

2020

The Effect of Dance Movement Therapy on the Mood of Hospitalized Psychiatric Adolescents

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<https://doi.org/10.33015/dominican.edu/2020.NURS.ST.01>

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Recommended Citation

Chiu, Amy, "The Effect of Dance Movement Therapy on the Mood of Hospitalized Psychiatric Adolescents" (2020). *Nursing | Senior Theses*. 1.

<https://doi.org/10.33015/dominican.edu/2020.NURS.ST.01>

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The Effect of Dance Movement Therapy on the Mood of Hospitalized Psychiatric Adolescents

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Fall 2019

NURS 4993.2

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Acknowledgements

I would like to acknowledge the following people for their contribution and support during my undergraduate career working toward becoming a registered nurse. Thank you to my mom, dad, and sister for being a huge force of support and allowing me to pursue my dream. To my grandparents, who inspired me to go into the health care profession. Thank you to all of my Dominican friends, clinical groups, dance friends, and long distance friends that inspire me each day to be the best nurse I can be and to continue on when the going gets rough. This is all for you!

Abstract

Mental illness in children has increased over all aspects throughout the years to right now (CDC, 2019). Many of these children do get treatment for these disorders but there are still a percent that do not receive any treatment or find effective ways to maintain non-pharmaceutical alternatives for mood stabilization. The alternative therapies that are introduced in hospital settings plays a role in allowing for alternative therapies to be apart of the treatment plan for patients. Dance Movement therapy (DMT) is an alternative therapy that uses movement to conduct change in patient's emotions based on their own choices of movement (Hornthal, 2018). The aim of this paper is to see if there is a correlation between the use of dance movement therapy and the mood of hospitalized adolescents. The literature review in this paper supports the research that dance movement therapy has an effect on mood. At the end of this paper, there is a proposal for a research pilot study on the effect of dance movement therapy and mood.

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Introduction

Dance is an art form that has been around since the beginning of time, its purpose has been used for healing and spiritual rituals and progressed to entertainment for others. As time has passed, dance has been brought back as a healing method, specifically a type of therapy, to help those in need today. Dance movement therapy (DMT) is defined as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being (American Dance Therapy Association, 2014).

Dance movement therapy was first developed back in the 1940s for psychiatric patients. A lot of the research that has been done about DMT has focused on the benefits toward psychological health amongst different populations. This therapy is widely used throughout the world today but there have been small scale studies that have been done about it, especially the effect it has upon adolescent and children that have psychological health problems.

According to the National Alliance of Mental Illness (NAMI) (2019) 50.6% of U.S. children age 6-17 with a mental illness received a form of treatment in 2016. One in 10 children that are hospitalized have the primary diagnosis of a mental illness (Firth, 2014). For these children facing psychiatric disorders, hospitalization plays a pertinent role in their treatment. When children are hospitalized for long periods of time, it can cause a psychiatric toll on the child subsequent to their diagnosis. The environment, in the hospital, is fast-paced and does not have any sense of consistency, regarding health care workers interacting with patients. This can lead to an increase in anxiety and stress in psychiatric pediatric patients (Efer, & Ziv 2006).

Problem Statement

According to the Children's Hospital Association (2017), there has been an increase in children hospitalized due to suicidal thoughts or attempts from 0.67% in 2008 to 1.79% in 2015. The CDC (2019) reports that children diagnosed with anxiety has increased from 5.5% in 2007 to 6.4% in 2011–2012. Mental illness in children has increased over all aspects throughout the years to right now (CDC, 2019). Many of these children do get treatment for these disorders but there are still a percent that do not receive any treatment or find effective ways to maintain non-pharmaceutical alternatives for mood stabilization. There are a significant number of children who receive multiple diagnoses while hospitalized after further evaluation of their first diagnosis. During these stays in the hospital there are psychological changes that patients specifically pediatric patients go through during their stay. The longer the stay in the hospital the more likely their psychological health changes and deteriorates due to the high stress environment and increase in anxiety (Rokach, 2016).

The alternative therapies that are introduced in hospital settings plays a role in allowing for alternative therapies to be apart of the treatment plan for patients. Dance Movement therapy is an alternative therapy that uses movement to conduct change in patient's emotions based on their own choices of movement (Hornthal, 2018). This therapy form allows for children to express their thoughts through movement rather than strictly with words. Some find it more difficult to write and explain the emotions that they are feeling; so using DMT allows for patients to portray emotions to a therapist in terms of movement rather than spoken. The research question for this study is: What is the effect of dance movement therapy on the mood of hospitalized psychiatric adolescences?

