Dancing for Life: An Occupation-based Program Development Plan

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
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Executive Summary

As children age they need healthy occupations in which to engage to help them grow and develop in multiple areas of life including: communication/social skills, motor skills, emotional regulation skills, sensory-perceptual skills, and cognitive skills. As members of the community, this population is equally entitled to opportunities to engage in meaningful occupations which contribute to the well-being of participating members (Whalley-Hammel, 2008). The goal of the Dancing for Life program at Becky’s School of Dance is to increase performance skills and psychosocial well-being in children with special needs.

This dance program will address more than just quality of movement. There is also heavy emphasis on the discipline and process of functioning within a class. Participants for the Dancing for Life program will be children with special needs. There will be general guidelines for determining eligibility for participation in the program, yet the ultimate decision of inclusion will be made on a case by case basis since program is intended to be as inclusive as possible. The maximum age for participation will be 17 years. The lower cut off will not be based on chronological age, but rather on a mutual agreement between the parents and therapist that the child in question can engage enough in the class to benefit from it. That age will vary from child to child.

Overall, stakeholders identified that ideally an occupational therapy-based dance program should be open to children with many different kinds of special needs, as opposed to catering exclusively to one diagnosis. By working with children with an array of special needs, the Dancing for Life program may benefit more children. Determination of eligibility is further discussed in the section on programming.
The exact number of participants will depend on multiple factors, especially parent schedules and volunteer commitment. The nature of participants’ special needs will also influence participant numbers. More severe physical or behavioral conditions will necessitate a smaller participant to teacher/volunteer ratio. For academic purposes, a class size of three to five participants is desirable. However, actual class sizes and participant numbers will be determined as children are enrolled and their supervision and assistance requirements are established.

The Dancing for Life program is intended to be a community program. It will be held at a private business where no therapy services are currently offered. Exact times classes will be offered will be determined when all dance classes are established for the school year, but the Dancing for Life program classes will be offered outside of school hours.

The program objectives and programming methods address both the need for occupation and the value of occupation as therapy within this population. It is desired that approximately 15 children with special needs will participate in the Dancing for Life program to provide equitable opportunity to engage in meaningful occupation while increasing performance skills and psychosocial well-being through a variety of dance interventions. Included in the program are evaluations to determine the progress of participants. These will be used as pre- and post-test measurements of performance levels and outcomes of participants. Other evaluations are included to gain feedback and insight from participants’ parents and other stakeholders in the community regarding perceptions of the program.
Introduction

Program Goal

The goal of the Dancing for Life Program at Becky’s School of Dance is to increase performance skills and psychosocial well-being in children with special needs.

As mentioned above, it is desired that the Dancing for Life program accommodate multiple kinds of special needs. For the purposes of this program, special needs are classified in terms of the performance skills outlined in the Occupational Therapy Practice Framework (AOTA, 2008). Psychosocial well-being pertains to the ability to interact in society and process emotions. This includes, but is not limited to developing self-concept; engaging in appropriate role performance, developing social conduct and interpersonal skills; expressing one’s self appropriately; and developing self-control and coping skills (Giroux-Bruce & Borg, 2002). Environments and contexts are important aspects of the therapeutic process as they set the stage, so to speak, for occupational performance (Cohn & Lew, 2009). These are structured and modified to promote optimal outcomes with participants, and the virtue of their existence through the program is an outcome in and of itself.

Sponsoring Agency

The Dancing for Life Program was developed at Becky’s School of Dance in Findlay, Ohio. The dance school is privately owned by Becky McClincy, and is directed by her daughter, Meghan Woolley. The mission of the studio is stated as:

“Our goal is to help your children be all they can be and to supply quality dance education for students three to adult. Our dance classes will help build character, acquire poise, increase rhythm and coordination skills, strengthen bodies as well as teach them
Discipline and endurance. We learn physical expression, concentration, focus, and commitment under the direction of Becky McClincy and Meghan McClincy-Woolley.”

Currently, no therapy services are offered at Becky’s School of Dance. The director of the school identified that she has had past students with special needs, but this has been on a limited basis, and she does not specialize in working with children with special needs. This is where occupational therapy can fit in. Occupational therapists working with children have the education and background to assess the occupational needs of these children and to manipulate the therapeutic medium of dance to address those needs. Additionally, occupational therapists can also locate resources supporting the effectiveness of dance therapy, or potentially conduct new research studies. An occupational therapist would work at the staff level, but successful implementation of the program will require collaboration with all levels of the organization.

Organizational Structure

The organizational structure of Becky’s School of Dance is very straightforward. Becky McClincy founded the studio and was the original director. Presently, her daughter is the director of the studio, and ownership is shared between them and their spouses. The only other administrative staff member is the secretary, Deb Gray. The remaining staff members are the dance instructors. As a member of the team also involved in direct service delivery, an occupational therapist would most likely fit best in the staff portion of the chart. The occupational therapist should participate in ensuring funding, yet effective delivery of the program to participating children will most likely be an occupational therapist’s primary objective (see Appendix A for Becky’s School of Dance Organizational Flowchart).
Investigating the Need for Programming

Multiple parties were approached to obtain perceptions of the needs related to an occupational therapy-based dance program, including occupational therapists and other professionals who work with children with special needs; public and private community programs that have parents of children with special needs as clientele; professionals who practice or advocate for the use of dance as therapy; and parents who have children with special needs.

According to Kimberly Arnett, the Director of Community Inclusion at The Ability Center of Greater Toledo, an organization which addresses the needs of all individuals in the area with any kind of disability or special needs, there are waiting lists for programs designed for children who have special needs. She also stated that because of the diverse diagnoses and conditions the Ability Center caters to, diagnosis-specific programs are better than nothing, but that all-inclusive community programs are the most desirable. Ms. Arnett also advocated for equal access to resources for people with disabilities, and encourages programs that support this ideal (see Appendix B for the complete interview with Ms. Arnett).

Ann Heckler teaches an adaptive dance class at the Toledo Ballet in Toledo, Ohio. This class is designed for children with Down’s syndrome. Ms. Heckler identified that these children typically have tight hamstring muscles, but tend to have low tone elsewhere, so strengthening weak muscles is needed, especially to prevent injury. She stated that they also usually need help with balance and coordination, and that a big area these children need help with is social skills, such as; taking turns, following directions, and using appropriate communication. Ms. Heckler also stated that she would like to consult with an occupational therapist for her own program due to the fact that she has no background or special training with children with special needs. She agreed that it would help her program to have a consulting situation with an occupational
therapist who has education, training, and experience with children with special needs (see Appendix C for the complete interview with Ms. Heckler).

Part of determining the appropriateness of a program for children with special needs was to ascertain approximately how many children in the Findlay area have special needs. There is no known database to quantify the number of children in the area who have special needs, so an exact number is not available. However, the major three local school systems were contacted in order to obtain an estimate, since children attend only one school system. According to the secretary in the Findlay City Schools Special Needs department, approximately 900 children in preschool through grade 12 have some kind of special needs, including speech. Hancock County Educational Service Center manages seven county schools. The secretary there reported that there are 594 children in the county schools who have special needs, including speech. The Blanchard Valley Center is the Hancock County Board of Developmental Disabilities, and the center provides services and programs for individuals from birth to death: early intervention, preschool, school, adult services, transportation, case management, family support services, supported living, waiver supports, and residential homes. The principal of the school reported that 23 school-aged children and 42 preschool-aged children attend the school. An exact number was not provided, but some of the preschool children are peers.

Parents who responded to a survey or were interviewed personally appear to primarily be seeking fun activities for their children to participate in that also offers benefits with regards to their children’s special needs. All parents identified that they were familiar with occupational therapy, with each parent having at least one child receiving some kind of occupational therapy service. All parents also reported that their children have needs in more than one of the performance areas listed, with some reporting needs in all of the areas listed. Of the needs their
children have, parents identified that they would like an occupational therapy-based dance program to address the following needs: attention, posture, strengthening, balance, coordination, performance speed, body awareness, sensory experiences, social skills, emotional regulation, and being able to follow the dance. Parents identified desired outcomes to be: increased attention, improved posture, improved tone, improved balance, improved coordination, increased strength, increased stamina, increased tolerance for sensory experiences, and for their children to have fun.

The Gliding Stars program is a national program designed to give children with special needs the opportunity to learn how to ice skate to put on an ice skating show each spring (“Gliding Stars Instructor Training Manual”, 2010). For children with decreased or absent weight bearing abilities, the program utilizes several different kinds of walkers which are specially adapted to allow for partial to total compensation for balance and weight bearing. Parents were asked if they would favor use of similar equipment for applicable children in a dance class. The response was unanimous that parents support the use of such equipment if it is available and recommended for improved participation.

Parents were also asked about how inclusive they think the program should be. Only two parents answered this question and the response was mixed. One parent who answered this question stated that including typically developing peers could be very beneficial. The other parent identified both pros and cons to having classes exclusively for children with special needs as well as pros and cons to including typically developing peers. One idea presented was that including typically developing peers could provide behaviors for the other children to model, but that this could be good or bad. Another idea was the concern that children in a mixed class would segregate themselves, in which case forcing interaction may cause more harm than good. This parent ultimately decided that it would be agreeable if a class of children with special needs
could spend a few minutes of some classes observing other dance classes of typically developing children.

Nearly all parents in the Findlay area identified that it would be most convenient for the program to be located in Findlay, and for classes to be held up to one hour each week, preferably in the early evening hours. Small classes were also favored, as well as the utilization of volunteers. One parent reported that she would like dancers in each class to be close in age. In addition to providing a fun and beneficial opportunity for their children, parents also reported that they would be attracted to an occupational therapy-based dance program that is low cost and holds class at a reasonable time. Cost, time, and location were listed as factors which might deter parents from enrolling their child or children in an occupational therapy dance program.

Please note that for privacy purposes no parent or child names are included in this paper, with the exception of one parent who wished to submit a letter of support for the proposed occupational therapy-based dance program.

The first method of choice for collecting data is conducting focus groups of parents of children with special needs. Conducting focus groups with parents who have children with special needs was chosen as a method for gathering data because parents in similar life situations may have insights on the subject matter that an interviewer does not. Those insights may open discussion and bring about ideas and concerns that may not otherwise surface in a one-to-one interview. The attention of focus group interviews is on the subjective experiences of people who share or have shared a common, concrete situation, and is looking for a range of opinions from people as opposed to a consensus (Vaughn, Schumm, & Sinagub, 1996). In this case, the common, concrete situation is having a child or children with special needs, and a good topic is why parents want programs for their children and why they would want a dance program, if they
do. It has also been found that people in a group are more likely to make decisions or come to conclusions. The focus groups were led by the occupational therapy student for this assignment, but will be led by the occupational therapist in the future. The local public library has a conference room which can be reserved for multiple purposes. Several dates and time slots were reserved for focus groups for this assignment. Although focus groups are typically for four to six participants (Lysak, Luborsky, & Dillaway, 2006), more participants are desired for these groups in the event that parents come in pairs. With more participants it is more likely that a variety of different family situations will be represented. Fliers and emails are a low cost way to notify the target population of the times and location for the focus groups (see Appendix D for a sample Dancing for Life focus group flier). They can be displayed or handed out where parents of children with special needs are likely to be. Some ideas include the Blanchard Valley Center, the Center for Autism and Dyslexia, Special Kids Therapy, the ice rink during Gliding Stars times, and community centers such as Head Start and Help Me Grow. For this assignment one was also displayed at the Findlay Hancock County Public Library where the initial focus groups were to be held. A brief power point presentation was prepared for educating each group about the proposed program (see Appendix E for the Dancing for Life focus group power point presentation). A single-page informational sheet was created to highlight the basics of the proposed program (see Appendix F for the Occupational Therapy-based Dance Program Information Sheet), along with a complete list of focus group questions (see Appendix G for Focus Group Questions/Parent Questionnaire).

Because parents are typically a difficult population to involve in focus groups (Simon, 1999), a second method is proposed for collecting their views and feedback by adapting the information presented in the focus groups into a fast facts outline (see Appendix G for Focus
Group Questions/Parent Questionnaire) and distributing it along with the focus groups questions. One option is to distribute the outline and focus questions by mail. However, distributing them by hand in the same fashion as the focus group fliers would be more cost effective. If existing program leaders or other staff members are willing to help, it may also be possible to email the information sheet and questionnaire to the target population. For this needs assessment, the questionnaire was emailed to parents whose children participate in the Gliding Stars program in Findlay, Ohio, as well as to parents of children attending the Blanchard Valley Center School. Of the approximately 105 people emailed, four emailed a response, and one called to share feedback.

The third method selected to gather data is a self-administered survey which will be sent to occupational therapists and other professionals working with children who have special needs. Collecting the perceptions of therapists and other professionals practicing with children was deemed desirable due to the results of discussion with staff at Becky’s School of Dance and the Toledo Ballet. Both the Toledo Ballet and the Boston Ballet experienced difficulty implementing their Adaptive Dance Programs because of a lack supporting research, and a lack of background with children who have special needs. The director of Becky’s School of Dance has taught dance to students with special needs but was not schooled in working extensively with this population. In addition to evidence from research, the support of experts in the field will help establish the credibility of an Occupational Therapy-based Dance Program. Both research evidence and clinical evidence can be used to illustrate a need for this program. Collecting therapists’ and other professionals’ opinions using a survey was selected as a method of gathering data for several reasons. First, therapists and other professionals may complete the survey at their own convenience. Interviewing requires scheduling a time and keeping the
appointment, whereas a survey can be taken home and even worked on in parts. Second, a certain degree of anonymity can be maintained. Although there will be a record of the mailing list, therapists and other professionals need not necessarily sign the survey or put their names on the return envelopes. Third, since schooling beyond high school is required in order to become a therapist, a certain level of literacy can be assumed (Forsyth & Kviz, 2006), as well as familiarity with terminology specific to occupational therapy. Lastly, therapists and other professionals outside of the immediate community can still contribute information to help establish a general need for this program, in which case more surveys sent out means more surveys returned. For this needs assessment, surveys were distributed in person to occupational therapists, and preschool and elementary school teachers (see Appendix H for a list of survey questions). Of five professionals who were personally asked to complete the survey, one occupational therapist returned the survey. She works at several elementary schools in the Toledo Public Schools. She reported that she believes an occupational therapy-dance program would benefit children by offering an opportunity for physical activity, and improvement with body schema and social skills. She also stated that she did not know of any organized dance program for children with special needs beyond the dance portions included in the physical education curriculum in schools.

For all needs assessments, communications, programming, etc., it is important to use correct terminology, and person-first language. Although literacy is not as much of a concern for the interviews and focus groups, occupational therapy terminology must be explained and expressed in common language to ensure that parents understand what is being asked.
Literature Review

Literature was reviewed with two main purposes. The first main purpose was to find literature to support the use of dance as therapy. The second main purpose was to find literature to support the role of occupational therapy in a program utilizing dance as therapy. Some resources support both. Additional literature sources were consulted to support the value of occupational therapy and holistic occupations with children with special needs in terms of physical, cognitive, and psychosocial benefits. All sources were reviewed to verify the various needs of this population with respect to what an occupational therapy-based dance program has to offer to address these needs.

There is a growing body of research supporting the use of dance as therapy. Although the program is intended to be inclusive of children with all kinds of special needs, studies conducted on the effect of dance therapy interventions are typically conducted with a diagnosis-specific population. Even though play is considered a major occupation of children in and of itself, therapeutic play is especially valuable when it results in gains made in other areas of life, as well, especially academics. In a 2004 study by Samuei and Samuei, 15 children ages eight through 12 with learning disabilities were chosen to receive dance/movement therapy. These children were identified as having poor eye contact, as well as difficulties with attention span, memory and sequencing skills, social skills and awareness of self. After dance/movement therapy consisting of activities such as warm-ups, mirroring, dancing with props, moving through space and group games, the children showed improved eye contact, improved concentration, and increased ability to copy correctly from the blackboard as well as personal confidence and social skills. Another study by Erfer and Ziv (2006) describes a study conducted with children between the ages of five and eight in an inpatient psychiatric ward at a major
teaching hospital to measure the effects of dance/movement therapy on group cohesion, which entails general order and cooperation of a group. The group exhibited behavior changes including improved impulse control, frustration tolerance, gratification delay, and the ability to get along with others. Dance therapy also is intended to help develop body image, self-awareness, and awareness of others. This study supports dance as having a positive therapeutic influence on psychosocial development in children special needs related psychiatrics. Yet another article investigated the effects of dance therapy on the motor performance of children with learning disabilities. An experimental group received dance therapy and a control group received sensory integrative therapy. Both groups had five subjects. Pretests and posttests administered before and after four weeks of treatment showed increases in motor performance in both groups, with slightly greater improvement in the experimental group. The results of this study suggest that therapy incorporating dance may be more effective than a more traditional therapeutic method, namely sensory integrative therapy (Couper, 1981). One more by Brown and Parsons (2008) documents the neurological implications of dance in a measurable way (brain scans), and supports the positive impact that dance has on balance.

Children with cancer are not typically thought of as children with special needs, yet cancer can have physically, cognitively, and psychosocially disabling effects. Cohen and Walco (1999) propose that the nature of dance is conducive to a holistic approach to the physical, cognitive, psychosocial, and spiritual needs of children with cancer. Ideally, the Dancing for Life Program would be open to children who have cancer in keeping with feedback from the staff at the Ability Center since the Ability Center represents all persons with disabilities, and promotes inclusive programming.
Studies in which a control group was also used have the potential to be more compelling. An article by Couper (1981) was briefly mentioned in the initial needs assessment. In this study, a group of children with learning disabilities received a dance/movement therapy program, while a control group of children who also had disabilities received sensory integrative therapy. Both groups showed improvement in motor performance, with the experimental group gaining slightly more. This not only suggests that dance is an effective form of therapy, but also that it can be more effective than traditional methods of therapy. A study by Lobo and Winsler (2006) found multiple benefits of a dance/movement program for at-risk preschoolers compared to a control group that participated in “typical” school activities. Significant gains in social skills and significant reductions in behavior problems were seen in the children who participated in the twice-a-week, eight-week dance program, while the control group did not show nearly as much improvement. The article also discussed how children’s social skills and behavior problems are often critical determinants for school eligibility.

