5-2018

The Dancing Nurse: Addressing Barriers to the Implementation of Movement-Based Interventions in Holistic Patient Care

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THE DANCING NURSE: ADDRESSING BARRIERS TO THE IMPLEMENTATION OF MOVEMENT-BASED INTERVENTIONS IN HOLISTIC PATIENT CARE

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A senior research paper submitted in partial fulfillment

Of the requirements for the degree of

Bachelor of Science in Nursing

Anna Vaughn College of Nursing

Oral Roberts University

May 2018

Acknowledgments

This paper is dedicated wholeheartedly to the memory of Amy Roark-McIntosh, founder of the Oral Roberts University Dance Program and advocate for the author's simultaneous pursuit of two undergraduate degrees in Nursing and Dance Performance. Her support and encouragement rendered an impossible dream achievable.

The author also wishes to thank her faculty research mentor, Dr. Audrey Thompson, as well as the nine-and-a-half out of ten people whose first inquiry in response to hearing of her double-degree was if she was going to be "a dancing nurse."

Abstract

The efficacy of dance movement therapy (DMT) is well demonstrated in contemporary nursing literature; however, implementation by healthcare professionals is often limited. Dance movement therapy was pioneered in the mid-20th century by classically trained modern dancer Marian Chace. Recent trends toward patient-centered care and interdisciplinary approaches render therapies such as DMT important modalities which nurses and other healthcare providers may become familiar with. This systematic research review focused on answering the question: "what are hindrances perceived by members of the healthcare team to implementing DMT as an alternative treatment modality?" Two variables were identified for the purposes of this study: the barriers and hindrances perceived by healthcare providers in relation to DMT, and the decision made by healthcare providers on whether or not to utilize DMT interventions within the plan of care. A systematic research review of the literature was conducted to identify potential and actual barriers to DMT implementation. Four barriers were identified: poor quality research, knowledge deficit, limited resources, and cultural/societal factors. In many of the articles surveyed, the authors provided easily implemented solutions to the identified barriers. Implications of the study included a need for greater education regarding DMT, a focus on developing higher quality research, and strategic lobbying for increased discovery and implementation of DMT within the healthcare field. Recommendations for further research involve recreation of this study with live-subject research involving personal interviews with healthcare providers. The researcher concluded that greater advocacy for complementary therapies such as DMT presents a crucial step in the journey towards a more holistically integrated healthcare delivery system.

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While it may seem imprudent to suggest that the profession of nursing may benefit from treatment modalities other than those of the traditional medical-surgical approach, contemporary research demonstrates that holistic, interdisciplinary patient care centered on a spirit-mind-body approach is not only beneficial, but necessary for favorable patient and community outcomes (Harris 2009). Complementary approaches to the medical-surgical nursing paradigm range from aromatherapy, acupuncture and relaxation therapy to intervention strategies centered on the fine arts, such as visual art, drama, music and dance. When used alongside traditional interventions, these complementary therapies may be tailored to meet the unique physiological and psychosocial needs of individual patients and communities, leading to a more holistic, patient-centered care approach (Chace 1945).

As evidence-based practice becomes the gold standard for nursing care, a renewed surge of interest and research has sprung up regarding the efficacy and practicality of alternative treatment modalities. However, despite a wide body of evidence-based research demonstrating the effectiveness of treatments such as dance movement therapy (DMT) and other complementary and alternative therapies, acceptance and implementation by medical professionals is often limited or nonexistent (Brauninger 2014). It is the objective of this paper to examine in particular the perceptions of healthcare professionals across a variety of disciplines specifically in regards to DMT, and to identify potential hindrances or barriers to its effective implementation as an alternative treatment modality.

Background

Dance therapy became recognized as its own therapeutic modality during the course of the 20th century, pioneered by the work of Marian Chace, Blanche Evan, and Mary Whitehouse (Krantz 2016). Dance therapists are board certified and practice within both community and medical settings, often combining movement therapy with psychotherapy and trained counseling (Krantz 2016). According to the official website of the American Dance Therapy Association, dance therapy is defined as "the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual" (adta.org 2017).