Purpose Statement

The aim of this paper is to see if there is a correlation between the use of dance movement therapy and the mood of hospitalized adolescents. Also to see how dance movement therapy intertwined in the treatment plan of hospitalized psychiatric adolescence affects their overall mood during their hospitalization.

Theoretical Framework

The Tidal Model of Mental Health Recovery, which was theorized by Phil Barker, is a framework that focuses on the autonomy of the patient's care and the need for nursing. This model uses the metaphor of water as its core due to the fluidity and change that water can go through at any point in time. It is through this understanding of the patient's situation and focusing more on the individualized path of healing that is needed (Barker, 2001). Through this framework, it is important that the nurse patient relationship is strong in order for an individualized care plan to be formulated to help the mental health of the person in the best way possible.

As individuals begin their journeys with mental illness or difficulties with mental health, they come with the weight of stigmas and a whole new set of care attached to their diagnosis. For some individuals medical and pharmaceutical treatments are not the best options and do not completely help the symptoms they face. The more patients experiment and try pharmacological and non-pharmacological therapies for their care the more they can create plans that are better suited to improve their mental state and quality of life.

In this study, the theoretical model will be used to further the use of dance movement therapy in adolescents hospitalized for psychiatric reasons. With a substantial understanding of

the Tidal Model of Mental Health Recovery, nurses will be able to advocate more for therapies that improve the mood and benefit the patients that receive them in the individualized care that best helps the patient.

Literature Review

This nurse researcher has reviewed ten articles about dance movement therapy and the psychological changes that can happen within patients being treated. The ten articles found were organized under two headings; creative arts therapy and dance movement therapy and were used to gain a deeper exploration into any findings on the effect of dance movement therapy on the mood of hospitalized psychiatric adolescents. The exploration of dance movement therapy in the given articles was extensive; therefore, it was further broken into subheadings: creative arts therapy, complementary and alternative medicine, dance movement therapy, adolescent population, adult population, grounding application, meta-analysis, and schizophrenia. To find the necessary articles for research, the nurse researcher used these search databases Iceberg, ScienceDirect, Deepdyve, and Google Scholar to locate relevant articles from the years 2014-2019.

Creative Arts Therapy

van Westrhenen, Fritz, Oosthuizen, Lemont, Vermeer, and Kleber (2017) conducted a study about Creative Arts in Psychotherapy (CAP) treatment program was created and used for children that have been traumatized to enhance their quality of life after the event. The researchers looked to specifically focus on the psychological well-being of the children and perpetuate a more positive development in their lives. Judith Herman's trauma treatment model was used to formulate the CAP treatment for their study. The treatment followed the sequencing

of the trauma treatment model and its three phases (van Westrhenen et al., 2017). The sample were children from the ages of 8-2 that had experienced at least one traumatic event in their lifetime. The trauma was not limited to one specific type of traumatic event among the children, it could be any type of trauma. The children were then placed in groups of 6-8 for each session. The group would meet for a total of ten 90 minute sessions, with each session having a goal that was sequential and relevant to the phase that the group was in. Within the group there was one facilitator and 6-8 children depending on their similarities of trauma, responses to the trauma, and their developmental level (van Westrhenen et al., 2017). The researchers used their CAP treatment as their way to navigate the sessions that were being conducted. There are currently no outstanding results to conclude about this study because it is ongoing. From the initial groups that have used this method of CAP there have been positive outcomes but not statistically significant enough to count them as substantial findings. The study is still ongoing so all of the data has not been analyzed nor has enough been collected to create substantial evidence supporting the findings. The sample size was not specified in the study making it a harder gauge of how effective the treatment was.

