 2006). Like most other creative arts therapy associations, the organization supported training and education for those who wished to work in the field and founded standards of registry or certification (Brooke 2006).

Music Therapy

Music therapy is an intervention aimed at helping patients reach goals through a combination of therapeutic and musical practices. Music therapists' responsibilities include offering musical interactions to patients (Montinari et al. 2018). Musical interactions can consist of activities such as teaching a patient to play an instrument, learning how to read music, and learning how to follow a rhythm (American Music Therapy Association, n.d.). These musical interactions can help people in many ways including developing fine and gross motor skills, learning to communicate verbally, and recognizing how to be part of a team (American Music Therapy Association, n.d.).

Some of the areas where music therapy has had successful outcomes include depression, dementia, cancer pain, epilepsy, respiratory disorders, and cardiovascular diseases (Montinari et al. 2018). Beneficial effects associated with cardiac and neurological functions have been linked to patients listening to their favorite types of music and studies have shown changes in breathing, blood pressure, and heart activity are a result of emotions aroused by music (Montinari et al. 2018). These findings have led researchers into believing that patients with hypertension or heart failure could use music

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therapy daily as an additional healing practice with traditional types of treatment (Montinari et al. 2018).

The origins of music therapy date back to the ancient Greeks who understood the correlation between music and medicine as proven by their appointment of the god Apollo to be the protector of both music and medicine (Montinari et al. 2018). The United States and Britain undertook the first systemic research in music therapy following the first world war. Three significant music therapy associations were incorporated between the end of World War I and the end of the Vietnam War: The American Association for Music Therapy, the National Association for Music Therapy, and the American Association for Music Therapists (Montinari et al. 2018).

Dance/Movement Therapy

According to the American Dance Therapy Association, "Dance therapy is the psychotherapeutic use of movement to further emotional, cognitive, physical and social integration of the individual" (de Valenzuela 2014; Michels et al. 2018; Scharoun et al. 2014). Dance/movement therapy blends elements of art and science in a way that can help people with a variety of problems. This creative arts therapy modality functions with an understanding that the mind is directly connected to the body (de Valenzuela 2014; Callahan 2011; Scharoun et al. 2014). During a dance/movement therapy session, a therapist uses movement in a holistic, body-centered approach to stimulate health and wellness (Michels et al. 2018). Dance/movement therapy is unique and individualized enough to allow therapists to tailor treatment to a patient's needs and diagnoses (Scharoun et al. 2014). In their sessions, dance/movement therapists use their artistic

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modality to evaluate, assess, and treat patients and act as a healthcare practitioner (Goodwill 2016). In dance/movement therapy, the client and therapist generate therapeutic goals and participate in the creative process to try to attain those goals.

Expressive Arts Therapy

As previously determined, dance/movement therapy is its own creative arts therapy modality. While some creative arts therapy modalities have similar practices, they are in fact, different therapies. On the other hand, Expressive Arts Therapy is a discipline that purposefully emphasizes an intermodal, arts-based method to therapeutic work (Rosen and Atkins 2014). Expressive arts therapy deliberately combines different creative arts therapy modalities. Expressive arts therapists use combinations of creative arts therapy modalities to provide treatment based on the evolving needs of their patients. Each session is flexible and different. Even if the expressive arts therapy session includes methods and theories from dance/movement therapy, it is not pure dance/movement therapy.

Arts in Healthcare

The arts in healthcare field was professionalized in the 1970s about thirty years after the professionalism of the creative arts therapy modalities. At this time, dance/movement therapy along with the other creative arts therapy modalities was already being taken seriously as a profession due to the incorporation of the American Dance Therapy Association and other related governing organizations. Creative arts therapy and arts in healthcare are separate practices of using art to help people, yet they

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do have areas of similarity. The scope of arts in healthcare is comprehensive. The field has five main emphases, which include:

> creating healing physical environments for health care settings, advancing community well-being through the arts, caring for professional and family caregivers through the arts, educating health care professionals through the arts, and enhancing patient care through participatory arts services (Dileo, Bradt 2008; Goodwill 2016).

The final focus, enhancing patient care through participatory arts services, is where the jobs of an artist in residence within a healthcare facility and dance/movement therapist need to be distinguished. Arts in healthcare is a multidisciplinary field meant for therapeutic, recreational, and educational purposes (Sonke et al. 2009).

Within a healthcare setting, an artist in residence is a working, professional artist whose expertise includes facilitating the creative process (Goodwill 2016). Their job is to help people create art. Artist in residence disciplines typically include dance, theatre, visual art, music, or writing. The most distinguishing feature of an artist in residence role is to engage patients, clinicians, and loved ones with the purpose of "making art together to humanize the healthcare environment" (Goodwill 2016). Artists in residence do not create psychotherapeutic goals or perform clinical tasks such as diagnosing. They are not mental health professionals and do not have psychology education or training, unlike creative arts therapists. Their purpose lies outside of the healthcare team in making art and facilitating the creative process (Goodwill 2016; Sonke et al. 2009). An artist in residence will have professional training within their artistic discipline that prepares them for facilitating the creative process.

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Therapeutic Dance

Dance has always been used to make people feel better or release emotion; however, "feeling better from dance is not the same as dance/movement therapy" (Imus 2014). Therapeutic dance is not a codified practice. The term therapeutic dance is a catch-all phrase used to cover any situation where dancing to improve emotional or physical health is specified but does not fall under the specific boundaries of dance/movement therapy. It is difficult to trace the roots of therapeutic dance to one particular origin since the term is all-encompassing and means many things to different people. According to Erica Hornthal, therapeutic dance is primarily pursued as a recreational activity even though it may deliver a behavioral or mental health element (Hornthal 2018). Therapeutic dance has increased in popularity due to the rise of television shows about dance. These shows often include sections that cover the background stories of the stars and contestants on the show. More often than not, the contestant talks about how dance has helped them through hard times and personal struggles (Imus 2014).

Therapeutic dance is most commonly experienced within a dance class where the instructor employs the use of therapeutic elements within their teaching to allow the participating dancers to have space for emotional release. In other environments, sometimes counselors will tap into therapeutic elements that include movement and will identify it as therapeutic dance (Ali, Cushey, Siddiqui 2016). The teachers and counselors who create these classes are not creating psychotherapeutic goals or performing clinical tasks such as diagnosing. Achieving an R-DMT title requires 3,640 hours of supervised clinical practice and receiving board certification (Imus 2014). While this usually is not the case, due to the nonformalized state of therapeutic dance, an instructor could teach

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classes with no formal training. Additionally, dance/movement therapists must comply with patient confidentiality laws; a therapeutic dance teacher does not (Hornthal 2018).

Susan Imus gives a situational example between dance/movement therapists and dance teachers. In one of Imus's own DMT group classes, a participant with Parkinson's disease fell. Imus reacted as a therapist. She first made sure the patient was okay, then Imus moved herself down onto the floor beside the patient. She was able to lead the patient through a guided movement improvisation that allowed for the patient to explore and reclaim their mobility and motor function at a low level. Rather than draw everyone's attention to a potentially embarrassing situation, the class was instructed to move in ways that did not single out the patient who fell and continued to be a productive and holistic experience for all. A dance teacher most likely would have assisted the patient up and redirected the participants' attention back to what was happening before the fall occurred. The class would have stopped, negative attention might have been directed towards the patient, and the patient's emotional wellbeing would not have been the primary concern (Imus 2014).

Dance/Movement Therapy History

Dance and movement have been utilized through many cultures in the world (Ali, Cushey, Siddiqui 2016). For example, the Ngoma Ceremonies use dance to help community members to heal physically, spiritually, and mentally throughout Central and South Africa (Cantrick et al. 2018). Like other creative arts therapies, dance/movement therapy's contemporary roots began in response to the world wars (Courchesne, Ravanas,

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Pulido 2017). Marian Chace's early work paved the way for the future of dance/movement therapy.

