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### **Towards Wide Implementation of Dance Therapy in Mental Health**

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Towards Wide Implementation of Dance Therapy in Mental Health

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Harrisburg University of Science and Technology

Submitted in partial fulfillment of the requirements for the  
Masters Degree in Healthcare Informatics

HCIN699 Professor Glenn Mitchell

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**Abstract**

In recent years, Dance Movement Therapy (DMT) has been increasingly mentioned in the field of mental health counseling. Despite the progress of DMT in terms of studies showing its efficiency for various forms of mental health conditions such as depression and trauma, the implementation of DMT amongst mental health therapists is still not as widespread as other forms of therapies such as verbal and art therapies. In this project, we aim to determine the underlying causes of its low implementation by surveying a set of populations, specifically mental health patients, mental health therapists that do not specialize in dance/movement therapy, and dance/movement therapists. In our survey, we explore several factors, such as perceived usefulness, perceived feelings, popularity and difficulty in implementation, that may be causes for its low implementation. From our results, we observe that all population groups perceive that dance movement therapy has high usefulness in terms of its effectiveness in mental health sessions, which should intuitively result in a higher implementation rate. However, the impact of the other 3 factors could describe its low implementation; First, the patient group rated a negative feeling towards trying out dance/movement therapy in part due to the nervousness involved. Second, the popularity of dance/movement therapy, as viewed by all population groups, is low. Third, the dance movement therapists themselves rated a high difficulty level in implementing this therapy method. From these results, the implementation gaps and barriers in DMT can now be better understood, allowing us to recommend steps for the widespread implementation of this relatively young yet highly useful therapeutic technique.

*Keywords: dance/movement therapy, implementation, mental health*

## **Introduction**

Mental health holds an important role in the regular functioning of the human well-being. A mental health condition is an intertwine of physiological and psychological problems which require treatments such as medications or therapies (Angell, 2011). Therapies are useful in that they seek to regulate the body in a more holistic way.

There are various psychological approaches to address one's mental health. Individuals may find themselves more attuned to a specific counseling approach. Each approach utilizes different psychological theories which then involves different therapeutic techniques (Corey, 2017; Jones-Smith, 2020). Approaches, including psychodynamic, person-centered, cognitive, behavioral, cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT) or multimodal approach (Dryden & Mytton, 2005), etc., are traditionally conducted in a talk therapy setting as it facilitates a healing process based on what is verbally exchanged between clients and therapists (Ferrara, 1994).

As individuals are more familiar with traditional talk therapy, there has been more studies that shed light on the use of non-verbal therapy which provides with more ways to explore one's mental wellbeing (Wiener, 1999). For example, expressive therapy, a comparatively recent development of mental health practice, encompasses various forms of practices, such as play therapy, art therapy, music therapy, drama therapy and dance therapy (Malchiodi, 2013). Expressive therapy incorporates different media to validate and attune to client's mental status. Malchiodi (2013) introduced expressive therapies to enable individuals of all ages to express their thoughts and feelings in a way that is different from verbal means, enabling a thorough communication of the relevant issues.

The types of therapies vary in different forms. Each of it has its own advantages and disadvantages, which enables therapists to customize their sessions according to the patients' conditions (Corey, 2017; Malchiodi, 2013; Levine & Levine, 1998). For example, in the study of working with interpreters in psychotherapy, O'Hara and Akinsulure-Smith (2011) suggest

that the fluency or the word choice is the key to understanding clients, and that it is crucial to have exact interpretations of client's words. The use of language is an essential component of human relationships, and that is a key to efficiency in psychotherapy (Ferrara, 1994; Espín, 2013). However, comparing verbal therapy to non-verbal therapies such as expressive therapy, patients who are not well-versed in, for example, conversational English, may not be able to translate their thoughts and emotions well (Schrauf, 2003). Moreover, emotional meanings vary based on language structure, which produces uncertainty for patients who are still not well-practiced in conversations such as young children and foreigners (Espín, 2013). Therefore, it is important to understand how the non-verbal expression would be taking place during the therapeutic process. In other words, taking account of the client's presenting problems through verbal and non-verbal perspectives could help provide a more holistic view to the therapist, and thus facilitate a healing process (Rober, Lerner & Paré, 2004).

### **Dance/Movement Therapy (DMT)**

In this capstone project, I aim to focus primarily on the lesser-known dance movement therapy which is also under the umbrella of expressive therapy. Dance/movement therapy (DMT) is defined by the American Dance Therapy Association (n.d.) as “the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual” (“What is dance/ movement therapy,” para. 1). DMT is a modality of expressive therapies that emphasizes the connection between mind and body. The use of body, including breath, movements, or postures, serves as a way for therapists and clients to communicate (Levy, 1988). Freud stated that an individual's body movements are partially in charge of an individual's ego (Chaiklin & Wengrower, 2015). In the Freudian approach, ego is described as a representation of how an individual can “organize, synthesize, and integrate mental processes” (Berzoff, Flanagan & Hertz, 2008, p.56). Hence, applying DMT to the patients provides a space for them to express their inner self even in a different linguistic setting (Levy, 2005).

In recent years, dance/movement therapy (DMT) has grown to be part of a suite of therapies used by many therapists in managing emotions and mental health conditions. DMT has also been studied for its efficiency in aiding mental health conditions. For instance, Ho et al.(2018) shows that DMT is able to reduce the stress level of breast cancer patients (Ho, Fong, & Yip, 2018), which then facilitates a beneficial physical effect on their body. In addition, DMT has been included in treatments and management of mental conditions (Cleary, 2018; Parker, 2018; Chaiklin & Wengrower, 2015) such as Obsessive Compulsive Disorder (OCD), Post-traumatic Stress Disorder (PTSD) and brain trauma following events such as stroke and brain injuries.