Professionals interviewed identified developmental delays and developmental disabilities as the most common conditions seen. Developmental delays and disabilities can affect multiple areas of a child’s development, as well as his or her performance and the roles he or she fills (Rogers 2005). According to Batshaw and Shapiro (2002), mental retardation is the most common developmental disability. Definitions vary, but it is believed to affect anywhere from 0.8% to 3% of the population. In programs for children with developmental delays and disabilities, emphasis is placed on reaching milestones; enriching the environment; and developing self-help, language, and motor skills (Burack et al., 1998). The Dancing for Life Program would especially address social and motor skills.
Autism is one of the most well known pervasive developmental disorders. The broad category of pervasive developmental disorders (PDD) presents a wide range of deficits. These are usually some combination of sensory, communication, and behavioral symptoms and vary in severity. As a result, children with PDD also have a wide range of functional abilities. Autism itself is classified by disturbances in social interactions; communication; behaviors; and sensory and perceptual processing and associated impairments. In terms of physical challenges for children with autism spectrum disorders, several studies have revealed motor problems or clumsiness at rates between 50% and 100% for this population (Ghazuiddin & Butler, 1998; Ghazuiddin, Butler, Tsai, & Ghazuiddin, 1994; Gillberg, 1989; Green et al., 2002; Hilton et al., 2007; Klin, Volkmar, Cicchetti, & Rourke, 1995; Manjiviona & Prior, 1995; Miyahara et al., 1997). Multiple methods of therapy are available, but Cohen and Volkmar (1997) advocate that the children with autism benefit most from highly structured educational programs that incorporate communication therapy, social skills training, and sensory integration therapy. The Dancing for Life Program offers structure; social interaction; and some sensory opportunities, especially vestibular input, pressure, and tactile stimulation from various props.

Children with Down’s syndrome have a more typical set of characteristics, although these can greatly vary in severity. Physically, children with Down’s syndrome typically have a shorter stature, a stockier build, and unique facial features. Some other common characteristics include low muscle tone, hypermobile joints, and a tendency towards obesity. Physical activity, such as dancing, would help target some of the latter characteristics. Participation in a structured physical activity can also address motor planning skills, social skills, and cognitive skills. Development of these skills is also often delayed in children with Down’s syndrome (Radomski & Trombly-Latham, 2008).
Cerebral palsy (CP) is a neuromuscular disorder presenting with various neurologic, motor, and postural deficits. The effects are seen in varying tone impairments, reflex presence, and limb involvement (Rogers, 2005). In addition to the characteristic motor and postural deficits common to CP, the disorder is often accompanied by cognitive, sensory, and psychosocial deficits (Pellegrino, 2002). Cerebral palsy is considered non-progressive, but function may decrease with age due to the impairments associated with the condition (Nelson, 2001). The Dancing for Life program could address maintaining muscle, joint, and postural integrity. It can also provide a social opportunity.

Many children with special needs present with behavioral problems and disorders, some of which have already been discussed. It is almost general knowledge that routine and structure are beneficial to children, even typically developing children. The Dancing for Life Program allows for a degree of freedom and self-expression within a structured activity.

The profession of occupational therapy encourages participation of children, both typically developing and those with special needs, in positive occupations that promote development in all areas of life. It is recognized that positive mental health functioning is affected by psychological and social well-being, and that these are affected by participation in purposeful and meaningful occupations (Kannenberg, Amini, & Hartmann, 2010). Other disciplines and organizations also investigate what children need in order to develop and become healthy, productive members of society. Performance skill areas addressed by the Dancing for Life program contain skills used in every day life situations. Participation in meaningful activities is important in achieving life satisfaction and developing a sense of competence, as well as contributing to psychological and emotional well-being (Engel-Yeger, Jarus, Anaby, & Law, 2009). Literature which discusses, investigates, or implies children’s needs for physical
activity and/or social participation, especially outside of school, is also helpful in supporting the
development of the Dancing for Life program. By confirming that children with special needs
also need engagement in social and physical occupations, these sources justify the development
of programs to meet these needs, especially where opportunities are sparse or lacking altogether.

Several books and articles relating to the field of dance therapy were also reviewed. Although dance therapy is intended to improve health and quality of life in participants, much
more emphasis is placed on patients’ subjective experiences than on more observable outcomes.
Dance therapy is not considered mainstream health care, but rather is typically classified as
“alternative medicine” (Chodorow, 1991; Goodill, 2005). Much of the theory base of dance
therapy is in psychoanalysis, and improving mental health is the primary objective of
interventions (Chodorow, 1991). Sharon Goodill (2005), one of the pioneers in Dance
Movement Therapy (DMT), reports in her book on medical dance and movement therapy that
“DMT functions primarily as a psychosocial support intervention, complementary to
conventional and standard medical treatments” (p.17), and that a dance therapist “designs
treatment not for strength or dexterity but for personal adjustment” (p.105). While improving
mental health is certainly a worthwhile goal, in addition to increasing psychosocial well-being
and improving mental health, the proposed occupational therapy-based dance program also seeks
to address areas of functional ability and performance that are typically considered outside of the
scope of practice of dance therapy. Additionally, there are no registered dance therapists in the
Findlay, Ohio area (ADTA, 2011). Despite important differences, many aspects of dance
therapy have potential value to the Dancing for Life program, such as activity ideas which can be
modified to fit the needs of participants in the program.
Models of Practice

The primary model of practice chosen for the Dancing for Life program is the Occupational Frame of Reference as discussed by Kramer and Hinojosa (1999). Although assessments are included in the model, it will be referred to as a frame of reference for continuity with the literature. The Occupational Frame of Reference promotes the use of occupation as not only a means of therapy, but also the focus of therapy (Primeau, Clark, & Pierce, 1989). The Occupational Frame of Reference describes multiple areas of occupation for children but identifies play as the primary occupation of children. Play is further described in terms of component tasks: sensorimotor play, object play, social play, motor play, imaginative play, and game play. The second model of practice chosen is the Biomechanical Model of Practice (Latham & Trombly, 2008). This model was selected because of the physical nature of dance, and because the Manual Muscle Tests (Clarkson, 2000) of that model can be used as part of the evaluation instrument for the program.

Occupation-Based Programming

Dance as therapy is relevant to the Occupational Frame of Reference in that it, too, focuses on the occupation first, and then assimilates the performance skills and the tasks of play listed above as component parts to the whole occupation. Both the Occupational Frame of Reference (Clark, et al., 1991; Reilly, 1962; Wilcock, 1993; Yerxa et al., 1989) and the Dancing for Life Program operate on the premise that children are biologically driven to participate in occupations. Dance is a whole-body occupation, promoting the integration of the mind with all of the parts of the body, and together with the occupation of dance and with the environment. Within the occupation as a whole, the versatility of dance and variety of different forms of dance offer a vast array of therapeutic possibilities. The holistic nature of this occupation is also
relevant to occupational therapy since the profession embraces a holistic approach to treatment. Dance involves a high level of meaning and purpose, which are also relevant concepts in occupational therapy.

**Federal Initiatives and National Trends**

An Occupational Therapy-based Dance Program would address several areas outlined in the federal initiative, Healthy People 2020. The major goals of the initiative are to increase quality and years of healthy life, and to eliminate health disparities. The goal of the Dancing for Life Program is to improve function through increasing performance skills and psychosocial well-being, and therefore increase quality of life, which supports the goal of Healthy People 2020. The program is intended to be inclusive of all children with disabilities, and so in that way it also addresses the goal of eliminating health disparities. Some of these focus areas include: access to quality health services, disability and secondary conditions, community-based programs, and mental health and mental disorders. Although not specifically addressed by the program, benefits may also be seen in the focus areas of physical activity and fitness, and nutrition and overweight. Although children with cancer should be included in the program, cancer is not listed as a focus area which the program would address due to the fact that although dance therapy can address psychosocial concerns for a child with cancer, it is not a treatment for the cancer itself. Of the 10 major leading public health issues, this program will address mental health, physical activity, and access to health care. Overweight and obesity may also be indirectly included as a health indicator affected by the program. This is due to the fact that improving function and well-being may or may not result in weight loss. Like the needs assessment, Healthy People 2020 points more toward a community need for programs. Obesity has been correlated with numerous conditions, including, but not limited to: type II diabetes,
sleep apnea, chronic low back pain, hypertension, breast cancer, prostate cancer, colon cancer, cardiovascular disease, stroke, gall bladder disease, joint problems, activity limitations, psychological issues, and increased mortality rates; yet losing 5%-10% of initial body weight offers significant improvements in many of the health outcomes listed above ("Expert Panel on the Identification, Evaluation, and Treatment of Overweight in Adults," 1998). In 2003, medical costs related to obesity were estimated at $99.2 billion each year (Bungum, Satterwhite, Jackson, & Morrow, 2003). Occupational therapy practitioners have knowledge of client factors, as well as cultural considerations that they can use to address lifestyle changes in patients to combat obesity (Clark, Reingold, Salles-Jordan, 2007). Programs which offer opportunities for healthy physical activity, then, are not only congruent with the occupational therapy profession’s goal to reduce obesity, but they also address a national health concern. An occupational therapy-based dance program is particularly appropriate for children because of the virtually endless variety of possibilities for specific interventions.

According to the American Occupational Therapy Association’s Societal Statement on Health Disparities (Braveman, 2006), the Trans-National Institutes of Health (NIH) Work Group on Health Disparities identifies that health disparities in the United States are impacted by a variety of factors, including social and economic factors, physical environments, cultural beliefs and values, educational level, personal behaviors, and genetic susceptibilities. Furthermore, limiting health disparities is an objective of occupational therapy as a profession. Providing extracurricular opportunities, like dance programs, for children with special needs represents a tangible effort reducing health disparities for this population. The term “special needs” is a broad category, but there is a growing body of research illuminating disparities for more specific groups. For example, a study comparing out-of-school participation patterns in children with
high-functioning autism spectrum disorders and typically developing children found similar interest, but significant differences in number and variety of activities between these two groups, with lower rates among the children with high functioning autism spectrum disorders (Hilton, Crouch, & Israel, 2008). Similar results were found in a study comparing children with sensory processing disorders to their typically developing peers (Cosbey, Johnston, & Dunn, 2010), and in a study comparing children with cerebral palsy to their typically developing peers (Engel-Yeger, Jarus, Anaby, & Law, 2009). The authors also identify social participation as a factor which affects long-term mental and physical health.

Dance as therapy has also been addressed in federal mandates. Dance therapy was included and defined in the Older American Act reauthorization Amendments in 1992. In 1996 it was recognized by the Health Care Financing Administration (HCFA) of the Department of Health and Human Services as a covered element of a partial hospitalization program in Medicare facilities. In 1977, dance therapy was represented in President Carter’s Commission on Mental Health. In 1993, Title IV grant number 90 AM 0669, Administration on Aging, Department of Health and Human Services, Washington, DC research on dance/movement therapy with older adults with sustained neurological insult suggested that dance therapy resulted in an improvement in a number of abilities for the participants including balance, rhythmic discrimination, mood, social interaction and increased energy level. More specific to children with special needs, dance therapy was included in 1975 in the Education for All Handicapped Children Act, which was later renamed the Individuals with Disabilities Education Act (IDEA) (ADTA, 2009).

In summary, most research articles to date are helpful in demonstrating the effectiveness of dance as therapy, which supports the need for a program utilizing dance as therapy. Articles
and texts which elaborate on the scope of occupational therapy practice are helpful in
demonstrating the appropriateness of the occupational therapist to fine tune the multiple and
diverse therapeutic properties of dance.

Objectives

Program Goal

The goal of the Dancing for Life Program at Becky’s School of Dance is to increase
performance skills and psychosocial well-being in children with special needs.

Objectives

1. The occupational therapist will collaborate with each child’s parent(s) to select at
   least two performance areas to focus on with the child and include these in the initial
   evaluation.

2. The occupational therapist will collaborate with each child’s parent(s) to select at
   least one specific goal for each performance area to focus on with the child and
   include these in the initial evaluation.

3. By the first class of the school year, each child will be assessed using the evaluation
   developed for the program to identify need for improvement in at least two
   performance skill areas.

4. Each child will attend a minimum of 70% of classes and participate in class activities
   designed to address performance skill areas and related goals.

5. By half-way through the school year, 40% of children will show improvement in at
   least one performance skill area identified at the initial evaluation.
6. By the end of the school year, 80% of children will show improvement in at least one performance skill area identified at the initial evaluation.

The first three objectives relate to the program goal by establishing something to measure. Completing these objectives conceptualizes the content of the proposed program. These initial individual goals will be used throughout the course of the program as guidelines for planning interventions, and later as a final measurement to evaluate the effectiveness of the program. The fourth objective relates to the program goal by linking expected improvements to the program. It is understandable, and almost expected, that unforeseeable circumstances will arise in participants’ lives, such as illness, family emergencies, and inclement weather. Yet, regular attendance is encouraged for continuity of service, as well as for the benefit of the class as a group. The fifth and sixth objectives relate to the program goal by allowing for documentation of the proposed program’s efficacy. These objectives are a follow-up to the first three.

The objectives as listed here are indirectly occupation-based by virtue of the fact that specific goals will vary for each participant. All performance skill areas are, by definition (AOTA, 2008), skills used in the performance of occupations. This also, then, is related back to the program goal, which offers the occupation of dance and movement to children with special needs. It is also by observation of participants engaging in this occupation that they will be evaluated for skills gained.

The nature of the program does not allow for specific gains for participants to be described directly in the program objectives. This is because specific gains to be achieved by the participants will vary from individual to individual. Specific gains are to fall under one of the
performance skill areas outlined by the proposed program, but not all participants will have goals for each skill area.

The outcome of each objective is something that can be recorded in documentation, such as goals, an initial evaluation, attendance, and changes observed in class. Each objective lists a desired quantity which can be measured, such as number of goals, completion of evaluation, regularity of attendance, and number children who show observable gains. Each objective also identifies a time frame for completion, such as by the initial evaluation, by the first day of class, by half-way into the school year, and by the end of the school year.

**Ethical Standards**

In addition to being occupation-based and measurable, the program and its goals and objectives must meet ethical standards, as well. According to a dictionary definition (“Merriam Webster Collegiate Dictionary,” 1997), ethics deal with what is good and bad; they are moral principles or values dealing with moral duty or obligation. The American Occupational Therapy Association (AOTA) established a code of ethics and ethics standards with the expectation that the principles described therein will be used to uphold “high standards of conduct within the profession,” (AOTA, 2010). These principles dictate, among other things, how Occupational Therapy programs are to be developed and implemented, and how services are to be delivered in regards to ethical treatment of parties involved.

The principles outlines in the Occupational Therapy Code of Ethics are: beneficence, nonmaleficence, autonomy and confidentiality, social justice, procedural justice, veracity, and fidelity. The principle of beneficence is that, “Occupational Therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.” In essence, beneficence is dedication to the intention of benefiting others, especially through
providing kindness and removing sources of harm. The principle of nonmaleficence is that, “Occupational Therapy personnel shall intentionally refrain from actions that cause harm.” Nonmaleficence, then, requires purposefully avoiding actions or situations which will or may cause harm. The principles of autonomy and confidentiality are that, “Occupational Therapy personnel shall respect the right of the individual to self-determination.” Upholding a client’s autonomy supposes providing treatment according to his or her wishes within professional reason. Keeping a client’s personal information private is the premise of maintaining confidentiality. The principle of social justice is that, “Occupational Therapy personnel shall provide services in a fair and equitable manner.” The concept of social justice embraces the notion that the benefits of society should be distributed equally, fairly, and impartially amongst the populace. The principle of procedural justice is that, “Occupational Therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of Occupational Therapy.” Procedural justice implies that Occupational Therapy professionals obey applicable laws. The principle of veracity is that, “Occupational Therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.” To practice veracity is to practice honesty in all aspects of one’s profession. Lastly, the principle of fidelity is that, “Occupational Therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.” The principle of fidelity certainly applies to relationships with clients, but pertains more to loyalty to the profession, and respect for professional relationships.

The Dancing for Life program both supports and is supported by the premises of these principles. Each program goal, objective, and method, will be analyzed in relation to the
Occupational Therapy Code of Ethics. The goal and objectives are listed above as a whole, and then described individually below in respect to meeting the Code of Ethics requirements:

The goal of the Dancing for Life Program at Becky’s School of Dance is to increase performance skills and psychosocial well-being in children with special needs. The goal of the Dancing for Life Program primarily fulfills the principles of beneficence, autonomy, and social justice. The program operates beneficently on behalf of children with special needs by striving to help them gain and improve skills beneficial in other areas of life, and to seeks to provide an occupation that increases health, wellness, and quality of life.

Although dance classes are typically structured and organized, participants should not be forced to participate. Also, since dance is an art, participants are also permitted a liberal degree of freedom of self-expression. In this way their autonomy is supported. The Dancing for Life Program promotes social justice by its existence. The nature of most dance classes and other physically involved leisure activities does not accommodate very many disabilities, and so this program is intended to offer that opportunity to this population.

**Objectives**

1. The occupational therapist will collaborate with each child’s parent(s) to select at least two performance areas to focus on with the child and include these in the initial evaluation.

Part of beneficence is evaluating recipients of services and planning interventions specific to their needs. Collaborating with family also satisfies the principle of autonomy.
2. The occupational therapist will collaborate with each child’s parent(s) to select at least one specific goal for each performance area to focus on with the child and include these in the initial evaluation. Again, this objective manifests beneficence by setting individual goals which will then be used to structure class activities.

3. By Day 1 of the 12 week session, each child will be assessed using the evaluation developed for the program to identify need for improvement in at least two performance skill areas. This objective is a continuation of the evaluative process.

4. Each child will attend a minimum of seven out of 12 classes per session and participate in class activities designed to address performance skill areas and related goals. This objective reflects beneficence to the class as a whole. Because children will be grouped according to similar needs and similar skills will be taught, it is most beneficial to progress the class as uniformly as possible, which necessitates regular attendance.

5. By week 6, 40% of children will show improvement in at least one performance skill area identified at the initial evaluation. This objective follows the principle of beneficence in that as an occupational therapy-based program, improvement is desired. Progress or lack of progress must be reported to the child’s
guardians to determine if continuation or discharge is appropriate. Honest and responsible documentation is a practice of veracity.

6. By Week 12, 80% of children will show improvement in at least one performance skill area identified at the initial evaluation.

Again, each participant’s guardians must be kept informed of his or her progress. The Dancing for Life program by nature provides a social opportunity for children with special needs to satisfy the principle of social justice. Therefore discharge upon meeting goals or failing to meet goals will not be mandatory, provided there are no other compelling reasons to discharge a participant. In keeping with both beneficence and veracity, if progress is not seen in any established goals then the participant’s guardian will be informed of such so that they may make an informed decision about whether or not to keep the participant enrolled.

The program in its entirety must uphold nonmaleficence. It should be a safe haven for participants to grow and thrive. All efforts will be made to maintain safety first, both in the environment, and in the structure of the program. Confidentiality will be maintained within the American Health Insurance Portability and Accountability Act of 1996 (HIPPA) (U.S. Department of Health and Human Services, n.d.), which is a set of rules to be followed by doctors, hospitals, and other health care providers, as well as AOTA standards. Parental/guardian consent must be obtained before participants begin the program, and to release any pictures or other media if and when appropriate. The program in its entirety must also uphold procedural justice by operating within all legal guidelines. Additionally, occupational therapy as a profession is committed to nondiscrimination and inclusion, and promotes that all
individuals have the same fundamental human rights and should have the same opportunities (Hansen & Hinojosa, 2009).