The history of dance/movement therapy and the creation of the American Dance Therapy Association has been documented extensively. The American Dance Therapy Association (ADTA) was voted into incorporation in 1965; within the next year, articles of incorporation were signed, and the first formal conference was held at the Lincoln Center (Devereaux et al. 2016). During the 1970s a committee created a set of standards of quality, Joanna Harris published the original volume of the American Journal of Dance Therapy, and the initial DMT academic programs were approved and over the course of the 1980s and 1990s many events occurred to help the ADTA increase in professional status including: receiving recognition from the National Board for Certified Counselors as a specialty of counseling and receiving a large funding award from the Administration on Aging to study dance/movement therapy and the benefits it has on the elderly population (Devereaux et al. 2016). 2009 saw the organization's first public policy consultant, Myrna Mandolwitz, and the creation of a Facebook page. Within the last five years, the ADTA has posted their talks for community access on YouTube and celebrated their 50th anniversary (Devereaux et al. 2016). Since the organization began engaging in social media platforms, the ADTA and dance/movement therapy, in general, have seen a significant increase in awareness and visibility (Mau, Giordano-Adams 2016).

Patient Populations

As researchers continue to study dance/movement therapy, more information is found about the populations that dance/movement therapy can most effectively aid.

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Dance/movement therapy serves people with eating disorders, behavioral problems, geriatrics, people with schizophrenia, chronic pain, substance abuse and many other patients associated with different diseases and disorders (Britton 1984; Courchesne, Ravanas, Pulido 2017).

Dance/movement therapy has become a common intervention used in the treatment of neurodegenerative movement disorders such as Parkinson's disease due to its effectiveness in those patient populations (de Natale et al. 2017; Michels et al. 2018). Parkinson's disease patients can develop an inability to focus on the combination of cognitive and motor/postural tasks and have issues with speed or directional changes, and initiating movement (de Natale et al. 2017; Michels et al. 2018). Dance/movement therapy is capable of improving balance and gait within Parkinson's disease patients and addressing feelings of depression (Capello 2018; Prewitt et al. 2017). Dance/movement therapy is considered an entertaining intervention that addresses the breakdown of the mind/body connection for patients with Parkinson's disease (Michels et al. 2018).

Dance/movement therapy is capable of assisting patients who suffer from neurodevelopmental disabilities. One of the most common neurodevelopmental disabilities amongst children is Autism Spectrum Disorder. Some struggles associated with Autism Spectrum Disorder include challenges with planning, organizing, and coordinating movements; additionally, motor deficits manifest in basic motor control skills such as poor coordination, difficulties with skilled gestures, clumsy gait, postural instability, and low tone (Scharoun et al. 2014). Dance/movement therapy is a holistic method of therapy that provides cognitive, physical, and social benefits to participants.

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Aside from the psychotherapeutic part of dance/movement therapy, the dance aspect can assist with symptoms related to Autism Spectrum Disorder. Socially, dance promotes the development of relationships (GoodTherapy 2018). The physical benefits of dance include increased balance, muscular tone and strength, flexibility, endurance, and spatial awareness (GoodTherapy 2018). Finally, from a cognitive perspective, dance adds to vocabulary development and assists with the integration of the sensory-motor systems (Scharoun et al. 2014).

Examples of Dance/Movement Therapy in Practice

Dance/movement therapy is not limited to the treatment of people with diseases or disorders. The therapy can also be applied to many unique or less traditional situations. Monica Posada de Valenzuela holds a BA in Psychology from Universidad de los Andes in Colombia and a Master's Degree in Somatic Counseling Psychology with an emphasis in dance/movement therapy from Naropa University in Boulder, Colorado. She assisted mothers who immigrated to the United States from Central and South America with the process of acculturation through dance/movement therapy. She believes that dance/movement therapy can be used across cultures because movement is the basic mode of communication in dance/movement therapy. Valenzuela believes this is achievable because the role of the body is vital in understanding a culture (de Valenzuela 2014).

Another study conducted by Shainna Ali, a Department of Counselor Education instructor at the University of Central Florida, along with master's level students Katelyn Cushey and Alina Siddiqui explored how therapeutic dance and dance/movement therapy

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could be utilized in counseling with a focus on world dance. Most dance/movement therapy practices come from a western perspective. The research team created a phenomenological study of sixteen women through a focus group, that studied the possible application of world dance as a therapeutic device. The study found that incorporating world dance into dance/movement therapy and therapeutic dance practices created benefits within the following eleven categories: achievement, acceptance, creativity, culture, career, expression, healing, happiness, health, stress relief, and social support (Ali, Cushey, Siddiqui 2016).

Dance/movement therapy can offer a channel for feelings and emotions that are too difficult to put into words (Callahan 2011). Alexandria B. Callahan conducted a study of parents who lost a child. The study was conducted through a dance/movement therapy group class and explored how movement can assist in deciphering grief due to the loss of a child. Findings included that bereaved parents' grieving processes were individual journeys. The patients had to redefine their sense of self and the family unit. Dance/movement therapy is recommended when the patient or client is experiencing a loss of words or a way to vocalize their trauma (Callahan 2011).

The creative arts therapies came into existence and were further professionalized as a result of the world wars (Mau, Giordano-Adams 2016; Sonke et al. 2009). Since then, each of the creative arts modalities have evolved to treat a wide array of different people and types of diagnoses. The fields of art and science have grown to allow for more subsects to emerge like expressive therapy and arts in health. The positive effects of dance/movement therapy have been recognized beyond medical professionals. Dance teachers without any psychotherapy training have taken note and integrated dance as

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therapy classes into their teaching repertoire (Hornthal 2018). While this can be beneficial for some, this can also potentially cause harm to others who may currently be dealing with trauma. The creative arts therapies help people to heal through art and psychotherapy.

Mental Health and Offering Help

Mental health problems come in many forms and derive from a range of environmental, genetic, neurological, and cognitive factors (Race and Furnham 2014). The phrase mental health is typically linked to disorders or problems; however, that is not the only meaning covered by the phrase's definition. The positive state of psychological well-being is also encompassed within the definition of mental health (Race and Furnham 2014). When looking at the differences between mental health, mental disorder, and mental illness one of the most significant challenges is determining a clear difference between abnormal behavior and normal behavior and it is essential to note that what is considered normal and abnormal behavior can be influenced by culture and history; what is considered normal versus abnormal behavior changes over time (Race and Furnham 2014).

Mental Health and the Workplace

Over the last decade, mental health has become a topic of concern and interest in the workplace (Greden 2017; LaMontagne et al. 2014; Race and Furnham 2014). More recent, highly publicized events including shootings at the Capital Gazette Newspaper, YouTube and other places of employment have caused the mental health of their

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employees and staff to be of more significant concern to managers (Benediktsson 2018). Some of these events have included work situations that push an employee over the edge, and others are the result of a tragedy happening in the physical workplace. Events like these shootings bring up concerns about safety in the workplace, and mental health is an area where employers can become more vigilant in order to keep their staff safe. Other concerns for workplaces about mental illness and disorders are enhanced truancy, damaged productivity, and presenteeism, which is described as a problem where an employee does report for work but is not performing up to par because of an injury, illness, or other circumstance (Greden 2017). Mental health illnesses and disorders can also lead to expensive staff turnover and can increase medical and insurance costs (Greden 2017).

Many companies and organizations are adopting workplace mental health programs to assist their employees (Greden 2017; LaMontagne et al. 2014; Race and Furnham 2014). Some places have chosen to focus on programs like Mental Health First Aid. By developing knowledge and skills, these programs aim to increase mental health literacy (LaMontagne et al. 2014). Mental Health First Aid focuses on helping people learn how to recognize common mental health disorders and how to offer "First Aid" or initial support until a professional can be reached. The program also aims to decrease stigma, improve understanding about the triggers of mental health disorders, and increase knowledge of the most successful mental health disorder treatments (LaMontagne 2014).

A group of eight Australian researchers led by Josie S Milligan-Saville conducted a randomized controlled trial focused on manager mental health training. The training consisted of brief, face-to-face teaching interactions centered around RESPECT which is

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an acronym for: “Regular contact is essential; the Earlier the better; Supportive and empathetic communication; Practical help, not psychotherapy; Encourage help-seeking; Consider return to work options; Tell them the door is always open and arrange next contact” (Greden 2017). Managers who received the in-person RESPECT training produced better results within the trial than those selected for the six-month training deferral. This program is not arts-based.