Marian Chace, a classically trained modern dancer and the founder of the American Dance Therapy Association in 1965, was one of the first to incorporate what she describes as "rhythm in movement" within a medical setting at Saint Elizabeth's Hospital in Washington, D. C. (Chace 1945). Chace describes leading group lessons on men's and women's psychiatric wards at the hospital, where patients would hold hands in a circle and follow the promptings of the instructor in a series of stretching, mobility and rhythm exercises to the accompaniment of music. She noted that in groups of catatonic or withdrawn patients, the proximity and connection with their peers was associated with increased socialization and confidence, while in groups of manic or hyperactive patients, the circular structure served as a steadying foundation that enabled them to focus for greater periods of time (Chace 1945). It is important to note that other than the circular arrangement of the students in Chace's classes, every aspect of the therapy was tailored to the dynamic of the group: soft piano music and a gentle, quiet demeanor on the part of the instructor for withdrawn groups, and loud swing music with authoritative, confident

instructor behavior for manic patients (Chace 1945). The flexibility of the therapist's approach lends itself to a more individualized standard of patient care, based on careful assessment of group dynamic and individual patient needs.

In many ways, the progression of a dance therapy session or treatment course is similar to the nursing process. Dr. Claire Schmais, who served as Coordinator of the Dance Therapy Masters Program at The City University in New York, organizes the progression of a dance therapy session into the three segments of warm-up, development, and closure (Schmais 1981). Although not directly correlated to the steps of the nursing process, both sets of provider-patient interactions are structured around a beginning, middle, and end, with the provider assuming leadership and cooperative roles in order to provide the patient with autonomy (Schmais 1981). In the decades following Chace's death, the field of dance therapy or dance movement therapy (DMT) has expanded considerably, with therapists placing primary emphasis on decreasing the effects of stressors on patient's daily functioning and improving patient quality of life (Brauninger 2014).

Individuals may seek dance therapy for any number of reasons, from pre-existing psychological conditions to trauma caused by violent crimes or disturbing personal experiences. Although dance therapy is better incorporated once primary physical and safety needs have been met, some studies have demonstrated that therapeutic programs utilizing dance have contributed to increased self-esteem, initiative, communication, and enhanced coping skills that last for years after the therapeutic experience (Kessell 1994, Koch 2009). Evidence for the efficacy of dance therapy in dealing with traumatic

experiences has been demonstrated in individuals of both genders and across a wide span of ages (Kessell 1994, Harris 2007).

Significance

In the recent swell of nursing research generated, concepts such as "patient-centered" or "person-centered" care have risen to the forefront of accepted nursing practice (Lusk & Fater 2013). A distinct body of inquiry has risen in regards to these terms alone; nonetheless, these concepts affect every specialty within the discipline of nursing (Lusk & Fater 2013). Lusk and Fater define patient-centered care (PCC) as a healthcare provision model characterized by a focus on patient autonomy, individualized care plans and patient outcomes, and a caring attitude on the part of the nurse (Lusk 2013). As a result of the widespread acceptance of patient-centered care as the gold standard for nursing practice, nurses are increasingly encouraged to implement creative, individualized interventions into their care plans in response to unique patient needs (Lusk 2013). This may often involve unconventional and/or complementary therapeutic modalities (such as dance movement therapy), or adaptations of traditional nursing interventions. In the continually changing face of patient-centered nursing care, it is important for nurses to familiarize themselves with as many of these alternative interventions as possible as well as develop competencies to implement them on an as-needed basis.

In addition to the patient-centered care phenomenon, a new trend towards interdisciplinary care approaches is growing in the health care delivery system (Groenkjaer 2017, Heckman 2017, and Moss 2016). Nurses are increasingly required to collaborate with healthcare team members from a wide range of professions. This trend

allows for a broader knowledge base to draw insight from as well as a greater variety of perspectives on how to care for individual patients (Moss 2016). As arts and movement therapies continue to gain legitimacy and backing from evidence-based research, dance therapists may soon begin to find places on interdisciplinary care teams.

Problem and Purpose Statement

Despite a growing body of research and evidence for the efficacy of DMT, many healthcare practitioners remain reluctant to implement movement-based interventions drawn from the modality of therapeutic dance (Koch 2014). Therefore, it is important to identify and understand barriers to utilizing dance therapy as an alternative treatment, and explore directions for research that can increase the acceptance of DMT within the healthcare field. This systematic research review focuses on answering the question: What are hindrances perceived by members of the healthcare team to implementing DMT as an alternative treatment modality?

Definition of Variables

Two variables were identified in relation to the research question for this study. The independent variable was found to be the barriers and hindrances perceived by healthcare providers in relation to DMT. The decision made by healthcare providers on whether or not to utilize DMT interventions within the plan of care was classified as the outcome or dependent variable.