In a study conducted by Quinlan, Schweitzer, Khawaja, and Griffin (2016), the authors identified that refugee and asylum seeking students using the Home of Expressive Arts and Learning (HEAL) therapy program positively impacted their emotional symptoms and behavioral difficulties. The 42 students in this study came from the Middle East, East Asia, and Africa to Australia and attended Milera State High School in Brisbane. The participants were broken into groups based on gender and cultural similarities for program sessions. Students were scheduled to attend at least one one hour therapy session a week for 10 weeks (Quinlan et al.,

2016). The students worked with therapist in the HEAL therapy program as their guides through art therapies. The main tools used to assess the participants was a modification of the Hopkins Symptom Checklist (HSCL) and the Strengths and Difficulties Questionnaire (SDQ-T). These two tools gave measurement of depression, anxiety, behavior of the student, and any symptoms (Quinlan et al., 2016). Culture can have an impact on the way mental health is perceived therefore, underlying stigma may cause false information to be documented because of this. Through the HSCL it may have cause difficulty for the students to understand, researchers suggested using the HSCL-37 which has been translated into other languages (Quinlan et al., 2016).

Complementary and Alternative Medicine (CAM)

Kennedy, Reed, and Wamboldt (2014) looked at the effect of Complementary and Alternative Medicine (CAM) not through the patient's viewpoint but through the evaluation and view of clinical professionals, nurses and milieu staff on CAM sessions. Complementary and Alternative Medicine includes "biologically based interventions, manipulative and body-based methods, mind-body intervention, energy-based approaches, and alternative medical systems" (Kennedy et al., 2014). Creative arts therapies are included in the use of CAM sessions in the hospital. The sample of health care professionals used in this study was a total of 96 participants. Of the 96 participants 23 consisted of psychiatrist, psychologist, and social workers, 17 were nurses, and 56 were mental health counselors all employed at a large children's hospital. Seven licensed CAM therapist, all with different specialties, lead the therapies with the pediatric psychiatric patients for about 180-375 mins per week (Kennedy et al., 2014). Participating staff members would receive surveys to rate the benefits of CAM sessions and the patients. Surveys

are comprised of a couple of items for the person to fill out. The first two items pertained to the health care professional taking the survey and the next eight were about the CAM session and its benefit to the patient (Kennedy et al., 2014). Information on the perceived benefits of CAM used a Likert scale to rate the individuals thoughts on the matter being questioned.

By taking the mean scores from the eight questions asked about the benefits of CAM therapy on the patients placed majority of the health care professionals seeing it as helpful to the patients. The question in the survey that received the highest mean score was the agreement that CAM sessions has a positive impact on patient treatment. There was an overwhelming response of agreement that CAM sessions benefited the pediatric population based off of the health care provider role (Kennedy et al., 2014). Majority of the clinicians and nurses ranked the eight questions about benefits of CAM highly, but MHCs rated the benefits lower. The researcher took the stance that due to the different roles each person plays in the care team of the patients their view on the benefits can/would be different (Kennedy et al., 2014). There was a significance in the bond that patients felt with health care professionals after receiving CAM session when MHC or nurses also participated in the therapies with them (Kennedy et al., 2014). When reviewing the research, this nurse researcher thought it would be better to have created a survey that was not bias toward the benefits of CAM to the patients. All of the questions that were rated had “benefit” in the question which can cause a bias toward positive thinking when choosing a score.

Dance Movement Therapy

Adolescent population.

Anderson, Kennedy, DeWitt, Anderson, and Wamboldt (2014) investigated if incorporating dance movement therapy in established therapy programs had an immediate

outcome in the mood change of the adolescents, diagnosed with different mental illnesses. The sample consisted of 402 patients, from a Children's Hospital, that were from the ages of 13 and 21 years old (Anderson et al., 2014). The participants were gathered from three different units that were on site: Adolescent Day Treatment (ADT), Adolescent Inpatient Psychiatric Unit (APU), and the Eating Disorders Unit (EDU). The patients that opted to participate in the study went to DMT sessions for about 60-75 minutes that were held in an open area with other group members from the same unit (Anderson et al., 2014). Fast assessment of children's emotions (FACE) was the main tool that was used to measure the mood of the patients before and after the dance movement therapy was administered to the participants. Within the units that were tested in this study, researchers found that there were significant differences in total mood scores (TMS) on the patients before and after the DMT.