Within the workplace, Human Resource (HR) departments can help employers with combatting mental health concerns in a few ways. Using tools to promote a safe environment is important (Benediktsson 2018; LaMontagne et al. 2014). Focusing on organizational culture and attitudes surrounding mental health helps to create an environment that is safe and makes employees feel supported (Benediktsson 2018; La Montagne et al. 2014). Creating healthy attitudes towards depression and mental health concerns within managers helps to increase the culture surrounding the topic within the rest of the staff (La Montagne et al. 2014). HR professionals must aid employees in accessing resources that are available to them, as well as help managers to make accommodations for employees diagnosed with a mental illness (La Montagne et al. 2014).

Reaching Out and Where to Start

Supporting someone who is experiencing a mental health condition can be complicated (Beyond Blue, n.d.; American Foundation for Suicide Prevention, n.d.; Mental Health First Aid, n.d.) The first step in reaching out and helping someone is recognizing that something is not right and identifying whether or not the person is

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experiencing a mental health condition (Beyond Blue, n.d.; Mental Health First Aid, n.d.). Only a trained professional can make a diagnosis, but noticing a change in someone's behavior, mood, energy, habits, or personality can be a warning sign that something is not right (Mental Health First Aid, n.d.). It is important to remember that not everyone who experiences mental illness will present the typical symptoms and signs (Mental Health First Aid, n.d.). Having a conversation is extremely important in assisting someone who may be going through mental health difficulties (Beyond Blue, n.d.; American Foundation for Suicide Prevention, n.d.; Mental Health First Aid, n.d.). According to Mental Health First Aid, even if a person does not bring up the subject, a conversation should still be initiated. Concerns should be voiced using "I" statements. Examples of "I" statements include: I have noticed... and feel concerned; I feel; my concern is.

Sometimes a person will refuse help, try to deny the signs or symptoms, or make excuses (Beyond Blue, n.d.; Mental Health First Aid, n.d.). In this situation, Beyond Blue recommends asking someone like a trusted family member or friend to talk to the person because they may be able to get through even though someone else was not.

The term mental health covers more than the negative content typically associated with the topic (Race and Furnham2014). The cost of mental illness in the United States is enormous, and many places of employment have begun to implement mental health programs into their organizations (Greden 2017; LaMontagne et al. 2014; Race and Furnham2014). Programs like Mental Health First Aid assist in increasing mental health literacy and providing training to offer initial support (LaMontagne 2014). If someone displays concerning signs or symptoms associated with mental health disorders, someone

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should reach out to them even if they do not come to them asking for help (Mental Health First Aid, n.d.). According to the Mental Health First Aid website, initiating this conversation improves the likelihood of the person seeking help or treatment from a professional.

The patient populations and benefits of creative arts therapy are expansive. Each modality has its theories and best practices but furthering holistic health through art, aesthetic experiences, and creativity is their common goal (Rosen and Atkins 2014). Dance/movement therapy heavily relies on the mind/body connection and is considered a great option for people who are experiencing feelings or emotions too difficult to put into words (de Valenzuela 2014; Callahan 2011; Scharoun et al. 2014). Expressive Arts Therapy is a discipline that purposefully emphasizes an intermodal, arts-based method to therapeutic work (Rosen and Atkins 2014). Combining elements of different modalities can be very positive for patients. Within the last decade, mental health has become a common concern in the workplace (Greden 2017; LaMontagne et al. 2014; Race and Furnham 2014). Employers are starting to recognize their role in mental health literacy and are offering initial support through programs like Mental Health First Aid (LaMontagne 2014).

CHAPTER 3: FINDINGS AND DISCUSSION

The interviews conducted for my research naturally fall into two categories, dance/movement therapy, and other creative arts therapy modalities, that also align with

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the order in which they happened. I began by interviewing the three dance/movement therapists and then moved on to the three other creative arts therapists. After reading about dance/movement therapy and creative arts therapy for quite some time, I was very eager to talk to someone and to hear about these topics in a way that attached emotion and real-life experiences to the data. I had a gut feeling that the answers I was seeking were not going to be cut and dry. As the presentation of my research and accompanying discussion will show, when dealing with people, art, psychology, and therapy, you cannot avoid emotions. Data is incredibly important, but people and life are messy.

Dance/Movement Therapists

It is always a good idea to know some background about a person before taking their word for expertise. The three dance/movement therapists I interviewed were Amanda Gill, Jesse Smith, and Jody Wager. Each of these women has exceptional careers as dance/movement therapists with unique differences that provide them with distinctive perspectives. In this section, I will introduce each dance/movement therapist with their background, current job experience, and patient populations. I will then move into a collective presentation of my findings based on their independent interviews.

Amanda Gill started dancing at four years old. She studied modern dance in undergraduate school and also spent five months in Cuba studying dance (Gill 2019). While abroad, Gill fell in love with the Cuban street and social dance, Rueda de Casino. Four years after starting her own dance company, she decided to go into the field of dance therapy in 2009. Gill lost her mom at twenty years old and used dance as a way to

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grieve the loss of her mother. Between her grief and seeing how her public school students were responding to learning Rueda, she knew dance therapy was the right place for her. Currently, Gill practices dance/movement therapy for the City Services Department for the local government in Alexandria, Virginia (Gill 2019).

Gill currently works with adults ages eighteen and older who have a substance abuse addiction. About 50% of her caseload consists of patients recovering from opioid or heroin addiction. Most of these patients are in outpatient therapy, but she does conduct one group therapy session a week with the city government's inpatient residential program. Gill's patients typically come to the City Services Department by choice to seek treatment. Once a patient chooses to seek treatment, they are transferred to the Substance Abuse Outpatient Department, and the supervisor determines which therapist the patient should see. Medicaid covers everything for patients who are insured. The city government has ways of helping outpatients who are uninsured, and many wind up paying nothing due to the combination of their salary, whether or not they can be claimed as a dependent for tax purposes, and other factors. Gill has worked for the city government for about a year, and approximately 70% of her patients are still in treatment.

Jesse Smith, LPC, BC-DMT grew up dancing and went into undergraduate school as an elementary education major and dance minor. She also was unsatisfied with the work and degree she had chosen. After talking to a dance/movement therapist in New Orleans, she decided to change her major at Columbia University in New York City (Smith 2019). Smith's internship was in a child and adolescent hospital where she was hired upon graduation. Smith's specialty is with the adolescent age group. Her different

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jobs have led her to work with children as young as three, to adults as old as sixty. She worked in the hospital system for five years, including inpatient and outpatient assignments. In 2012 Smith started working in private practice. She received a temporary assignment with the Peace Corps and moved to Bangkok, Thailand. In Bangkok, Smith only works with US Embassy and Peace Corps members. She is the only therapist at her assignment. She also does virtual dance/movement therapy sessions with private clients and supervises prospective therapists who are working on their clinical licensure (Smith 2019).

Smith's current assignment with the Peace Corps focuses on adults, typically ages twenty-two to thirty years old. Her current patients are typically working on marital or parenting issues but do not fall exclusively into those categories. Patients are covered through the Peace Corps out of a budget for the people who work for the embassy. When Smith worked for a private practice, she had to do a lot of advertising and self-promotion to refer clients to her business. The private practice Smith previously worked for took all insurance care providers. Before her contract with the Peace Corps, Smith typically saw patients for approximately two years. There are a few clients she has worked with for five years because of the ability to hold virtual sessions while living abroad.

Jody Wager, BC-DMT, found dance and dance/movement therapy unexpectedly (Wager 2019). Unlike the other dance/movement therapists I interviewed, Wager was not classically trained in the typical dance studio genres starting from an early age. Wager was introduced to folk dance around age thirteen and immediately knew she found something special. She started out majoring in occupational therapy in college. Wager

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was unsatisfied and found herself seeking out dance classes to take at SUNY Buffalo. She heard about a woman in downtown Buffalo that was using dance as a form of therapy. She sought the therapist out, which resulted in Wager dropping out of the occupational therapy program and pursuing a Dance in Preparation for Therapy, BA. Wager entered Hunter College's Dance Therapy program in 1977.

