

Let's Dance: Dance Therapy Workshop for Children with Disabilities

By Emmie Humphrey

Bachelor of Science in Human Development and Family Science

Oklahoma State University

Stillwater, Oklahoma

2016

Submitted to the Faculty of the

Department of Human Development and Family Science

Oklahoma State University

in partial fulfillment of

the requirements for

the Honors Degree

April, 2016

### Abstract

Since there is potential for children with developmental and/or intellectual disabilities to struggle with body awareness, confidence, and fine and gross motor movement, a dance workshop structured with the principles of the dance/movement therapy model was designed to help address such needs. The aim of this creative component was to provide children with developmental and/or intellectual disabilities the opportunity to express themselves through dance and movement while gaining positive results associated with dance. The target audience for this project was school age children with intellectual and/or developmental disabilities above the age of eight. Children were invited to attend the free workshop by contacting Oklahoma City metro school districts via email and personal contact. The workshop was held for free on April 2, 2016 and was located at DMC Dance Studio in Midwest City, Oklahoma. The workshop was structured using the Laban approach which focuses on four major components: (1) developing an awareness of space, body, and effort; (2) developing the “language of movement”; (3) adequate time for practice and exploring; and (4) communicating and interacting with others. Eight children, six with identified disabilities and two without disabilities, were in attendance for the workshop, in addition to ten volunteer college students and two adult volunteers. A public presentation of the creative component was held on April 22, 2016 and a successful thesis defense occurred on April 27, 2016.

## TABLE OF CONTENTS

Section	Page
I. OVERVIEW.....	4
II. PURPOSE OF CREATIVE COMPONENT.....	4
III. CONTEXTUAL DEFINITIONS.....	5
Dance Therapy.....	5
Intellectual Disability.....	5
IV. THEORETICAL FOUNDATIONS.....	6
Bronfenbrenner’s Ecological Systems Theory.....	6
Dance/Movement Theory Model.....	7
V. LITERATURE REVIEW.....	8
History of Dance Therapy.....	10
Evidence for the Effectiveness of Dance Therapy .....	12
Framework for Development .....	15
VI. PROJECT DESCRIPTION .....	18
VII. FUTURE DIRECTIONS.....	29
VIII. REFERENCES.....	32
IX. APPENDIX A: FLYER.....	39
X. APPENDIX B: REGISTRATION FORM.....	40
XI. APPENDIX C: FEEDBACK FORM.....	41
XII. APPENDIX D: RESOURCE SHEET.....	42

## Lets Dance: Dance Therapy Workshop for Children with Disabilities

### **Overview**

Children with developmental and/or intellectual disabilities have limited opportunities to express themselves through movement and dance. They are often times excluded from structured activities such as dance class due to the expectations of these structured activities and their unique needs. Since there is potential for children with developmental and/or intellectual disabilities to struggle with body awareness, confidence, and fine and gross motor movement, a dance workshop structured with the principles of the dance/movement therapy model was designed to help address such needs. A common challenge for children with developmental and/or intellectual disabilities and their families is to find fun and healthy workouts. With this problem in mind, the creative component of a dance/movement workshop was created and implemented with a group of children with and without disabilities and college student volunteers.

### **Purpose of Creative Component**

The three main purposes of my creative component, a dance workshop for children with developmental and/or intellectual disabilities, were to provide children the opportunity to express themselves through movement and dance and to promote body awareness and confidence, increase fine and gross motor movements, and deliver a fun and healthy workout. My main objective through this dance workshop was to provide children with a morning full of finding joy through movement and dance. We ended the workshop with a recital where the children performed a routine for family and friends to enjoy.

## **Contextual Definitions**

### **Dance/Movement Therapy**

The American Dance Therapy Association's (ADTA) definition of dance/movement is based on the empirically supported principle of the interconnectedness of the body, spirit, and mind. Dance/movement therapy is defined by ADTA as "the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual" ("About Dance/Movement Therapy," n.d.). The focus of dance/movement therapy is on movement behavior as it is related to expressive, adaptive, and communicative behaviors. It is through observing body movement through dance that therapists can assess the best mode of intervention. Dance/movement therapy is practiced in a variety of disciplines such as in mental health, medical, rehabilitation, and educational settings. Dance/movement therapy is effective for populations with developmental, psychological, social, physical, and medical impairments (Dunphy & Scott, 2003). Individuals of all ages, ethnicities, abilities, and race can participate in dance/movement therapy. The format of dance/movement therapy can vary from individual sessions, family sessions, and group sessions.

### **Intellectual Disability**

The American Association on Intellectual and Developmental Disabilities (AAID) defines an intellectual disability as a disability characterized by significant limitations in both the intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills and originates before the age of 18 (AAID, 2010). Intellectual functioning, otherwise known as intelligence, refers generally to an individual's mental capacity and includes reasoning, learning, and problem solving. When an individual scores around a 70 to 75 on an IQ test, a limitation in intellectual functioning is indicated. When an individual has significant

limitations in adaptive behavior, they have difficulty with conceptual skills such as language and literacy, social skills including interpersonal skills and social responsibility, and practical skills such as activities in daily living including personal care.

### **Theoretical Foundation**

My creative component entailing a dance workshop for children with developmental and/or intellectual disabilities is framed within Bronfenbrenner's (1979) ecological systems theory and the dance/movement therapy model. The ecological systems theory presents itself as a foundation on which dance/movement therapy can reach the goals of improving the over all well being of children with developmental and/or intellectual disabilities. The dance/movement therapy model is founded on the traditional modern dance structure which emphasis free expressive movements as a method of expressing mind and body. Bronfenbrenner's theory and the dance/movement therapy model provides a backbone on which the program can flourish by addressing the complex interactions between a child and the world around them. It is with these theoretical foundations that my creative component is equipped to meet the goal of increasing confidence in a child's ability to express themselves through movement and dance.

### **Bronfenbrenner's Ecological Systems Theory**

Through exploring the life of a child with developmental and/or intellectual disabilities, it becomes evident that the events and experiences of their lives do not happen in isolation. A child's development is greatly affected and shaped through their social interactions, the settings in which they reside, and the larger cultural and society influences around them. When it comes to teaching children dance, there is much more to consider than just the class at hand. It is vital that programs such as this one be structured and implemented in a way that takes note of the complex interactions that shape the child's life.

Bronfenbrenner presented five nested systems in which he believes an individual is affected. These five systems interact and present a child with a context under which they develop and grow. The first system, the microsystem, is made up of those social interactions and settings that directly influence the child such as family, school, and social activities. The child would be directly impacted the dance workshop, so it can be considered to involve the microsystem. The second system, the mesosystem, is the interconnections of the microsystems such as in this context, a parent's relationship with the dance instructor. The exosystem, Bronfenbrenner's third system, is the interactions between settings that the individual is not actively engaged in yet still affects their life. For instance, the instructor has received training in successful dance therapy methods from researchers targeting the abilities and needs of students with developmental and/or intellectual disabilities and is able to structure their session based upon the knowledge learned. The researcher does not influence the child directly, yet the influence is still felt. The macrosystem is the fourth system and includes the culture and societal influences that impact an individual. In this dance workshop, cultural identity is acknowledged and taken into great consideration when interacting with children from different cultural backgrounds. The final system is the chronosystem and includes events and transitions that occur over the lifespan such as graduating high school or the divorce of parents. When children go through large life transitions, many confusing emotions can present themselves. In dance therapy, children are given the tools to learn how to deal with difficult feelings from transitions that impact their development.