The Merriam-Webster dictionary defines the term “barrier” as “something immaterial that impedes or separates” or “a… structure that prevents or hinders movement or action.” Within the context of this paper, both of these definitions are relevant – the research studies in question outline specific mindsets or perceived deficits

that serve as immaterial impediments to the widespread utilization of DMT, but these theoretical "structures" are literally preventing healthcare professionals from taking action, consequently hindering the physicality of movement interventions from positively impacting healthcare delivery systems. Mosby's Medical Dictionary defines a barrier specifically within the medical context as an "obstruction…obstacle or impediment" or "something nonphysical that obstructs or separates, such as barriers to communication or compliance." Whatever barriers may be discovered to limit DMT usage in the healthcare field are in a sense keeping patients that may benefit from the therapy confined to stillness.

For the purposes of this study, "healthcare providers" includes any licensed professional working in a field related to healthcare. Also mentioned in the Background section, dance therapy is defined as "the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual" (adta.org 2017).

Methodology

Review of the literature for this subject was conducted intermittently over the seven-month period between February 2017 and August 2017, in order to obtain the widest possible range of relevant information. Databases searched included PILOTS ~ Published International Literature on Traumatic Stress, CINAHL Plus with Full Text, EBSCO Host, ScienceDirect, Academic Search Complete, Google Scholar, MEDLINE with Full Text, PsycARTICLES, PsycINFO, SocINDEX with Full Text, and Health Source: Nursing/Academic Edition. To further extend the scope of the research selected for the study, a broad variety of keywords were used individually and in combination within the searches, such as "dance," "dance movement therapy," "art therapy," "dance

therapy," "movement therapy," "barriers," "challenges," "obstacles," "facilitators," "perceptions of," "collaboration," "nursing," "healthcare provider," "staff attitudes," "strengths," "provider/patient interactions/relationships," and "staff benefits from/attitudes toward DMT." Limiters used alongside the search terms included scholarly articles published in peer-reviewed journals. The search terms utilized to answer the research question yielded over 72,500 hits.

After scanning the titles of the articles from the search results, a total of 56 studies were saved for further review. Further inquiry was conducted by reading each article's abstract in order to assess its relevance to the research question, as well as determining its overall academic quality and validity. Review of abstracts yielded a narrowed base of literature, including fourteen articles that were selected for an in-depth critique process. Out of these fourteen articles, ten were determined to be adequate for inclusion in the research sample. In an attempt to increase the sample size to minimize bias, the references sections of the fourteen articles were also scanned to identify additional articles for potential inclusion.

Articles were included in the sample based on the following criteria: articles written in English and available free of charge online or through interlibrary loan; articles written within the past fifteen years; articles assessing, analyzing, or mentioning the perceptions of healthcare providers in relation to DMT; and articles discussing the effectiveness of DMT or its viability for implementation. Articles that did not mention dance movement therapy at least once, even if they discussed interdisciplinary collaboration, were excluded.

Results

After rigorously searching the literature, a total of ten studies were selected for review (Chutroo 2007, Demers et al. 2015, Kennedy, Reed, and Wamboldt 2014, Koch et al. 2014, Levine and Land 2015, Melhuish, Beuzeboc, and Guzman 2017, Panhofer, Garcia and Zelaskowski 2014, Philipsson, Duberg, Moller and Hagberg 2013, Strassel, Cherkin, Steuten, Sherman, and Vrijhoef 2011, and Strouss, Mackley, Guillen, Paul, and Locke 2013). Of the selected studies, six were of a qualitative nature (Chutroo 2007, Demers et al. 2015, Levine and Land 2015, Melhuish, Beuzeboc, and Guzman 2017, Panhofer, Garcia and Zelaskowski 2014, and Strassel et al. 2011). One of the qualitative studies was a meta-synthesis of nine studies (Levine and Land 2015), while another was a systematic research review of 64 studies (Strassel et al. 2011). Four quantitative studies were included (Kennedy, Reed, and Wamboldt 2014, Koch et al. 2014, Philipsson, Duberg, Moller and Hagberg 2013, and Strouss et al. 2013). One of the quantitative studies was a meta-analysis of 23 separate studies (Koch et al. 2014). Two of the studies used direct interviews with healthcare providers (Demers et al. 2015, Melhuish, Beuzeboc, and Guzman 2017). Two other studies used surveys to gain sample information (Kennedy, Reed, and Wamboldt 2014, Strouss et al. 2013). An overview of the information contained in the studies is given in Table 1.