Wager is the Director of Expressive Therapy at Dominion Hospital in Falls Church, Virginia, and teaches for George Washington University (Wager 2019). Dominion Hospital has an acute ward that serves inpatient and outpatient populations from children to adults. These patients typically only stay in the acute ward for a few days to a few weeks, but Wager does see patients return. There are even some adult patients who remember her from when they were in the hospital as a child. On average, a patient will be offered a dance therapy group two to three times per week while at the hospital.

Approximately 75% of Wager's patients come to the hospital suffering from depression and anxiety disorders. She also works with thought disorders, schizophrenia, and other psychotic behaviors. The hospital also has an eating disorder clinic that receives creative arts therapy services as well. Dominion Hospital offers all therapy services to everyone who comes to the acute ward. Every unit has access to at least one expressive therapy program per day. It is uncommon at this hospital for a patient to receive a specific referral for a particular type of therapy but, it is possible and if that were to happen the referral would come from a doctor or social worker. The hospital covers inpatient services, and the fees are part of a lump sum. Patients are not charged per service.

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Outside of the hospital, Wager also has prior experience working at a private practice where a large portion of her clients fell into the "normal neurotic population." These were people who were just interested in doing some personal growth work and did not have an official mental health diagnosis (Wager 2019).

Dance/Movement Therapy's Role Within the Creative Arts Landscape

When asking the three dance/movement therapists about dance/movement therapy's role within the creative arts landscape, the topic of the mind/body connection created through dance/movement therapy was the most noted. In some way or another, all creative arts therapies utilize the body somehow, according to Smith, "[DMT] takes it to a deeper level." She also believes that the mind/body connection established through dance/movement therapy is important because it lets the patient be able to use their body to speak when their words cannot express what they need to. Smith believes that dance/movement therapy allows people more opportunities to express themselves. Wager believes that we specifically, "[invite] the dance into the process because of the expressive quality of dance" (Wager 2019). Gill had some different perspectives about the topic. She described how she thinks about the creative arts as a tree where each modality has its own branch. She noted that the dance/movement branch is particularly important for people who are dealing with traumatic pain or, "[are] dealing with any anger or mood disorder that can limit or alter someone's movement repertoire and the way they communicate in their bodies" (Gill 2019). Gill shared another point that was not mentioned by the other therapists. Dance/movement therapy is a particularly useful tool for hypo-arousal, hyperarousal, and dysregulation of the nervous system. Hypo-arousal is

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the freeze response within people and can cause feelings of paralysis, emotional numbness, or emptiness. Hyper-arousal is the fight or flight response within people. Typically, it is characterized by feelings of panic and/or anxiety and racing thoughts. Dance/movement therapy helps to address the issue within the body and the affected bodily processes (Gill 2019).

Similarities Between DMT and Other Creative Arts Therapies

Similarities must be acknowledged to understand how something is different. When questioned about similarities between the creative arts therapy modalities, Gill felt they were similar in, "[the] act of being creative, allowing yourself to be creative and to play. [taking] risks in a safe environment and be witnessed by your creative product." (Gill 2019) Gill also summarized that many therapeutic processes, like creative expression and nonverbal communication, are similar. Smith answered, "You are taking an internal experience and putting it on to an external canvas" (Smith 2019). Her observation can be applied to every modality of creative arts therapy.

Incorporating Other Modalities

When I asked if the interviewees incorporate elements of other creative arts therapy modalities into their practice, all three dance/movement therapists said yes. Gill has used drawing and elements of art therapy as a response to the movement process. She has also brought images or pictures into group sessions where the participants will use the pictures as inspiration to create movement. From music therapy, Gill has used rhythm and small handheld drums in sessions. The instruments are helpful with, "[families] that

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have been very chaotic," and who are having a hard time following directions (Gill 2019). Smith commented that rhythm and other elements incorporated in music therapy are important to dance therapy. She believes that sometimes, the crossover between movement and music can provoke emotional responses. Wager takes things a little further by incorporating writing as a means of grounding in addition to using drawing prompts and elements of music therapy. She sometimes will have patients create a poem through movement, or try to embody a poem. Wager clarified that she is cautious with her language, and even though she borrows elements from other modalities, she will never say she is practicing art therapy (Wager 2019).

Therapeutic Outcomes

Outcomes are a vital part of the therapy process. Each of the dance/movement therapists has helped their patients achieve important goals and triumphs as direct outcomes from dance/movement therapy. Smith recently helped a patient celebrate the fourth anniversary since the patient last self-harmed. Other outcomes Smith has reported include patients becoming comfortable in their skin, learning safe techniques to express themselves, overcoming the thought that life is not worth living, and ADHD patients learning how to manage fidgety bodies (Smith 2019). One particularly unique outcome that came directly from dance/movement therapy was that a group of gang-affiliated teenagers learned to express their feelings after facing trauma. Smith used a combination of dance/movement therapy strategies and krumping, an urban street dance categorized by highly energetic, exaggerated, and expressive movements, to help create an accessible outlet for teens to get out their feelings without having to say anything out loud. One of

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these teens witnessed his uncle getting shot and was afraid to let his guard down and project a weak image to his peers. Involving a popular, urban, and culturally relevant style of dance helped give the boy a voice he could use without fear (Smith 2019). Gill didn't give any patient-specific stories but listed many outcomes including installation of hope; feeling like the patient could overcome addiction; increased sense of feeling like patients had control of their destinies; feeling grounded; finding more trust in others; reduction of anxiety; a reduction or pause in depression; and learning to use their body as a positive resource to deal with cravings or triggers that could lead to relapse (Gill 2019). Wager reported that through conversations with patients over her years of experience, they claimed that dance/movement therapy helped to fill a void in their lives and assisted with feelings of isolation. She recounted that dance/movement therapy helped patients feel, "[understood], accepted, supported, seen, heard, and cared for" (Wager 2019).

After the first answer about patient outcomes, Smith went on further to discuss two female patients. She felt that one of them probably could have achieved similar results from art therapy based on her interest in drawing. However, the second was described as very bound, or tense or controlled in the body, and anxious. "She is tall and lanky, and I think that getting her back into her body safely has been a base for her whole treatment" (Smith 2019). For this patient, dance/movement therapy was essential, and the outcome would not have been able to be replicated by another modality of creative arts therapy. Wager also practices expressive therapy and is well versed in combining therapy practices. She believes most outcomes can be achieved by other CATs or a combination of a few. However, Wager noted that dance/movement therapists are uniquely skilled in nonverbal communication and reading the body and its postures. She explained that

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dance/movement therapists are great at attuning and can physically join patients in subtle ways that other types of therapists cannot. Examples include matching breathing patterns, using the same body parts as the patient when making movements, and mirroring movements back to the patient. This is part of practicing kinesthetic empathy, which is the ability to perceive what others are experiencing based upon observing their bodily behavior (Wager 2019). For Wager, this was a significant piece of information to share in terms of how dance/movement therapists can interact with patients and how that can affect the outcomes of therapy.

Dance/Movement Therapy and Trained Dancers

When asked if dance/movement therapy would be more effective or less effective for dancers, all three therapists thought it could go either way. The therapists agreed in their sentiment that the effectiveness of dance/movement therapy would depend on the individual and their personality more than the fact that they are a dancer. Smith believes that dancers are already very comfortable in their bodies which could be helpful and that many dancers probably have already used the art form as an emotional release and type of therapy whether they intended to or not. Gill recently held a group dance/movement therapy session with her dance company as a way to bring closure to the production process after the close of their most recent show. Many of the dancers expressed appreciation for receiving that closure through movement rather than having a verbal discussion. Gill brought up the point that dancers who are more experienced with improvisation may be more receptive to dance/movement therapy since they are more accustomed to having to create their own movement. Improvising movement is different

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from merely repeating choreography that has been assigned by a teacher or choreographer. Dancers who have experience with improvisation have an easier time turning off the performance and perfection thoughts they typically associate with dance in general. These dancers can let go of their ego. Wager also brought up the struggle some classically trained dancers may experience with opening themselves to dance/movement therapy. In Wager's experience, ballet dancers have the hardest time with reframing their idea of what the term dance can encompass (Wager 2019). She also found that people with more substantial classical ballet backgrounds had a harder time with training to become dance/movement therapists.