Marketing and Recruitment of Participants

Marketing

The Dancing for Life program is designed for children with special needs. However, given their status as minors, marketing will not be directed at them, but rather at their parents, and at other relevant stakeholders. Although there are undoubtedly some exceptions, by and large parents are responsible for making the final decisions about their children’s activities. Their approval, feedback, and cooperation are critical.

Organizations serving relevant populations should be approached both for support, and for access to contact information from databases. Having local demographic information could be helpful for determining which specific special needs conditions are most common in the area for class planning purposes. Planning class interventions should be an ongoing process. However, with knowledge of which special needs are most common locally, preparation efforts prior to the first day of class can be directed first towards those conditions which will most likely be encountered.

Stakeholders in the professional community should be approached as well. Support and possible mentorship from occupational therapists specializing in pediatric occupational therapy would be valuable in developing an effective program. Therapists may also recommend the program to parents of potential participants. Teachers with access to potential participants should also be approached, especially special education teachers who may provide valuable insight into working with children who have special needs. Professionals who practice or organize the use of dance and/or movement as therapy should also be approached. They offer a
unique perspective and advocacy position for the utilization of dance as an occupation, although they may not do so using terminology specific to occupational therapy. They can also help identify resources to use in the program, provide activity ideas for intervention use, and share wisdom on overcoming obstacles they have encountered.

Marketing materials will be mainly traditional. A flier for the Dancing for Life program developed by the therapist can be displayed and distributed in a variety of places and ways (see Appendix I for a Dancing for Life Program Flier). One way to distribute the fliers is to send them directly to parents of children with special needs. Michelle Vatov at Special Kids Therapy, and Steve Guyton at the Blanchard Valley Center generously sent needs assessment questionnaires home with children and are supportive of programs offering opportunities to this population. The only cost associated with this method is the cost of copies. Cindy Bregal, the coordinator for Gliding Stars, was happy to pass along any information to the email list she has of parents whose children participate in the program. This method is free.

As with advertising for the focus groups and distributing needs assessment questionnaires, fliers are an appropriate marketing strategy for the target population. These can be distributed in parent newsletters through the Blanchard Valley Center; the special needs department of Findlay City Schools; the Educational Service Center. Displaying fliers at locations where larger numbers of parents who have children with special needs will be likely to see them is also a practical strategy. Some potential locations in addition to those listed above include Help Me Grow, Head Start, the Center for Autism and Dyslexia, Special Kids Therapy, and pediatrician offices. These organizations also have newsletters and communications in which advertisements for the Dancing for Life program could be included. None of these organizations reported that they would charge a fee for distribution. However, it would be
courteous to offer an appropriate monetary gift to help defray the cost of postage in cases where newsletters are mailed to recipients. Another marketing strategy is personally presenting to stakeholders interested in the program, such as teachers and parties whose permission is needed to display fliers. Marketing through word-of-mouth will be valuable, but not controllable. Marketing through the use of databases is appropriate and relatively cost effective because the information will be received exclusively by parents of children with special needs.

Volunteers are desired for this program, and so some marketing must be geared towards informing potential volunteers about the opportunity (see Appendix J for a Volunteer Application). Notifying appropriate personnel at schools and churches could be a way to recruit for volunteers. If this can be accomplished through personal meetings, the only cost associated would be travel. An ideal arrangement would be to collaborate with the Occupational Therapy program at the University of Findlay and the Occupational Therapy Assistant program at local branch of Owens Community College so that students in the program could receive some kind of credit or course incentive for volunteering to help with the Dancing for Life program. Not only would this would be advantageous for the students, but it would also benefit the Dancing for Life program by providing a fairly stable pool of volunteers. Another benefit to this arrangement is that these students have professional interest in occupational therapy. Although still in school, they will have increasing education and insight into the foundations of the program. All volunteers should be given a certificate of completion at the end of the school year indicating how many hours they invested in the program. Volunteers with regular attendance should also be offered a letter of recommendation.

Discussions with parents and other stakeholders have revealed that in general people would like to see the Dancing for Life Program be open to children with any kind of special
needs, as opposed to being a diagnosis-specific program. With this in mind, professionals in Findlay, OH and Toledo, OH were consulted for feedback on common conditions and diagnoses seen in current settings with pediatric special needs. The Center for Autism and Dyslexia in Findlay, of course, provides services to those populations. The Blanchard Valley Center is also the county board for developmental disabilities, and so developmental delays and disabilities are common among the population there. The school’s principal reported that common diagnoses seen in preschool children there are developmental delays, autism, and delays or deficits in communication and motor skills. For school-age children he reported that autism and Down’s syndrome were common, and that many children there have multiple handicaps. According to Ms. Debbie Stebelton, a special needs preschool teacher at a Head Start facility in Toledo, a lot of the children she sees have not yet been diagnosed, but are generalized as having a developmental delay. She also sees children with speech problems, behavior problems, autism, and Down’s syndrome. She noted that many of the children with autism now attend one of the Autism Centers in Toledo which has affected enrollment numbers for that population. Ms. Stebelton also noted that there are currently few children there with cerebral palsy, but that those numbers have fluctuated greatly over the more than 30 years she has taught. Michelle Vatov, at Special Kids Therapy, reported that the most common diagnoses seen at the facility are autism, Down’s syndrome, and cerebral palsy.

As previously discussed, it is intended that the Dancing for Life Program be open to all kinds of special needs. The conditions listed above merely represent common special needs conditions identified by area professionals. Lynn (no last name provided), an employee at Hancock County Head Start, reported that many area children who have special needs, or are suspected of having special needs, come from families that are up to 200% below poverty level.
Recruitment of Participants

Participants will be recruited from the Findlay area, but participants from nearby areas will be welcome as well. Participants will be recruited through individuals and organizations with access to appropriate populations. For the Dancing for Life program the term “special needs” is intended to be inclusive of all diagnoses and conditions. A formal diagnosis, then, is required to be eligible for participation in the program. Although eligibility for the program will not be determined by diagnosis, other conditions must be met. Children must be over the age of five and under the age of 18 on the first scheduled day of class for the session in order to participate. Children under the age of five may be enrolled at the discretion of the therapist. Children must also have the capacity to understand and follow basic instructions on a regular basis and to cooperate to the extent that the therapist is able to devote equal time and attention to all participants. This, also, will be left to the discretion of the therapist.

Information gathered about participants for the Dancing for Life program should include name, age, diagnosis, and special precautions necessary for the safety and well being of the participants. Parents and the therapist should agree on performance areas on which to focus, and these should be included. If possible and available, relevant information from other service providers, such as teachers and other disciplines, can be included as well.

The occupational therapist will be responsible for recruiting participants by enlisting the help of supporting organizations such as Blanchard Valley Center, Help Me Grow, and Head Start. The therapist should also approach teachers and relevant organizations, such as the Center for Dyslexia and Autism, and prepare and share the Power Point presentation developed for the focus groups as well as distribute fliers (see Appendix I for a sample Dancing for Life Program Flier) for the program, also developed by the therapist.
Programming

The objectives for this program provide basic parameters for enrolling students, setting goals, participating in the program, and quantifying outcomes. The following pages expand on those topics.

The Dancing for Life program is a community program designed to offer children with special needs an opportunity to engage in the occupation of dance under the instruction of an occupational therapist who can tailor classes to address therapeutic needs of this population. The program will be carried out by an occupational therapist who will utilize the Occupational Frame of Reference to structure classes and evaluate participating children. The Occupational Frame of Reference emphasizes the importance of occupation as a point of focus as well as a means for therapy (Primeau & Ferguson, 1999).

The Dancing for Life program uses various forms of dance to make gains or maintain progress made in performance skill areas and, conversely, will use performance skill areas as a means of measuring progress or maintenance. Performance skill areas are outlined in the American Occupational Therapy Association’s Occupational Therapy Practice Framework (OTPF) as: motor and praxis skills; sensory-perceptual skills; emotional regulation skills; cognitive skills; and communication and social skills (AOTA, 2008). The occupational therapist should use the overall occupation of dance to facilitate improvement or maintenance of gains in the various performance skill areas.

Enrollment for the first school year of the program will begin when the occupational therapist is hired. It is desired that at least six weeks be allotted for enrollment prior to the first day of class. For subsequent school years, if new or additional students can be accommodated, enrollment will begin at the end of the prior school year, and will close on the first day of class.
or when the classes are full, whichever happens first. In order to enroll their child, parents must also discuss their child’s needs, areas of concern, and overall goals with the therapist in order to establish appropriate class placement. This can be done in person or over the phone. A brief medical history should also be obtained and the therapist made aware of any health conditions that may affect participation as well as any contraindications. At the beginning of each school year, each child will be further evaluated by the therapist using an evaluation form developed for this program. The evaluation form will include all five performance skill areas and common focus areas for each. Any of these focus areas can and should be tailored to each child’s goals, especially with concrete, measurable performances. For example, one of the focus areas under “Communication and Social Skills” is “Taking Turns.” A more specific performance of this skill could be “Follow the Leader.” At the time of initial evaluation a child may refuse to participate in “follow the leader” activities if he or she is not the leader, and so increased participation as a follower in such activities may be recorded as a desired outcome for that particular focus area. Additional focus areas may be added on an individual basis as agreed upon by the therapist and the parents and written in the extra spaces provided. More specific goals are not included on the attached assessment because not all goals may be appropriate for all participants. However, they should be added when appropriate, and will be established on a case-by-case basis.

Other assessments or portions of other assessments may be used when appropriate. For example: for evaluating and measuring motor and praxis skills appropriate gross motor portions of the Bruininks Assessment may be used (Bruininks, 2005). A Manual Muscle Test may also be administered or range of motion measured when appropriate (Clarkson, 2000). If sensory-perceptual skills are a concern the Sensory Profile may be appropriate (Dunn, 2006). Additional assessments for children with autism include the Childhood Autism Rating Scale (Schopler,
Reichler, & Renner, 1988) and the Behavior Rating Instrument for Autistic and Other Atypical Children (Ruttenberg, Wolf-Schein, & Wenar, 1991). Other assessments which may be useful for some children but not others include the Pediatric Evaluation of Disability Inventory Version 1.0 (Haley, Coster, Ludlow, Haltiwanger, & Andrellos, 1992) and Evaluating Movement and Posture Disorganization in Dyspraxic Children (Margrun, 1989). At least two performance areas must be identified for each child as areas of focus as agreed upon by the therapist and the child’s parent(s). Improvement in other areas not originally identified as focus areas may still be recorded. Not all performance skill areas will be appropriate areas of focus for every child as diagnoses and individual strengths and weaknesses are highly variable. The exact progression of each group over the course of the school year will vary depending on the age range of the children in the group, their strengths and weaknesses, as well as which performance areas are focused on.

Classes for the Dancing for Life program will be held at Becky’s School of Dance. Occupational forms include a studio room measuring approximately 10’ by 20’. The length of one wall of each room is covered in mirrors, and the remaining three walls have a barre at nearly three and a half feet from the floor running the length of the wall. The floor is specially engineered for dance studios to give a little under impact to reduce the stress on dancers’ joints, and therefore reduce the risk of injury. The room also has a small stereo system in one corner to play musical selections for the class and music is frequently part of the occupational form. Other aspects of the occupational form include the therapist and his or her instructions as well as any physical contact, any assistants and their physical and verbal interactions, peers in the class, other students in the studio, and certain parts of dance attire. Specifically, for many groups of
children it is helpful to put a strip of colored duct tape on the right dance shoe and a different color on the left shoe to help them distinguish right from left.

Specific intervention occupational forms are virtually limitless and appropriateness will depend on the dynamics of each class of children. However, every class should have the same basic structure: ten to 15 minutes of warming up and stretching; a variety of dance activities including a few minutes spent watching other classes, if possible; and the last five to ten minutes of class should be devoted to a cooling down exercise and a dance tradition originating from ballet called “reverence” which is a brief routine where dancers bow or curtsy to the instructor, and to each other for children. A file should be kept of various dance activities which may be used during classes including any equipment or supplies needed. Each dance activity should include a description and list the performance areas the activity is intended to address as well as a brief rationale (see Appendix K for a sample Dance Activity Sheet).

Documentation for the Dancing for Life program will be managed individually for each child beginning with an occupational profile and a brief medical history. As mentioned earlier, the therapist will discuss each child’s needs, goals, and other concerns with his or her parents at the time of enrollment. During enrollment, parents must sign a consent for treatment form (Informed Consent for Treatment Template, n.d.), and a consent for media release form (see Appendices L and M for the Consent for Treatment and Consent for Media Release forms). Parents should be provided with copies of both of these documents. At the beginning of each school year the occupational therapist will evaluate each child (see Appendix N for the Evaluation Form). This can be done between the time of enrollment and the first class of the session, but should be done no later than the second class of the session. Each child should again be evaluated half way through the school year, and at the end of the school year. A typed
summary should be provided to parents with the results of each re-evaluation. Attendance should be taken for each class and a notation made for each child describing various aspects of his or her performance that day including, but not limited to: participation, interactions with others, affect, strengths and weaknesses. Parental feedback and perceptions may also be included. These notes should be shared with the parents at the end of the program, but kept on record. Additionally, parents will be asked to fill out a Parental Program Evaluation Form, and provided with a stamped return envelope if necessary (see Appendix O for a sample of this form). Each class as a whole should be documented as well, beginning with a basic plan for the progression of each school year, which will be divided up by quarters. This plan should be written prior to the beginning of the school year, and should include general guidelines such as when new dance activities are being introduced. Modifications may be made as needed throughout the course of the school year. Each week a more detailed class plan should be written based on the appropriate outline. The weekly class plan should include which activities will be used, a brief list of the performance areas they address, miscellaneous supplies needed, and any other information relevant to that particular group (see Appendix P for a hypothetical Class Plan). Following each class an overall note should be added describing how the class was carried out, group-related outcomes such as the general response of the class to a particular dance activity, suggestions and ideas for the following week, and any changes needed for subsequent classes.

The Dancing for Life program will coincide with the school year according to the Findlay City Schools calendar. The first day of class for the 2011-2012 school year is August 24, 2011, and the last day is May 30, 2012 (“Findlay City Schools 2011-2012 School Calendar, 2011). Classes will not be held for two weeks for Christmas and New Year’s, one week for Spring
Break, and almost one week for Thanksgiving. Scheduling around other holidays will vary, but the program will include 36 weeks of dance classes throughout the school year. Multiple classes may be offered, but each child participating will meet for one class each week. The number of classes offered will depend on studio availability and enrollment numbers. During the enrollment period, volunteers should also be recruited. In the two weeks prior to the beginning of the school year, one day should be established for volunteer orientation, especially for equipment use and confidentiality requirements. Any volunteers who have not filled out the application may do so that day, also. Volunteers who are unable to attend that day must schedule a separate meeting with the occupational therapist.

As mentioned earlier, eligibility for enrollment will depend on multiple factors. The occupational therapist must consider not only the needs of each individual child, but also the needs and well being of the class as a whole. For this reason, children who pose a physical threat to their classmates may not be permitted to participate. Similarly, the occupational therapist will work with each participant, but cannot attend exclusively to one child for the duration of class. Therefore, children whose behavior is so disruptive that other children cannot participate may also be discouraged from participation unless adequate arrangements for constant “one-on-one” supervision can be arranged. This may be a parent or another individual who offers to work exclusively with the child, but again, eligibility will be made on a case-by-case basis. Because this is a community program for children, both the parents and the therapist will have to agree on the appropriateness of participation in the program. A child’s parents must first assess his or her needs and conclude that the proposed dance program would be beneficial. The occupational therapist and parents must then collaborate to ascertain appropriateness of the program for the child, and determine the level of supervision and/or physical assistance needed. If assistance
needs can be met by the teacher, a parent volunteer, or other volunteer, then the child may begin
the program.

Each class should have four to six children depending on the availability of student or
volunteer assistance. Some of the older and more advanced dance students at Becky’s School of
Dance and the Toledo Ballet assist with teaching younger classes. Also, occupational therapy or
occupational therapy assistant students needing community services hours may be recruited if
definite commitment can be established. In the event that a volunteer is available a class size of
five or six is possible. With no other help the therapist should have no more than four children in
each class. Classes with younger children should be 45 minutes in length, and classes for older
children should be one hour in length. Initially the therapist should begin with three classes
weekly, but ideally, the therapist will hold four or five concurrent sessions with each group
meeting once each week. This may fluctuate with time, enrollment, and availability of
accommodations. In the future, the initial time spent hiring and training a therapist should be
used for continuing education, processing program evaluations, and making modifications to the
program as needed.

As discussed above, each weekly dance class should begin with warm-ups, proceed with
different dance and movement activities, and end with a period to “cool down” and bring the
class to a finish. The exact dance activities to be used must be determined based on the needs of
enrolled children, but the therapist should have a large assortment of dance activities to choose
from. There are multiple methods available for finding, developing, and modifying dance
activities for the program, as well as for planning appropriate progression of classes. It would be
beneficial to set up a mentor relationship with an experienced dance teacher. Even if he or she
has no experience with working with children with special needs, it can be beneficial to learn
which dance and movement skills are appropriate to teach certain age groups of typically
developing children. This knowledge can serve as a foundation or reference point when
considering what is appropriate for the developmental level and skill abilities of children in the
Dancing for Life program. Volunteering with teachers and volunteers who carry out dance,
creative movement, and/or adapted physical activities for students with and without special
needs in schools is beneficial for collecting ideas and observing children’s reactions to various
activities and instruction methods. It may also be beneficial to watch children’s shows that
feature music and dancing, especially shows that participants identify as enjoyable. In some
cases, using popular music or themes may help promote participation if the children are familiar
with the content of the dance activity. The Internet also provides multiple sources for potential
dance activities. There are sites that offer free activity ideas, and others that sell manuals or idea
books. Also, websites like YouTube.com can be used to find videos of different activities
incorporating dance, movement, and exercise activities for children. The expertise of the
occupational therapist, then, is needed to assess the skills addressed by the different dance and
movement activities; to modify them to provide the appropriate level of challenge for
participants in the program; and to then incorporate them into a logical sequence for progression
of classes.

Meghan Woolley, the director of Becky’s School of Dance, identified some resources and
ideas that could be helpful in developing the structure and progression of dance classes. Many of
these are specific to one style of dance, such as tap or jazz, and are designed for typically
developing children. However, an occupational therapist can adapt the steps, routines, and rate
of progression as needed to suite the needs of participants in the Dancing for Life program.
Mrs. Woolley reported that the structure and progression of tap and jazz classes at the studio are significantly based off of Al Gilbert’s work. Al Gilbert developed graded tap and jazz technique for teaching purposes, so that students could be instructed in basic steps first, followed by progressively more difficult steps. Teaching systems include CDs of music and routines with and without voice instructions, as well as written instructions. These, and others, are available online (“Jenelle Johannes Creative”, 2009).