Through the interactions of the five systems explained above, a child develops and gains a worldview based upon the social and environmental situations one experiences. From the activities in which a child participates in to the quality of relationships with educators and

instructors, a child's life has the potential to be greatly altered by their surroundings and the people present. I am aware of this great influence I have specifically on a child's microsystem and strive through my program to positively impact children's lives.

### **Dance/Movement Therapy Model**

Researchers have developed their own different theoretical perspectives based on the characteristics of dance therapy. Stanton-Jones (1992) used psychiatry to develop dance therapy principles. These principles include the reciprocal constant interaction between the body and mind, the reflection of personality through movement, the importance of the relationship between dance therapists and patients, movement as indication of the unconscious, and the therapeutic outcomes of using improvisational movements. The therapeutic goals of Schott-Billman (Panagiotopoulou, 2011, p. 97) are explained in the subsequent list:

- “The enjoyment of functionalism”: This examines body movement and how it is related to the environment which then helps motor control and movement coordination.
- “The psychosomatic unit”: Movements through dance are related to the expression of emotions.
- “The restoration of narcissism and the love of the self”: The aim of the dance therapist is to teach positive body image ideals.
- “Separation from the other”: Goals of dance therapy include the fostering of autonomy not strictly at body level but at the psychological and emotional levels as well.
- “Notation through the body”: This indicates that dance is viewed as a language of the body. The desires, fantasies, and impulses of an individual are satisfied



through the expression of movement through dance therapy.

- “Transformation”: Each participant is able to seek their own beauty through dance which stems from the relaxation and peacefulness of the mind that is experienced.

The model of therapy using dance in America, called dance/movement therapy, is founded on the tradition of modern dance (Schmais & White, 1986). Modern dance emphasizes performing movements “without limitations” and is used as the cornerstone in the dance/movement therapy model (Schmais & White, 1986, p. 24). Unlike structured dance such as ballet, modern dance provides the opportunity to move freely without following rules or a specified technique. Dominant features of dance/movement therapy place emphasis on the knowledge of the body and the creation of a space that feels safe for individuals to express their mind and body (Kougioufa, 2004).

With the dance/movement therapy model, it is important for therapists to consider each individual’s cultural identity and that they shape the dance therapy course and sessions accordingly (Dosamantes- Beaudry, 1997). For example, when working with an individual from Vietnam, a therapist would need to consider how a smile communicates several different emotions ranging from happiness to embarrassment and anger. In addition, individuals from Vietnam may take offense at direct eye contact and touches to the head so the therapist should refrain from such actions (Hanna, 1990).

Therapists that use the dance/movement therapy model mostly use Marian Chace’s structure that includes three main phases of group therapy (Chaiklin, 1975). This group dance therapy structure begins first with a warm-up then leads to the development of a theme and concludes with a closing section (Levy, 1988). Drawn from the traditional dance practices of

indigenous people groups, the participants gather in a large circle to warm their bodies up. After the warm up, they remain in a circle and participants take turns leading the group through performing their own movement and having the group replicate the dance moves (Panagiotopoulou, 2011). Whenever necessary, the dance therapist supplies verbal instructions that helps modify or improve the movement of the group. After each participant has the opportunity to lead the group, the instructor models a rhythmical combination of movement that the participants execute together. Towards the end of the session, there is a short discussion led by therapists about the movements performed that day and their thoughts over the session. Throughout the session, the therapist is actively observing the creative expression of each individual. Dance therapists use these observations to collaborate with other professionals from a variety of disciplines to help create future treatment plans and goals (Panagiotopoulou, 2011). Physical therapists, occupational therapists, physical education teachers, and even physicians among others can be assisted from the dance therapist's observations in order to provide the child with the most efficient comprehensive care and treatment. The model of dance therapy for this project is rooted in the creative and aesthetic power of improvisation and dance (Chaiklin & Wengrower, 2009).

## **Literature Review**

### **History of Dance Therapy**

For thousands of years, dance has been recognized to be therapeutic. Throughout early history such things as fertility, sickness, birth, and death were considered to be influenced by dance (Strassel, Cherkin, Steuten, Sherman, & Vrijhoef, 2011). The relationship between therapy and dance can be seen in previous eras through the cases of the Italian tarantella (Schott-Billman, 1998) and the Egyptian Zar dance (Guindy & Schmais, 1994). Since the beginning of human

history, dance has been used as a ritual for healing but it wasn't until the 20<sup>th</sup> century that dance therapy became an actual profession and was established as a discipline (Strassel et al., 2011). Modern medicine also had a great influence in the contribution of establishing dance as a therapy due to treating illness as a single problem to rather than trying to treat the entire patient (Schott-Billman, 1992).

Dance therapy had its official appearance in Washington, D.C. at St. Elizabeth's Hospital (Panagiotopoulou, 2011). It was there that Marian Chace, who had previous experience as a dance teacher, used dance therapy with the psychiatric patients receiving treatment there in the 1940s. When Dance/Movement Therapy first appeared in the United States, it was primarily shaped by the elements of modern dance (Panagiotopoulou, 2011). This free expressive style of dance is what contributes to potential healing aspects dance therapy and can bring through an individuals ability to explore emotions with movement. In America, dance therapy was developed on the basis of the healing aspects dance can bring, including the dimensions of creative improvisation and the emphasis on group interpersonal interaction (Schmais & White, 1986). This type of group therapy contributes to an individual's ability to learn and practice social skills while also opening up opportunities for learning creative avenues to express emotions. The pioneers, Chace, Schoop, and Espenak, based their techniques on individual expression, creativity, and free improvisation (Levy, 1988). The impact of modern dance shines through the therapy techniques of the pioneers of Dance/Movement Therapy.

Throughout the world, there are a variety of minor differences in the definitions and titles of dance therapy. For this project, the focus will be on the American Dance Therapy Association's (ADTA) definition (Panagiotopoulou, 2011). According to the ADTA, dance therapy is defined as "the psychotherapeutic use of movement to further the emotional, cognitive,

physical, and social integration of the individual" (Strassel et al., 2011, p. 50). This definition is based on the interrelatedness of the body and mind. It is important to clarify that dance becomes therapeutic when a therapist practices dance therapy, rather than the idea that there is a specific therapeutically designed dance (Strassel et al., 2011). Dance/movement therapy is a synthesis of the science of psychology and the art of movement. The science and art of dance therapy is continuing to evolve due to advances in knowledge of the therapeutic use of dance, neuromotor sciences, the creative process, and the psychology of the arts (Chaiklin & Wengroer, 2010). Since dance therapy involves the evaluation of movement and other nonverbal body displays, it produces a widespread and integrated representation of the needs and treatment possibilities for specific individuals (Levy, 1995). The representation of dance therapy allows it to be a more comprehensive form of therapy compared to other verbal only treatments since many times "words alone are not enough to express the totality of experience" (Levy, 1995, p. 1).