The dance/movement therapists I interviewed came from diverse backgrounds and have found themselves working in different types of locations; local city government, the Peace Corps, and in a hospital. Their patients have ranged from young children to adults. Some of their current patient populations include recovering opioid and heroin addicts; adults seeking help with marital or parenting issues; people of all ages suffering from depression or anxiety disorders; and patients with schizophrenia and other psychotic behaviors. The emphasis on the mind/body connection is thought of as the number one distinguishing factor between dance/movement therapy and other creative arts therapy modalities. However, each of the therapists utilizes other creative arts therapy modalities to enhance their practice. The therapists all shared excellent therapeutic outcomes that they have helped their patients achieve. When the therapists were asked if these outcomes were ones that could only be achieved through dance/movement therapy, only one example was given. The therapists believed that dance/movement therapy could be both

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an effective or ineffective tool for trained dancers. They believe that success would depend on the person and their individual qualities more than their categorization as a dancer. When specifically looking at dancers, those who are familiar with improvisation techniques may be more open to the therapy than a dancer who is not.

Other Creative Arts Therapy Modalities

This section will begin with an introduction of each of the creative arts therapists, including their background, current job experience, and patient populations as I did with the dance/movement therapists in the previous section. After the introductions, I will move on to present my findings as a whole, based on their interviews. The three creative arts therapists I interviewed were Angelle Cook, Elizabeth Hlavek, and MariaGracia Rivas Berger.

Drama Therapist

Angelle Cook, MA, RDT initially got her Master's degree in Theatre Education. After substantial participation in theatre for social change, she completed a drama therapy alternative program which was the equivalent to receiving another Master's degree. She is currently in the process of completing a Ph.D. in Expressive Arts Therapy through Leslie University (Cook 2019). Cook is currently a drama therapist and the Director of Program Measurements at A Place to Be, a nonprofit organization in Middleburg, Virginia. A Place to Be is dedicated to "[helping people with disabilities, medical and mental health struggles face, navigate and overcome life's challenges]" (A Place to Be n.d.)

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Cook primarily works with mental illness and adolescent patients. Cook's patient population diagnoses also include behavioral disorder patients; people who may have suffered from traumatic brain injuries; more traditionally classified disabilities like intellectual disabilities, chronic illness patients, cancer survivors; and patients with Post Traumatic Stress Disorder (Cook 2019).

Cook's patients are referred to her in many ways. A Place to Be has three arms. One is performance-based and boasts an audience of over 14,000, and many people participate in their performance program after seeing a show. The second is their clinic. These patients are coming in for one-on-one or group sessions. The third arm is made up of contracts. Therapists from A Place to Be, including Cook, are in many hospitals and psychiatric wards. She also has contracts at The Kellar School, a therapeutic education school in Fairfax, Virginia for students grades three through eleven who have been identified as eligible for special education services, and George Mason University through their Mason Life Program (Cook 2019; Inova n.d.). Through these different arms, patients are referred to A Place to Be through word of mouth and personal experience (Cook 2019).

All of Cook's work at the hospital is fully covered for patients. The clinical services require payment, but there are insurance companies that will provide patients with reimbursements. A Place to Be also has a financial aid fund that gives over $100,000 a year to people who cannot afford services. Cook's patients at the psychiatric ward are only there for a week or two, which means her time with them is limited and depends on their diagnosis. At the Kellar School, she sees people very consistently. On

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occasion, she will receive a call from the psychiatric ward or hospital for a patient who would like to extend their treatment once they are released from the facility (Cook 2019).

Art Therapist

Elizabeth Hlavek received her Bachelor's degree from Carnegie Mellon in art and immediately secured a job teaching art at a kindergarten through twelfth grade special needs school in Miami, Florida. Art therapy is common in the school system in Miami, and Hlavek became interested in the field after seeing first hand what it did for her students. Hlavek received her Master's in Art Therapy from the Pratt Institute in 2007 and took a job at the Sheppard Pratt Center for Eating Disorders. After four and a half years, she moved into private practice and is currently in the process of completing her Doctoral degree in art therapy (Hlavek 2019).

Hlavek states that approximately 35% of her practice includes working with eating disorder patients and commonly treats adolescent girls. Her other patients include people struggling with depression, anxiety, and other common teen issues (Hlavek 2019). Hlavek's patients are typically referred to her through word of mouth or from Sheppard Pratt once they are ready for outpatient therapy, and her practice is in network for Blue Cross Blue Shield. Hlavek makes schedules with her patients based on the specific needs of their diagnosis. This schedule may change throughout treatment as the patient improves or experiences a relapse. Hlavek typically sees a patient between six months and two years. She most commonly sees patients going through life transitions such as beginning college (Hlavek 2019).

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Music Therapist

MariaGracia Rivas Berger, MT-BC attended Shenandoah University for Vocal Performance. Berger took a year off after completing her degree to figure out what path she wanted to go down. After determining she wanted to help people, Berger completed the graduate Music Therapy program at Shenandoah University. She currently works at the Children's National Medical Center with pediatrics, adolescents, and young adults in the Center for Cancer and Blood Disorders (Berger 2019).

Berger's patients are entirely determined by who comes into the Center for Cancer and Blood Disorders. She typically tries to prioritize new diagnoses even though she does not have an official priority sheet. Therapy services are not charged individually and are administered without any additional patient expense (Berger 2019). Berger's time with patients is completely determined by their diagnosis and the length of their stay at the hospital. She has worked with bone marrow patients who need to stay for one-hundred days, and hematology patients who are admitted for twenty-four hours.

Incorporating Other Modalities

Out of every therapist interviewed including the dance/movement therapists, Hlavek the art therapist was the only therapist that describes herself as a purist and does not incorporate elements of other creative arts therapy modalities into her work. On the other hand, Cook is involved in expressive arts therapy and integrates elements of all creative arts therapy modalities into her practice as a drama therapist. She believes that all of the modalities enhance each other. Berger incorporates elements of other modalities into her work as a music therapist and tries to incorporate movement as much as possible.

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Twice a week, she runs dance parties and encourages her patients to move despite being attached to medical equipment (Berger 2019). With younger age groups, Berger uses songs like, Head, Shoulders, Knees and Toes, and movement to facilitate body awareness.

Modality Specific Outcomes

Hlavek feels that the outcomes achieved through art therapy by her patients could not be achieved from other creative arts therapy modalities due to art therapy's precise nature. She believes that no other modality has the ability to visually show a patient that what they perceive as reality is not true (Hlavek 2019). This is exceptionally apparent in her work with eating disorder patients when she can show a patient the difference between what they feel and believe their size is and the reality of their size. She also believes in providing patients with tangible images of what was done in the session for patients to reference. With dance or music, she explained, you cannot get it back unless it is recorded and that is not a common practice. Cook and Berger are of the mindset that creative arts therapy modalities should work together to achieve patient goals and outcomes. Berger answered that being able to tackle goals from multiple modality perspectives, "[really] allows the patient to get a better chance of trying to reach those goals" (Berger 2019). Cook answered similarly and also noted that there are clients who are more suited to different modalities, and that should be taken into consideration when creating a treatment plan.

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Patient Outcomes

Hlavek has achieved many key outcomes with patients and her work as an art therapist. One of the most important outcomes she has achieved is getting a patient to see and understand that there is a discrepancy between how much space a person takes up versus how much room a patient thinks they take up (Hlavek 2019). This outcome is a result of having patients draw an outline of themselves on a large piece of paper and then Hlavek tracing their actual outline on top. This activity also forces the patient to recognize that they have some degree of distortion regarding their body image (Hlavek 2019). Cook has achieved different outcomes in drama therapy, such as helping a patient who was mainly nonverbal grow to a place where they can carry on conversations. With her female adolescent population, Cook has observed and documented growth in their self-esteem and confidence levels. Cook has also seen patients overcome mental health obstacles and go on to college, and 30% of clients reported a mood increase in A Place to Be's recent mood score study. Patients were asked to score their mood on a scale of 1-10 at the beginning and the end of a session. Through A Place to Be's performance arm, Cook has watched clients who got up on stage and shake through their first performance advance to playing piano and singing a little the next. Some have even gone on to sing an entire song or play an instrument unassisted (Cook 2019). Berger's patient outcomes change severely by age. With very young patients, she has achieved developmental music play and caregiver infant bonding. The most important outcome for all other age groups is feeling normal within the hospital setting. Berger also works towards outcomes associated with self-expression, sense of control, and pain management.