Presently there is no plan for any kind of production or participation in one. However, this may be a consideration for the future. The overall atmosphere should convey an element of playfulness. This reflects the model of practice chosen for this program in that occupation should be the focus of therapy, and that the primary occupation of children is play (Primeau & Ferguson, 1999). Fifteen to twenty minutes should also be allotted before and after each class to meet with parents and discuss their children’s progress as well address and questions and concerns.

Discharge from the Dancing for Life program is at the discretion of each child’s parents until a child reaching the age of 18. Attending less than 70% of classes per for non-medical reasons may result in discharge from the program at the therapist’s discretion. Attendance will be evaluated halfway through the school year, and again at the end of the school year. As previously discussed, the diverse and dynamic nature of dance makes it possible to grade over time as appropriate and needed. Additionally, continuing in the program offers the potential to maintain skills learned, and the program itself offers occupational justice. Wilcock and Townsend (2000) describe occupational justice as “equitable opportunity and resources to enable people’s engagement in meaningful occupations” (p.85). This is closely related to the concept of occupational rights, which Whalley-Hammel (2008) goes on to describe as “the right of all
people to engage in meaningful occupations that contribute positively to their own well-being and the well-being of their communities” (p. 62). Therefore, improvement on goals will not necessitate discharge from the program. Children already participating in the program will get priority when enrollment opens for the following school year. If a child turns 18 during the school year he or she will be permitted to finish through the end of the year and then be discharged. Feedback will be requested from parents at the end of each school year to include in determining whether their child is discharged or not.

Direct services offered by the Dancing for Life program include evaluating participants and conducting the actual classes with the children. Indirect services include meeting with parents to discuss their children’s progress, as well as education of other stakeholders.

The Dancing for Life program is intended to be a leisure occupation with therapeutic benefits. However, collaboration with caregivers and other service providers is desirable. Knowledge of participants’ services outside of the program can better help the therapist work effectively with the children and avoid conflict with other services they may be receiving. Additionally, collaborating with other key players in participants’ lives can create a forum for mutual learning as well as increase the quality of service delivery to participants.

**Budgeting and Staffing**

The following is a budget outlining the estimated expenditures for the Dancing for Life program. An occupational therapist will implement and run the program. The position will be part time, at an average of 12 hours each week, during the 36 weeks school is in session during the year. Approximately 120 hours each summer should be devoted to reviewing and incorporating program evaluation information, attending workshops, continuing education, reviewing literature, developing new dance activities, marketing, and evaluating new and
returning children. The salary for the occupational therapist was determined to be $18,865.43. This was found by figuring a 40-hour work week, for 50 weeks per year to be 2,000 hours, and 12-hour work weeks for 36 weeks plus 120 hours to be 552 hours. The result is that the time expected for this position is 27.6% of a full time position. Therefore, 27.6% of the median salary for a full-time occupational therapist working in the Findlay, Ohio area, which is listed on www.salary.com at $68,353, is $18,865.43. The occupational therapist is required to have completed his or her education in an appropriate program, and be in good standing with state and national registration and licensure requirements (see Appendices Q and R for a more detailed job description, and a sample job advertisement, respectively). The therapist will be responsible for enrolling and evaluating participants, maintaining regular contact with each child’s primary caregivers, as well as learning to structure dance into therapeutic interventions.

**Projected Staffing Costs**

<table>
<thead>
<tr>
<th>Employee Position</th>
<th>Hours Per Week</th>
<th>Salary*</th>
<th>Benefits</th>
<th>Total Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>12 for 36 weeks +120 summer hours</td>
<td>$18,865.43</td>
<td>$4,716.36</td>
<td>$23,581.79</td>
</tr>
</tbody>
</table>

Total Projected Staffing Costs $23,581.79

*Salary estimated from www.salary.com

**Items for Therapeutic Purposes**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)</td>
<td>This assessment will be used for motor performance evaluation.</td>
<td>1@ $799.00 + 5% freight shipping</td>
<td>$838.95</td>
</tr>
<tr>
<td>Fabric</td>
<td>Necessary for</td>
<td>1 yd@ $4.99 per</td>
<td>&lt;=$4.99</td>
</tr>
<tr>
<td>Item</td>
<td>Description</td>
<td>Quantity/Price</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>therapeutic dance intervention using strips of fabric</td>
<td>yard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Hula Hoops**                                                       | Necessary for therapeutic dance intervention using hula hoops               | 1 pack of 12@ $32.79 + shipping         | $37.79
|                                                                    |                                                                            |                                          |
| **Jump Ropes (Century Novelty)**                                     | Necessary for therapeutic dance intervention addressing partner collaboration, and upper body strength and coordination | 6@ $1.19 each + shipping                | $12.14
|                                                                    |                                                                            |                                          |
| **Play Parachute**                                                   | Necessary for therapeutic dance intervention using a play parachute         | 1 parachute, 10’ in diameter @ $22.41 + shipping | $27.41
|                                                                    |                                                                            |                                          |
| **Medium-sized (8.25”), Soft Foam Balls**                            | Necessary for therapeutic dance intervention using small, soft foam balls   | 1 pack (6 colorful balls)@ $18.22 + shipping | $23.22
|                                                                    |                                                                            |                                          |
| **Red and blue duct tape**                                           | Necessary for application to dancer’s shoes to help distinguish and teach left from right | 1 blue roll, 1 red roll@ $6.99 per roll + shipping | $18.98
|                                                                    |                                                                            |                                          |
| **Total Cost for Items for Therapeutic Purposes**                   |                                                                            |                                          | $963.48

*Prices for Therapeutic Items were estimated from [www.pearsonassessments.com](http://www.pearsonassessments.com), [www.amazon.com](http://www.amazon.com), and JoAnn Fabrics store. Shipping varies by weight, size, and other factors, but averaged out to approximately five dollars per item when all were selected from*
Amazon.com. Therefore, the base price of each item or set was increased by five dollars as an estimate for shipping costs.

**Office Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>Rationale</th>
<th>Quantity</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer paper</td>
<td>Necessary for evaluations, intervention details, session outlines, progress notes, and parent evaluations</td>
<td>1 box (10 reams of 500 sheets)</td>
<td>$44.69</td>
</tr>
<tr>
<td>Manila folders</td>
<td>Necessary for keeping a file for each child, and for session plans</td>
<td>1 pack (100 folders)</td>
<td>$9.79</td>
</tr>
<tr>
<td>Stackable file box</td>
<td>Necessary for keeping participants’ files</td>
<td>1 box with lid, 14.25” x 23 3/8” x 10 7/8”</td>
<td>$14.99</td>
</tr>
<tr>
<td>Black ballpoint pens</td>
<td>Necessary for writing notes, and other documentation</td>
<td>1 pack Papermate black ink (12 pens)</td>
<td>$3.99</td>
</tr>
<tr>
<td>Sharpie fine point markers</td>
<td>Necessary for labeling file folders</td>
<td>1 pack (5 pens)</td>
<td>$6.06</td>
</tr>
<tr>
<td>Binder</td>
<td>Necessary for manual of intervention technique descriptions</td>
<td>1 binder with 2” rings</td>
<td>$10.99</td>
</tr>
<tr>
<td>3 Hole punch</td>
<td>Necessary for punching holes to file papers in binder</td>
<td>1 3-hole adjustable punch</td>
<td>$12.99</td>
</tr>
<tr>
<td>Standard stapler combo pack</td>
<td>Necessary to contain participants’ paperwork within their files</td>
<td>1 pack (stapler, staples, remover)</td>
<td>$9.99</td>
</tr>
</tbody>
</table>
Writing pads  | Necessary for taking notes during class and when consulting with parents and other stakeholders | 2 packs (3 writing pads per pack, 100 sheets per pad) @ $5.29 per pack | $10.58
---|---|---|---
Paper clips  | Necessary for additional containment of paperwork | 1 box (100 paper clips) | $0.99
Envelopes  | Necessary for mailing marketing information | 2 boxes security (500 per box) @ $15.39 per box | $30.78
Stamps  | Necessary for mailing marketing information | 10 coils of 100 stamps @ $44.00 per coil | $440.00

Total Cost for Office Items $595.84

*Prices for Office Items were estimated from [www.officedepot.com](http://www.officedepot.com)

**In-Kind Support**

Becky’s School of Dance will provide the following as in-kind support to the Dancing for Life program: office space including a small locked closet for participant records, studio room, stereo equipment, dance music, a drum, tambourines, computer, printer, and copying services. Studio room for the program will be in-kind support for the first two years of the Dancing for Life program. After that time, a studio rental fee will be required, the amount of which will be determined closer to that date.

**Indirect Costs**

Indirect costs for facility utilities include heating, air conditioning, electricity, and city water. These will be reimbursed to the Toledo Ballet by the Dancing for Life program.
### Total Program Costs

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projected Staff Costs</td>
<td>$23,581.79</td>
</tr>
<tr>
<td>Items for Therapeutic Purposes</td>
<td>$963.48</td>
</tr>
<tr>
<td>Office Items</td>
<td>$595.84</td>
</tr>
<tr>
<td>In-Kind Support</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Subtotal of Program Costs</strong></td>
<td><strong>$25,141.11</strong></td>
</tr>
<tr>
<td>Indirect Costs (25% of Subtotal of Program Costs)</td>
<td><strong>$6,285.27</strong></td>
</tr>
<tr>
<td><strong>Total Program Cost</strong></td>
<td><strong>$31,426.38</strong></td>
</tr>
</tbody>
</table>

### Funding

The estimated total program cost to implement the first year of the Dancing for Life program is $31,426.38. Grant funding will be sought to cover this cost for the first year. Two potential grants have been identified as appropriate matches for the program according to the goals of the foundations and intent for the grants, as well as past giving trends, giving amounts, and other eligibility requirements.

The first funding source identified is the Recreational Programs 84.128J grant, which is funded by the United States Department of Education (ED) and the Office of Special Education and Rehabilitative Services (OSERS). This grant is intended to help develop recreational programs designed to provide recreational activities and similar experiences that will benefit individuals with disabilities in the areas of employment, mobility, socialization, independence, and community integration. Several recreational service examples were listed, but the ones most applicable to the Dancing for Life Program are: leisure education, physical education, dancing,
and music. The physical component of dance is fairly straightforward: dance is a very physical activity. The leisure education component may not be as obvious due to lack of knowledge about different forms of dance and ways to present it to the target population. For example, children may dance a story in a class session, and in doing so they are learning an activity they may perform in their own leisure time by themselves or with other peers. Music and dancing, of course, are basic elements of the proposed program. There is also a provision in the grant that services must be provided in a setting which includes peers who are not individuals with disabilities. The program meets this provision since Becky’s School of Dance has classes of children and other individuals who do not have disabilities.

The second funding source identified is the National Giving Program sponsored by the Walmart Foundation. The Walmart Foundation has four areas of focus for its funding: education, health and wellness, environmental sustainability, and workforce development/economic opportunity. To qualify for funding, a program must address one or more of these focus areas. Veterans and military families, traditionally underserved groups, the disability community and people impacted by natural disasters are populations of particular interest to the Walmart Foundation (“Walmart Foundation National Giving Program”, n.d.). The Dancing for Life Program goal is to increase performance skills and psychosocial well being, which aligns with the foundation’s focus area of health and wellness. For the population, children with special needs qualify as part of the disability community. The term “special needs” is intended to be inclusive of all diagnoses.

The third funding source located is the Faith and Family Foundation. This Foundation offers annual awards to outstanding individuals with disabilities, and to individuals and organizations working with people who have disabilities. The Foundations also awards
scholarships to individuals who have disabilities, and has a lending program for free adaptive equipment (“Faith and Family Foundation”, 2010). The Faith and Family Foundation already contributes to Special Kids Therapy, which was also developed to bring extracurricular activities to children with special needs. For this reason the Faith and Family Foundation could be approached for an initial award to aid in establishing the Dancing for Life program.

**Plan for Self-Sufficiency**

An option for future consideration is to contract an occupational therapist from another company instead of hiring directly through Becky’s School of Dance. In this scenario, his or her employer would cover the occupational therapist’s salary, and he or she would have access to assessment materials used by that employer. It is desired that the evaluation methods included in the program will offer evidence of the effectiveness of the program. In this case, insurance could be billed for each participant, and the occupational therapist’s employer reimbursed, whether that is Becky’s School of Dance or another employer. The remaining costs would then be limited to replenishing office supplies and purchasing and new materials or items desired for intervention purposes. Since these costs would be minimal, fundraisers could be utilized to supply the funds not otherwise covered.

Future affiliation with Special Kids Therapy is also an option. According to Michelle Vatov and Martina Shaffer, if the Dancing for Life program can maintain two to three classes of four or five students for two years, Special Kids Therapy will offer a professional affiliation and allow for participation in and assistance through fundraising efforts. Due to parental feedback, and reports of common financial difficulties from organizations like Head Start and Help Me Grow, it is desirable to keep costs to parents at a minimum. An additional future option is to present the Dancing for Life program to the Workforce and Community Services program at
Owens Community College in Findlay. With this arrangement, Owens would sponsor the program and parents would pay a relatively small fee for their children to participate.

**Program Evaluation**

The Dancing for Life program will be evaluated to determine the efficacy of the program and help ensure its proliferation. This will be carried out with both formative evaluations throughout the course of the program, and with summative evaluations at the end of each program session. Time will be allotted before and after each weekly class for the occupational therapist to meet with parents to discuss their children’s participation and progress in the program, as well as strengths and weaknesses of the program as well as any suggestions or concerns. The occupational therapist should contact an educational director or teacher for each child at least once during the school year to share outcomes, progress, and feedback related to the program. This may be Steve Guyton, who is the principle of the school at the Blanchard Valley Center, Elaine at Educational Service Center, or Kathy Young at Findlay City Schools. County schools have their own special needs coordinators who should be contacted on a case-by-case basis. Appropriate personnel of other interested parties should also be contacted on a similar basis. These parties may include, but are not limited to: Special Kids Therapy, the Center for Autism and Dyslexia, Findlay Head Start, and Help Me Grow.

Different methods of summative evaluations will be utilized for the program as well. Other stakeholders, such as teachers and other health care professionals, who interact with the participants, should be consulted and their feedback regarding participants’ progress in the program recorded. The evaluation designed for this program is intended to be used as a pre- and post-test, as well as a mid-way evaluation to measure outcomes and establish progress. This will be supplemented by a Parental Evaluation which parents will need to fill out at the end of each
school year. Outcomes and feedback will be continuously compared with the goal and objectives of the program. The objectives will be measured using the following methods:

1. The occupational therapist will collaborate with each child’s parent(s) to select at least two performance areas to focus on with the child and include these in the initial evaluation.
   a. During the enrollment period for each school year the occupational therapist will explain the different performance areas to each child’s parents, and discuss the child’s current performance abilities. The occupational therapist will record at least two possible performance areas on which to focus in the Dancing for Life program.

2. The occupational therapist will collaborate with each child’s parent(s) to select at least one specific goal for each performance area to focus on with the child and include these in the initial evaluation.
   a. During the enrollment period for each school year and during consultation with each child’s parents, the occupational therapist will record the specific goal(s) for each performance area of focus for each child.

3. By the first class of each school year, each child will be assessed using the evaluation developed for the program to identify need for improvement in at least two performance skill areas.
   a. The occupational therapist will synthesize previously generated parental feedback with observations and relevant measurements of each child. These observations and relevant measurements, as well as targeted performance areas and specific goals will be recorded on the evaluation form developed for this program.

4. Each child will attend a minimum of 70% of classes and participate in class activities designed to address performance skill areas and related goals.
a. The occupational therapist will evaluate this objective by keeping a personal attendance record in each participating child’s file.

b. Overall attendance will be evaluated at halfway through the school year and any concerns brought to the parents’ attention. Attendance will be evaluated again at the end of the school year, and attendance of less than 70% of classes for non-medical reasons may result in discharge from the program.

5. By half way through the school year, 40% of children will show improvement in at least one performance skill area identified at the initial evaluation.

   a. The occupational therapist will evaluate this objective by documenting weekly on each child’s performance, including any changes or adjustments made to goals.

   Progress will then be recorded on the appropriate column on the evaluation form.

6. By the end of the school year, 80% of children will show improvement in at least one performance skill area identified at the initial evaluation.

   a. The occupational therapist will evaluate this objective by documenting weekly on each child’s performance, including any changes or adjustments made to goals.

   Progress will then be recorded on the appropriate column on the evaluation form.

   Additionally, parents will fill out a Parental Evaluation form to elicit feedback on their child’s participation in the program.

Desired outcomes for program evaluation include both objective and subjective information. Since the program can only continue if there are parents who find it beneficial for their children, it is these parents whose perceptions are most valuable for the continuation of the Dancing for Life program. Therefore, it is not only practical, but also prudent to obtain parents’ evaluation of the program. Results from the needs assessment indicated that parents typically
have busy schedules, so parents will only be asked to fill out a program evaluation at the end of each school year, although ongoing feedback is welcome. At halfway through the school year, and at the end of the school year, parents are to be given a written or typed summary of their children’s performance in the program. Although participation will not be forced, when each summary is shared, the therapist and parents will also discuss if each child will continue in the program. If parents opt to take their children out of the program before the end of the school year they will be asked to complete the program evaluation. Otherwise, each child’s parents will be asked to complete a program evaluation at the end of the school year. Although a more formal parental evaluation was developed, each child’s progress will be discussed weekly with his or her parents, and their feedback will be received. If children’s participation is discussed in depth weekly as intended, program evaluation information should have already been covered in weekly conversations between the occupational therapist and the parents.

In addition to parental perceptions, feedback is also desired from parties with whom participants’ progress is shared. These parties will most likely be the participants’ primary teacher, or educational service provider. Although space for these parties’ perceptions is not exclusively provided in the evaluation or progress notes, their feedback should be included in each participant’s confidential file, and included in the summaries provided to parents.

Timeline

A timeline which outlines major tasks and approximate time frames for the program for the duration of one year was developed (see Appendix S for the Dancing for Life Timeline).
Letters of Support

Three individuals have graciously provided letters of support for the proposed Dancing for Life program. The first is from Ann Heckler, who currently teaches the Adaptive Dance classes at the Toledo Ballet in Toledo, Ohio. Ms. Heckler initiated and advocated for the implementation of the classes at the Toledo Ballet and has been instrumental in overseeing the establishment and continuation of the program. The second is from Kathy Humphrey, who teaches dance classes at the Toledo Ballet, and also visits various schools in Toledo and the Toledo area where she does music, art, stories, and creative movement with both typically developing children and children with special needs in preschool and elementary school classes. Meradith Rich also offered to write a letter of support for the proposed program. Ms. Rich has a child with special needs and helped provide parental feedback for the needs assessment. She stated that she is interested in enrolling her child in an occupational therapy-based dance program for children with special needs, and wishes to support its development. She also stated that she is happy to share her actual name for this project (see Appendix T for Ms. Heckler’s, Ms. Humphrey’s, and Ms. Rich’s Letters of Support).