### **Current Development of Dance/Movement Therapy**

DMT has evolved from the understanding of mind-body connection into a more formalized therapeutic approach in the 1940s when Marian Chace started to incorporate this concept into her work (Chaiklin & Wengrower, 2015; Levy, 2005). DMT has gradually raised public awareness with its great psychological outcomes. Despite the benefits and advantages of DMT, it is still not widely implemented as compared to verbal therapy. This can be attributed to the public perspective. DMT is a relatively new field which leads to a lack of awareness among the public. For example, one major misconception of dance movement therapy is that the patients are dancing or must know how to dance. However, dance movement therapy is more about the expression through movement, meaning the aesthetics or beauty of dance matters less. Such misconceptions are the attributes of the lack of awareness of DMT. Secondly, DMT is often misconceived with other types of therapy, such as physical therapy or occupational therapy which also incorporate movement into practice with patients. In DMT, the use of body/movement serves as a channel to explore one's "internal sensation or perceived external stimuli" (Chaiklin & Wengrower, 2015, p.30).

### **Factors Affecting Implementation Level**

In the paper by Langley, et al. (2010), the authors described the *ease of implementation* and the *perception of the usefulness* and relevance of the therapy/intervention to be one of few factors towards the implementation of a mental health session. Specifically, the ease of implementation includes support from administrations and available resources such as time. Indeed, these points are also supported in another paper by Deane, et al.(2006) and Beidas, Aarons, Barg, et al. (2013), which mention the need for an increase in support from the management and for more resources to increase the success of implementation. Further, the authors in Deane, et al. (2006) stated that there is also a *need for a positive feeling and acceptance* by the clients to support the implementation of therapy. Finally, as described in (Chaiklin & Wengrower, 2015), dance therapy has been gaining popularity over the years. For instance, there has been an increase in the number of training programs and accreditations, which could initiate its growth (Garfield,1981). Given its popularity mentioned by academics in papers, it is however still unclear how popular dance/movement therapy is in the field of mental health. As such, we seek to use these four factors, *perceived usefulness, perceived feelings, popularity and ease of implementation*, as the base framework to study the opinions of different populations on the implementation level of dance movement therapy.

### **Goals of This Study**

Dance/movement therapy (DMT) offers much potential in aiding patients in their mental health conditions and has the opportunities towards furthering our understanding of how movements can regulate our emotions. However, DMT is still not widely implemented due to the limitations mentioned above. The purpose of the present study is (1) To identify the underlying gaps in understanding DMT among mental health providers, dance/movement therapists and patients; so as to (2) To develop recommended steps to promote the

implementation of DMT in the field of mental health. Some questions, which this study hopes to address, are the following:

(a) Other than DMT being new, what are other reasons that result in this lack of awareness?

(b) What are the perspectives of DMT from different population groups?

(c) How can DMT be promoted to different people?

### **Potential Impact of This Work**

As a dance movement therapist myself, the conclusions of this thesis help to enhance how a dance/movement therapist will implement dance therapy in the future sessions with patients. Particularly, by understanding the perspectives of dance therapy by the patient population, we aim to break down any hidden barriers and clear any potential misunderstandings experienced during the dance therapy sessions. Moreover, this thesis is useful for the mental health community as it provides knowledge and insights into this relatively new field of dance/movement therapy (DMT). Through this thesis, mental health therapists, who are unsure about the potential of DMT, can learn more, and even, gain more confidence to implement DMT in their sessions.

### **Method**

This study was conducted through online surveys to assess participants' perspectives towards the utilization of dance/movement therapy in mental health. There were three surveys designed respectively based on three different groups which are (1) Dance Movement Therapists (DMTs), (2) non-DMT Mental Health Providers and (3) Mental Health Patients.

### **Participants**

To outreach to these population groups, we distributed the survey using convenience sample. The surveys for dance/movement therapists and non-DMT mental health providers were sent to an email list which composed of expressive therapists who are specialized in

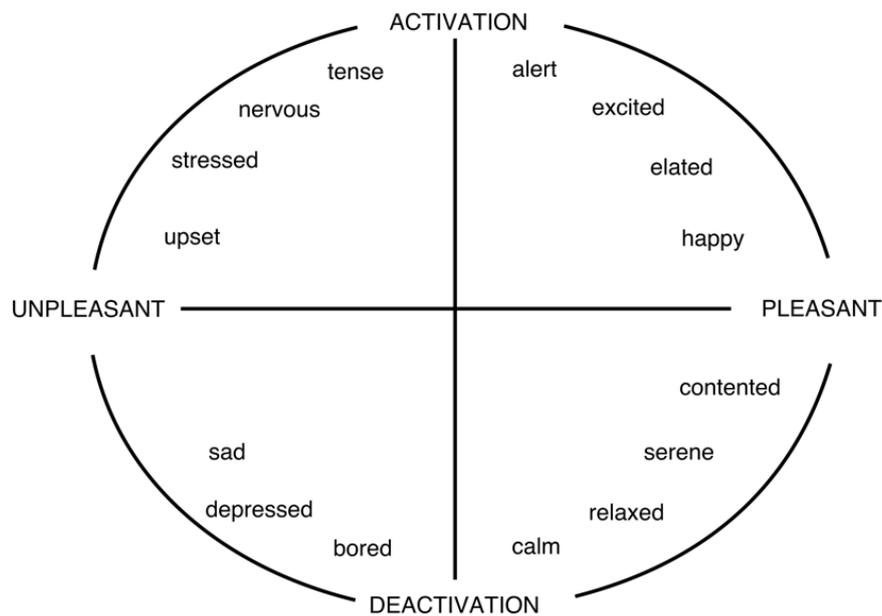
different modalities. The survey for mental health patients was posted online on social media. In total, we gathered seven valid responses from dance/movement therapists, 26 valid responses from non-DMT mental health providers, and five valid responses from mental health patients.