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In review, the other creative arts therapists interviewed included an art, drama, and music therapist. The backgrounds, education, and certifications of each therapist were very different because they all focus on a different genre of art. The therapists work in different types of facilities, including multiple types of private practices, hospitals, and schools. The therapists have worked with ages ranging from babies to adults. Their current patient populations include behavioral disorder patients; people who may have suffered from traumatic brain injuries; people with intellectual disabilities; chronic illness patients; cancer survivors, patients with post-traumatic stress disorder; eating disorders; and hematology patients. When asked if the therapists include elements of other creative arts therapy modalities into their practice art therapist, Elizabeth Hlavek was the only person to answer they did not. Consequently, art therapy was the modality that had the most concrete modality-specific outcome argument. When combined, the therapeutic outcomes cited by the therapists were extensive.

CHAPTER 4: CONCLUSION

Three self-evident initial truths emerge from the results of my interviews. First, most creative arts therapists utilize elements from modalities outside of their license. Second, there is a large crossover between modalities and what can treat each diagnosis. Third, treatment must be created around the individual patient and not the limitations of a modality. In a world full of customization and personal experiences, patient treatment and care are right on target in the creative arts therapies.

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In response to my very first question and desire to find out what role dance/movement therapy fulfills within the creative arts therapy landscape, I now know there is no concrete role or answer to this question. Dance/movement therapy is guaranteed to utilize movement and will heavily rely on the mind/body connection. How that can help someone and treat a diagnosis is dependent on many factors, primarily the individual being treated. Personality and interests are a major factor in establishing initial buy into the type of therapy. Someone who thinks dancing is only for little girls in tutus may not achieve great results with dance/movement therapy simply because their mind will not allow them to broaden the scope of what dance means. On the other side of the coin, dancers may not always be able to achieve therapeutic results through dance/movement therapy because of their strict, classical training, which can be hard to let go. There is no one diagnosis or patient population that is best served by dance/movement therapy, but there are some that are a natural fit such as Parkinson's disease. Everything is reliant on the individual and what will best serve that set of variables.

I believe that when giving recommendations, doctors and other healthcare professionals are using their best judgement on where to begin the treatment process, not necessarily where the patient will continue and finish. There are basic facts about each diagnosis that will tell you whether or not dance/movement therapy is a natural fit like in the case of Parkinson's disease. This does not consider anything but scientific facts. However, as we have learned, mental health diagnoses are not just scientific. They are emotional and cannot be boxed into a scientific formula. There are real human beings

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behind the diagnosis label, and those humans have to be considered when deciding the best course of treatment.

Performing Arts Versus Visual Arts

During my interviews, only one out of six therapists answered that they believed their modality of creative arts therapy produced outcomes that were not achievable from any of the other creative arts therapy. This answer came from the art therapist. I later made the connection that art therapy was the only modality I researched that is classified as visual art and not performance art. The art therapist was also the only purist. However, my observation is based on one therapist, and I do not have evidence that this is true in a broader sense. These two answers led me to think about how the art and health crossover sectors may be mirroring some trends in the performance art world. Combined elements of dance, theatre, and music are regularly incorporated into creations made for performance.

Referrals

Referrals for creative arts therapy are difficult. Most creative arts therapists work in healthcare facilities like hospitals. In the best case, patients end up there after receiving a referral they sought out from their primary care physician. In the worst case, patients end up there because they are admitted due to a severe mental or physical health crisis. Since the creative arts therapies can treat such a wide array of problems, it feels unfair to need a medical diagnosis to receive treatment. Private practices aim to help bridge that gap, but as the likelihood of the practice taking insurance goes down, prices go up. I do

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not know that arts managers would feel comfortable recommending private creative arts therapy practices due to price. However, an arts manager can always comfortably recommend a program participant to talk to their primary care physician about creative arts therapy in hopes that the participant will come out with a medical referral to help aid with the cost.

Further Research

There is an extraordinary amount of research that can and should be conducted in regards to the creative arts therapies. I believe that investing in more research about how the creative arts therapies have a place outside of clinical or heavily regulated medical facility could be extremely beneficial to the arts and culture sector and the specific field of creative arts therapy. One specific area of research that I believe would be beneficial is how to fund creative arts therapy programs lead by licensed professionals so they can be integrated into arts and culture organizations. Competition for grants is already steep, but arts and culture organizations could benefit from investing back into their program participants and community.

One of the most successful examples of integrating dance/movement therapy into an arts and culture organization is Le Grandes Ballets Canadiens de Montréal. In 2012 the Executive Director, Alain Dancyger, presented his Board of Directors with a renewed, holistic vision and direction for the organization after leading for twenty years. Dancyger created two new directions for the company in order to address their challenges and support the newly recreated GBC mission statement which "[encompasses] openness, creativity, and audacity, reflecting an inspired and generous social vision" (Courchesne,

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Ravanas, Pulido 2017). Dancyger committed to enriching the customer experience and chose to "use dance as a tool to promote health and well-being" (Courchesne, Ravanas, Pulido 2017). This new journey towards a more holistic and health-based focus would help to prove that the benefits of the arts reach beyond the aesthetic and that the organization did not just exist for ballet lovers.

In order to implement the new change of direction, GBC developed the National Centre for Dance Therapy. The National Centre for Dance Therapy "[promotes] the beneficial effects of dance for individuals, offered new career opportunities to professional dancers in transition, established agreements and partnerships to enhance international visibility in the field of dance therapy, and raised the public profile of dance and the GBC brand" (Courchesne, Ravanas, Pulido 2017). The NCDT and GBC have been able to enhance and change their relationship with the public by offering twenty hours of dance/movement therapy and therapeutic dance classes a week at the center and additional dance/movement therapy services at external clinics (Courchesne, Ravanas, Pulido 2017).

Creating the National Centre for Dance Therapy diversified and increased GBC's income. GBC relays to arts managers the idea that finding a way to socially align an organization's activities can assist in brand enhancement and generating new donor and constituent relationships (Courchesne, Ravanas, Pulido 2017). Merging the arts with health-promoting and holistic services provides a platform where people can understand the benefit of artistic work. It also allows an organization to have the ability to help the program participants and employees when in need.

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How Can a Creative Arts Therapist Help in Dance and Performing Arts Organizations?

Inviting a creative arts therapist into an organization's community can genuinely benefit program participants and employees. There are many ways that this can be implemented.

Programs can invite a therapist to come in to bring closure to a production process as a dance/movement therapist, as Amanda Gill did with her own dance company. Rather than verbally discussing everything, the company was able to participate in a group dance/movement therapy class that the cast and creative team to work through the production process and find closure physically. This could be replicated in any performing arts organization where shows and productions are produced. It is also important to note that the creators of a show and the administrative team that supports them also need this kind of closure once a production process is finished. Often the creative and administrative teams for a production will have worked on the project for a substantial amount of time before rehearsals even begin. They deserve closure just as much as the performers.

Sometimes bringing in a creative arts therapist for a workshop or masterclass can help an organization touch on subjects that the staff does not feel like they are fully qualified to speak about. A specific example would be bringing an art therapist like Elizabeth Hlavek in to speak to ballet program students about body image and eating disorders. While most dance teachers have years of professional training and experience, some are not comfortable with discussing more sensitive topics. Sometimes a

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professional like an art therapist can present a topic in a way that allows students to see the fuller picture.

Including group dance/movement therapy classes lead by a licensed professional as part of an organization's regular and/or special programming can provide a subtler way of linking program participants and employees to support. These classes can assist an organization's current community and can also help generate new community members as seen through Les Grands Ballets Canadiens de Montréal. This approach also has the potential to bring in new revenue for an organization. Again, this option can be possible for all modalities of creative arts therapy.