Additional letters of support are desired for the Dancing for Life program (see Appendix U for list of contact information for each person identified). One letter could be from Deb Seng. Ms. Seng is the director at Special Kids Therapy. Since there is a potential for future affiliation with Special Kids Therapy it would be advantageous to have a letter of support from this organization. A second letter of support could be from Dr. Thomas J. Tafelski, a physician at the University of Toledo Medical Center. Dr. Tafelski is already associated with specialized classes at the Toledo Ballet for individuals with various conditions resulting in disturbances to balance. His letter could support the physical and medical benefits of dance for children with special
needs. A third letter could be from Mr. Steve Guyton, the principal at Blanchard Valley Center. Mr. Guyton’s letter could attest to the congruence of the goals of the Dancing for Life program with the mission and goals of the Blanchard Valley Center, as well as verify the need for this program in terms of demographics of children with special needs in the Findlay area. A fourth letter of support could be from Florence Clark, the president of the American Occupational Therapy Association. Dr. Clark could write supporting the role of occupational therapy in this community setting. A fifth letter of support could be from Dr. Alexia Metz, a faculty member in the Occupational Therapy Doctorate program at the University of Toledo. Dr. Metz has extensive clinical and research experience with pediatric occupational therapy. Her letter could support both the occupational nature of the program as well as the potential benefits for this population. A sixth letter of support could be from Sharon Goodill, the president of the Board of Directors of the American Dance Therapy Association. A letter of support from Ms. Goodill would help demonstrate interdisciplinary support for the Dancing for Life program.
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Appendix A:

Becky’s School of Dance Organizational Flowchart

**Owners**
Becky and Jon McClincy    Jeff and Meghan Woolley

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Director</strong></td>
</tr>
<tr>
<td>Meghan Woolley</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secretary</strong></td>
</tr>
<tr>
<td>Deb Gray</td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff</strong></td>
</tr>
<tr>
<td>Dance instructors and Occupational Therapist</td>
</tr>
</tbody>
</table>
Appendix B

Interview with Kimberly Arnett

Kimberly Arnett is the Director of Community Inclusion at the Ability Center in Toledo, Ohio, where she has worked for nearly 10 years. She also has a Bachelor Degree in Recreational Therapy, and is familiar with Occupational Therapy.

1. What populations does the Ability Center serve?

The Ability Center offers programs and services to all individuals with any kind of disability, and to all ages.

2. How did you establish inclusion/exclusion criteria for students/patients?

The Ability Center is inclusive of all people in the area with any kind of disability.

3. Are you familiar with the Adaptive Dance class at the Toledo Ballet?

She is familiar with the Adaptive Dance class. According to Kimberly, a parent had approached the Toledo Ballet asking for just such a program. She did say that the Ability Center promotes inclusive programming, and that she would like to see the classes opened to all children with any kind of disability.

4. What programs does the Ability Center currently offer to children with special needs?

The Ability Center strives to integrate children with special needs into the community, with the ultimate goal that various community institutions and establishments will end up running the programs with the Ability Center operating as a support system.

Currently the Ability Center offers many programs for children with special needs. During the summer, day camps are offered in sessions, such as Camp Store and Camp Cricket. Camp Store is operated through the YMCA, and Camp Cricket is offered to children with and without disabilities.

5. What other agencies or businesses are affiliated with the Ability Center or offer support?
The Ability Center tries to get individuals with disabilities involved in the community as much as possible. Some common agencies and businesses affiliated with the Ability Center are the Girl Scouts, Boys and Girls Club, the YMCA, the Metroparks (where trail partners will walk the trails with individuals who have a disability), and Camp Courageous.

6. How are the Ability Center and its programs funded?

The Ability Center receives $250,000 each year from the government. The remainder of the $3 million operating budget is supplied by grants, endowment funds, and certain programs which are charged for, such as the nursing home transition program, building rent, a youth transition program, and home modification. Some needs are also met through methods such as equipment loans.

7. What is the best way to contact participants (their parents) to acquire their perceptions?

People usually contact the Ability Center looking for information about programs. According to Kimberly, there are approximately 15,000 people in Toledo with a disability, and around 8,000 in the database at the center. Participants are also contacted through branch connections with Individual Education Plans (IEPs), flyers, and through e-mail. Kimberly identified word of mouth as one of the most effective means of gathering participants.

8. What do you perceive to be the needs of children with special needs?

Kimberly expressed that this population needs programs which are inclusive of children regardless of their disabilities. She also would like to see schools have more extracurricular programs for children with special needs. She also informed me that often times children “age out” of programs when they turn 14 or so. This is a problem for many parents, especially during the summer when they have to work, but cannot leave their child or
children unattended. There are currently no programs which will keep children with special needs over the age of 14 for 40 hours a week. If a child is eligible for LC/DD funding his or her parents can get a DD waiver for summer options which will provide $250-$500 per year for respite care or summer camp. This is not an option if the child is not eligible for the funding, though.

9. What problems have you encountered in the past, and what, if any, problems are you encountering presently?

Although the Ability Center promotes inclusive programming, many associations focus exclusively on one diagnosis or another. For example, in the past the YMCA has had segregated camps for children with various disabilities.

Funding can be a challenge, especially in tough economic times. The center is indirectly affected when other institutions cut programs due to funding, as well. For example, many schools have cut extracurricular programs for children with special needs due to budgeting constraints, which in turn influences where the Ability Center directs clients to go, and what kind of programs the center develops. The Ability Center would like to have an occupational therapist on staff, but cannot afford a competitive salary.

Problems related to direct service delivery to participants include parents who are reluctant to leave their children at a program out of fear that they may not get the support and attention they need. It can be difficult to make arrangements for older children who need help with toileting. Allergies can also cause problems. For example, many children with spina bifida are allergic to latex, which is not only found in certain man-made products, but also in some foods like bananas and melons, which may be common snack foods.

10. Are you familiar with any articles or sources regarding the efficacy of adaptive dance?
She did not recognize any of the literature I had found, but thought that they would be helpful in justifying an occupational therapy-based dance program. She alerted me a couple resources she believed might be useful or interesting to me. One is the Sunshine Children’s Home, which offers respite care for children with special needs. Also, she informed me of a dance company exclusively for individuals in wheel chairs.

11. What would you expect out of an occupational therapy-based dance program?

Kimberly asserted that ideally an occupational therapy-based dance program would be inclusive of all disabilities. Although it is a philosophy of the Ability Center that individuals with disabilities do not need to be “fixed,” she believes that an occupational therapist’s knowledge of how disabilities affect people’s daily lives and activities would be beneficial to such a program.
Appendix C

Interview with Ann Heckler

Ann Heckler is the Adaptive Dance instructor at the Toledo Ballet. She has been a dance instructor since for more than 20 years, and 2010 is the first year she has instructed the Adaptive Dance program. The program is designed for children with Down’s syndrome, and there are two classes each week for the program. One class is for children ages seven to 12, and the second class is for children ages 13 and up.

1. Which population/s is/are the class/program designed for?

   The Adaptive Dance program is designed for children with Down’s syndrome.

2. What do you perceive to be the needs of this population?

   Typically children with Down’s syndrome have low tone, so strengthening weak muscles is needed, especially to prevent injury. They also usually need help with balance and coordination. Another big area these kids need help with is social skills, such as; taking turns, following directions, and using appropriate communication.

3. Why/how was it decided to start this adaptive dance program?

   Ann has always wanted to work with children with special needs. The Toledo ballet decided to start a program, so she researched different programs and found this one works the best for her.

4. How did you establish inclusion/exclusion criteria for students/patients?

   Students must have Down’s syndrome to participate in the class.

5. Do you know of any articles or sources regarding the efficacy of adaptive dance?

   She was not familiar with any of the literature I found, but she directed me to contact the Boston Ballet to ask if they would share any references or other resources with me. She was interested in the literature I have found, especially in the articles describing clinical trials of
dance programs for children with special needs. She would like more resources documenting the effectiveness of dance programs to further justify the continuation of her own classes.

6. What other agencies or business are affiliated with this program or offer support?

   The Toledo Area Down’s Syndrome Association.

7. How did you market the class?

   She called the Toledo Down’s Syndrome Association to see if they could provide her with any parents of children with Down’s syndrome who would be interested in sending their children to such a program. The Toledo Ballet website includes a description of the site, as well as class times and contact information. The Toledo ballet also posted an advertisement in the Toledo Blade, which is a local newspaper.

8. What specific methods work best for working with students/patients?

   The most general method she endorses for working with the students is to “work with what you have.” For example, many of the children have days where they are very engaged and cooperative, and then they will have days where it is a challenge to get even minimal participation.

9. What specific methods work best for working with parents/family members?

   It works best to have weekly conversations with parents about their child’s progress, both in and out of class, as well as to discuss any new developments or concerns.

10. How do you acquire student/patient and family perceptions?

    Again, family perceptions are learned through conversations with parents. The children’s perceptions are learned or assumed through both verbal and non-verbal communication with the children.

11. What evaluation methods do you use in your program?
There is a work sheet which addresses each student’s social skills, emotional well being, and motor skills and technique.

12. What problems have you encountered in the past, and what, if any, problems are you encountering presently?

The biggest challenge has been getting the program going. She has been a dance instructor for over 20 years, but has not had formal education or training to work with children with special needs. She mentioned that the Boston Ballet experienced the same challenge. Although the current dance class is modeled off of the Adaptive Dance program at the Boston Ballet, she has made some changes, and is having difficulty establishing that her own program is effective in a quantifiable way. She would also like to offer the classes for free, but has not been able to do so for legal reasons.

13. Are there similar programs or classes in the area?

To her knowledge there are no similar programs in the area.

14. Could you modify this class/program for other populations? If so, how?

She discussed that she could modify the program, but that she would like to keep the class exclusive to children with Down’s syndrome. Her rationale is that she can focus on like needs of the students, and parents have said that they like their children to be among peers.

15. How familiar are you with occupational therapy?

Initially she was not very familiar with occupational therapy. See earlier discussion on describing occupation and occupational therapy to agency personnel.

16. Do you have experience with grant writing?

No, she does not. However, the Toledo Ballet has access to someone experienced in writing grants.
17. What would you expect from an Occupational Therapy-based dance program?

Ann would like an occupational therapist to function as a consultant for her own program. She discussed how she has a passion for working with children who have Down’s syndrome, but that she has no background or special training with children with special needs. After learning about occupational therapy, she agrees that it would help her program to have a consulting situation with an occupational therapist who has education, training, and experience with children with special needs. She also thinks that a program run by an occupational therapist would be great.
Appendix D

Dancing for Life

An Occupational Therapy-based Dance Program for Children with Special Needs

Dance is a fun and creative way to help children enjoy a meaningful activity while building social skills, emotional skills, movement skills, sensory skills, and thinking skills.

If you have a child or children with special needs, please consider attending a focus group to learn more about this proposed program and share your thoughts. Sessions will be held at the public library for one hour or less, light refreshments will be provided, and multiple times are available. Please call to let me know which one you wish to attend:

Tue. Feb. 1 - 11a & 2p  Wed. Feb. 2 - 11a & 1p  Fri. Feb. 4 - 10a & 1p

I am also more than happy to answer questions individually. If interested or for more information, please contact Angelique Wilcox at 419.306.7355 or send an email to Angelique.Wilcox@rockets.utoledo.edu

YOUR FEEDBACK IS VALUABLE!
Dancing for Life
By Angelique Wilcox

What is occupational therapy?
- The therapeutic use of everyday life activities/occupations in variety of settings
- Promote health and wellness in afflicted and at risk populations
- Address physical, cognitive, psychosocial, sensory, and other aspects
- Increase health, well-being, and quality of life
  ~Enabling people, and teaching skills for the job of living~

Dancing for Life
- Occupational therapy-based dance program for children with special needs
- Dance has cultural relevance and perseverance
- Expression of self
- Duality of skills

Literature
- Dance therapy for children with developmental disabilities (Boswell, 1993)
- Children and adolescents with cancer (Cohen & Walco, 1999)
- Children in short-term psychiatric unit (Erfer, & Ziv, 2006)
- Children with learning disabilities (Couper, 1981)

Dance and other populations
- Parkinson's disease (Erhart, 2009)
- Schizophrenia (Xia & Grant, 2009)
- Cancer (Ho, Ng, & Chan, 2007)
- Multiple sclerosis (Zalisova & Bartunkova, 2004)
- Alzheimer's disease (Rosler et al., 2002)

Other literature
-Occupationally-embedded exercise versus rote exercise (Zimmerer-Branum & Nelson, 1995)
- AOTA on play
  - Play is the primary occupation of children
Dancing for Life 79

**Why OT? Why dance?**
- Dance is a holistic occupation
- Meaningful and purposeful
- Dance is flexible!
  - Multiple forms of dance
  - Gradable for “just right” challenge

**The proposed program**
- OT teacher or OT consultant
- Interest from centers, schools, pre-schools, and daycare
- Establish time table for evaluation

**Sensory-perceptual**
- Dance incorporates spatial awareness
- Vestibular input, as well as proprioceptive feedback, improves righting reactions
  Simmons (2005)
- Attention
  - To the music
  - To the teacher
  - To the mirrors
  - To classmates

**Existing classes**
- Ann Heckler
  - Adaptive Dance class at the Toledo Ballet
  - For children with Down’s Syndrome
  - “I just love working with these kids!”
- Sue Hays
  - Owner of studio
  - Has some classes for children with special needs
  - “They are so excited about coming to dance!”

**There’s more to dancing than just looking pretty...**
- Top-down approach
- Incorporates physical, sensory-perceptual, and psychosocial components
- Physical
  - Requires and contributes to joint mobility and stability, muscle tone and endurance, and coordination
  - Strengthen core muscles of trunk, and in general contribute to postural control
- Contributes to school performance

**Psychosocial**
- Interaction between student and teacher
- Interaction between student and classmates
- Adopting roles
- Following directions
Dancing for Life

Dance classes
- Variety of different dance activities
- Performance areas:
  - Motor and praxis
  - Sensory-perceptual
  - Emotional regulation
  - Cognitive
  - Communication and social skills

Advocacy partners
- American Dance Therapy Association (ADTA)
  - Promotes dance therapy
  - Sets educational standards for dance therapy programs
- National Coalition of Creative Arts Therapies Association (NCCATA)
  - Art modalities used to promote health and wellness

Outcomes
- Advocacy
  - Site cooperation
  - Collaboration with other professionals
- Impact on community
  - Children with special needs
  - Dance studio
  - Institutions and centers
- Impact on occupational therapy
  - New lines of research
  - New discipline to interface with

Advocacy partners
- Becky's School of Dance, The Toledo Ballet
- Blanchard Valley Center, Special Kids Therapy, Help Me Grow, Headstart, Autism and Dyslexia Center
- Other interested children and parents
- U.S. Congress, National Institute of Health, school systems with existing programs, Department of Health and Human Services

Development of the cause
- Ballet for scoliosis
- Learned of current programs
- Sue's kids
- Meghan's kids
- Ann's kids
- Supporters:
  - Supporters of the arts

Recommendations
- More research
- Implications for OT
  - Issue supports theory base of OT
  - Promotes holistic approach to therapy
References


Appendix F
Dance Program Info sheet

Proposed Occupational Therapy-based Dance Program for Children with Special Needs

- Occupational therapy is the use of everyday life activities/occupations in a variety of settings (such as clinics, schools, homes, etc.) to improve health, well-being, and quality of life in at-risk populations
- Dance is an activity/occupation with a holistic nature. It integrates the mind, body, and different aspects of the environment.
- Dance incorporates physical, sensory-perceptual, and psychosocial components
  - Physical: balance, muscle tone, coordination, joint mobility, core strengthening
  - Sensory-perceptual: body-awareness, spatial awareness, attention
  - Psycho-social: cognitive skills, communication, self-image, peer interaction, following directions, adopting roles, emotional regulation, self-expression, imagination
- Many of the skills and processes learned and used in dance are skills and processes which are important in other areas of life.
- Dance is an organized form of play, and play is an important part of child development. Dance is also ideal for therapeutic purposes because there are endless forms of dance and movement which can be tailored to meet the needs of individual dancers.
- I am proposing an occupational therapy-based program for children with special needs. This is intended to be a leisure group activity that has therapeutic benefits as well.
- Literature supports the benefits of dance for children with a variety of physical, developmental, and social disabilities or conditions.
- The program is intended to consist of weekly dance classes comprised of a series of dance activities with different dance and movement: styles, music, props, and stories
  - Stretches, cardio, creative imagery, stories, and individual/partner/group exercises/activities, etc.
- The classes and dance activities address different performance areas:
  - Motor and praxis (physical) skills, sensory-perceptual skills, emotional regulation skills, cognitive skills, and communication and social skills
Appendix G

Parent questionnaire/Focus Group Questions

At the beginning of the group, the interviewer should introduce him- or herself to the group and very briefly review the purpose of the focus group. The group members should then be asked to introduce themselves.

- How familiar are you with occupational therapy?

After sharing the prepared power point presentation, continue:

- What needs do you perceive your child as having in any of the performance areas listed (i.e. what does he/she have difficulty doing)?

- What needs do you perceive your child as having that you do not feel falls into one of these categories?

- With regards to your child, what needs would you like to see addressed in an Occupational Therapy-based Dance Program?

- What kind of structure would you expect to see in an Occupational Therapy-based Dance Program (i.e. class size, use of assistants)?

- What is your opinion on including peers?

- What is your opinion on the use of special equipment (such as walkers with seats or harnesses) to help kids with decreased weight-bearing abilities be able to better participate in a dance program?

- What outcomes would you expect from an Occupational Therapy-based Dance Program?

- How could an Occupational Therapy-based Dance Program best meet your needs, as well as the needs of your children? Consider location, time, scheduling conflicts, etc.

- What would be an ideal length of time for each class (e.g. 1 hr once/week)? Each program session (e.g. 12 weeks or the school year)?

- What would attract you to an Occupational Therapy-based Dance Program which focuses on dance as both an occupation and therapy?

- What would deter you from enrolling your children in an Occupational Therapy-based Dance Program?
Appendix H

Professional Survey Questionnaire

• What do you perceive to be the needs of this population? Which do you consider most important?

• What would you consider to be appropriate inclusion/exclusion criteria for participants?

• What specific methods work best for working with students/patients in your setting?

• What specific methods work best for working with parents/family members?

• How do you acquire student/patient and family perceptions?

• What evaluation methods do you use in your work setting?