### **Effectiveness of Dance as a Therapy**

Research shows that participating in arts is a positive factor in the development and sustainment of an individual's health and well-being (Dunphy & Scott, 2003). Through creative movement, individuals can explore their inner emotions and release them in the process. A variety of impairments in the medical, developmental, social, and psychological domains have been treated effectively with dance therapy (Chrisman, 2001). It is clear that almost all areas of a person's life have the potential to be positively impacted through dance. Dance therapy has been widely used to treat individuals with psychological and mental problems (Milliken, 2002) and is successful in reducing anxiety and stress stemming from chronic disease (Goodill, 2005). When an individual is given the opportunity to dance without a strict structure, they have the potential to release their anger and frustration in a healthy and beneficial manner. An observational study

performed by Courneya, Keats, and Turner (2000) indicated that an individual's range of movement, as well as the freedom of their total body movement, was greatly enhanced through dance. In addition to the physical improvements dance therapy brings, findings also indicate an improvement in the individual's body image, self-esteem, and overall mood (Dibble-Hope, 2000). During dance therapy, the main focus is not to master the movements, but to express emotions and enjoy the process. Bojner-Horwitz, Theorell, and Anderberg's research (2003), state that dance therapy is entirely comparable to all of the other psychotherapeutic treatments developed thus far. Due to the freedom of expression and limited structure, dance therapy sets itself apart from the other therapy models because of the joy dance can bring to people. Researchers of dance therapy have concluded there is a range of possible benefits including an improved self esteem, mood, body awareness and perception, increased quality of life, better relaxation, and in addition, dance therapy helps the participant in accepting and coping with disease (Strassel et al., 2011). Overall, dance is an activity that can benefit the whole body and has the ability to aid in a happy and full life.

The potential mental and physical health benefits stem from the ability dance therapy has to combine many different therapeutically valuable features (Strassel et al., 2011). There are many parts of dance therapy that make it so effective in treating both the mind and body. A particularly valuable aspect of dance therapy is the social component of human interaction that has been found to be important in all areas of psychological functioning (Haboush, Floyd, Caron, LaSota, & Alvarez, 2006). When interacting with other people, individuals have the ability to share feelings and problems that can help cope with stress. In addition, individuals can gain confidence through the encouragement and support of others. Music is another component present in dance therapy that has been recognized as effective in reducing pain and anxiety while

increasing relaxation (Kemper & Danhauer, 2005). Music is a powerful force that can open the door to creativity and elicit a change in emotion. The physical training that comes from being active and discovering the capacity for movement during dance therapy is something to be valued by all involved (Strassel et al., 2011). Dance stands out as an exercise that typically uplifts individuals and is more enjoyable and engaging than other exercise forms such as running or aerobics (Haboush, Floyd, Caron, LaSota, & Alvarez, 2006). Another advantage dance therapy has is the nonverbal communication aspect which can give participants the ability to express feelings without the use of words (Strassel et al., 2011). This particular therapy advantage is helpful when participants struggle with verbal communication and have a difficult time expressing their wants and needs. Although there is a limited amount of dance therapy evidence, it is a therapy that is relatively inexpensive and has a great potential in bringing about an improvement in the participants' quality of life (Strassel et al., 2011).

Dance therapy is beneficial to individuals with poorly developed motor skills who might not have the ability to participate in common physical activities whether that is by choice, certain functional limitations, or exclusion from adept peers (Kasser, Collier, Solava, 1997). It is every child's wish to be accepted and feel valued and many structured recreational teams answer that need. When children are not able to participate in such activities, their development may be negatively affected. A well-designed activity program that enhances children's development and physical health includes the development of leisure skills to be used over the lifetime, the teaching of a healthy lifestyle, and improved self-worth all of which is present in dance therapy (Block, 1994). Recreational activities, such as dance, basketball, and bowling, among others, are frequently motivating and can help promote children's emotional, social, and motor development (Kasser et al., 1997).

Dance provides an effective and appropriate avenue to improve the quality and form of movement patterns in children with developmental and/or intellectual disabilities (Jobling, Virji, Nichols, 2006). Children with developmental and/or intellectual disabilities' learning styles can be accommodated through the visual representations of movement and kinesthetic awareness elements present in the dance (Jobling et al., 2006). Boswell (1993) found that through dance, children with mild intellectual disabilities improved their balance skills more than through traditional gross-motor programs. Dunphy and Scott (2003) proclaim that dance therapy is a valuable form of expression and movement-skill development. Through creative expression, dance can be intertwined with health and wellbeing and also with community involvement and participation (Dunphy & Scott, 2003). Participants of dance therapy can learn how to lead healthy active lifestyles while giving them the opportunity to feel connected to those around them.

### **Framework for Development**

Rudolph Laban (1879-1958) was one of the most prominent pioneers of movement theory and is known for reconceptualizing the fundamental movement elements of dance and analyzing such movements (Jobling et al., 2006). Dunphy and Scott (2003) believe that Laban's core concepts should be the framework of dance therapy for individuals with intellectual disabilities because they cultivate aspects essential in moving and can facilitate the learning of the language of movement. An ideal framework for children with developmental and/or intellectual disabilities to learn to move should include Laban's core concepts of space, weight, time, and flow through a movement education approach (Dunphy & Scott, 2003). Jobling (1993) suggests that when individuals learn movement in this particular way, it can become a language of communication and expression. Movement is a vital part of developing physically and with

the ability to move, the environment becomes much more accessible for learning through exploration (Jobling, 1993; Barham 1993).

Specific aspects essential in moving can be cultivated through the use of a creative dance program based on Laban's core concepts. In addition, the facilitation of understanding and learning movement can come from the use of accompanying movement words (Jobling et al., 2006). With the Laban framework, individuals can begin to understand the concepts of time, weight, space, and flow as they generate movement and develop the "language of movement" through vocalizing what they may be doing (Dunphy & Scott, 2003). Through this experience, participants are given the opportunity to enjoy practicing and rehearsing free from formal structure (Jobling et al., 2006).

Four core concepts are present in programs that use the Laban Framework. These include (1) developing an awareness of space, body, and effort; (2) developing the "language of movement"; (3) adequate time for practice and exploring; and (4) communicating and interacting with others (Jobling et al., 2006). Following the Laban approach, participants are taught about the awareness of their body as they move in three ways. These movements include body awareness, space awareness, and effort awareness (Jobling et al., 2006). It is important that participants understand body awareness so they have an understanding of what the body is doing and how different limbs function through movement. Participants can learn this by answering questions about what part of the body is moving. Space awareness is the ability to understand the body in relationship to people or objects present in the environment. To help teach space awareness, participants can go through a constructed obstacle course (Jobling et al., 2006). An obstacle course could be created by setting up tables to crawl under, stacking mats to climb over, and placing small objects around the space for children to jump over. The area where these



activities are taking place needs to be comfortable for the participants. Instructors should keep in mind that too much space could be discomfoting while too little space could be constricting.

The final approach to teaching body awareness is effort awareness-how individuals feel the pace of the movement (Jobling et al., 2006). An example of an activity to develop effort awareness through understanding the speed, accuracy, and the sustainment of movement would be to have a group play with a parachute by pulling it up and letting it fall repeatedly (Jobling et al., 2006).

As participants develop awareness of body, space, and effort, they are developing the ability to use language through the movements being taught. As individuals move using the core concepts of Laban, they may acquire vocabulary that helps them better understand their movement (Dunphy & Scott, 2003). Researchers suggest that individuals with intellectual disabilities may lack critical understanding and knowledge of how to meet their own needs through movement (Henderson, 1986) and that often times they extensively rely on visual cues for movement confirmation (Weeks, Chua, & Elliott, 2000). Due to this knowledge, it is important that these individuals be assisted in developing vocabulary that can help them expand their understanding of movement while they are dancing. Individuals can strengthen their knowledge of movement through dance programs that are enjoyable and place emphasis on heightening visual, verbal, and kinesthetic perceptions (Jobling et al., 2006).

Individuals with developmental and/or intellectual disabilities may require more time for the exploration necessary to understand the tasks they are performing and in gaining confidence in their actions (Latash, 2000). A dance program that uses the Laban approach that offers dance opportunities for exploration without structure or continual repetition addresses this need. Individuals can discover the joy of movement as confidence is built through multiple opportunities for the growth of understanding and knowledge (Jobling et al., 2006).