### **Survey**

The survey is composed of (1) two multiple-choice questions related to (a) the therapist's years of experience in the practice or the client's years of undergoing counseling experiences, (b) the preferable therapeutic approach as a DMT/mental health provider or a client (Jones-Smith, 2020) (2) four 10-point Likert scales that addressed participants' attitudes towards dance/movement therapy, and (3) one question where options are provided to participants to choose based on their feelings when they first heard about dance/movement therapy. The choices of feelings are based on the circumplex model of affect (Figure 1) proposed by Russell (1980) and Posner, Russell and Peterson (2005). In the survey for dance/movement therapists, an additional question was added to ask about the barriers they have encountered when implementing DMT in the sessions. In the survey for mental health patients, an additional question was added to ask about the topics they have addressed with therapists in the sessions. This study including survey questions and the method of data collection was approved by the Institutional Review Board (IRB) of Harrisburg University of Science and Technology.

### **Data Analysis**

Upon data collection, we visualized our results through plots in the software Excel and Origin. In addition, statistical analysis, such as t-test and chi-square analysis, were performed to evaluate and compare the participants' feelings (whether it is positive or negative) and their scale of awareness of DMT.

**Figure 1***Circumplex Model of Affect*

*Note.* The model proposed by Russell (1980) and discussed by Posner, Russell and Peterson (2005) was used to measure participants' feelings of dance/movement therapy.

## Results

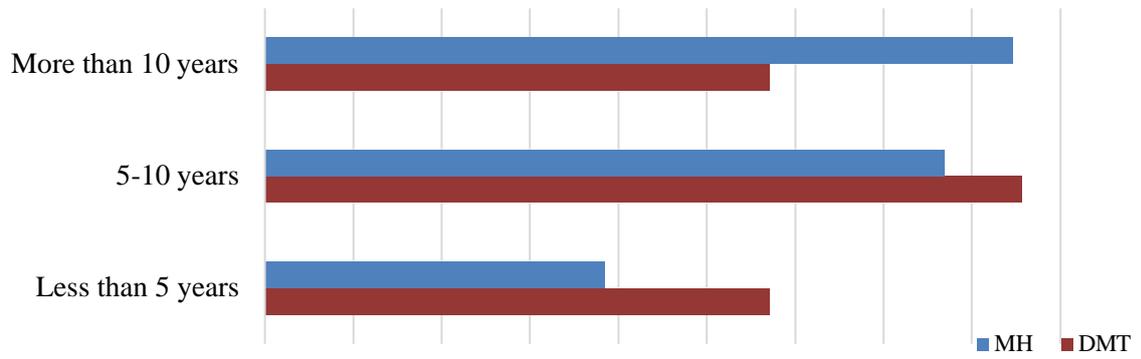
### Demographic Information

In this survey, we have collected 26 responses from the mental health providers who are not dance movement therapists, seven responses from the dance/movement therapists, and five responses from mental health patients. There is a disparity in the number of responses among these three groups, with the largest number of responses coming from the non-DMT mental health providers while the lowest number are from the patients.

The first two questions in this survey are designated to determine the types and qualities of mental health providers. In the first question, we determined that our study includes the participation of dance/movement therapists and non-DMT mental health providers across different experiences, i.e. less than 5 years, 5-10 years, or more than 10 years. In the second question which asks about the preferential type of therapy, the majority of the group selects Expressive Therapy as the desired form of therapy as opposed to 20 other forms of therapies.

**Figure 2**

*Years in Clinical Practices between DMTs and non-DMT Mental Health Providers*

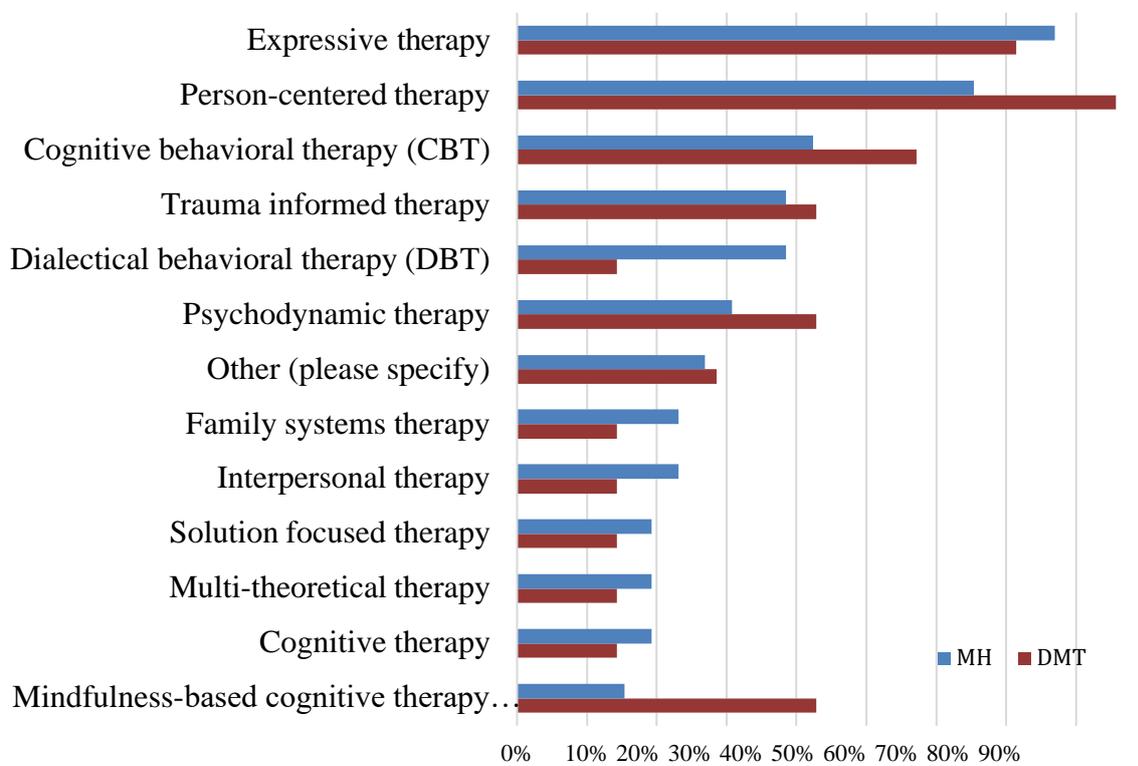


0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

*Note.* A chi-square test was performed to examine the difference in *Years in Clinical Practices* between dance/movement therapists and non-DMT mental health providers. There was no significant difference ( $p > .05$ ).