• What problems have you encountered in the past, and what, if any, problems are you encountering presently?

• Do you know of any similar programs or classes in the area?

• What would you expect out of an occupational therapy-based dance program?

• What techniques do you think would be most effective for marketing the class?
Appendix I

Dancing for Life

An Occupational Therapy-based Dance Program for Children with Special Needs

Dance is a fun and creative way to help children enjoy a meaningful activity while building social skills, emotional skills, movement skills, sensory skills, and thinking skills.

An experienced occupational therapist can provide a variety of fun dance activities that address multiple skill areas, as well as help identify specific areas of focus for each unique child.

The Dancing for Life program will be held at The Toledo Ballet. Classes beginning soon. If interested or for more information, please contact Angelique Wilcox at 419.306.7355 or send an email to Angelique.Wilcox@rockets.utoledo.edu.
Appendix J

Dancing for Life
Volunteer Application Form and HIPAA Notice

Contact Information

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<tr>
<th>Name</th>
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<tr>
<td>Street Address</td>
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<td>City/State/ZIP</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>E-mail Address</td>
</tr>
<tr>
<td>Gender/ DOB</td>
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</table>

Please describe any special skills, qualifications, and/or previous volunteer work:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Have you ever been convicted of a crime? _____ Yes _____ No

Please provide contact information for the person you would like us to notify in the event of an emergency:

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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Street Address</td>
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<tr>
<td>City/State/ZIP</td>
</tr>
<tr>
<td>Phone Number</td>
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</table>

I agree to voluntarily assist Dancing for Life in weekly dance classes, and to cooperate fully with those in charge of each session and the activities therein.

I agree to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Dancing for Life published materials or in other ways for the enhancement of the Dancing for Life program, but only with the knowledge and consent of the director of the Dancing for Life program.

I understand that dancing involves some physical risk, and I assume all risk for property damage, personal injury or death as a result of or in connection with and Dancing for Life activities, and the use of any affiliated property. I further agree to indemnify, defend, and hold harmless the Dancing for Life program and affiliated parties from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Dancing for Life program or my use of any affiliated property.
My signature on this application indicates that the information I have submitted is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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<tr>
<td>Signature</td>
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<tr>
<td>Date</td>
</tr>
<tr>
<td>Parent/guardian (If under age 18)</td>
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**If you are volunteering for class credit, or as part of a school program, please complete the following so that you may receive credit for your participation:

<table>
<thead>
<tr>
<th>School name</th>
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<tbody>
<tr>
<td>Program/class</td>
</tr>
<tr>
<td>Contact name</td>
</tr>
<tr>
<td>Contact phone or email</td>
</tr>
</tbody>
</table>
HIPAA Notice

HIPPA, which stands for the American Health Insurance Portability and Accountability Act of 1996, is a set of rules to be followed by doctors, hospitals, and other health care providers. HIPAA helps ensure that all medical records, medical billing, and patient accounts meet certain consistent standards with regard to documentation, handling, and privacy. As a volunteer, I am also accountable for any client information I learn or am made privilege to, and HIPAA rules apply to certain records concerning health issues and identifying information for clients of the Dancing for Life program. As such, I will keep all records and information concerning clients confidential, and accept that as a volunteer I am subject to the regulations of HIPAA rules, especially as to concerns of the rights of privacy of individuals involved.

My signature on this statement indicates legal notice that I have read and understand the statements above.

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<tr>
<td>Signature</td>
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<td>Date</td>
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<tr>
<td>Parent/guardian (If under age 18)</td>
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<td>Staff signature</td>
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Appendix K

Sample dance activity description

**Drum dance**

Music required: None

Materials required: Drum, or other object which can be used as a drum

Activity:

Children will take turns using the drum. The child who is drumming shall be instructed/guided/assisted to use varying tempos, rhythms, and volumes; and to stop at intervals. The children who are dancing shall be instructed/guided/assisted to dance the way the drumming sounds to them, and to vary their style, speed, etc. as the drumming changes. If the drummer pauses, the children who are dancing must “freeze.”

The child who is drumming may pick the next drummer, or the teacher may choose.

Skills used/addressed: taking turns, various fine and gross motor movements, attention to task/drumming sequence, not perseveration
Appendix L

CONSENT FOR TREATMENT AND PRIVACY NOTICE

I, _______________________________ (name of parent), agree and consent to my child, _______________________________ (name of child), to participate in the Dancing for Life program and the therapeutic services provided therein. I understand that I am consenting and agreeing only to those services that the above-named provider is qualified to perform within: (1) the scope of the provider’s license, certification, and training; or (2) the scope of license, certification, and training of the occupational therapy providers directly supervising the services received by the patient. I attest that I have legal custody of the above named individual and am authorized to initiate consent for the treatment and/or legally authorized to initiate and consent for treatment on behalf of this individual.

I understand that private health information will be kept confidential by the therapist, and that any volunteers must also sign a confidentiality form. I understand that health information, especially pertaining to performance in the Dancing for Life program, may be shared with appropriate medical and educational personnel affiliated with my child, such as IEP and/or interdisciplinary team members and relevant health care providers. I understand that some health information must be shared with volunteers to ensure safe interactions and promote successful outcomes. I also understand that the therapist cannot control for what participating children, parents, or other persons affiliated with participants and their children may divulge to other parties.

Signature:________________________________    Date:_______________

Relationship to patient:___________________________________________
CONSENT FOR MEDIA RELEASE

I, _____________________________ (name of parent), hereby give my consent for the release of media containing images, footage, or other representations of my child, ___________________________ (name of child), for promotional purposes or advocacy efforts. This includes, but is not limited to: brochures and advertisements for performances, newspaper or television coverage, journal articles, newsletters, albums and presentations for interested parents. In cases where names are requested, parents will be notified of the nature of the request.

I understand that pictures or videos taken solely for evaluative or therapeutic purposes may be released only to me, and to individuals listed at the bottom of this form.

Signature: ___________________________ Date: ________________
Relationship to patient: ___________________________
Appendix N
Participant evaluation

Name:_______________________   Program dates: __________ to __________
Sex:___     Age:____ D.O.B.:___________  Enrollment date:__________
Diagnosis:_______________________________________

Name(s) of parent(s):_______________________________ Phone:___________
Class assignment:_________________
    (Weekday & time)

Special conditions or considerations:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Other information (e.g. other health/therapy services, other programs the child participates/has participated in, occupational preferences, etc.):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
## Communication and social skills

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<th>Skills</th>
<th>Initial</th>
<th>Mid</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates ability to work together with other classmates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interacts with other children in class in a positive manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends to and follows directions</td>
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<td></td>
<td></td>
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<tr>
<td>Cooperates in taking turns</td>
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<tr>
<td>Recognizes and respects the personal space of others</td>
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Additional comments:
### Emotional regulation skills

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<th>Skills</th>
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<th>Final</th>
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</thead>
<tbody>
<tr>
<td>Responds to/acknowledges feelings of others</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Persisting at a class activity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Controlling behavior towards others</td>
<td></td>
<td></td>
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<tr>
<td>Displaying emotions appropriate for the situation</td>
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Additional comments:
## Sensory-perceptual skills

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<tbody>
<tr>
<td>Positioning body for correctly executing movements</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Relating music to movement</td>
<td></td>
<td></td>
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<tr>
<td>Demonstrating awareness of body position in time and space</td>
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**Additional comments:**
## Cognitive skills

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<th>Skills</th>
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<tr>
<td>Following directions</td>
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<tr>
<td>Employing imagination and creativity</td>
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Additional comments:
Motor and praxis skills

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<tbody>
<tr>
<td>Distinguishing left from right</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Maintaining balance</td>
<td></td>
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<td></td>
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<tr>
<td>Coordinating movements</td>
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<td></td>
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<tr>
<td>Coordinating movements to start and stop on cue</td>
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Additional comments:
## Weekly notes

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<td><strong>11:</strong></td>
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<td><strong>12:</strong></td>
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Met with/consulted parents on: (dates)
Appendix O

Parental Evaluation of Program

1. How helpful do you feel this program has been for your child?
   Not helpful at all  Somewhat helpful  Extremely helpful
   1  2  3  4  5  6  7  8  9  10

2. How well do you feel your child’s individual needs were addressed in the program?
   Not addressed  Somewhat addressed  Addressed well
   1  2  3  4  5  6  7  8  9  10

3. Please rate how meaningful you feel this program is to your child:
   Not at all  Somewhat meaningful  Extremely meaningful
   1  2  3  4  5  6  7  8  9  10

   What do you feel are this program’s strengths?:

   What could be done to improve this program?:

   Additional comments:

   Would you recommend this program to others?:  ___Yes ___N

   How did you learn about this program? ________________________________
Appendix P

Sample Class Plan

Week: 5

Date:

Class: (Weekday & time)

- Warm-ups and stretches
  - Bend over and touch toes, sit and reach, marching, “big and small” poses, bunny hops, supine leg lifts

- Steps across the floor
  - Kicks, leaps, turns

- Drum dance
  - What does this music sound like?
  - Take turns using drum
  - Dance to drumming and “freeze” when drummer stops drumming

- Balloon dance
  - Hold hands in circle and breathe into “balloon” till it “pops” then “float” to the floor

- Practice spotting
  - Stand facing mirror and look at eyes
  - Turn body while maintaining eye contact and then spin head and find eyes again

- Watch other dance class

- Seed dance
  - One child is sun, one is rain, others are seeds on the ground
  - Dance through story of seeds becoming flowers

- Princess dance (for class of all girls)
  - Dance like a princess and “put on” pretty shoes, dress, crown
  - Don’t look at floor or “crown will fall off”

- Tambourine dance

- End of class
  - Light stretches
  - Reverence

Supplies: drum, tambourines

Line leader: ________________

Comments:
Appendix Q

Occupational Therapist Job Description

The occupational therapist employed in the Dancing for Life program will work a part-time position at 20 hours each week and will implement the program at the Toledo Ballet in Toledo, Ohio. It is desired that this therapist should have at least three years of clinical experience with children who have special needs. This level of experience is desired is because the program is open to children with any kind of disability or special needs. Ample experience with children with a variety of diagnoses and needs will allow the therapist to tailor individual classes according to the unique needs of the multiple sub-populations of children. An on-site occupational therapy mentor is not available because there are no other occupational therapy services offered at the Toledo Ballet.

Although Twefik (2009) asserts that occupational therapists do not need a background in dance in order to use dance as a therapeutic intervention, a therapist wishing to conduct an extensive occupational therapy-based dance program should participate in training and/or mentorship with at least one experience dance instructor. Consulting other instructors can provide additional perspectives and ideas for class interventions, as well. Preference will be given to candidates who have a background in dance.

The occupational therapist will be responsible for implementing the Dancing for Life program. The occupational therapist will be responsible for developing marketing materials, additional documentation forms, and recruiting participants. Within the program, the occupational therapist will be responsible for creating a manual of specific intervention plans and updating it with new plans when possible, planning general session outlines, writing individual class plans, evaluating participants, setting goals with participants’ caregivers, carrying out
classes, documenting participants’ performance individually and as a class, interacting and consulting with parents/caregivers, and pursuing a dance mentor, if necessary.
The New **DANCING FOR LIFE** Program

*The Toledo Ballet is currently seeking applications for an Occupational Therapist to run an occupational therapy-based dance program to increase performance skills and psychosocial well-being of children in the community who have special needs.*

Candidates must have at least three years clinical experience with children who have special needs, and must be open to learning and sharing a variety of dance interventions. This is a part time position (20 hours per week) to be located at the Toledo Ballet. Limited benefits are available. Interested applicants should send a résumé to: Mari Davies, The Toledo Ballet, 5001 Monroe St., Toledo, OH 43623.
Appendix T

Letters of support

5001 Monroe Street, Suite R20 • Toledo, Ohio 43623-3827 • 419.471.0049 P • 419.471.9005 F • toledoballet.net

Mari Davies • Lisa Mayer • Marie Bollinger-Vogt
Executive Director • School Director • Founder-Artistic Director Emerita

April 23, 2010

Angelique assisted with the Adaptive Dance program held at Toledo Ballet for over 5 months.

This experience allowed her to confirm, her interest in special needs and dance are worth pursuing. The dance program that I teach is created for children with Down Syndrome. The children's excitement and joy of dance have proven that the class has met their needs, as far as fostering an appreciation for music and movement.

Both Angelique and I have provided reports to these students' parents on their emotional, physical and social growth.

The program Angelique will be developing keeps the needs of special needs children in mind. These programs are sought after by parents who are looking for the same opportunities for their special needs child as a parent of any other child.

Sincerely,

Ann Heckler
Toledo Ballet Faculty
April 18, 2011

To Whom it May Concern:

I am writing this letter in the support for Angelique Wilcox and her plan of creating a center of dance for children with physical/mental special needs. I know there is great need for a center like this all over this country. Very often children of special needs have been left out of this picture. Dance and movement is very beneficial to all children! The time has come for this need to be met! I have been working with children and adults of all abilities for over 30 years and have seen great benefits for all who have participated. I currently do the outreach for the Toledo Ballet and I visit special needs class rooms all over the city (ages 5-11). I read stories and we create dances from the stories. I also work for Project ABC and I do much the same except the ages are 3-5 and I also include art therapy. I met Ms Wilcox when she was visiting the Toledo Ballet to see Ann Heckler’s class, which is designed for children with Down Syndrome.

While there we began to talk and I told her of all the classrooms I visited also with many other forms of special needs. So from that day she started visiting the classes with me. I also have taught at Lott Industries and do dance and yoga with an older population with a variety of special needs. They just love it and I know there are many benefits.

Here is a little more information about the social, emotional and physical benefits of dance therapy:

Dance movement therapy, also referred to as DMT, or simply dance therapy, is a type of psychotherapy that helps to treat individuals through movement and nonverbal expression. It may be used for certain mental disorders, behavioral issues, emotional or social problems, or to improve cognition. Dance movement therapy may also be used as a form of rehabilitation and as a method for improving motor skills, balance, and comfort in one’s own body. It has even been employed to help physically handicapped people gain more control over movements and increase overall strength.

Creative arts therapies such as dance movement therapy, music therapy, or art therapy continue to increase in popularity because they have been found to be effective at treating certain conditions. Dance therapy was first used in the United Kingdom in the late 1800s, and became more popular in the United States in the 1940s. It continues to be used around the world as a method of psychotherapy, or as a way of helping people with disabilities learn to communicate better, interact with others, and become more physically able.

This type of therapy may be given in an individual or group setting, depending on the needs of the patient and the reasons for the dance movement therapy. It is often used for people suffering from extreme stress or anxiety disorders, as well as depression. Dancing can help to express feelings that may be difficult to articulate, and because it is a physical form of exercise, it helps to release endorphins that help to boost the mood. It may be used with people of all ages,
including children; this is especially true since children sometimes have more difficulty expressing complex feelings or emotions than adults. In that way, dance movement therapy can help to address and improve behavioral issues or problems with social interactions with other children.

There are many other ways in which dance movement therapy may be able to help people. Hearing or visually impaired people can sometimes use dance therapy to interact with others or to become more comfortable with body movements. Individuals with mental retardation can benefit in a similar way; dance therapy is also frequently used with people who have autism, because it allows another form of expression. It may be practiced in mental health rehabilitation facilities. These are just a few of the many possible avenues in which dance therapy can be useful.

So there you have it! I have found in my experience that children and adults love dance and movement because it brings people together... it is social and fun. Its a time to forget about what maybe the world thinks of you... and it brings them into the moment with others and they breathe, laugh and just feel better!

I’m so thankful to have been able to have so much fun with so many... but I would be thrilled if Ms. Wilcox could reach even more children that could so benefit from this experience! It is so needed and it would bring that much more joy into the world! I wish her the best of luck on her goal!

Sincerely,

Kathryn Humphrey
Teaching Artist: Project ABC
Toledo Ballet Out Reach: First Steps
Lott Inds. Dance & Yoga Instructor
4/18/11

To whom it might concern,

I am writing this letter to support the OT dance program for children with special needs that has been designed by Angelique Wilcox. Her program is exactly what the doctor ordered for my child.

I am the parent of a 5-year-old boy with special needs. He has Apraxia, developmental aphasia, developmental delays, and Disruptive Behavior Disorder NOS. His behavior therapist and developmental pediatrician both have recommended that he dance as a form of therapy. He is enrolled in a regular dance class currently. This is not the best fit for him. He is a distraction to his classmates and requires a second teacher to help keep him motivated. A dance class like the one Angelique has designed would be the answer.

I look forward to being able to enroll my son in Angelique’s program. His OT goals would be met head on. He would not be a distraction because the other students would have special needs too. I would have the peace of mind knowing that my son is getting everything that he needs.

Thank you,
Meradith Rich
Appendix U

Additional Contacts for Letters of Support

**Adaptive Dance Instructor at the Toledo Ballet**
Ann Heckler
The Toledo Ballet
5001 Monroe St.
Toledo, OH 43623
419.471.9005

**Parent of a child with special needs**
Meradith Rich
natnat_the_kender@yahoo.com

**Special Kids Therapy**
Deb Seng
1333 Lima Ave
Findlay, OH 45840

**University of Toledo Medical Center, Physician**
Thomas J. Tafelski, D.O., Ph.D.
3000 Arlington Ave
Toledo, OH 43614
419.383.5531

**Blanchard Valley Center, Hancock County Board of Developmental Disabilities**
Steve Guyton
1700 East Sandusky St.
Findlay, OH 45840
419.422.6387

**American Occupational Therapy Association, President**
Florence Clark, Ph.D., OTR/L, FAOTA
fclark@usc.edu
323.442.2113

**The University of Toledo Occupational Therapy Doctorate Program, Faculty**
Alexia Metz, Ph.D., OTR
Occupational Therapy Prgm
University of Toledo
HH 2102C Mail Stop 119
2801 Bancroft
Toledo, OH 43606
419.530.4780
American Dance Therapy Association, President of Board of Directors
Sharon Goodill, Ph.D., BC-DMT, NCC
American Dance Therapy Association
Suite 108
10632 Little Patuxent Parkway
Columbia, MD 21044
410.997.4040
Annotated Bibliography


No abstract.

Summary and Significance:

This website is the primary site for the national organizations which promotes the use of dance as therapy. It is relevant because it contains information regarding the history, theory, and practice of dance therapy, as well as educational opportunities in the field. It also contains resource lists and contact information with practitioners and supporters of dance therapy.


No abstract.

Summary and Significance:

This document is significant because it provides professional support for the appropriateness of the playful nature of the Dancing for Life program. AOTA asserts that children have the right to play, and that depriving children of play deprives them of critical opportunities for growth and learning.


No abstract.
Summary and Significance:

This document is significant because it outlines the ethical standards which the Dancing for Life program, as an occupational therapy-based program, must adhere to. It describes the seven basic principles of the profession as well as guidelines for how occupational therapy personnel should uphold them.