The last concept based on Laban's teaching is the idea that dance is considered a creative form of art which enables communication and interaction with others. This approach provides individuals with the opportunity to expand skills pertaining to creativity while growing in the understanding of their body and the ways it can move in unison with other people (Jobling et al., 2006). Individuals can use the "movement language" that they are developing in order to formulate ideas and communicate with others. It is because of these social aspects of dance therapy that individuals with intellectual disabilities are included in movement and dance programs (Williams, 2001).

Individuals can learn movement skills in an enjoyable and relaxed environment when given the opportunity for creative dance through Laban's approach and core concepts of movement (Jobling et al., 2006). Through dance, children and adults with developmental and/or intellectual disabilities have great potential to expand their repertoire of movements. During dance therapy sessions, it is the participants who take control and initiative as they perform movements reflective of their own ideas, abilities, and feelings (Jobling et al., 2006). When instructors and therapists take this focus, there is a shift from the expectation of overcoming the inabilities of the participant to an emphasis on their uniqueness and capabilities through activities that preserve playfulness, freedom, and challenge (Jobling et al., 2006). Children and adults with developmental and/or intellectual disabilities improve their general mobility and physical health as they gain body awareness, movement language, and confidence which in turn can positively affect their overall well-being and health (Dunphy & Scott, 2003).

### **Project Description**

The aim of this creative component was to provide children with developmental and/or intellectual disabilities the opportunity to express themselves through dance and movement while

gaining positive results associated with dance. The target audience for this project was school age children with intellectual and/or developmental disabilities above the age of eight. Children that may struggle with finding ways to express their emotions without the ability to use verbal language may benefit greatly from the ability to display their feelings through movement and dance. Components of dance and movement therapy have the potential to provide children with developmental and/or intellectual disabilities with an increased sense of body awareness and confidence. Through this dance workshop, children also had the ability to increase their fine and gross motor movements while discovering a fun and engaging form of physical exercise. The structure of the dance workshop was based on the methods of Dunphy and Scott (2003) and research using the Laban approach. Through reviewing the writings of Dunphy and Scott (2003), their knowledge and experience in the area of dance and movement therapy is evident. It was through the lesson plans in their book titled, "Freedom to move: Movement and dance for people with intellectual disabilities" and the literature review of dance therapy that I created my workshop. Children with developmental and/or intellectual disabilities are often times excluded from structured activities such as dance class due to the expectations of these structured activities and their unique needs. I wanted to give the children the ability to experience the freedom and joy that comes from dancing since their opportunities to do so may be limited. As a central focus, I wanted to have children come to a dance class where they can forget about whatever it is that is holding them back from expressing themselves. I sought to design a workshop that had the ability to impact children's overall well being both physically and mentally. This program was designed with the idea of allowing children to interact with peers in a semi structured environment so that they could benefit from the social interactions and support provided while still being able to explore their emotions in a fun and entertaining manner (Simplican, Leader,

Kosciulek, & Leahy 2015). The overall purpose of this project is to empower children with developmental and/or intellectual disabilities with the ability to express their emotions through dance and gain self-confidence in return.

### **Project Conceptions**

My inspiration for this project came from a variety of factors with those most prevalent aspects being my passion for dance and working with children with developmental and/or intellectual disabilities. I was three years old when my mother enrolled me in my first dance class where I discovered my love for the art. Through dancing, I was able to find joy in the ability to explore my emotions and relieve stress and anxiety. I danced all through high school on a competitive team and it was at one of my dance competitions my junior year that I first witnessed a dance team perform whose members had disabilities. After watching their inspiring performance and seeing the biggest smiles on their faces as they walked off the stage, I just knew I wanted to be able to spread the joy of dancing with children with developmental and/or intellectual disabilities one day.

After taking Dr. Jennifer Jones' HDFS 2123 Developmental Disabilities course, my interest in working with children with disabilities grew exponentially. I became passionate about advocating for the needs of those with developmental and/or intellectual disabilities through OK-AIM and found joy while helping the children on the Miracle League baseball team. When it became time for me to start brainstorming ideas for my Honor's Thesis Project, it was an extremely easy decision to base my project around serving children with developmental and/or intellectual disabilities. Taking my previous desire to coach a team of individuals with disabilities, I came up with the idea of creating a dance workshop for children with developmental and/or intellectual disabilities centered on increasing confidence and well being.

## **Project Components**

**Recruitment.** Children were invited to attend the free workshop by contacting Oklahoma City metro school districts via email and personal contact. School districts contacted included Choctaw Nicoma Park, Mid Del, Guthrie, Oklahoma City, Harrah, Jones, and Moore Schools. Electronic flyers and registrations were distributed to all parents through email and hard copies of the flyer were also delivered to Choctaw Nicoma Park Schools (see Appendix A: Flyer and Appendix B: Registration). Facebook was also utilized in spreading the event information.

**Procedure.** The Dance Workshop began with preparation of the dance studio. The workshop was held for free and was located at DMC Dance Studio in Midwest City, Oklahoma. It took place from 9:30-11:30 and included a snack and water breaks throughout. Before the children arrived, I cleared the studio of obstacles such as props and studio equipment that I thought to be distracting or potentially dangerous to the children. I held a brief meeting with the volunteers who came to help be dance buddies. I went through the lesson plan and provided them with their responsibilities of helping their buddy throughout the workshop.

**Participants.** Eight children, six with identified disabilities and two without disabilities, were in attendance for the workshop, in addition to ten volunteer college students and two adult volunteers. All dancers were female and school age but the registration form did not ask for exact age. The children's disabling conditions as told by parents on the registration form included cerebral palsy, Down syndrome, and moderate autism,

**Implementation.** I turned on welcoming music as the children and parents entered the room. Parents were invited to stay and watch but were not required to. All but one parent choice to stay and watch. As the children entered, I greeted them and introduced them to their buddy who took them to sit in a circle on the floor. Once all the participants were seated, I explained the

plan for the workshop. We started off the introductory song. The greeting song used was Shenanigan, 1989 'Sing Me Your Name', from *There's a Wombat in My Room*. If children had difficulty with singing solo, their buddy accompanied the child. Throughout the song, the class kept on beat by tapping on their knees and bopping up and down with the music.

**Warm-Up.** The Move and Freeze game was played to introduce the basic effort elements of dance: weight, space, flow, and time. Children were given the instructions to move throughout the space and to stop when I said 'Freeze!'. The element of surprise ensured that children learned to listen closely. Different music was played throughout the activity with a variety of rhythms, volumes, and tempos. For the first song clip, the children had the ability to move however they wished around the room. For the second song clip, the children were asked to move only forward and backward. For the third song clip, the children were asked to move from side to side. For the fourth song clip, the children were asked to move in circles. For the final song clip, the children were told that no walking or running was allowed, so they were asked to find a different way to move. Different ways to 'freeze' were instructed during each song clip. The first 'freeze' was just normal, but the following 'freezes' included standing on one leg, getting into a group of four, holding arms in the air, and sitting down. All movements were supported and encouraged by peers, volunteers, and the instructor.

After we warmed up, we stretched our muscles to avoid potential injuries. We started stretching our legs by bending at the waist with our legs spread apart. We held the stretch at each leg while we counted to six out loud. The next stretches were modeled showing how to stretch arms and then stretching concluded with stretching the neck. The children then were asked to model their favorite way to stretch and a few gave examples while the class mirrored the stretch.