Overall, there was a statistically significant correlation between the TMS before DMT and the prediction of a change to happen in the TMS after DMT. Those who have pre-mood scores that are lower (0) will have less of a change compared to those who have higher pre-mood scores (1-3) (Anderson et al., 2014). The higher the mood score the greater the chance of change occurring. The end results showed that having group DMT sessions with adolescents can have an impact on their mood state after being involved in DMT. The most significant mood decrease were in patients that felt anger and confusion. There was a small percentage of adolescents that reported more negative emotions in categories like sadness or anger after DMT. Researchers believe that this was due to a new perspective on the patient's own emotions that were brought up due to the session (Anderson et al., 2014). The study could have looked at the change of mood state of adolescence over time and not just the immediate outcome of DMT on their mood.

There was a deficiency of randomization in the participants and their knowledge of the study that was being conducted did not offer any blinding to the study. The study does have one of the larger amounts of participants used in their study compared too many other studies.

In Greece, a mixed methodology study was conducted to analyze any correlation of dance movement therapy and the impact on the development of social and affective skills in students (Panagiotopoulou, 2018). There was a total of 23 participants, from the 11th grade, used in this study. Their ages ranged from 16 - 17 years old. The students were from two different schools in the providence of Dorida, Greece (Panagiotopoulou, 2018). The control group consisted of 11 students, while the other 12 were placed in the experimental group. Both the experimental and control group received the quantitative, semi-experimental design, questionnaire; however, only the experimental group received the qualitative evaluation by the therapists (Panagiotopoulou, 2018). The therapist/researcher met with each of the groups once a week for a twelve-week period. The meetings were only an hour and length and followed a set itinerary of what the meeting would consist of. Goodman's questionnaire of Strengths and Difficulties (SDQ) was used as the main tool for obtaining and organizing data from the students about their social and emotional skills (Panagiotopoulou, 2018). The questionnaire was comprised of 25 questions and was given to both groups before and after DMT sessions. To evaluate any observed changes in the group during the research experiment, the researcher used an evaluation sheet created by Payne. Through this research experiment it was proven that the dance therapy program caused a positive change and help the development of social and affective skills. Researcher noted that there were many changes in the students behavior through the sessions not only within themselves but in their interactions with their peers as well (Panagiotopoulou, 2018). Due to the

small sample size the results from this experiment can only be applied to the age group and grade that was experimented on, and therefore can not be generalized to other populations.

Adult population.

In the research study, *“Dance/movement therapy during adolescence – Learning about adolescence through the experiential movement of dance/movement therapy students”* by Englehard (2014) examined the psycho-somatic content related to active movement and dance that was based off of the participants’ past experiences from their adolescence. The participants consisted of 20 women, from 24 to 36 years old, that were currently enrolled in one of two dance movement therapy training courses in Israel. The main focus was these adult women used DMT to look back at their adolescence and memories from then to better understand their past now. Participants had to go specified group movement meetings with the main topic of working with adolescence. During the meetings, the participant had to bring in music that they listened to growing up and create a movement that coincided with their music (Englehard, 2014). As each participant chose a movement to associate with their music choice the other members of the group would have to mirror the movement. This formulated cohesion between the group as they got to share their reminders of their adolescence through movement and music with others in the group; also in turn may have relived other parts of their youth through the movements that the others had provided (Englehard, 2014). After the sessions, the participants were instructed to write about the feelings, thoughts, and memories of their adolescence that were provoked during the session.

The main sources of data was gather and analyzed through the written responses by the participants after their group dance movement therapy session. All of the data was split into

categories using content analysis of their written responses. From all of the content gathered and categorized, there were two main themes that appeared; “Movement as expression” and “Movement as threat” (Englehard, 2014). These two themes that were identified can be seen as part of the core role that the body takes in life during adolescence. Both themes are characterized by an outward expression of the person through their body, either through exposing the positive parts of themselves or the negative of themselves from movement (Englehard, 2014). During the time of adolescence there are multiple changes that take place in both body and mind, which creates an unstable state that can be easily influenced by the environment around the adolescent. This environment focuses mainly on the role of the therapist in the adolescent’s life. It is the therapist’s job to create a safe space for the adolescent as they maneuver through this type of therapy; whether it is group or individual and the directions given to inspire movement (Englehard, 2014).

The research was completed by only adult women reflecting back on their adolescent selves. This researcher would have liked to have both genders represented as well as ages closer to that of an adolescent. The research from this paper was based solely on subjective data given from the written responses of the women, but in the future the use of objective tools to measure the data would create stronger findings to solidify the themes.