No abstract.

Summary and Significance:

This text is significant because it addresses many common conditions and how they impact a person’s occupational performance. The conditions discussed in the book which are particularly pertinent to children with special needs include cerebral palsy, autism spectrum disorders, and mental retardation (although “mental retardation” is no longer a favorable term, it is listed this way because it is the title of the chapter discussing the associated conditions). Children may also qualify as having “special needs” due to traumatic brain injury, spinal cord injury, or some orthopedic conditions, which are also described in the book.


No abstract.

Summary and Significance:
This short article is a table which compares and contrasts common traits of children who have special needs to the benefits of ballet for all children. The information is interesting, however, there are no sources cited for any of the assertions listed. There is also no author listed, but there is a phone number and email address provided.


**Abstract:** Children (ages 7-10 years) participated in a creative dance (n=12) or traditional gross motor program (n=13). Posttest stabilometer performance examined by use of a t test indicated a significant difference between the groups in favor of the creative dance group.

**Summary and Significance:**

This article is significant because it offers quantitative data in favor of dance and creative movement as therapy. Studies using a control group are particularly compelling because they have the potential to show that not only is dance an effective intervention for this population, but also that it can be more effective than common techniques. Such evidence offers a compelling argument in favor of developing an occupational therapy-based dance program. However, the article was very brief. More background information and discussion might have been helpful.


**No abstract.**

**Summary and Significance:**

This document is relevant because it states the interest of the American Occupational Therapy Association in eliminating health disparities. It also identifies another national group
interested in eliminating health disparities, indicating that multiple groups and professions are
interested in this issue. By its nature, the Dancing for Life program offers health and social
opportunity for an at-risk population which other literature has shown tends to have lower rates
of participation in social activities.

78-83.

**Abstract:** The article discusses the results of the first brain-scan imaging studies carried out by
neuroscientists on dancers to try to learn how the human brain coordinates the complicated
sensorimotor processes involved in dance, including the perception of rhythm and movement.
Neuroimaging was carried out using positron-emission tomography; results from the various
regions of the brain are discussed. Insets: Tantalizing tango finding; ballet for better balance?

**Summary and Significance:**

This article details the results of brain-scan imaging studies on dancers. The goal was to
learn how the brain coordinates sensorimotor processes involved in dance. By measuring blood
flow to certain parts of the brain during certain stimuli and reactions, it was found that dancing to
music activates different areas of the brain than dancing with no music, and that the more
experienced a person becomes at a certain motor sequence, the more he or she is able to imagine
how it feels when watching someone else perform it. It was also discussed that ballet dancers are
better able to right themselves when thrown off balance than subjects with no training. This
article was selected because it documents the neurological implications of dance in a measurable
way (brain scans), and supports the positive impact that dance has on balance.

Bruce, M. A. G., & Borg, B. (2002). Psychosocial frames of reference: Core for occupation-
No abstract.

Summary and Significance:

This text is significant because it expounds on psychosocial components and methods of occupational therapy. Specifically for children, the book discusses behavioral therapy, cognitive-behavioral strategies, cognitive disability therapy, group therapy, self-efficacy, and learning disabilities.


No abstract.

Summary and Significance:

This text was sought as a source of information for the development of community occupational therapy programs. It was not a valuable resource for program development, but rather provided a more general description of occupational therapy practice. It is also an older text and was originally published in Great Britain, and so some of aspects of occupational therapy practice, such as laws and specific organizations, are unique to Great Britain.


Abstract: We report the joint influence of creativity factors on mental imagery among 1361 university students of Fine Arts, Mathematics, and Geography and History. Creativity accounted for 1% of the variance in imagery among Fine Arts students, 4% among Mathematics students, 2% among Geography and History students, 3% in the whole sample.

Summary and Significance:
This article was selected because mental imagery is a topic presented by dance movement therapy. To a certain degree, creativity and mental imagery are relevant to the program as far children’s use of imagination and flexibility of thinking are concerned. However, at present the article is not valuable in terms of developing the program, especially since the subjects are not part of the target populations, and the program is not designed to improve of measure creativity or mental imagery. Mental imagery may be investigated in the future for potential occupational performance benefits for children with the ability to use it.


No abstract.

Summary and Significance:

This text is significant because it was written exclusively for pediatric occupational therapy. Common conditions affecting children’s participation and performance are described, including, but not limited to: Asperger’s syndrome; attention deficit hyperactivity disorder (ADHD); learning disabilities; genetic and chromosomal disabilities; metabolic disorders; childhood diabetes; leukemia; Hodgkin’s disease; bone tumors; and burns. Other relevant topics in the book include, but are not limited to: working with families; occupational therapy evaluation in pediatrics; development of postural control; sensory integration; visual perception; psychosocial issues affecting social participation; play; mobility; and pediatric rehabilitation.

No abstract.

Summary and Significance:

This text is relevant because it explains the origins and the theory base of dance therapy. Although it is not occupational therapy, per se, it does offer theoretical support for the use and benefit of dance as therapy. Most notably, it supports the psychosocial benefits of dance and movement.


Abstract: Occupational science is a new scientific discipline that is defined as the systematic study of the human as an occupational being. A doctoral program in occupational science has been established at the University of Southern California, Los Angeles, with its emphasis on the provision of a multidimensional description of the substrates, form, function, meaning, and sociocultural and historical contexts of occupation, occupational science emphasizes the ability of humans throughout the life span to actively pursue and orchestrate occupations. In this paper, occupational science is described, defined, and distinguished from other social sciences. A general systems model is presented as a heuristic to explain occupation and organize knowledge in occupational science. The development of occupational science offers several key benefits to the profession of occupational therapy, including (a) fulfillment of the demand for doctoral-level faculty members in colleges and universities; (b) the generation of needed basic science research; and (c) the justification for and potential enhancement of practice.

Summary and Significance:

This source is significant because it supports the profession’s premise that humans are occupational beings. The Dancing for Life program embodies this belief by offering an occupation to children with special needs that is not only meaningful and purposeful, but is also a holistic therapeutic approach. Therefore, this article offers professional support for the Dancing for Life program.

No abstract.

**Summary and Significance:**

This document outlines the American Occupational Therapy Association’s professional position on the topic of obesity in America. This is a relevant source because reducing obesity is a potential secondary outcome of the Dancing for Life program through the nature of the physical activity involved in dancing and creative movement. The article also discusses how even minor reductions in weight can have dramatic results in terms of improved health. It also cites the tremendous cost of obesity-related illnesses to the nation. Therefore, the Dancing for Life program should be of particular interest to stakeholders interested in reducing obesity and obesity-related costs.


No abstract.

**Summary and Significance:**

This text has future value in the area of programming as a resource. Manual muscle testing and range of motion testing may also be used as one method of evaluating, both in the initial assessment of participants and as an ongoing measurement of progress.

Abstract: Purpose: Dance/movement therapy is introduced as a holistic approach to children’s health issues, incorporating an array of medical, psychological, social, and spiritual issues. Overview: Dance/movement therapy, with its unique emphasis on nonverbal communication in assessment and treatment, is presented as an innovative therapeutic approach to address the comprehensive needs of children and adolescents with cancer. Dance/movement therapy assessment and intervention strategies are discussed in the context of cognitive, emotional, and social developmental processes, as well as models of stress and psychological adjustment in pediatric cancer. Clinical Implications: The inclusion of dance/movement therapy as part of the interdisciplinary team addressing the psychosocial needs of children and adolescents with cancer facilitates greater integration of factors related to coping. By its very nature, this modality offers constructs that promote holistic approaches to cancer care. Key Terms: Cancer; Chronic illness; Dance/movement therapy; Development, pediatric.

Summary and Significance:

This article is significant because it offers clinical outcomes supporting the use of dance and movement therapy with a population with special needs. Since the population is children and adolescents with cancer, it is relevant to the program being developed. The article is also relevant because it incorporates theory into a clinical situation, which provides for engaging in evidence-based practice.


Summary: Occupational therapy practitioners work with a wide variety of clients across the life span. The goal of occupational therapy is to support health and participation in life through engagement in occupation (AOTA, 2008). Occupational therapists consider current educational and health care laws and policies as they make recommendations to modify, adapt, or change environments and contexts to support or improve occupational performance. On the basis of theory, evidence, knowledge, client preferences and values, and occupational performance, occupational therapists assess the intervention settings and environmental and contextual factors influencing clients’ occupational performance. Interventions and recommendations focus on selecting and using environments and contexts that are congruent with clients’ needs and maximize participation in daily life occupations. Practitioners’ expertise is essential to support clients’ health and participation in meaningful occupations.

Significance:
This document is significant because it expounds on the importance environment and context in occupational therapy interventions. Both environment and context are important aspects of the Dancing for Life program, as well. The environment provides the opportunity for psychosocial development, as well as sets the stage for planning and materializing the contexts of the program. Different contexts contained in the program are the medium for developing performance skills as well as increasing psychosocial well-being for children with special needs.


**Abstract:** Participation in social aspects of daily life is crucial to children’s development. Although disability status is recognized to affect children’s ability to participate in social activities, little is understood about the impact of sensory processing disorders (SPD) on children’s social participation. We examined the social participation of 2 groups of children (ages 6-9): (1) children with SPD and (2) their typically developing peers. All children participated in a structured interview to report their social participation patterns, including activity patterns and social networks. We used parent and teacher questionnaires to triangulate the data gathered from the children. Results revealed that the 2 groups of children demonstrated generally similar patterns of activity preferences and use of free time but had significant differences in areas related to intensity and enjoyment of involvement and in their social networks. Implications for future research and interventions are discussed.

**Summary and Significance:**

This article is relevant because it reveals health disparities among children with sensory processing disorders who participated in the study. Although these children have similar needs and interests, children with sensory processing disorders were found to have lower levels of intensity and enjoyment, as well as less developed social networks. It is intended that the dancing for life program will help reduce these disparities by serving this at-risk population.


**Abstract:** This investigation studied effects of dance therapy on motor performance of children who have learning disabilities. An experimental group of five subjects who received dance therapy was compared with a control group of five subjects who received their usual sensory integrative therapy. Pretests and posttests of motor performance were given before and after a four-week treatment period to assess changes. Results indicate improved motor performance for both the experimental and control groups, with slightly greater gains made by the experimental group. Results of the study indicate that dance therapy could serve as a form of vestibular stimulation comparable to the usual play activities in a sensory integrative therapy.

**Summary and Significance:**

This article is significant because the results of the study suggest that therapy incorporating dance may be more effective than a more traditional therapeutic method, namely sensory integrative therapy. This article investigated the effects of dance therapy on the motor performance of children with learning disabilities. An experimental group received dance therapy and a control group received sensory integrative therapy. Both groups had five subjects. Pretests and posttests administered before and after four weeks of treatment showed increases in motor performance in both groups, with slightly greater improvement in the experimental group.

*Dance class for children: How it can help them grow! (2010).* essortment Retrieved from


No abstract.

**Summary and Significance:**

This website describes potential benefits of dance for children. Many of the claims have been noted in other sources, however, no citations were listed in this reading.

*Dance to Health (n.d.). Resources for children with special needs.* Retrieved from

http://www.dance-to-health-help-your-special-needs-child.com/resources.html
Summary and Significance:

This website was reviewed as a source for future intervention ideas. It includes links for multiple forms of dance, creative movement, and resources including, but not limited to: dance therapy, sacred dance, wheelchair dancing, disabled dance sport, mime, puppets, dance and mental health, exercise and disability, childhood obesity, dance for the deaf and blind, folk dance, ballroom dancing, child depression, and alternative medicine. Because the site does not have citations for the information provided, it is not a good reference for the Dancing for Life dissemination. However, parents may find the site useful for ideas to use at home with their children.


Summary and Significance:

This text has value as a guide for people who have experienced a traumatic brain injury, which is the primary purpose for which it was written. It outlines many of the common problems associated with traumatic brain injuries by presenting them as scenarios, and then offers compensation techniques. Some of these may be adaptable for children who have had traumatic brain injuries, but overall the book is geared for adults, especially those who wish to return to work. Many of the ideas could be helpful for therapists working with patients who have had traumatic brain injuries.

**Abstract:** Objective: This study investigated the effects of cerebral palsy (CP) and gender on youth participation in activities outside of formal school. Method: Twenty-two participants with CP and 30 typically developing peers, ages 12-16 years, completed the Children’s Assessment of Participation and Enjoyment (CAPE; King et al., 2004). Results: Typically developing youths engaged in a broader range of activities and did so more frequently than did youths with CP. Similar levels of enjoyment in activity were found in both groups. In some scales of the CAPE, youths with CP participated in proportionally more activities alone and at home. Gender differences and Group x Gender interaction were found in some scales with respect to participation in and enjoyment of activities. Conclusions: Physical limitations associated with CP may affect the frequency of a child’s participation in activity outside of school. However, youths with CP may express levels of enjoyment similar to those of typically developing peers while participating in activity.

**Summary and Significance:**

This article is relevant because it reveals health disparities among children with cerebral palsy who participated in the study. Although these children have similar needs and interests, condition-related challenges create a health disparity for children with cerebral palsy with regards to frequency of activity participation outside of school. The Dancing for Life program is intended to be inclusive which addresses disparities such as this.


**Abstract:** This paper describes dance/movement therapy (DMT) with children ages 5-8 on a short-term inpatient psychiatric unit in a major teaching hospital. The authors contend that DMT is a valuable treatment modality for creating cohesion in groups of children who have previously been chaotic and disorganized. They also contend that this sense of cohesion provides support, and a safe, nonjudgmental atmosphere in which the children are able to work toward attaining therapeutic goals. The development of body image, self-awareness, and awareness of others are important components of DMT sessions described in this paper, and serve as the foundation upon which cohesion is built. To illustrate the effectiveness of DMT in promoting group cohesion, a specific session is described. Changes in behavior that were observed in the group,
and on the unit, included improved impulse control, frustration tolerance, gratification delay, and ability to get along with others.

**Summary and Significance:**

This article describes a study conducted with children between the ages of five and eight in an inpatient psychiatric ward at a major teaching hospital to measure the effects of dance/movement therapy on group cohesion, which entails general order and cooperation of a group. The group exhibited behavior changes including improved impulse control, frustration tolerance, gratification delay, and the ability to get along with others. Dance therapy also is intended to help develop body image, self-awareness, and awareness of others. This article was selected because it supports dance as having a positive therapeutic influence on psychosocial development in children special needs related psychiatrics.

**Fazio, L. S. (2008).** *Developing occupation-centered programs for the community* (2nd ed.).


No abstract.

**Summary and Significance:**

This text is significant because it outlines the process for developing a community program within the fundamentals of the occupational therapy profession. The text covers assessing the community and populations in terms of evaluating need, developing a timeline, program design and preparation, staffing, establishing a budget, locating funding, and creating a program evaluation. The methods and recommendations outlined in this source provide guidelines for developing a successful community program.

**Goodill, S. W. (2005).** *An introduction to medical dance/movement therapy: Health care in*
**Dancing for Life**

*Great Britain: Athenaeum Press, Gateshead, Tyne and Wear.*

No abstract.

**Summary and Significance:**

This text is relevant because it explains some of the theory base of dance therapy. Although it is not occupational therapy, per se, it does offer theoretical support for the use and benefit of dance as therapy. Although there is an obvious physical component to dance-based therapy, the profession of dance therapy promotes itself as primarily interested in psychological and mental health outcomes. Mental health is certainly a component of the Dancing for Life program. However, as an occupational therapy-based program, functional outcomes are at least equally as important.

**Haley, S. M., Coster, W. J., Ludlow, L. H., Haltiwanger, J. T., & Andrellos, P. J. (1992).**  
_Pediatric Evaluation of Disability Inventory Version 1.0_. Boston, MA: New England Medical Center Hospitals, Inc.

No Abstract.

**Summary and Significance:**

The Pediatric Evaluation of Disability Inventory is an assessment which could be used with the assessment developed for the Dancing for Life Program. Although not required, more diagnosis-specific assessments may be helpful as outcome measurements for the children to whom they pertain.

**Hansen, R. H., & Hinojosa, J. (2009).** _Occupational Therapy’s commitment to_
This document is significant in that it offers justification for the Dancing for Life program by virtue of the fundamental beliefs of the profession of occupational therapy. The concept of inclusion is particularly relevant because it calls for equality of occupational opportunities and access as well as equality of treatment.

**Health Insurance Portability and Accountability Act (1996). U.S. Congress.**

This piece of legislation is significant because it binds all health care professionals legally to protect the privacy and confidentiality of their clients. Having a good working knowledge of HIPAA laws is essential for providing occupational therapy services.


This federal initiative is significant because it identifies national health needs. The Dancing for Life Program addresses several of the topics identified for children and adolescents, such as mental health concerns, physical activity, and access to health care. Such sources
represent a national interest in outcomes that the Dancing for Life program is intended to achieve.

Healthy People 2020 (2011). Retrieved from


No abstract.

Summary and Significance:

This federal initiative is significant because it identifies national health needs. The Dancing for Life Program addresses several of the topics identified for children and adolescents, such as mental health concerns, physical activity, and access to health care. Such sources represent a national interest in outcomes that the Dancing for Life program is intended to achieve.


No abstract.

Summary and Significance:

This text is slightly older, but it may be helpful for future use in the Dancing for Life program. It is a manual of different dance activities and includes both instructions and schematics. It might be helpful especially to investigate the dance activities for wheelchair and crutch use, since participants using either are not to be excluded from the program.

**Abstract:** Purpose: This study examined differences in out-of-school activity participation between typically developing children and those with high-functioning autism spectrum disorders (HFASD). Method: Children with HFASD, ages 6 to 12 (N=52), and a control group (N=53) were assessed using the Children’s Assessment of Participation and Enjoyment and the Social Responsiveness Scale. Results: Significant differences were seen in participation between typical HFASD groups in number of activities in which children participate, the numbers of individuals with whom they participate, and the variety of environments in which they participate. Conclusion: These findings indicate that out-of-school participation is significantly different for children with HFASD than for typically developing peers. Findings suggest that social impairment is related to some aspects of participation and that addressing social skills in intervention could contribute to increased participation in out-of-school activities by children with HFASD, which could contribute to their long-term mental and physical health.

**Summary and Significance:**

This article is relevant because it reveals disparities among children with high-functioning autism spectrum disorders who participated in the study. The Dancing for Life program addresses this disparity both by offering an opportunity for social participation, and by working on the development of positive social skills within the programming.


No abstract.

**Summary and Significance:**

This file was consulted as a template off of which to base the consent for treatment form used in the Dancing for Life program. This was deemed necessary since participants will be receiving therapeutic interventions. The template provided a starting point for considering what information to include on the informed consent form.

No abstract.