In recent years I have experienced many traumas through the organizations I work with and have heard about many others in our regional network. Before beginning my research for this thesis, I was made aware of a situation that first, broke my heart and second, made me feel helpless as a leader. Upon returning to one of my main places of work after the summer break, I was notified that one of our preteen girls was sexually abused. The family knew the abuser and chose to press charges. The studio owner and I made a very quick plan about how to adapt my classes, which often include a lot of hands-on correction and improvisational prompts where the dancers are asked to connect through physical touch with each other. We did our best to support the student through class adaptations, but I was not prepared for this in any way. If we had a dance/movement therapist within our organization's community they could have helped in the following ways: the student could have received private dance/movement therapy sessions to help her reconnect with her body following sexual trauma; she would have been able to go through a therapeutic process where dance, her comfort zone, was included. Other staff

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members and I could have participated in a group session to help us process what had happened to our student; I could have worked with the dance/movement therapist to create some guidelines for my class that would help the student feel safe while maintaining some regularity. We could have hosted a group session for her classmates to process what had happened to their friend and to learn how they could be supportive in her time of need and finally, the student and her parents could have had family sessions to help support their family unit as they went through the process of pressing charges together. This one situation created six different and specific ways a dance/movement therapist could have helped our organizational community.

Dance and Performing Arts Managers

I sought out on this research journey hoping to be able to bring dance and performing arts managers of small to medium size organizations, like myself, new knowledge and a useful resource about dance/movement therapy. Along the way, I learned more about the creative arts therapies than I ever intended and had many revelations about how little I knew. Part of my argument for why this topic is relevant for arts managers rides on the belief that in tightly knit, smaller dance and performing arts organizations managers are consulted on personal topics like mental and physical health because they are trusted and perceived as an expert. What I have personally learned is that my realm of expertise is extremely confined. There were entire sectors and fields within my genre of expertise, dance, that I did not know existed. Adding in other creative arts therapy only added more fuel to this revelation. This research process has humbled me, and it has inspired me to take my role as a manager, a leader, a perceived expert

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more seriously. If nothing else, I owe it to my program participants to be the person they can count on.

As I arrive at the end of this research process, my hope for other dance and performing arts managers is that they will be able to use this study and toolkit to help someone. The further I got along in my research, the deeper my awareness was about how many people I've come into contact with that could have used this information. Recently my extended dance community remembered a young woman, a teacher, for her birthday after taking her own life as a result of depression and bullying. As I read tributes to the woman on social media, I could not help but think about my research and how some of the purposes of creative arts therapy were playing out in front of me in real-time. If this thesis can help even just one person, every sleepless night of this process will have been worth it.

Once a creative arts therapist becomes part of an organization's community, the idea of needing to see a therapist can become normalized. Sometimes it is hard to approach the topic of therapy because, "it is none of my business," when in reality, happy and healthy program participants and employees are what makes a business thrive. Whether an organization is a nonprofit children's theatre or a privately owned dance studio, the work cannot be done without someone to serve. Workplace environment and culture are two incredibly important factors in whether or not an employee feels supported and how successful they will be. The same ideology goes for program participants. Based on the fourteen years I have worked as a teacher, I know without a doubt that children who are happy and feel like someone is rooting for them will always be more successful than children who are unhappy and do not feel supported. Having a

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creative arts therapist involved in an arts organization gives the impression that the leaders believe in the benefits of therapy and care enough about their program participants and employees to make that service available.

CHAPTER 5: THE TOOLKIT

People do not become artists or interested in the arts because of empirical data. They do so because of passion, a love for expression, and a desire to connect to others. In more recent history, I believe the arts, in general, have started to lose this passion in order to become more professionalized and to better appeal to corporate funders. In the studio dance world, I am seeing more and more staff members becoming concerned with their image, self-centered promotion, and ruthless competition to be seen as “the best” at the expense of their students. I see more and more studio owners and directors taking a “business only” stance when it comes to communicating with their clients. When and why did everyone stop caring about the people around them?

Not everyone is going to be comfortable with reaching out to others, and some will find it invasive. I was also uncomfortable with doing so for a long time. There will be many private business owners who think it is unprofessional to reach out to program participants, or clients in their minds, beyond business matters. There will be employers who do not think they should be involved in an employee’s personal life. However, I have done the research and have concluded that the possibilities of not speaking out are so much worse than personal feelings of awkwardness. I also have real-life experience with how damaging watching from the sidelines can be. Three years ago, I watched a

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student and cast member almost starve herself to death. I made every excuse for myself not to reach out possible including it is not professional, I could lose the program business, her mom is very petite too, I am not her parent and many others. When this student was finally at crisis point and checked into a mental health hospital, all I felt for months was regret and guilt. I vowed to myself I would never let that happen again.

For the arts leaders and managers reading this paper who care about their program participants and employees, I want to encourage readers to have a difficult conversation. Saying anything is better than saying nothing and when it comes to potentially getting someone life-saving help, a period of uncomfortableness and vulnerability is worth it.

Creative Arts Therapy Governing Organizations

Each website includes general information, qualifications necessary to become a therapist, articles, and most importantly, a database or function to assist in finding a therapist in your state. There are more licensed creative arts therapists in each state than listed on these websites. The websites only include therapists who have maintained a membership with the organization, not everyone who is licensed or certified.

Art Therapy- https://arttherapy.org

Therapist Locator: https://arttherapy.org/art-therapist-locator/

Dance/Movement Therapy- https://adta.org

Therapist Locator: https://adta.org/find-a-dancemovement-therapist/

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Drama Therapy- https://www.nadta.org/index.html

Therapist Locator: http://www.nadta.org/what-is-drama-therapy/find-a-drama-therapist/find-therapist-by-state/maryland-drama-therapists.html

Music Therapy- https://www.musictherapy.org

Therapist Locator:

https://netforum.avectra.com/eweb/DynamicPage.aspx?Site=AMTA2&WebCode=IndResult&FromSearchControl=Yes

How to Identify Warning Signs

There are over two hundred classified forms of mental illness which can make it very hard to know whether someone is experiencing a mental health problem or not. Mental Health America helps to identify ways to recognize some typical warning signs on their website. Many of these warning signs center around changes in behavior, including personality, mood, and personal habits. The following link includes Mental Health America's full list of warning signs.

Warning Signs: https://www.mentalhealthamerica.net/recognizing-warning-signs

If someone is experiencing a physical health crisis, they may feel just as private or sensitive to about the matter as they would with a mental health crisis. It is just as

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essential to reach out to these people as well. Often major physical health changes or diagnoses will impact a person's mental state as well. This was the case for me when I was diagnosed with systemic lupus erythematosus. I ended up dropping contact with almost all of my friends outside of work. To be blunt, I was hiding from everyone possible. This change in behavior was the first warning sign of what I would now describe as concealed depression. It would have been appropriate for someone to talk or confront me about this.

If someone had provided me with one of these checklists or mental health screening tools, it probably would have saved me a lot of time trying to fix something I could not quite identify. This link focuses on symptoms of anxiety and depression. It includes a great checklist that can be used to help someone see that they may be presenting some of the attributes and could need additional help or it can be a more specific resource for you to evaluate if you think someone you know may be experiencing non-normal levels of anxiety or depression.

Anxiety and Depression: https://www.beyondblue.org.au/the-facts/anxiety-and-depression-checklist-k10

This link provides nine different tests for specific scenarios that can help determine if someone is experiencing symptoms of the different mental health conditions including depression, anxiety, bipolar, psychosis, eating disorder, post-traumatic stress disorder. The other tests are geared toward parents, youth, and addiction.

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Mental Health Screening Tools: https://screening.mentalhealthamerica.net/screening-tools

Steps and Guidelines to Provide Support

As a non-mental health professional, the goal is always to offer support. Sometimes this means helping them schedule an appointment with their primary care physician. Other times it could mean taking someone in active crisis to the hospital. Beyond Blue provides a great step by step guide of what to do in what order.

Generic Steps: https://www.beyondblue.org.au/the-facts/supporting-someone/supporting-someone-with-depression-or-anxiety

Additionally, Mental Health America offers excellent advice about how to help someone else and more specific steps you can take depending on that person's needs. I encourage you to read the different scenarios because they represent different stages of mental health problems ranging from not having concerns at the moment to being in active crisis.