Winters Fisher (2019) conducted a pilot case study on the effect of an existing dance movement therapy-based mind-body wellness program on those in the military and veterans with traumatic brain injury (TBI) and their psychologic health. personnel. The researcher used Laban’s framework of movement analysis to organize and analyze the data collected through out the study. There were eight military personnel that were involved in the study. The 8 participants

remained as a group throughout the therapy, which consisted of 12 group session and two individual sessions of DMT. The researcher also played the role as the clinician so was in direct contact with those that were participating in the study (Winters Fisher, 2019). Data was collected through the surveys, participant interview, and Laban's framework to distinguish if any changes have occurred in the sessions. Participants were given a survey that included ion ended question as well as rating scales to keep track of their mind-body wellness. When Winters Fisher (2019) reviewed the data from the experiment it was concluded that there were apparent shifts between the first week and the third week. In this amount of time, the participants were able to exhibit an increase in their awareness of the body mind relationship but also confidence in DMT practices. There was a noticeable increase in the participant's application and awareness of their body and mind through the use of the program (Winters Fisher, 2019). The sample size was relatively small ($n = 8$) and should be explored into larger sample to gain a more broad view of the effects that DMT can have on the veteran and military population.

Grounding application.

The concepts and clinical practice of grounding was used to collaborate with DMT theoretically and in clinical practice, in this study by de Tord and Bräuninger (2015). The participants in this study were based off two groups: geriatric adults with physical and cognitive disorders and adults with moderate to severe intellectual disabilities. There were two separate centers located in Barcelona, Spain that were used for each of the different age groups. The older participants went to one hour DMT group sessions weekly for 22 weeks and the adult group with intellectual disabilities went to one hour DMT session for 20 weeks (de Tord & Bräuninger, 2015). They conducted a preliminary assessment of the movement abilities of the participants in

the study. The researchers used four main exercises with the participants each session and noted any significant observations or comments by the participants. Laban-based movement analysis was used to document the initial characteristics of participant movements. There were different materials that were used to enhance the DMT sessions rather than just the basis of movement. The participants were able to use different types balls that varied in characteristics, scarves, percussion instruments, and music as props in their DMT sessions (de Tord & Bräuninger, 2015).

In the use of grounding exercises integrated into DMT proved to show effectiveness in their relation when used on participants. The benefits from grounding and DMT were observed from the participant and their reports of positive change after DMT. The older population found more sense of group and community with their fellow group members and less negative emotions (de Tord & Bräuninger, 2015). The intellectually disabled adults showed more control over their emotions and physical difficulties after DMT. The method of the study was lacking the use of specific DMT sessions that focused on the effects of grounding. The researchers used regular DMT sessions that were not catered toward the effects of grounding specifically. The amount of sessions that were used to conduct the experiment could have gone on for longer. This student nurse thinks that sessions that went on for longer periods of time would have helped to gather more sufficient evidence about the effects that DMT grounding has on the populations at hand.

DMT research analysis.

In a meta-analysis of 23 DMT research studies by Koch, Kunz, Lykou, and Cruz (2014), DMT was found to be an effective evidence-based intervention across multiple populations and those with disorders. The studies were found through electronic databases, reaching out to

different associations linked with dance movement therapy, therapists, and researchers that may have studies that identified with the research that was being conducted (Koch et al., 2014). The studies that were selected were based on four points of criteria that the researchers had set up. All studies had to have all points on the list in order to be included in the study. The studies were then broken down and evaluated into two tables. Table 1 was compiled of summaries of the studies and Table 2 clustered the studies together and evaluated their mean scores of the information found (Koch et al., 2014). The data was set to compare the end results of each of the studies and looked at as a whole to see if there were any similarities in results or discrepancies between studies. Review Manager 5.1 software program was used to calculate standardized mean differences and confidence intervals for all the research data that was obtained within the studies (Koch et al., 2014). Placing all the data into a single system allowed for the researchers to compare findings and data against each other with more ease. The studies were clustered into five groups that were based off the outcomes of the studies. In each of the five clusters the results dignified that there was support that dance and dance therapy had an effect on the outcome with consistency across all trials.