We continued the warm up portion of the workshop with the Run, Jump, Run activity. To

explain the activity, I modeled the sequence of movements: run, jump, and run finishing with a 'freeze'. We all went to the corner of the room and one by one, the child and their buddy tried the sequence. As the children mastered the initial sequence, I changed the 'moving' words to skip, spin, and free style. The song chosen for this activity was Sidney Berlin Ragtime Band and other (1994) *Doop Doop* because it provided an up-tempo, fun, and regular beat.

**Choreography Practice.** One method of expanding movement exploration skills is the creation and learning of choreography. This can be done through the development of a performance. The dance routine I taught was based off the YouTube video of a first grade class titled "The Evolution of Dance" (Fijifilmstudio, 2011). The music goes through clips of a variety of popular dance songs spanning through the decades. I first taught the children how to move like Elvis Presley as they danced to *Hound Dog* (Leiber & Stoller, 1956). Next, I modeled to them how to twist as *The Twist* (Ballard, 1960) by Chubby Checker was playing. I then taught them John Travolta's famous moves from *Stayin' Alive* (Gibb, Gibb, & Gibb, 1977) by The Bee Gees. *Y.M.C.A.* by The Village People (Morali & Willis, 1978) was taught next and karate moves to the song *Kung Foo Fighting* by Carl Douglas (Douglas, 1974) followed. Next, I modeled the Brady Bunch's *Keep On* (Brady Bunch, 1973) moves which led into the most popular moves from *Greased Lightnin'* by John Travolta (Jacobs & Casey, 1978). Michael Jackson's famous dance moves were taught next to *Billy Jean* (Jackson, 1983) and *Thriller* (Temperton, 1984). The children then had the opportunity to display their inner Oompa Loompas as they bopped up and down to the song *Oompa Loompa* from Willy Wonka and the Chocolate Factory. Next, the children were taught how to move like robots as they danced to *Mr. Roboto* by Styx (Deyoung, 1983). Freestyle breakdancing was displayed next and children were able to freestyle whatever moves they wished to the *Electric Boogie* by The Sugarhill Gang (The

Sugarhill Gang, 2009). After free styling, the Bangles' *Walk Like An Egyptian* (Sternberg, 1986) was played next and children modeled dancing like Egyptians. The Chicken Dance by Bob Kames (Kames, 1982) was first taught move by move to the children and then we practiced putting it all together. Since we were close to being half way through the routine, we took a drink break and went to the lobby to rest and rehydrate before coming back into the studio to complete the remaining choreography.

*Ice Ice Baby* by Vanilla Ice (Vanilla Ice, 1990) was the first clip we practiced after the break and children learned to dance forward and background to the chorus. To explore moving side-to-side, the children were then taught the quick shuffle from *U Can't Touch This* by MC Hammer (Burrell, 1990). The subsequent dance moves were those to The Sugarhill Gang's *Apache (Jump On It)* (The Sugarhill Gang, 1999) that included children placing their hands on their hips while moving them in a circle and then jumping with an arm up making circles in the air. Continuing with the jumping theme, *Jump Around* by House of Pain (House of Pain, 1992) played next as children were instructed to jump all around the room. The song *Tubthumping (I Get Knocked Down)* by Chumbawaba (Chumbawaba, 1997) gave children the ability to replicate the lyrics they heard by pretending to fall down but quickly hopping back up onto their feet. The next song clip played was *What is Love* by Haddaway (Halligan & Torello, 1993). The children were instructed to listen to the song and replicate the words with motions (i.e. making the "what" motion with hands turned up and arms bent while shrugging shoulders and making hands into a heart shape).

During the next song clip, the children learned a simple line dance and participated in partner work as they country danced to *Cotton Eye Joe* by Rednex (Rednex, 1994). The *Macarena* by Los Del Rio (Ruiz, Antonio, Monge, 1995) came after the line dance and I taught



the children the classic moves to the song one movement at a time. N'Sync's famous goodbye wave to *Bye Bye Bye* (Lundin, Schulze, & Carlson, 2000) were the next movements taught. After showing them a few of my own hip hop moves, the children were instructed to freestyle their best hip hop dancing to the song *Dirt Off Your Shoulder* by Jay-Z (Carter & Mosley, 2004). To close out the dance routine, the children went back to N'Sync's *Bye Bye Bye* moves (Lundin et al., 2000). We practiced the routine several times while giving the children the ability to replace moves they found challenging with their own creative movements.

**Snack and Drink Break.** After the children mastered the Evolution of Dance choreography, we took a 10 minute snack and drink break in the lobby of the dance studio. My mother and Dr. Cole-Lade provided a healthy snack and water. The snack included apple slices and peeled orange slices and bottled water. The dance buddies and I used this time to get to know the children better by asking what their favorite subject in school was, what their favorite dance moves were, and a few other questions including their favorite shows and food.

**Performance for Parents.** After our break was over, we went back into the dance studio where we invited parents to come watch the performance of our own evolution of dance. The parents sat in the front of the room against the mirror while I stood in front of the children and modeled the moves to each song clip as they came on.

**Relaxation.** To settle the children after their performance, we played the 'Flying Bird' game included in Dunphy and Scott's example lesson plans (2003). Children were instructed to stand in a large circle. When they were being completely silent, I pretended to fly around the circle as a bird and touched them on the head. As I touched their heads they pretended to lie down and fall asleep. I fluttered all around the room until every child was lying down quietly. Once the bird visited everyone, the children were asked to slowly wake up. In order to ensure a

quiet and orderly wake-up, I instructed the children to slowly roll over on their side and come up on their feet as quietly as the bird flew. Once on their feet, I modeled to the children to stretch their ‘wings’ (arms) out wide to the side and then above their heads before bringing them back down to their side again. We tried it again by breathing deeply in and rose to our tiptoes as our wings went above our head. As we brought our wings down, we let out our breath and leaned forward over our knees. Finally, we slowly came back to a standing position as we breathed deeply in and out. I then instructed the children to let their wings change back into arms and to give their whole body a small shake all over to turn back into a human.

**Farewell.** After the Flying Bird activity, I asked all the students to gather back into a circle. I thanked the children for all their hard work and amazing cooperation throughout the workshop. I asked if there was anyone who wanted to share what they enjoyed most during the workshop. I then briefly summarized the activities we completed during the workshop. I had a student helper pass out feedback slips, pens, and a resource sheet to parents while I was talking to the children (see Appendix C: Feedback Form and Appendix D: Resource Sheet). Once I released the children to their parents, I asked the parents to help write down what the child loved most about the dance workshop as well as what the parents liked the most. I also provided a resource sheet with opportunities to explore dance. I told the parents they could contact me by email, provided on the resource sheet, if they needed any help in finding other similar dance experiences for their child. I concluded the workshop by standing at the door and thanking each child and parent for coming while giving the child a compliment about them as a dancer.

### **Project Phases**

In order for the dance and movement workshop for children with developmental and/or intellectual disabilities to reach its full potential, necessary phases of development had to occur.

A main desire of the project was to have it be meaningful, well constructed, and based on previous research of dance and movement therapy. Through the following phases, the process of creating a dance and movement workshop is described.

**Phase one: Literature Review.** The first phase of the project was the current academic review of the literature regarding how dance benefits individuals with developmental and/or intellectual disabilities. Through researching current dance therapy models and programs, a greater understanding of the methods and implications emerged. Research was a key component to the development of the Dance and Movement Workshop in order to ensure that participants gained valuable results.