Finding Help for Someone Else: https://www.mentalhealthamerica.net/im-looking-mental-health-help-someone-else

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In the literature review portion of this paper, I provided information about a program called Mental Health First Aid. This link is to the landing page of their online resource. The first link includes their steps and guidelines to approaching someone who may be dealing with a mental health problem, what will not help the situation, how to encourage them to seek professional help, and what to do if the person does not want help. It is important to understand that sometimes, people will not want your help. It does not mean you should be deferred from trying, and it definitely does not mean you should stop reaching out to other people if you truly believe something is wrong.

Mental Health First Aid: https://mhfa.com.au/resources/help-a-friend-family-member-or-co-worker-with-mental-health-illness-or-crisis

The following links are to guidelines created by Mental Health First Aid for specific situations. These guidelines are a great tool, particularly when you know what someone may be facing. For example, how you speak to an adolescent verse, an adult, or even an elderly adult should be different. It's also important to note that different types of diagnoses will require different types of support. Chronic physical illness is very different from self-harming, and it doesn't make sense to approach them in the same way. Remember, immediately call 911 in the United States if someone is threatening suicide. Do not try to handle the situation on your own.

Chronic physical illness, anxiety, and depression:
https://das.bluestaronline.com.au/api/prism/document?token=BL/0124

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MHFA Depression:

https://mhfa.com.au/sites/default/files/mhfa_depression_guidelines.pdf

MHFA Suicide Guidelines: https://mhfa.com.au/sites/default/files/mhfa-guidelines-suicide-revised-2014.pdf

MHFA Panic Guidelines:

https://mhfa.com.au/sites/default/files/MHFA_panic_guidelines_A4_2012.pdf

MHFA Adult Trauma:

https://mhfa.com.au/sites/default/files/MHFA_adult_guidelines_A4_2012.pdf

MHFA Communication with Adolescents Guidelines:

https://mhfa.com.au/sites/default/files/MHFA_communicate_adolescents_-guidelines.pdf

MHFA Helping the Confused Older Person:

https://mhfa.com.au/sites/default/files/MHFA-helping-the-confused-older-person.pdf

MHFA Eating Disorder Guidelines:

https://mhfa.com.au/sites/default/files/MHFA_eatdis_guidelines_A4_2013.pdf

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MHFA Self-Injury Guidelines:

https://mhfa.com.au/sites/default/files/MHFA_selfinjury_guidelinesA4%202014%20Revised_1.pdf

MHFA Psychosis Guidelines:

https://mhfa.com.au/sites/default/files/MHFA_psychosis_guidelines_A4_2012.pdf

Considerations When Providing Mental Health First Aid to an LGBTIQ Person:

https://mhfa.com.au/sites/default/files/considerations-when-providing-MHFA-to-an-LGBTIQ-person.pdf

How to Talk to Someone You're Worried About/ PRIME SOS:

Jeff Thompson has a doctorate degree in conflict resolution and an MS in negotiation. He is a New York Police Department detective, trainer, and researcher and is an expert in teaching crisis communication (American Foundation for Suicide Prevention, n.d.). Thompson uses active listening in his work as a crisis negotiator and believes that the technique can be used to help other people as well (American Foundation for Suicide Prevention, n.d.). Active listening helps to build rapport, encourage someone to seek out additional assistance if needed, and demonstrate empathy (American Foundation for Suicide Prevention, n.d.). The acronym, PRIME SOS, relates to micro skills that are linked to active listening. "[paraphrase;] reflect/mirror; "I" messages; minimal encouragers; emotional labeling; summarize; open-ended questions;

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and silence” (American Foundation for Suicide Prevention, n.d.). This link includes additional information about how to use PRIME SOS effectively.

PRIME SOS: https://afsp.org/crisis-negotiation-talk-someone-youre-worried/

When it comes to reaching out and asking someone if they are doing okay, you may not always get the result you desired. However, the regret that people feel when they do not ask, and something was wrong can be unbearable. Remember, if someone is experiencing a mental health problem, a non-mental health professional’s number one job is to get them to a professional. Being a dance or performing arts manager means being a leader. Show program participants and employees that they are cared for. Allow these individuals to be seen beyond their established role within a place of business. People gravitate to places because of other people, not because of policies and being treated like a business transaction. The positive and helpful energy someone sends out into the world when they are needed will find its way back to them. All they need to do is be brave and start the conversation.

As this thesis ends, I hope the reader can see the creative arts therapies as a wonderful and safe way to promote healing and the arts. Allowing creative arts therapy into an organization can benefit everyone who comes into contact with the organization. The arts and healing were always meant to work together.

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Appendix 1: Therapist Locator References

These are the direct links I used to search for therapists for the interview portion of my research. Some of the therapists I interviewed were found directly on these pages and others were secured by referrals from other therapists I contacted through these links.

Dance/movement Therapists:
https://adta.org/find-a-dancemovement-therapist/

Art Therapists:
https://arttherapy.org/art-therapist-locator/

Drama Therapists:
http://www.nadta.org/what-is-drama-therapy/find-a-drama-therapist/find-therapist-by-state/maryland-drama-therapists.html

Music Therapists:
https://netforum.avectra.com/eweb/DynamicPage.aspx?Site=AMTA2&WebCode=IndResult&FromSearchControl=Yes

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Appendix 2: Interview Protocol

Basic Information- Interviewer records

- Time and date of interview
- Where it took place
- Names of the interviewer and interviewee.

Introduction-

1. Introduce yourself to the interviewee
2. Describe the purpose of study
3. Ask interviewee to sign consent form if not already received
4. Share the general structure of the interview
5. Ask if interviewee has any questions before beginning

Opening Question- begin with an "ice breaker" and make the interviewee comfortable

Content Questions-

- The research sub- questions from the study
- Use probes when necessary
    - "Tell me more."
    - "Could you provide more detail?"
    - "Could you explain your response more?"

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Closing Instructions-

1. Thank the interviewee for their time
2. Assure the interviewee of confidentiality
3. Ask if you can follow up for clarifications or another interview if necessary

Offer to send a copy of the transcribed interview

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Appendix 3: Interview Questions

DMT Interview Questions

1. Can you tell me about your background?

- How long you have been a practicing DMT?
- What inspired you to become a dance/ movement therapist?

2. In your opinion, what role do you think dance/movement therapy plays in the CATs field?

3. Can you identify any shared characteristics between DMT and other CATs?

4. Do you ever incorporate elements of other CATs in your practice?

5. What types of patients do you work with?

6. Are these the same types of patients that get referred to you?

7. Where do your patient referrals come from?

8. Are the services you provide covered by insurance?

9. How long does DMT generally last?

10. Can you describe some of the most important outcomes for your patients that were a direct result of DMT?

- Are any of these outcomes one that can't be achieved from other CATs?

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Art Therapy Interview Questions

1. Can you tell me about your background?

- How long you have been a practicing art therapy?
- What inspired you to become an art therapist?

2. Do you ever incorporate elements of other CATs in your practice?

3. What types of patients do you work with?

4. Are these the same types of patients that get referred to you?

5. Where do your patient referrals come from?

6. Are the services you provide covered by insurance?

7. What type of outcomes do you see in art therapy?

8. What outcomes from art therapy can't be achieved with more traditional therapy methods?

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Drama Therapy Interview Questions

1. Can you tell me about your background?

    - How long you have been practicing drama therapy?
    - What inspired you to become a drama therapist?

2. Do you ever incorporate elements of other CATs in your practice?

3. What types of patients do you work with?

4. Are these the same types of patients that get referred to you?

5. Where do your patient referrals come from?

6. Are the services you provide covered by insurance?

7. What type of outcomes do you see in drama therapy?

8. What outcomes from drama therapy can't be achieved with more traditional therapy methods?

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Music Therapy Interview Questions

1. Can you tell me about your background?

    - How long you have been practicing music therapy?
    - What inspired you to become a music therapist?

2. Do you ever incorporate elements of other CATs in your practice?

3. What types of patients do you work with?

4. Are these the same types of patients that get referred to you?

5. Where do your patient referrals come from?

6. Are the services you provide covered by insurance?

7. What type of outcomes do you see in music therapy?

8. What outcomes from music therapy can't be achieved with more traditional therapy methods?

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