**Figure 3**

*Preferential Approaches between DMTs and Non-DMT Mental Health Providers*



*Note.* A chi-square test was performed to examine the difference in *Preferential Approaches* between dance/movement therapists and non-DMT mental health providers. There was no significant difference ( $p > .05$ ).

### **Scale-based Questions**

There are four scale-based questions that ask about these three populations' perspectives on dance/movement therapy.

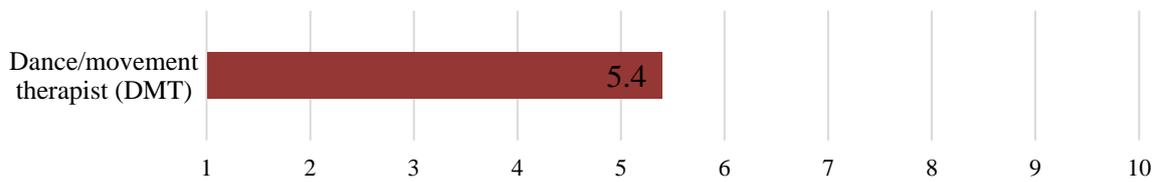
#### ***Current Situation of Dance/Movement Therapy (DMT)***

To further reinforce the opinion that dance/movement therapy is neither implemented to a large extent nor publicly understood, we investigated the current situation of DMT through surveys done on the three population groups. Specifically, for the group of dance/movement therapists, a scale-based survey was done, asking about their level of implementing dance/movement therapy into their clinical session (Figure 4). Even though their specialization is in dance/movement therapy, the level of implementing DMT is only slightly higher than average (5.4 out of 10). This result suggests that there may be barriers on the front of dance/movement therapists to implement DMT or it could be possible that the patients themselves are not receptive to it.

In another scale-based study catered for non-DMT mental health providers, who are providers that do not specialized in DMT, these providers acknowledge that they do not have an in-depth level of knowledge on DMT as they rate their knowledge to be below average (4.8 out of 10) (Figure 5). This indicates that the education and prevalence of dance/movement therapy is not widespread even within the field of mental health counselling. These providers also rate a 6.4 out of 10 for their interest level to implement dance/movement therapy (Figure 6). Lastly, to study the interest level of mental health patients on DMT, a scale-based survey was done where patients indicate only a slightly above average value of 5.8 out of 10 to try out DMT. In general, from the perspectives of these three different population groups, our results indicate low level of implementation by dance/movement therapists, low in-depth knowledge of DMT by non-DMT providers, and low interest shown by patients. In the next part of this results section, we aim to determine the possible factors that cause the situation as described.

**Figure 4**

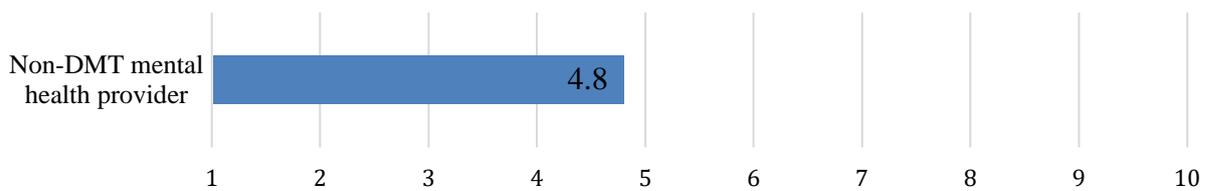
*Level of Implementation of Dance/Movement Therapy*



*Note.* The level, on a scale of 1 to 10, of which dance/movement therapists implement dance movement therapy (DMT) into their clinical sessions.

**Figure 5**

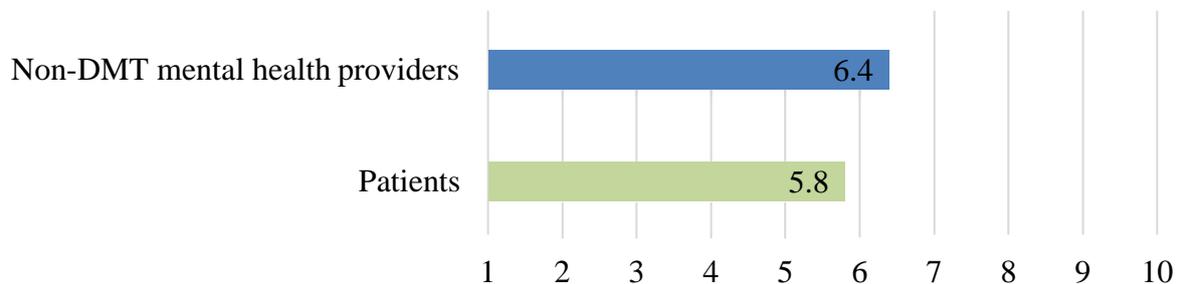
*In-depth Knowledge of Dance/Movement Therapy*



*Note.* The level, on a scale of 1 to 10 of knowledge on DMT for non-DMT mental health providers.

**Figure 6**

*Interest in Trying Dance/Movement Therapy*



*Note.* The level, on a scale of 1 to 10, of interest in trying dance/movement therapy for both non-DMT mental health providers and patients.