**Phase two: Planning.** To prepare for the Dance and Movement Workshop, I read the book *Freedom to Move: Movement and Dance for People with Intellectual Disabilities* by Dunphy and Scott (2003). Included in the book was numerous example lesson plans for dance therapy sessions. I combined many of the activities and created a workshop based on the lesson plans provided. For the main choreography, I found a video on YouTube of a first grade class performing “The Evolution of Dance” in a talent show. I received inspiration from the video and prepared the dance with my own creative adaptations. I burned the mix of songs onto a CD along with the other music selections I decided to use during the workshop.

With the help of my friend, a graphic artist, I designed a flyer and electronic registration in the form of a PDF to send out to parents. In order to get the word out about my workshop, we used a snowball method of email communication by sending out an introduction letter explaining the purpose and goals of my workshop along with the electronic flyer and registration. Dr. Cole-Lade and I emailed special education teachers, school superintendents, and other contacts in and around the Oklahoma City area we believed could spread the news of my workshop. I also

printed off flyers and registration forms and delivered them personally to schools located in the Choctaw-Nicomma Park school district. Facebook was able to be a great help in getting the word out about the workshop. Over 120 individuals shared my post regarding the workshop on Facebook. I also called the JD McCarty center in Norman, Oklahoma to invite their residents to come participate in the workshop. The newspapers in the metro were contacted as well as the local news channels with information about my Dance and Movement Workshop.

A few days before the workshop, Dr. Cole-Lade and I decided to open up the workshop to children without disabilities. Because inclusion is so beneficial to both individuals with disabilities and those without, we took action to invite children without developmental and/or intellectual disabilities to join us (Simplican et al., 2015). I contacted the dance studio to invite their own school age dancers and also posted on Facebook inviting parents to bring their own children.

***Reflection of Dance/Movement Therapy Workshop.*** The morning of the dance workshop, I became oddly nervous and anxious about the event. I have worked with children with developmental and/or intellectual disabilities before but not in a situation where I was in charge. The thought of me not being able to control the room became unnerving. I began to worry about how I may not have enough activities planned and the children would get bored and I also thought of possibly having too much planned and the children losing interest.

As the workshop started, all fears were erased as I began to witness the joy of movement in the children. The workshop went above and beyond every expectation I had created. I was in awe with how easy it was to teach the children and how fast they caught onto the dance moves. I loved watching the volunteers interact with the children as they helped the children master certain moves or cheered them on when they created their own. As I was able to glance at the

parents standing on the side of the room, I couldn't help but smile as they beamed with pride and happiness while watching their own children.

One student with Cerebral Palsy who used a stander was very involved with the creation of choreography throughout the workshop. She had learned a Michael Jackson dance in the past and when I began to teach dance moves to his songs, I invited her to the front with me and she helped teach the class some of her own moves. I loved watching her gain confidence in teaching the class and sharing her ideas. Another child who had Down syndrome had difficulty with learning the movements and standing still so she was given the ability to wander the room and create her own dance moves without any structure. She loved to shake her booty so at one point in the class, I stopped what we were doing and invited the class to dance like her. It was a spontaneous moment that looking back was one of my favorite parts of the workshop.

The parents had only positive things to say about the workshop. One parent commented how she loved everything about the workshop and could feel the love in the room. Another mother mentioned how she loved how inclusive the class was and how every one paid attention to every child's need. Another grateful grandmother commented on how helpful the buddies were. The grandmother of one of the children without developmental and/or intellectual disabilities was so incredibly grateful that her granddaughter was able to participate and told us how much her granddaughter enjoyed the experience. At the close of the workshop, one of the children explained how fun it was to have the freedom to dance however she wanted. She wrote herself on the feed back form, "when you dance, you can make up things and it's fun."

The freedom to move and to deliver a fun and creative workout was the basis of the dance workshop. To hear such appreciation from both the children and parents displayed the workshop's success. I will cherish the memories made dancing alongside amazing volunteers

and the incredible children in attendance. Dancing brings me so much happiness and getting to share my gift with others was something truly special. I was reminded how important it is to use my talents to make a difference in this world.

**Phase three: Revisions and completion.** Throughout the project's phases, continuous revising of drafts and plans were completed. Final plans for the workshop were created through researching current literature, discussion with professionals in the field, and through advice from Dunphy and Scott's (2003) book.

### **Future Directions**

There are a few possible extensions of this project that could broaden the scope and accomplish the goals first established. Originally, the workshop was strictly developed for only children with developmental and/or intellectual disabilities. I'm so happy we decided to switch to an inclusion based dance workshop instead. After witnessing children with and without disabilities learn from each other and work together, I would strongly recommend that current dance studios include children with developmental and/or intellectual disabilities in their regularly scheduled modern dance classes. Modifications may have to be made and an additional dance teacher may need to be present, but the benefits that could come from giving all children the ability to dance and learn from one another will be priceless.

During the clinic, parents were invited to stay and watch but not required. All but one mother stayed and the grandmother of the child arrived later for the family performance. The parents stood inside the room and most were very interactive. A few family members even jumped into the fun and danced with their child. An idea for future projects of this sort would be to create opportunities within classes that incorporate parents and siblings into the dance curriculum. This has the potential to be a great bonding experience for the family and can

provide them with a new fun and family friendly activity.

Although incorporating parents could have great benefits, it may also be interesting to see the impact of the dance workshop if parents weren't present. For one instance, the family of one child seemed to jump in frequently to correct her behavior and movements. Since a goal of the workshop was to allow children the ability to express their emotions through dance, it might be beneficial to not have parents present or to instruct parents to give their child freedom to move in the manner they chose.

Overall, the dance workshop accomplished the goals set forth of creating a fun and healthy workout that helps develop confidence and motor skills. To expand the benefits of dance, a class that met every week would overtime accomplish additional aspects of increasing fine and gross motor movements. Over the course of several weeks, there would be the opportunity to witness developments of body awareness in the children and an increase in their ability to let their emotions shine through in their movements.

### References

- About Dance/Movement Therapy. (n.d.). Retrieved March 09, 2016, from [http://www.adta.org/About\\_DMT](http://www.adta.org/About_DMT)
- American Association on Intellectual and Developmental Disabilities. (2010). *Intellectual disability: Definition, classification, and systems of supports* (11th ed.). Washington, DC: American Association on Intellectual and Developmental Disabilities.
- Ballard, H., (1960). The Twist [Recorded by Cubby Checker]. On Twist with Chubby Checker. [CD]. NYC, NY: Parkway 811.
- Barham, P. (1993). Development of skills throughout adolescence. In Y. Burns and P. Gunn (Eds.), *Down syndrome: Moving through life* (pp. 151-166). London: Chapman & Hall.
- Block, M. E. (1994). *A teacher's guide to including students with disabilities in regular physical education*. Baltimore: Brookes.
- Bojner-Horwitz, E., Theorell, T., Maria Anderberg, U. (2003). Dance/movement therapy and changes in stress-related hormones: A study of fibromyalgia patients with video-interpretation. *The Arts in Psychotherapy*, 30(5), 255-264. doi:10.1016/j.aip.2003.07.001
- Boswell, B. (1993). Effects of movement sequences and creative dance on balance of children with mental retardation. *Perceptual and Motor Skills*, 77(3 Pt 2), 1290-1290. doi:10.2466/pms.1993.77.3f.1290
- Bricusse, L., Newley, A. (1971). Oompa Loompa [Recorded by Willy Wonka and the Chocolate Factory Original Cast]. On Willy Wonka and the Chocolate Factory Soundtrack. [CD]. Los Angeles, CA: Paramount.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, Mass: Harvard University Press.