There was one exception to this finding, which was in a sub-analysis of the clinical outcome cluster related to interpersonal competence (Koch et al., 2014). The findings in this sub-analysis showed an effect of dance and DMT but it has a reasonable amount of inconsistency across the five trials used for this analysis. Quality of life and depression reduction seemed to have the largest effect from the use of DMT and dance as a tool (Koch et al., 2014). In many of the studies that were given there were no other alternative therapies that were given to the control group to see if other therapy had an effect on the group besides DMT. This is subsequent that the

control group was not given the same attention as the experimental therefore becoming more biased to outcomes in favor of DMT. There is no information about the long term effects of DMT and follow up on the participants if they continued to use DMT after the trial.

Schizophrenia.

The aim of the study “*Effectiveness of dance/movement therapy on affect and psychotic symptoms in patients with schizophrenia*” was to see if DMT had any effect on patients with schizophrenia’s affect and psychotic symptoms that they experience (Lee et al., 2015). The main aspects of the patient’s psychosis the researchers focused on was anger and anger expression, depression, anxiety, and positive and negative symptoms of schizophrenia. The sample included 38 participants from Wonkwang University hospital and were chosen after detailed interviews and a clinical diagnosis of schizophrenia was obtained for each of the participants (Lee et al., 2015). Participants were split into either the experimental group or the control group and were unaware which group they would be put into. The experimental group consisted of 18 participants that received both DMT and medical treatment. The control group consisted of the remaining 20 participants and they received only medical treatment. The DMT sessions were an hour long every week for 12 consecutive weeks. The end goal of all the sessions was to develop self awareness, create interpersonal relationships, and foster relationships between the individual and the group (Lee et al., 2015).

The State-trait anger expression inventory (STAXI), Beck depression inventory (BDI), State-trait anxiety inventory (STAI), Positive and negative symptom scale (PANSS), and a program evaluation form created by the researchers were the tools used to clinically rate and evaluate the participants behaviors and emotional states (Lee et al., 2015). Patients who had

received DMT reported a significant increase in anger control and significant decrease in situational anger, depression, and negative symptoms of schizophrenia. The findings were similar to the control group but their data was not significant, it was a marginalized difference between their initial data and after the 12 weeks. Overall for both groups there was no significant change in anxiety, dispositional anger, and the positive symptoms of schizophrenia. At the end of the 12 weeks of DMT there were substantial findings through objective and subjective report supporting DMT having a positive effect on patients who were diagnosed with schizophrenia (Lee et al., 2015).

The study only used self-report surveys and tools that may have been swayed by the researchers own bias to the study. Double blind study would be a recommendation to eliminate the bias on the researcher part of the study and participant interaction with the therapy. The sample size of the study ($n = 38$) was small and there was not an equal number of participants in the control and experimental groups.

Conclusion

Though the findings and analysis by the researchers, the studies explored support that the possible effect of dance movement therapy on the mood of hospitalized psychiatric adolescents was positive. The main correlation observed is between the psychological health of a person and the use of dance movement therapy to maintain or help their mental health state. As revealed through this literature review, it appears that dance movement therapy has a significant effect on mood change, anxiety, depression, and quality of life (Anderson et al., 2014; Koch et al., 2014; Lee et al., 2015). With these findings, nurses should be more inclined to suggest the use of dance movement therapy in their patients with psychological diagnoses (Kennedy et al., 2014).

Methods

The purpose of this paper is to research the relationship between dance movement therapy and the mood of adolescents. Through the additional information gained from the literature review, a pilot study is proposed to answer the question: What is the effect of dance movement therapy on the mood of hospitalized psychiatric adolescences?

Study Design

This pilot study serves as a tool to gather information that can be applied to a more advanced study of mood of hospitalized psychiatric adolescents and mood. The design of this study uses a survey tool designed by the nurse researcher using numerical Likert scales and free response to record responses to questions. Participants will be handed a survey when they arrive. After surveys have been collected there will be a 30 minute time period allotted for a lead dance exercise by the nurse researcher. Immediately following the dance period, participants will be given the survey again.

Population

The population of this study would include participants that are nursing students and currently are over the age of 18. Any participants that are not currently enrolled in the nursing program will not be included in the population. Target participants must be members of the club Dominican Nursing Student Association (DNSA).

Sample

The goal of this pilot study's sample size is a group of thirty participants (10-15 per variable). The participants that choose to continue with the study will have to complete the surveys in entirety.

Sampling Procedures

Participants will be contacted by email to participate in the study. The officers of the university club will be asked to help promote participating in the study.