**Summary and Significance:**

This website may be useful for future use in the program as a resource for purchasing music, routines, teaching methods, and instructions for class progressions for typically developing dance classes. Some of these may be adaptable for the Dancing for Life program.


No abstract.

**Summary and Significance:**

This document is significant for the Dancing for Life program because it explains and emphasizes the importance of positive mental health, and the impact that psychological and emotional well-being have on it. This concept supports the appropriateness of an occupational therapy-based dance program to not only address physical and cognitive needs of the population, but also the need for children to participate in holistic occupations that are meaningful and purposeful.

Abstract: Objectives. The purpose of this study was to determine whether the Sensory Profile discriminates between children with and without autism and which items on the profile best discriminate between these groups. Method. Parents of 32 children with autism aged 3 to 13 years and of 64 children without autism aged 3 to 10 years completed the Sensory Profile. A descriptive analysis of covariance (MANCOVA) on each category of the Sensory Profile identified possible differences among subjects without autism, with mild or moderate autism, and with severe autism. Follow-up univariate analyses were conducted for any category that yielded a significant result on the MANCOVA. Results. Eighty-four of 99 items (85%) on the Sensory Profile can provide information about the sensory processing skills of children with autism to assist occupational therapists in assessing and planning intervention for these children.

Summary and Significance:

The Sensory Profile is an assessment which could be used in conjunction with the assessment developed for the Dancing for Life program. This article is one of the earliest found on an AJOT search regarding the Sensory Profile.


No abstract.

Summary and Significance:

This text is significant because it outlines various frames of reference appropriate for pediatric therapy practice. The Occupational Frame of Reference will be used as the primary model of practice for the Dancing for Life program. The Occupational Frame of Reference describes multiple areas of occupation for children, with play being their primary occupation. Play is further described in terms of component tasks: sensorimotor play, object play, social play, motor play, imaginative play, and game play.

Latham, C. A. Trombly. (2008). Occupation as therapy: Selection, gradation, analysis, and

No abstract.

**Summary and Significance:**

This chapter from this text is significant because it explains methods for the uses of occupation in interventions. This is of particular interest when planning dance activities to create the “just right challenge” for participants. The chapter also elaborates on the use of occupation as a means for treatment, and at the use of occupation as an end in itself. The Dancing for Life program utilizes both approaches.


**Abstract:** The effects of an eight-week instructional program in creative dance/movement on the social competence of low-income preschool children were assessed in this study utilizing a scientifically rigorous design. Forty preschool children from a large Head Start program were randomly assigned to participate in either an experimental dance program or an attention control group. Teachers and parents, blind to the children’s group membership, rated children’s social competence both before and after the program, using English and Spanish versions of the Social Competence Behavior Evaluation: Preschool Edition. The results revealed significantly greater positive gains over time in the children’s social competence and both internalizing and externalizing behavior problems for the experimental group compared with the control group. Small-group creative dance instruction for at-risk preschoolers appears to be an excellent mechanism for enhancing social competence and improving behavior. The implications for early childhood education and intervention are discussed.

**Summary and Significance:**

This article significant because the results suggest multiple benefits of a dance/movement program for at-risk preschoolers compared to a control group that participated in “typical” school
activities. The study was also meticulously conducted in an attempt to control for confounding variables.


No abstract.

Summary and Significance:

The Evaluating Movement and Posture Disorganization in Dyspraxic Children is an assessment which could be used with the assessment developed for the Dancing for Life Program. Although not required, more diagnosis-specific assessments may be helpful as outcome measurements for the children to whom they pertain.


No abstract.

Summary and Significance:

This book contains descriptions and diagrams of basic yoga poses to use with children in a colorful and easy-to-read presentation. It has value as a future reference tool for intervention ideas in the program.

No abstract.

Summary and Significance:

This website was consulted as an additional resource for the process of program development. It is a good overview, but lacks the depth provided in other program development text books.


No abstract.

Summary and Significance:

This text is significant because it provides detailed descriptions of multiple disabilities, some of which may be encountered in a program for children with special needs. The term “special needs” can be used to cover a wide array of conditions, both physical and mental. The DSM-IV addresses mental conditions as either diagnoses, or as criteria of diagnoses. For example, autism, developmental coordination disorder, and Asperger’s disorder are listed as diagnoses, while the DSM-IV lists Down’s syndrome as a form of the diagnosis of mental retardation. Although the DSM-IV is designed as a diagnostic tool, it can be helpful for identifying common symptoms and manifestations of various conditions in patients whose diagnoses are already known.


No abstract.

Summary and Significance:

This article promotes the value of physical activity in improving behavior in children with autism. The authors assert that moderate aerobic activity can increase attention span, on-task behavior, and level of correct responding. The Dancing for Life program also employs light to moderate aerobic activity and seeks to improve behavior and social interactions in appropriate participants. The authors also stressed the importance of addressing one sensory modality at a time for optimal teaching with these children. The article was also helpful in that it included suggested activities and resources for interventions.


No abstract.

Summary and Significance:

This text is relevant because it supports the use of dance and movement as therapy. The book offers a theoretical base for the profession of dance and movement therapy, as well as cites research studies conducted with dance therapy, and the practice thereof. There is a chapter devoted especially to dance movement therapy with children and adolescents in special education. Dance movement therapy is also discussed for persons with dementia, enduring mental health difficulties, post traumatic stress disorder, and Parkinson’s disease. Cultural aspects of dance therapy are also addressed.

New York: Routledge.

No abstract.

Summary and Significance:

This text is geared towards the training and supervision of dance movement therapists. As such, it includes aspects of theory and research related to dance therapy. It also incorporates cultural concerns on a variety of levels, which may be useful to the proposed program. Some elements of psychotherapy may be incorporated by occupational therapy. However, in the event that additional therapists or assistants are hired, any references used for supervisory purposes would most likely be occupational therapy-based.


Abstract: The purpose of this pilot study was to establish a model for randomized controlled trial research, identify appropriate outcome measures, and address the effectiveness of sensory integration (SI) interventions in children with autism spectrum disorders (ASD). Children ages 6–12 with ASD were randomly assigned to a fine motor or SI treatment group. Pretests and posttests measured social responsiveness, sensory processing, functional motor skills, and social–emotional factors. Results identified significant positive changes in Goal Attainment Scaling scores for both groups; more significant changes occurred in the SI group, and a significant decrease in autistic mannerisms occurred in the SI group. No other results were significant. The study discusses considerations for designing future outcome studies for children with ASD.

Summary and Significance:

This article is relevant in that it promotes the benefits of Sensory Integration. Although the Dancing for Life Program is not exclusively designed for autism or as a Sensory Integration program, it does offer diverse sensory experiences, especially vestibular-related.

**Abstract:** Occupational therapy has been an invisible profession, largely because the public has had difficulty grasping the concept of occupation. The emergence of occupational science has the potential of improving this situation. Occupational science is firmly rooted in the founding ideas of occupational therapy. In the future, the nature of human occupation will be illuminated by the development of a basic theory of occupational science. Occupational science, through research and theory development, will guide the practice of occupational therapy. Applications of occupational science to the practice of pediatric occupational therapy are presented. Ultimately, occupational science will prepare pediatric occupational therapists to better meet the needs of parents and their children.

**Summary and Significance:**

This article has relevance as a future resource for the program. It includes methods and insights into pediatric occupational therapy practice, which can be used both in planning and executing interventions in the Dancing for Life program, as well as professional standards for relating to the children who participate and their parents.


**No abstract.**

**Summary and Significance:***

Although much of this text may not be applicable for this particular program, the section dealing with planning, guiding and documentation may be valuable in terms of designing and recording specific intervention techniques and helping to establish the efficacy of the program. Some aspects of motor learning and occupational therapy may be relevant in determining
appropriate and potentially effective therapeutic techniques throughout the course of the program.


No abstract.

Summary and Significance:

This article was an Eleanor Clarke Slagle Lecture encouraging the development of occupational therapy. Although it is an older source, it testifies to the longevity of the profession and its ideals. It supports ability and appropriateness of occupational therapy to address both new and ongoing challenges in the world of health care. The survival of an occupational therapy-based program hinges in large part upon the continuation of the profession.


No abstract.

Summary and Significance:

The Behavior Rating Instrument for Autistic and Other Atypical Children is an assessment which could be used with the assessment developed for the Dancing for Life Program. Although not required, more diagnosis-specific assessments may be helpful as outcome measurements for the children to whom they pertain.


No abstract.

**Summary and Significance:**

This brief article suggests the benefits of using dance as therapy with children who have learning disabilities. Since the term “special needs” is very broad, studies on such a general population are sparse. Therefore, a variety of articles pertaining to more specific conditions, especially commonly seen diagnoses, are helpful in indicating what these children’s needs are, and what are effective ways of addressing them. It is then possible to analyze whether an occupational therapy-based dance program is a good match. The journal is reputable. However, a more complete article would have been helpful. More background information and discussion might have been helpful.


No abstract.

**Summary and Significance:**

The Childhood Autism Rating Scale is an assessment which could be used with the assessment developed for the Dancing for Life Program. Although not required, more diagnosis-specific assessments may be helpful as outcome measurements for the children to whom they pertain.


**Abstract:** A pilot project was undertaken to study the effect of educational play as an intervention approach. The study was conducted with 14 neurologically impaired, physically handicapped pre-school children, parents, community teachers, and developmental center staff. Educational play consisted of art and drama group activities presented according to the normal sequence of play development, from sensorimotor, to symbolic, to sociodramatic play. After a 7-week course of intervention, the children’s performance, as measured by items in the Vulpe Assessment Battery, improved in six areas of development. Overall improvement was statistically significant. In addition, participating adults began to value the use of play as an essential component of child development. Results suggest the need for a systematic study of play in intervention with preschool, neurologically impaired, and physically handicapped children.

**Summary and Significance:**

This article is relevant because it defends the position of occupational therapy that engaging in play is beneficial for children’s development, including children with special needs. It also supports the idea participating in play activities is an outcome in and of itself by emphasizing the process of play engagement is at least as important as other outcomes. The use of dance for therapeutic and developmental purposes is also akin to the intervention techniques used in the study, which were educational art and educational drama.


**Summary:** The purpose of this article is to present a variety of instructional techniques and example dances teachers can use to accommodate and integrate students with ambulatory disabilities. The authors review basic inclusion principles as they relate to dance and provide a suggested progression for teaching dance when including children with ambulatory disabilities. This article illustrates that with little modification, teachers can integrate students with ambulatory disabilities and make dance meaningful and challenging for their entire class.

**Significance:**
This article contains useful teaching tips for incorporating students who may not be able to bear weight or at least not for long. The authors discuss how to get started, how to make modifications, and how to progress classes. This is relevant information given that it is hoped that weight-bearing status will not be a determinant for participation in the Dancing for Life program. Wheelchairs can and should be incorporated, as well as equipment to assist non- or minimal-weight-bearing children to participate as fully as possible.


**Abstract:** Physical responses to rhythmic stimuli and music, of different degrees of complexity were registered from 25 children with Down’s syndrome and 25 other mentally handicapped children. Required performances were taught and then recorded on video-tape, after which they were assessed by experienced teacher/judges. Whilst there were no overall significant differences between the groups, important differences were detected between the children in different schools with attendant implications for differential treatment. Apart from an overall and general assessment of performance, analysis was made of demographic variables, for example, sex, intelligence, age, and social development. It is concluded that specific teaching approaches can significantly effect the development of children with Down’s syndrome in such creative aspects of the curriculum as music, movement, and dance.

**Summary and Significance:**

This article has some significance in the fact that although children with Down’s syndrome are different from typically developing children in some ways, in some ways they are very similar. This particular article asserts that these two populations have a similar grasp of the concept of rhythm. Music, rhythm, and movement, then, are not out of the comprehension of children with Down’s syndrome, and so should be usable as a means of teaching and promoting development as they are with typically developing children.

**Abstract:** The potential impact of peer-play opportunities on the overall development of young children has been well-documented in the social development, occupational therapy, and special education literature. However, the effect of peer characteristics on the manifestation and facilitation of specific types of play roles and behaviors has received little attention. This topic is of key importance to occupational therapists who are striving to develop interventions that enhance the development of social participation and play in preschool children. The purpose of this study was to examine the differences in initiation and response exhibited by preschool-aged children with social-play delays when participating in free-play dyads with peers of differing developmental levels. A single-subject alternating treatments design was replicated across five preschool-aged children with developmental play delays. Each child was paired with one peer who had lower developmental play skills and one peer who had higher developmental play skills. The arranged dyads were given the opportunity to play together in a specially designed playroom at their school. Their interactions were videotaped and later coded. All five children generally showed more initiation and response to initiation during play with higher-level peers, although one participant showed less differentiation for initiation than the other four children. An occupational therapist working with a preschool child with play delays and wanting to facilitate the child’s initiation and response in play situations should consider pairing the child with play delays with a child who has higher play skills.

**Summary and Significance:**

This article is of mixed value. There are multiple weaknesses in the study, especially small sample size. One of the decisions approached in the Dancing for Life program was whether or not to include typically-developing peers. The article supports the benefits of pairing a child with a play delay with an older and/or higher level peer. The benefits of peer interactions are certainly worthy of consideration. However, this study only looked at free play. Although the Dancing for Life program allows for and encourages individual expression, it is still comprised of structured classes. Therefore, objectives and child behaviors which may be desirable during free play may not be appropriate in a group setting.

*Tortora, S. (2006).* *The dancing dialogue: Using the communicative power of movement with*
Summary and Significance:

This text is intended to help professionals assess behavior and movement in children with different challenges, and to follow those assessments with appropriate interventions. Some of the topics include correctly reading non-verbal cues, promoting development in different life areas, nurturing positive social behaviors, and working with caregivers and other professionals. The target age range of the children described is from birth to seven years of age. There is no lower age cut-off for the Dancing for Life program. However, a certain level of maturity is necessary to participate in dance classes, and the exact age that happens will vary from child to child. With this in mind, some techniques for working with these younger children may still be applicable when working with older children who have certain special needs.


Summary and Significance:

This text was purchased for future use in the Dancing for Life program. The first part is an overview of Autism Spectrum Disorders, and how creative therapy can be used as holistic approach to therapy with this population. The second part of the book describes a variety of exercises, activities, and games to use with these children. Many of these may be adaptable for use in the Dancing for Life program.

No abstract.

**Summary and Significance:**

This article is relevant because the author discusses the versatility of dance as therapy with multiple populations, including children, stating that movement engages neural connections and promotes learning and self-confidence. The author of this article describes how dance can benefit occupational therapy patients both physically and emotionally. She discussed how movement is important to dance and to occupational therapy. Not only is it fun and meaningful for many people, but dance can also be used as a therapeutic method to train gross muscles; improve body image; improve coordination; increase balance and coordination; and facilitate socialization.


No abstract.

**Summary and Significance:**

This text promotes the use of creative therapy and arts in therapy to increase health and encourage healing. The book includes a history and development of creative therapy, outlines a framework for use with disabilities, and offers ideas for activities. It may be useful as a source for intervention ideas.

Abstract: This paper discusses occupation as a central aspect of the human experience. It argues that occupation fulfills basic human needs essential for survival, provides the mechanism for people to exercise and develop innate capacities of a biological, social and cultural nature, to adapt to environmental changes, and to flourish as individuals. However the basic occupational needs of people have been obscured by the current complexity of occupational technology and economy, and the social strictures, divisions, and values which have been established progressively throughout time.

Summary and Significance:

This article is significant because it supports the concept that humans are occupational beings. It goes on to assert that engaging in occupations is a basic human need. The Dancing for Life program offers ongoing occupation intended to enhance health and improve quality of life.


Abstract: Objective. In addition to the need for good measurement tools in occupational therapy, there is a need for the tools to be used knowledgeably. The purpose of this article is to investigate the usefulness of the Bruininks-Oseretsky Test of Motor Proficiency (BOTMP) for both descriptive (diagnostic) and evaluative (change over time) purposes. Method. The typical profile of subtest scores for children with mild motor problems revealed that certain subtests of the BOTMP may be better indicators of motor problems for these children than others. An analysis also was performed to compare the use of raw (point) scores with standard (age-adjusted) scores in evaluating change. Results. Four subtests that provide a greater degree of discrimination between children with and without motor problems were identified. Raw (points) scores were found to provide a more valid measure of change over time than standard (age-related) scores. Conclusion. We recommend that, for clinical use, the BOTMP subtest standard scores be used for diagnostic purposes and that the raw scores be used for evaluative purposes.

Summary and Significance:

The Bruininks-Oseretsky Test of Motor Proficiency is an assessment which could be used with the assessment developed for the Dancing for Life Program. Although not required, more diagnosis-specific assessments may be helpful as outcome measurements for the children to whom they pertain.

No abstract.

**Summary and Significance:**

This text has value as a reference for occupational therapists who work with children with various learning and coordination problems, as well as speech, language, and behavior problems. It includes a background to sensory integration, assessment procedures, treatment sessions, parents’ guide, food and chemical sensitivities, activity ideas, home programs, and equipment ideas.


**Abstract:** Objective: This quasi-experimental study compared the effect of sensory integrative (SI) therapy, neurodevelopmental treatment (NDT), and perceptual-motor (PM) approach on children with mild mental retardation. Method: Children (N=120) were randomly assigned to intervention with SI, NDT, or PM, another 40 children served as control participants. All children were assessed with measures of sensorimotor function. Results: After intervention, the treatment groups significantly outperformed the control group on almost all measures. The SI group demonstrated a greater pretest-posttest change on fine motor, upper-limb coordination, and SI functioning. The PM group showed significant gains in gross motor skills, whereas the NDT group had the smallest change in most measures. Conclusion: SI, NDT, and PM improved sensorimotor function among children with mild mental retardation. The choice of sensorimotor approaches should be determined on the basis of the child’s particular needs because each approach may have an advantage in certain aspects of sensorimotor function.

**Summary and Significance:**
This article is somewhat significant because it suggests the benefits of Sensory Integration for children who have mild developmental disabilities. Although the Dancing for Life program does not primarily utilize Sensory Integration as model of practice, some aspects of the model are congruent with certain parts of the Dancing for Life program. For example, the Dancing for Life program contains elements of tactile and vestibular stimulation through the use of props and gross motor movement, respectively. Although the term “mental retardation” is no longer recommended for use, it was left in the title and abstract because it is a component of the original article.


Summary: Occupational science is an emerging basic science which supports the practice of occupational therapy. Its roots in the rich traditions of occupational therapy are explored and its current configuration is introduced. Specifications with the science needs to meet as it is further developed and refined are presented. Compatible disciplines and research approaches are identified. Examples of basic science research questions and their potential contributions to occupational therapy practice are suggested.

Significance:

This article is relevant because it offers definitions and explanations of “occupation” and “occupational therapy.” It supports the benefits of occupational therapy in the face of changing societal needs. In explaining “occupation” it also supports the occupational nature of the Dancing for Life Program.