- Burrell, S. (1990). U Can't Touch This [Recorded by MC Hammer]. On Please Hammer Don't Hurt Them. [CD]. Los Angeles, CA: Capitol Records.
- Carter, S., Mosley, T. (2004). Dirt Off Your Shoulder [Recorded by Jay-Z]. On The Black Album. [CD]. NYC, NY: Roc-A-Fella Records.
- Chaiklin, H. (1975). *Marian Chace: Her papers*. Columbia, MD: American Dance Therapy Association.
- Chaiklin, S., Wengroer, H., (2010). The art and science of dance-movement therapy: Life is to dance. *The Journal of Nervous and Mental Disease*, 198(3), 235-235.  
doi:10.1097/01.nmd.0000369413.51011.d3
- Chrisman L. Movement therapy. April 6, 2001. Encyclopedia of Alternative Medicine.  
[http://findarticles.com/p/articles/mi\\_g2603/is\\_0005/ai\\_2603000531](http://findarticles.com/p/articles/mi_g2603/is_0005/ai_2603000531). Accessed February 19, 2016.
- Chumbawaba. (1997). Tubthumping [Recorded by Chumbawaba]. On Tubthumping. [CD]. Santa Monica, CA: Universal.
- Courneya, K. S., Keats, M. R., & Turner, A. R. (2000). Physical exercise and quality of life in cancer patients following high dose chemotherapy and autologous bone marrow transplantation. *Psycho-oncology*, 9(2), 127-136. doi:10.1002/(SICI)1099-1611(200003/04)9:2<127::AID-PON438>3.0.CO;2-L
- Deyoung, D. (1983). Mr. Roboto [Recorded by Styx]. On Kilroy Was Here. [CD]. Santa Monica, CA: A&M.
- Dibbell-Hope, S. (2000). The use of dance/movement therapy in psychological adaptation to breast cancer. *The Arts in Psychotherapy*, 27(1), 51-68. doi:10.1016/S0197-4556(99)00032-5

- Dosamantes-Beaudry, I. (1997). Embodying a cultural identity. *The Arts in Psychotherapy*, 24(2), 129–135. Retrieved from <http://www.sciencedirect.com/argo.library.okstate.edu/science/article/pii/S019745569600184>
- Douglas, C. (1974). Kung Fu Fighting. On Kung Fu Fighting.[CD]. Cambridge, UK: PYE.
- Dunphy, K., & Scott, J. (2003). Freedom to move: Movement and dance for people with intellectual disabilities. Sydney, Australia: MacLennan and Petty.
- Fijifilstudio. (2011, June 6). *Evolution of Dance by First Graders* [Video file]. Retrieved from <https://www.youtube.com/watch?v=RoqAdbS8GW8>
- Gallahue, D. L. (1989). Understanding motor development: Children and adolescents (2nd ed.). Carmel, IN: Benchmark.
- Gibb, B., Gibb R., Gibb, M. (1977). Stayin' Alive [Recorded by The Bee Gees]. On Saturday Night Fever. [CD]. Herouville, France: RSO
- Goodill, S. W. (2005). Dance/movement therapy for adults with cystic fibrosis: Pilot data on mood and adherence. *Alternative Therapies in Health and Medicine*, 11(1), 76. Retrieved from: <http://search.proquest.com/argo.library.okstate.edu/docview/204833337?pq-origsite=summon>
- Guindy, E. L., & Schmais, C. (1994). The Zar: An ancient dance of healing. *American Journal of Dance Therapy*, 16, 107–120. Retrieved from <http://link.springer.com/argo.library.okstate.edu/article/10.1007%2FBF02358570>
- Haboush, A., Floyd, M., Caron, J., LaSota, M., & Alvarez, K. (2006). Ballroom dance lessons for geriatric depression: An exploratory study. *The Arts in Psychotherapy*, 33(2), 89-97. doi:10.1016/j.aip.2005.10.001

Halligan, D., Torello, J. (1993). What is Love [Recorded by Haddaway]. On The Album. [CD].  
Los Angeles, CA: Coconut.

Hanna, J. L. (1990). Anthropological perspectives for dance/movement therapy. *American Journal of Dance Therapy*, 12(2), 115-126. doi:10.1007/BF00843886

Henderson, S. F. (1986). Some aspects of development of motor control in down's syndrome. In  
H. T. A. Whiting and M. C. Wade (Eds.), Themes in motor development (pp. 71-91).  
Dordrecht, Netherlands: Martinus Nijhoff.

House of Pain. (1992). Jump Around [Recorded by House of Pain]. On House of Pain. [CD].  
NYC, NY: Tommy Boy.

Jackson, M. (1983). Billie Jean [Recorded by Michael Jackson]. On Thriller. [CD]. NYC, NY:  
Epic.

Jacobs, J., Casey, W. (1978). Greased Lightnin'. [Recorded by John Travolta]. On Grease : The  
Original Soundtrack from the Motion Picture. [CD]. London, UK: RSO Polydor.

Jenkins, T., Mills, J. (1973). Keep On. [Recorded by the Original Brady Bunch]. On The Brady  
Bunch Movie Soundtrack. [CD]. Los Angeles, CA: MCA Records

Jobling, A. (1999a). Attainment of motor proficiency in school-aged children with Down  
syndrome. *Adapted Physical Activity Quarterly*, 16, 344-361.

Jobling, A., Virji-Babul, N., & Nichols, D. (2006). Children with down syndrome: Discovering  
the joy of movement. *Journal of Physical Education, Recreation & Dance*, 77(6), 34.

Retrieved from

[http://search.proquest.com.argo.library.okstate.edu/docview/215759077?pq-](http://search.proquest.com.argo.library.okstate.edu/docview/215759077?pq-origsite=summon)

[origsite=summon](http://search.proquest.com.argo.library.okstate.edu/docview/215759077?pq-origsite=summon)

Johnson, B., Young, A., Young, M. (1980). You Shook Me All Night Long [Recorded by

- AC/DC]. *On Back in Black*. [CD]. NYC, NY: Atlantic Records.
- Kames, B. (1982). *The Chicken Dance* [Recorded by Bob Kames]. *On The Chicken Dance*. [CD]. Milwaukee, WI: Bob Kames Wonderful World of Music.
- Kasser, S. L., Collier, D., & Solava, D. G. (1997). Sport skills for students with disabilities: A collaborative effort. *Journal of Physical Education, Recreation & Dance*, 68(1), 50.
- Retrieved from  
<http://search.proquest.com.argo.library.okstate.edu/docview/215767977?pq-origsite=summon>
- Kemper, K. J., & Danhauer, S. C. (2005). Music as therapy. *Southern Medical Journal*, 98(3), 282-288. doi:10.1097/01.SMJ.0000154773.11986.39
- Kougioufa, A. (2004). O choros apo ti therapeia stin anaparastasi [Dance: From therapy to representation] In T. Dritsas (Ed.), *I techni os meson therapeutikis agogis* (pp. 23–30) [Art as a means of therapeutic education]. Epistimis Koinonia, Idikes Morfotikes Ekdilosis.
- Latash, M. L. (2000). Motor coordination in Down syndrome: The role of adaptive changes. In D. J. Weeks, R. Chua, and D. Elliott (Eds.), *Perceptual motor behavior in Down syndrome* (pp. 199-221). Champaign IL: Human Kinetics.
- Latchford, S. (1995). *Inclusion and assessment: What works and what doesn't*. Indianapolis, IN: CEC National Convention.
- Leiber, J., Stoller, M. (1956). *Hound Dog* [Recorded by Elvis Presley]. *On Don't be cruel*. [CD]. NYC, New York: RCA.
- Levy, F. J. (1988). *Dance movement therapy: A healing art*. Reston, VA: AAHPERD.
- Levy, F. J. (Ed.). (1995). *Dance and other expressive art therapies: When words are not enough*.