Operational definitions

Dance movement therapy: a therapy utilizing mirroring movement and simple dance styles (contemporary and purposeful movement) to different styles of music to promote healing and mind-body connections

Adolescent: a person that is between the ages of 10 to 18 years old

Mood: a temporary state of mind or feeling

Instrument

Two surveys created by the nurse researcher will be used to collect data; one pre-therapy survey and one post-therapy survey. The pre-therapy survey includes demographic information followed by five questions related to current mood state of the participant before the DMT. The post-survey includes demographic information followed by ten questions related to current mood state of the participant after the DMT. The demographic questions for both surveys will include: age, gender, and college level. Subjects will rate their answers to first five questions, in the post-therapy survey, using the Likert scale from zero to four. Zero being “Strongly disagree” and four being “Strongly agree”. For the remaining five questions participants will be given lines to respond to the questions. See Appendix A and B for the two survey’s template. The survey will be printed and handed to the participants to fill out. The survey will remain anonymous.

Reliability

Reliability testing will not be preformed on this pilot study. The reliability will be preformed on a more concentrated advance version of the study.

Validity

This nurse researcher will contact two PhD prepared nurse researchers to look at the data collection tool for face validity and content validity, so that each item properly contributes to the collection of data on a person's mood.

Step by Step Procedure

- This study will be submitted for approval.
- The survey created by the nurse researcher will be reviewed by two PhD prepared nurse researchers to make sure that the data collection tool is accurate.
- The officers of DNSA will be contacted and asked to send an email out recruiting participants for the study. The email will include a short survey to respond to participating in the event.
- The nurse researcher will work with DNSA and Dominican Nursing faculty in acquiring a room to perform the dance activity for the experiment.
- The participants will then be emailed information regarding the date, attire, location, and time of the experiment.
- Two sets of the survey will be handed out to each of the participants as they enter into the room. Participants will be asked to fill out the pre-therapy survey.
- A 30 minute dance session will happen following the initial survey being completed. The dance session will be lead by the nurse researcher.
- After the dance session the participants will fill out the post-therapy survey for the second time and staple both surveys together.

- The data will be analyzed and interpreted by the nurse researcher will look for any commonalities.
- Once the data has been analyzed fully, conclusions will be drawn about the findings.

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Appendix A — Research Instrument

Pre-Therapy Survey

Age: _____

Gender Identity: _____

College level: _____

Directions: Please answer the questions to the best of your ability and as honestly and complete as possible.

1. Have you ever participated in dance movement therapy before? If so, when and for how long? If not, what is your current knowledge on it?

2. What is your current mood state at this moment? (Use a word or describe the feeling; e.g. happy, stressed, sad, etc.)

3. Are there any things you do in your current routine to improve your mood?

4. How often do you feel your current mood state?

5. Does your current mood state affect your daily life? Positively or negatively. Describe.

Appendix B — Research Instrument

Post-Therapy Survey

Age: _____

Gender Identity: _____

College level: _____

Directions: Please circle/highlight the answer that most accurately reflects your beliefs and feelings.

1. This dance movement therapy had an effect on my mood.
0 [Strongly disagree] 1 [Disagree] 2 [No Change] 3 [Agree] 4 [Strongly Agree]
2. I can apply this therapy to my daily life.
0 [Strongly disagree] 1 [Disagree] 2 [No Change] 3 [Agree] 4 [Strongly Agree]
3. I plan to use this therapy beyond this study.
0 [Strongly disagree] 1 [Disagree] 2 [No Change] 3 [Agree] 4 [Strongly Agree]
4. I would recommend this therapy to others.
0 [Strongly disagree] 1 [Disagree] 2 [No Change] 3 [Agree] 4 [Strongly Agree]
5. Dance movement therapy required a significant amount of effort to change my mood.
0 [Strongly disagree] 1 [Disagree] 2 [No Change] 3 [Agree] 4 [Strongly Agree]

Directions: Please answer the questions to the best of your ability and as honestly and complete as possible.

6. What is your current mood state at this moment? (Use a word or describe the feeling; e.g. happy, stressed, sad, etc.)
7. Based on your previous answer to your mood state (in the pre-therapy survey), how would you describe the change in your mood?

8. Based off of your experience, what do you think are some disadvantages to dance movement therapy? Explain.
9. How did you feel about the experience and this therapy?
10. Is this a therapy that you would consider integrating into your life? Why or why not?