### ***Examination of public implementation***

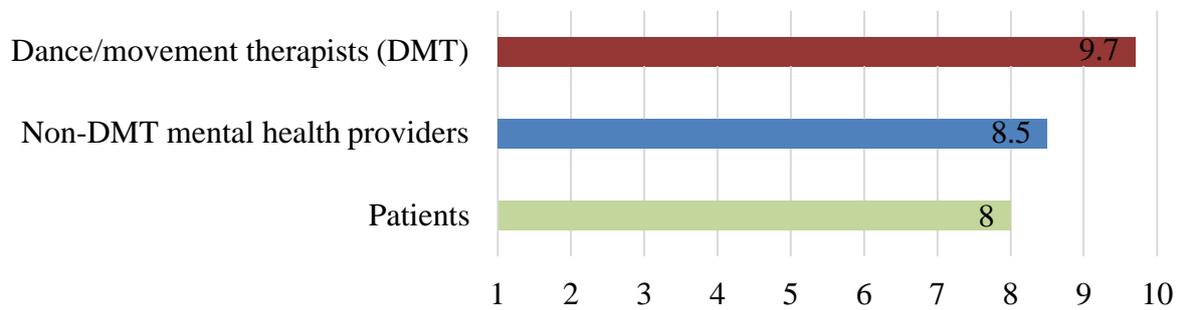
In this part of the results section, we aim to understand the possible factors that correlate to the low level of implementation of DMT. For a therapy to be successfully implemented, four factors are looked into; (1) Increase the perceived usefulness, (2) Achieving high public awareness, (3) Generate positive feelings towards the therapy, and (4) Increase the ease of implementation. Even though there are understandably more factors that can affect the level of implementation, we seek to focus on these four key factors as described in the earlier section *Factors affecting implementation level*. In the following writeup, we will provide in detail the studies done towards understanding the scale of each factors and their relevant impact on the level of implementation of DMT.

**(1) Perceived Usefulness.** The first factor that affects the implementation of dance movement therapy is the perceived usefulness towards DMT. For the population to either take up DMT sessions or implement DMT in their sessions, it is important that they first feel and conceive that DMT is useful. To measure the level of perceived usefulness of DMT, participants are asked with the question: “*On a scale of 1 to 10 (best), do you think body movements have the ability to address mental health challenges?*”.

We can see that the dance/movement therapist group responds with the highest score of 9.7, in which they think that DMT can address mental health challenges, whereas the other two groups show a lower score on this question (Figure 7). Despite the high scores rated by all three groups (average > 5 for all three groups), from our results specifically through a t-test (Table 1 and Table 2), we observe a significant difference between dance movement therapists ( $M = 9.71, SD = 0.49$ ) and the patients ( $M = 4.4, SD = 1.95$ ),  $t(4) = 5.96, p < .01$ , as well as, between dance/movement therapists ( $M = 9.71, SD = 0.49$ ) and non-DMT mental health providers ( $M = 8.54, SD = 1.53$ ),  $t(30) = 3.34, p < .01$ .

**Figure 7**

*Perceived Usefulness*



*Note.* The usefulness, on a scale of 1 to 10, of DMT perceived by the dance/movement therapists, non-DMT mental health providers and mental health patients.

**Table 1**

*Perceived Usefulness Compared with DMD and Non-DMT providers*

	DMT		Non-DMT		df	t-test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Usefulness	9.71	0.49	8.54	1.53	30	3.34**

*Note.* \*\*p < .01.

**Table 2**

*Perceived Usefulness Compared with DMD and Non-DMT providers*

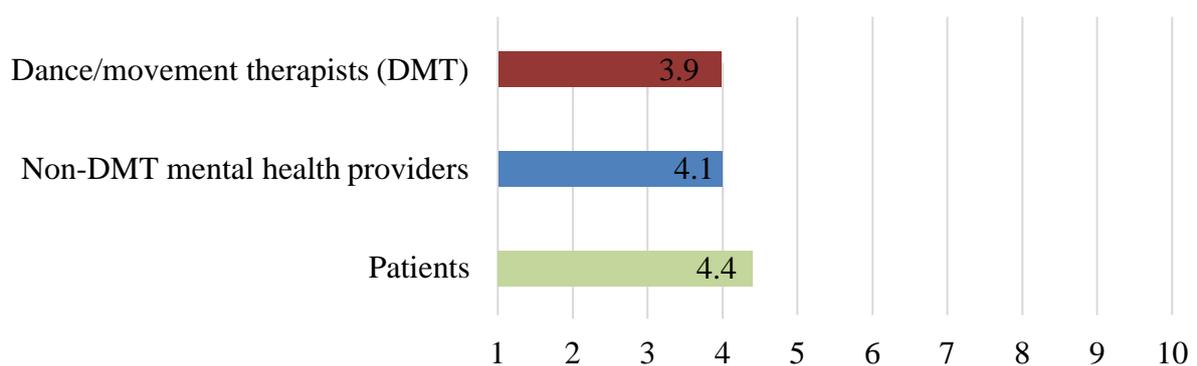
	DMT		Patients		df	t-test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Usefulness	9.71	0.49	4.4	1.95	4	5.96**

*Note.* \*\*p < .01.

**(2) Public Awareness.** The second factor is public awareness, or in other words, how popular dance movement therapy is to the different populations. Increasing the awareness and perhaps popularity of DMT can lead to a general increase in personal interest to try out DMT. To measure the level of public awareness of DMT, participants are asked with the question: “*On a scale of 1 to 10 (best), how popular do you think dance movement therapy is?*”. However, as reflected by a survey done on the 3 population groups asking them how popular they think DMT is, all three populations rate a score below the average of 5 (DMT, 3.9 out of 10; non-DMT providers, 4.3 out of 10; patients, 4.4 out of 10) (Figure 8). This hints to the idea that dance movement therapy has not gained much popularity, or in other words, much of the population may not know what dance movement therapy is. What this means is that even if the dance/movement therapy has known benefits, high effectiveness and high perceived usefulness in helping patients on the level of each individual, the lack of popularity and awareness among the population may still be an indication of the low numbers of implementation of DMT. Indeed, dance/movement therapists, who rate highest on the perceived usefulness of DMT, actually rate lowest on the popularity of DMT.