- New York: Routledge.
- Lundin K., Schulze, J., Carlsson, A. (2000). Bye Bye Bye [Recorded by N'Sync]. On No Strings Attached. [CD]. NYC, NY: Jive.
- Milliken, R. (2002). Dance/movement therapy as a creative arts therapy approach in prison to the treatment of violence. *The Arts in Psychotherapy*, 29(4), 203-206. doi:10.1016/S0197-4556(02)00151-X
- Morali, J., Willis, V. (1978). Y.M.C.A. [Recorded by The Village People]. On Cruisin'. [CD]. NYC, NY: Casablanca.
- Rednex. (1994). Cotton Eye Joe [Recorded by Rednex]. On Sex & Violins. [CD]. NYC, NY: Internal Affairs.
- Ruiz, R., Antonio, P., Monge, R. (1995). Macarena [Recorded by Los Del Rio]. On Fiesta Macarena. [CD]. NYC, NY: RCA Records.
- Schmais, C. (1974). *Dance therapy in perspective. Focus on dance VII*. Reston, VA: AAHPERD.
- Schmais, C., & White, E. Q. (1986). Introduction to dance therapy. *American Journal of Dance Therapy*, 9(1), 23–30. Retrieved from <http://link.springer.com/argo.library.okstate.edu/article/10.1007%2F02274236>
- Schott-Billman, F. (1992). Primitive expression: An anthropological dance therapy method. *The Arts in Psychotherapy*, 19(2), 105–109. Retrieved from <http://www.sciencedirect.com/argo.library.okstate.edu/science/article/pii/019745569290045P>
- Schott-Billman, F. (1998). *Otan o choros therapeuei* (2nd ed.) [When dance heals]. Athens, Greece: Ellinika Grammata.

- Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M. (2015). Defining social inclusion of people with intellectual and developmental disabilities: An ecological model of social networks and community participation. *Research in Developmental Disabilities, 38*, 18-29. doi:10.1016/j.ridd.2014.10.008
- Sternberg, L. (1986). Walk Like An Egyptian [Recorded by The Bangles]. On Different Light. [CD]. NYC, NY: Columbia Records.
- Strassel, J. K., Cherkin, D. C., Steuten, L., Sherman, K. J., & Vrijhoef, H. J. M. (2011). A systematic review of the evidence for the effectiveness of dance therapy. *Alternative Therapies in Health and Medicine, 17*(3), 50-9. Retrieved from <http://search.proquest.com.argo.library.okstate.edu/docview/892742758?accountid=4117>
- Temperton, R. (1984). Thriller [Recorded by Michael Jackson]. On Thriller. [CD]. NYC, NY: Epic.
- The Sugarhill Gang (2009). Break Dance [Recorded by The Sugarhill Gang]. On The Sugarhill Records Story. [CD]. NYC, NY: Sugarhill Records.
- The Sugarhill Gang. (1999). Apache [Recorded by the Sugarhill Gang]. On Jump On It. [CD]. NYC, NY: Sugarhill Records.
- Vanilla Ice. (1990). Ice Ice Baby [Recorded by Vanilla Ice]. On To The Extreme. [CD]. Santa Monica, CA: SBK Records.
- Weeks, D. J., Chua, R., & Elliott, D. (Eds.). (2000). Perceptual motor behavior in Down syndrome. Champaign IL: Human Kinetics.
- Williams, D. (2001, Oct. 5-6). Defining the domain: Valuing arts and culture. Paper presented at "culture@com.unity" state conference, University of Sydney. Retrieved February 19, 2006, from <http://www.mgnsw.org.au/files/resources/DeidreWilliams.pdf>.

Appendix A: Flyer

**DANCE!**

**A DANCE WORKSHOP FOR CHILDREN WITH DISABILITIES**

**LIMITED TO 25 PARTICIPANTS  
AGES 8+**

**• SATURDAY APRIL 2ND • 9:30-11:30 A.M. •**  
• DMC DANCE • 9110 HARMONY DR. • OKLAHOMA CITY •  
• TO REGISTER, CONTACT EMMIE.HUMPHREY@OKSTATE.EDU •

**HELPS PROMOTE  
INCREASED MOTOR MOVEMENT  
BODY AWARENESS & CONFIDENCE  
SELF-EXPRESSION THROUGH MOVEMENT  
FUN & HEALTHY WORKOUTS**

**Appendix B: Registration**

# DANCE!

## A DANCE WORKSHOP FOR CHILDREN WITH DISABILITIES

- SATURDAY, APRIL 2ND • 9:30-11:30 A.M. •
- DMC DANCE • 9110 HARMONY DR • OKLAHOMA CITY, OK 73130 •
- REGISTRATION IS LIMITED TO 25 PARTICIPANTS, AGES 8+ •

NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

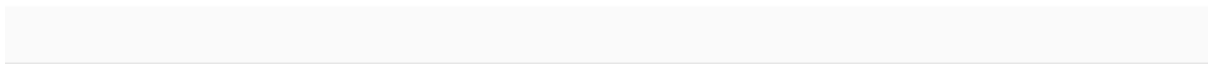
HEALTH CONCERNS:

FOOD ALLERGIES:

ANY OTHER INFO YOU WOULD LIKE US TO KNOW FOR THE WORKSHOP:

HEALTHY SNACK & WATER WILL BE SERVED  
WEAR COMFORTABLE CLOTHES & EITHER TENNIS SHOES,  
OR YOU CAN DANCE BARE FOOT!

COMPLETE ELECTRONIC REGISTRATION FORM, SAVE AND EMAIL TO  
EMMIE.HUMPHREY@OKSTATE.EDU  
QUESTIONS? CALL EMMIE AT 405-416-3001





**Appendix C: Feedback Form**

**What did you love most about today's dance workshop?**

**Child:**

**Parent:**

## Appendix D: Resource Sheet

### Certified Dance Therapists in Oklahoma

Battenberg, Katherine M.  
battenberg19@gmail.com  
Tulsa, OK  
R-DMT

James, Deanna  
deannamjames@yahoo.com  
Edmond  
OK  
R-DMT

Roll, Lisa  
lisa.roll@sbcglobal.net  
Bartlesville, OK  
BC-DMT

### Classes & Programs

- **Dance FUNdamentals** at Top Hat Talent offers a dance program designed for dancers ages 5-10 years with developmental disabilities. 405-692-2640, [www.tophattalent.com](http://www.tophattalent.com).
- **Chance to Dance** at OKC Ballet Studios (7421 N Classen, OKC) for students ages 5-10 with Down Syndrome. The class is an introduction to basic dance movements, dance concepts and vocabulary. Students learn musicality, spacing, arm and feet positions of ballet and dance class etiquette. End of the year performance in the Dance Center of OKCB Spring Performance. Registration is ongoing. \$60 per month. Saturdays, 10:30-11:15am. Registration form online at [www.okcballet.com/school](http://www.okcballet.com/school).
- **Dance with Shannon Wright** in Oklahoma City offers dance and creative movement. 405-388-5048.
- **Empire Elite Cheerleading** in Bethany offers tumbling and cheerleading for ages four and up. \$35/month. 405-789-9996, [www.empireelitecheer.com](http://www.empireelitecheer.com).
- **Shining Starz Program** at Shock! Sports Center in Norman for kids of all ages to compete in cheer competitions. 405-573-9974, [www.normanshock.com](http://www.normanshock.com).

*If you have any questions about the workshop or want more information on Dance Therapy, please don't hesitate to email me at Emmie.Humphrey@okstate.edu*