**Figure 8**

*Public Awareness*

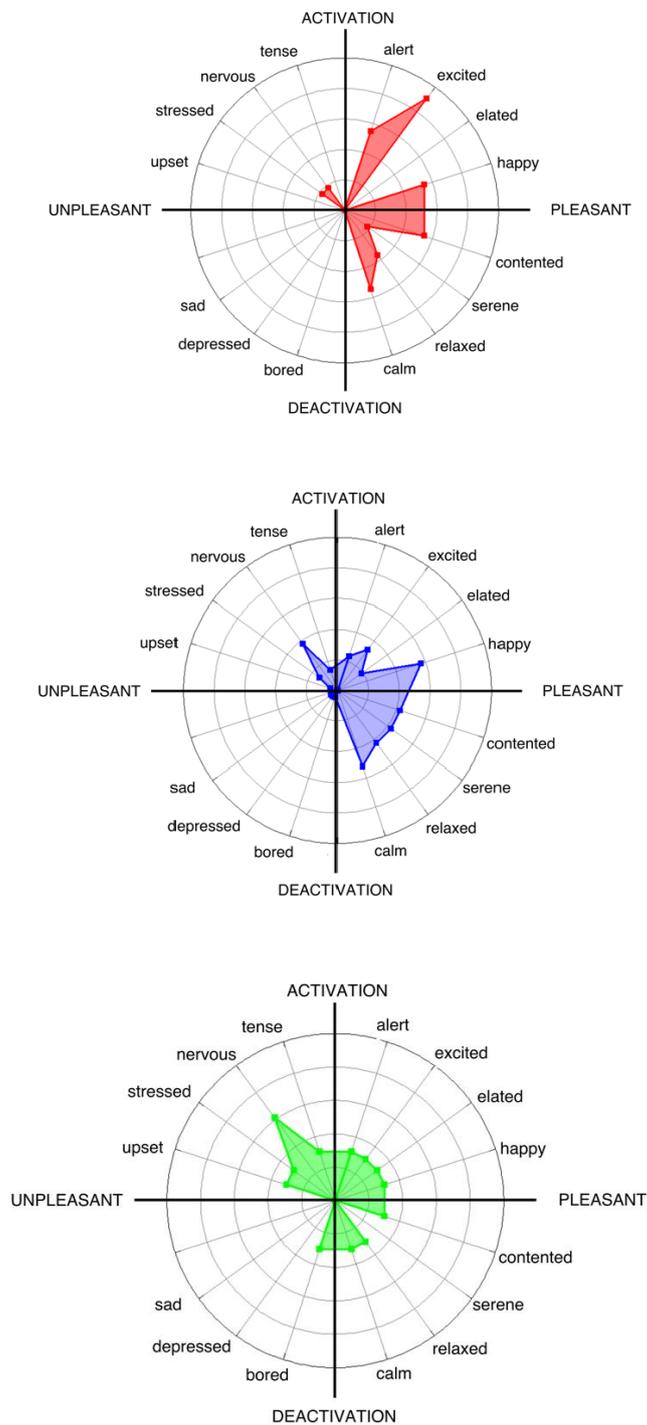


*Note.* The level, on a scale of 1 to 10 of public awareness or popularity indicated by dance/movement therapists, non-DMT mental health providers and mental health patients.

**(3) Perceived Feelings.** The third factor is the perceived feelings of the population groups towards dance/movement therapy. By generating a positive feeling, this could increase the interest of the population groups towards trying out DMT. As such, we aim to study the current status of perceived feelings of different population groups towards DMT. In terms of feelings, participants are asked to choose how they feel about dance therapy from a list of choices. The choices are given based on a circumplex model of Affect. Each emotion can be understood as a linear combination of these two dimensions (pleasant and arousal). For example, being excited is considered a pleasant and relatively high activated feeling. In these polar plots, the results show that firstly, the non-DMT provider group tends to have less activated feelings of DMT. Secondly, the patient group tends to have unpleasant feelings of DMT, which could be a possible obstacle for them to try out DMT. In particular, most of the patients selected “nervousness” as the reason for their unpleasant feelings. This could be attributed to the conception that dance/movement therapy necessitates large body movements or even the misconception that dance/movement therapy requires one to know how to dance. Finally, a chi-square test between the patient and dance therapists’ groups was performed, indicating that patients and dance therapists show significant differences ( $p < .05$ ) in their perceived feelings. This is important because going into a clinical session, the perceived feelings towards DMT sets the stage for the session, hence it is important to match their feelings to increase the effectiveness of the therapy session. In other words, at the start of each clinical session, dance/movement therapists have to first resolve any negative feelings and misconceptions faced by the patients. Moreover, to increase the level of implementation of DMT, it is necessary for dance/movement therapists to provide more knowledge and recommendations to decrease the negative feelings of patients.

**Figure 9**

*Perceived Feelings*

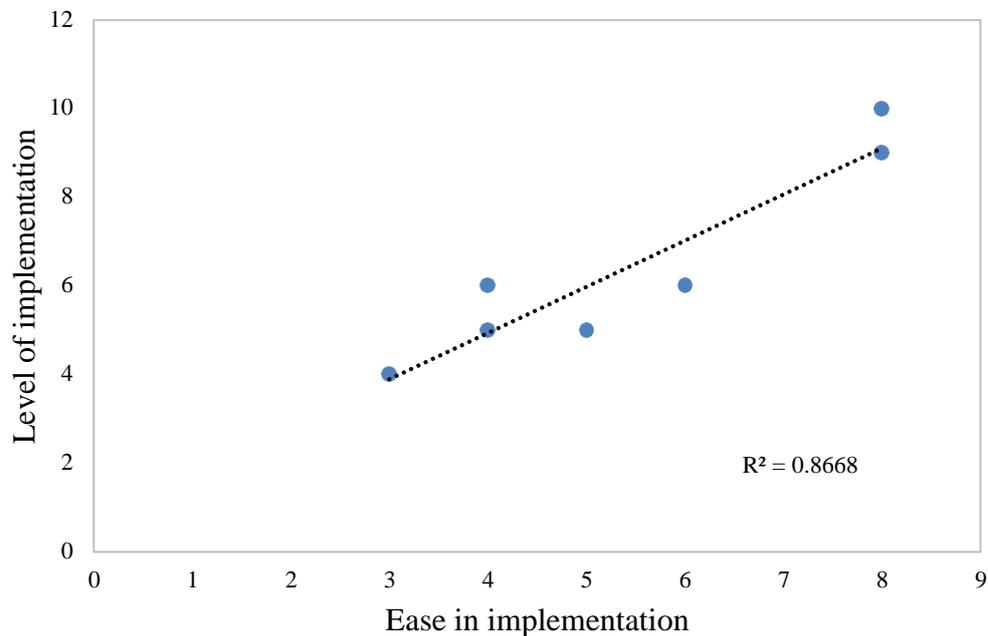


*Note.* Circumplex polar plot for the perceived feelings for (top) Dance movement therapists, (middle) non-DMT mental health providers, and (bottom) mental health patients.

**(4) Ease in Implementation.** The last factor is the ease of implementing dance/movement therapy into their sessions. A study is done, catering specifically to the population group of dance/movement therapists because they are the only ones who implemented dance therapy in their sessions. In this study, we seek to understand the correlation between the level of implementation of DMT in their sessions and their perceived ease in implementing DMT. We obtained results through two scale-based questions and later, plotted the level of implementation (y-axis) versus the ease of implementation (x-axis) to determine if there is any correlation. In this plot, we observe a linear correlation with a  $R^2$  of 0.86, indicating a relatively high linearity relationship between the level and ease of implementation. This means that by increasing the ease of implementation, therapists will be more willing to implement more dance/movement therapy in their session.

**Figure 10**

*Correlation between Level of Implementation and Ease in Implementation*



*Note.* A plot illustrating the level, on a scale of 1 to 10, of implementation versus the ease in implementing DMT by the dance/movement therapists. The two questions asked are: “On a scale of 1 to 10 (easiest), in your opinion, how easy will it be to implement dance/movement

*therapy into your practice?” and “On a scale of 1 to 10 (best), to what extent are you implementing DMT into your practice?”*

### **Discussion**

In the following section, we further analyze and discuss the results. From question six which asks about the effectiveness of body movement, the non-DMT mental health providers answered an average of 8.5 out of 10, indicating their belief that body movements does help in mental health counselling. In another question (7th question), the non-DMT mental health providers group answered an average of 6.4 out of 10 on their desire to try or implement dance/movement therapy (DMT). From these two questions, one can infer that mental health providers, with no experience in DMT, believe in the effectiveness of DMT but when it comes to implementing it, they are less desired to do so. While this lack of desire may be attributed to personal interest in other forms of therapies, we are intrigued by what are the other barriers (in addition to those we have lay out in thesis) that prevent them from implementing DMT. To solve this question, we posed an open-ended survey question to the DMT therapists, who are specialists in this field, asking them what are the possible barriers towards implementing DMT. Some of their answers complement our factors mentioned above, particularly low perceived usefulness, negative perceived feelings, low popularity and difficulty in implementing it in sessions. In the following, we summarize the barriers described by the DMT therapists, matching them to the factors that we have lay out if they are similar or describing them as a new point if they are different to what we have mentioned.

#### **Space**

The DMT therapists answer that space is an important factor towards facilitating a successful dance/movement therapy session. This is because a larger empty space permits for more freedom of movements, which enables a more efficient DMT session. This is unlike

other forms of therapies such as talk therapy where the patient and therapist may simply be stationary.

### **Comfort level (Perceived Feelings)**

The DMT therapists answer that the patient has to be comfortable in using their body as an instrument to portray their emotions. Indeed, from the results obtained in the earlier section on perceived feelings, patients tend to have a negative feeling perception towards dance/movement therapy. Specifically, they are nervous about it. In addition, there are several common misconceptions perceived by the public in general, including the wrong and inaccurate perception that big physical movements and that prior experience in dancing is needed for dance movement therapy. Other misconception includes the confusion between dance therapy and physical therapy. Such misconceptions further enforce the negative feeling of patients, hence disinteresting them towards dance/movement therapy.

### **Limits of research and awareness (Perceived usefulness and popularity)**

The DMT therapists answer that dance/movement therapy is relatively young, hence there are not much published and evidence-based research done to support the psychological outcomes of these therapies. The lack of such research then decreases the perceived usefulness and popularity of DMT. Indeed, comparing the DMT therapists, non-DMT providers and patients, the lowest popularity rating on DMT was given by the DMT therapists themselves. Furthermore, from our question posed to non-DMT mental health therapists which asks about their in-depth knowledge on DMT, we observe that they gave a lower than average rating for their in-depth knowledge even though they are positively inclined towards the general field of expressive therapy (Note that expressive therapy includes the field of DMT as well). These results further elucidate the point of view provided by the DMT therapists on the lack of knowledge in the field of dance/movement therapy.

**Recommendations**

To overcome the aforementioned barriers to enable wide-scale implementation of DMT, we recommend the following strategies: First, support from the therapists' companies and the parent organization of mental health is needed to advocate for the DMT therapists. This includes giving educational trainings and workshops to mental health therapists on the topic of DMT, enabling protocols to introduce more space into the therapy sessions, providing awareness programs and seminars for the general public on the effectiveness of DMT, and offering training programs for budding DMT therapists to learn how to increase the comfort level of patients. Second, on the research front of mental health, further studies in particular evidence-based research are needed to be done by universities and companies to further emphasize the effectiveness of dance/movement therapy.

**Future work**

Our study contains several improvements that can be achieved through future work. First, our study requires larger sample size to better represent our target populations. In addition, through a larger sample sizes, other types of studies can be achieved. For example, such as correlations between the reasons for why patients seek mental health therapy and their interest level in trying DMT can be further understood. Second, our work only studies 4 factors that affect the level of implementation. As a future work, other factors can be taken into account to provide a more comprehensive description on the barriers impeding the implementation of DMT.

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Appendix: Survey

Dance/movement therapist (DMT)	Non-DMT mental health providers	Mental health clients
<p>1. How long have you been in clinical practice?</p> <ul style="list-style-type: none"> <li>• Less than 5 years</li> <li>• 5-10 years</li> <li>• More than 10 years</li> </ul> <p>2. What therapeutic approach do you prefer?</p> <p>3. On a scale of 1 to 10 (best), to what extent are you implementing DMT into your practice?</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p> <p>4. When you heard of dance movement therapy, what are your impressions of it? (Pick a choice from a list)</p>	<p>1. How long have you been in clinical practice?</p> <ul style="list-style-type: none"> <li>• Less than 5 years</li> <li>• 5-10 years</li> <li>• More than 10 years</li> </ul> <p>2. What therapeutic approach do you prefer?</p> <p>3. On a scale of 1 to 10 (best), how well do you know about dance movement therapy?</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p> <p>4. When you heard of dance movement therapy, what are your impressions of it? (Pick a choice from a list)</p>	<p>1. How long have you been receiving counseling services?</p> <ul style="list-style-type: none"> <li>• Less than 1 year</li> <li>• 1-3 years</li> <li>• More than 5 years</li> </ul> <p>2. Have you ever experienced dance/movement therapy in your course of therapy?</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No, if no, to the best of your ability, please specify the type of therapeutic approaches that you have experienced.</li> </ul> <p>3. On a scale of 1 to 10 (best), how well do you know about dance movement therapy?</p> <p style="text-align: center;">1 2 3 4 5 6 7 8 9 10</p>

<p>5. On a scale of 1 to 10 (best), how <i>popular</i> do you think dance movement therapy is? 1 2 3 4 5 6 7 8 9 10</p> <p>6. On a scale of 1 to 10 (best), do you think body movements have the ability to address mental health challenges? 1 2 3 4 5 6 7 8 9 10</p> <p>7. On a scale of 1 to 10 (easiest), in your opinion, how easy will it be to implement dance/movement therapy into your practice? 1 2 3 4 5 6 7 8 9 10</p> <p>8. What are some of the barriers you faced when implementing dance/movement therapy in your practice?</p> <p>9. Comments</p>	<p>5. On a scale of 1 to 10 (best), how <i>popular</i> do you think dance movement therapy is? 1 2 3 4 5 6 7 8 9 10</p> <p>6. On a scale of 1 to 10 (best), do you think body movements have the ability to address mental health challenges? 1 2 3 4 5 6 7 8 9 10</p> <p>7. On a scale of 1 to 10 (best), how much would you like to try/implement dance movement therapy? 1 2 3 4 5 6 7 8 9 10</p> <p>8. Comments</p>	<p>4. What topics have been addressed in your counseling sessions? (Select all that apply.)</p> <ul style="list-style-type: none"> <li>• Family</li> <li>• Mood/Emotion</li> <li>• Relationship</li> <li>• School</li> <li>• Trauma</li> <li>• Work</li> <li>• Other topics</li> </ul> <p>5. When you heard of dance movement therapy, what are your impressions of it? (Pick a choice from a list)</p> <p>6. On a scale of 1 to 10 (best), how <i>popular</i> do you think dance movement therapy is? 1 2 3 4 5 6 7 8 9 10</p>
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		<p>7. On a scale of 1 to 10 (best), do you think body movements have the ability to address mental health challenges?</p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>8. On a scale of 1 to 10 (best), how much would you like to try/implement dance movement therapy?</p> <p>1 2 3 4 5 6 7 8 9 10</p> <p>9. Comments</p>
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**Options for therapeutic approach**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Psychodynamic therapy                      | <input type="checkbox"/> Person-centered therapy                                      | <input type="checkbox"/> Mindfulness-based cognitive therapy (MBCT) |
| <input type="checkbox"/> Adlerian therapy                           | <input type="checkbox"/> Interpersonal therapy  | <input type="checkbox"/> Multi-theoretical therapy                  |
| <input type="checkbox"/> Behavioral therapy                         | <input type="checkbox"/> Expressive therapy   | <input type="checkbox"/> Family systems therapy                     |
| <input type="checkbox"/> Cognitive therapy                          | <input type="checkbox"/> Gestalt therapy  | <input type="checkbox"/> Trauma informed therapy                    |
| <input type="checkbox"/> Cognitive behavioral therapy (CBT)         | <input type="checkbox"/> Emotionally focused therapy (EFT)                            | <input type="checkbox"/> Solution focused therapy                   |
| <input type="checkbox"/> Rational emotive behavioral therapy (REBT) | <input type="checkbox"/> Dialectical behavioral therapy (DBT)                         | <input type="checkbox"/> Narrative therapy                          |
| <input type="checkbox"/> Reality therapy                            | <input type="checkbox"/> Eye movement desensitization and reprocessing (EMDR) therapy | <input type="checkbox"/> Other: _____                               |
| <input type="checkbox"/> Existential therapy                        |   |   |

**Impression word choices for DMT**

- |                                    |                                    |                                       |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alert     | <input type="checkbox"/> Relaxed   | <input type="checkbox"/> Stressed     |
| <input type="checkbox"/> Excited   | <input type="checkbox"/> Calm      | <input type="checkbox"/> Nervous      |
| <input type="checkbox"/> Elated    | <input type="checkbox"/> Bored     | <input type="checkbox"/> Tense        |
| <input type="checkbox"/> Happy     | <input type="checkbox"/> Depressed | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Contented | <input type="checkbox"/> Sad       |                                       |
| <input type="checkbox"/> Serene    | <input type="checkbox"/> Upset     |                                       |