Authors	Date of Publication	Type of Study	Level of Evidence	Sample	Findings
Chutroo	2007	Qualitative	4	1 theory	Therapeutic mindsets centered on mind-only approaches
Demers et al.	2015	Qualitative	4	6 occupational therapists, 6	Personal beliefs, lack of experience, resource deficits,

				physical therapists, and 2 social workers	lack of institutional support
Kennedy, Reed, and Wamboldt	2014	Quantitative	3	96 surveys	Difficulty assessing effectiveness of DMT due to underrepresentation in research
Koch et al.	2014	Quantitative meta-analysis	4	23 studies	Weak research designs
Levine and Land	2016	Qualitative meta-synthesis	4	9 studies	Cultural factors, role of dance in society
Melhuish, Beuzeboc, and Guzman	2017	Qualitative	4	7 healthcare providers	Knowledge deficit, lack of training and supervision in DMT
Panhofer, Garcia and Zelaskowski	2014	Qualitative	4	1 class of DMT students	Academic context that minimizes value of physical expression
Philipsson, Duberg, Moller and Hagberg	2013	Quantitative	2	122 patients	Questions about cost effectiveness
Strassel, Cherkin, Steuten, Sherman, and Vrijhoef	2011	Systematic research review	4	64 studies	Poor quality research
Strouss, Mackley, Guillen, Paul, and Locke	2013	Quantitative	3	153 surveys	Providers unaware of patients' use of CAM/DMT

After thorough inspection of the selected studies, four trends emerged in regards to potential barriers to DMT implementation: poor quality research, cultural/societal factors, knowledge deficit, and limited resources. Although each of these trends presents a significant limitation to the widespread practice of DMT interventions, it is likely that a focused effort on the part of healthcare providers and dance therapists alike can address the underlying causes of these barriers and either minimize or even nearly eradicate their effects.

Discussion

The most prevalent trend across the surveyed literature was the barrier of poor quality research (Kennedy, Reed, & Wamboldt 2014, Koch et al. 2014, Strassel et al. 2011). One of the primary factors in the perceived low reliability of DMT research was its relative underrepresentation in the literature, leading to difficulty in assessing the effectiveness of the therapy (Kennedy, Reed, & Wamboldt 2014). This assessment is further supported by one of the more recent research reviews on the subject of DMT effectiveness, which only found 23 studies rigorous enough to meet its inclusion criteria (Koch et al. 2014). The primary conclusion of this meta-analysis was that the vast majority of DMT literature contains weak research designs – composed mainly of qualitative research – that render its conclusions less reliable (Koch et al. 2014). Another systematic research review provided the conclusion that DMT implementation is limited due to poor quality research that may not appear convincing to healthcare providers unfamiliar with the therapy (Strassel et al 2011). The authors provided the recommendation that more time and resources be provided to DMT researchers in order

to carry out studies based on stronger, more rigorous research designs (Strassel et al. 2011). Additional recommendations provided to enhance the reliability of DMT research included more consistent randomization and larger sample sizes, as well as providing alternate interventions for control groups (Koch et al. 2014).

Nearly as prevalent as the aforementioned difficulties was the perceived barrier of knowledge deficit in relation to DMT on the part of healthcare providers (Demers et al. 2015, Melhuish, Beuzeboc, & Guzman 2017, Strouss et al. 2013). One study assessed that many healthcare providers are unaware that their patients utilize alternative treatment modalities such as DMT due to non-disclosure and/or failure to assess for usage of the therapy (Strouss et al. 2013). Another study cited the direct inexperience of healthcare providers in relation to DMT, which may be perceived as significantly intimidating for individuals with little experience and/or proficiency in the fine and performing arts (Demers et al. 2015). In addition, this knowledge deficit was found to be exacerbated by lack of institutional support for the implementation of complementary and alternative therapies, and limited access to resources related to the therapies as well as little knowledge on where to find them in the first place (Demers et al. 2015). A third study found once again that lack of training and supervision at the healthcare facility level contributed heavily to a low level of knowledge and understanding of DMT and its benefits (Melhuish, Beuzeboc, and Guzman 2017).

Three studies specifically included the barrier of limited resources in their discussions (Demers et al. 2015, Melhuish, Beuzeboc, and Guzman 2017). Although seemingly inherently linked with the conceptual barrier of knowledge deficit, a lack of awareness of and access to resources and information regarding DMT extends the scope

of the issues underlying DMT non-implementation. In the first study, the concept of resource deficits was more broadly defined (Demers et al. 2015). In the second, human resources such as personal instruction and oversight were cited as the tools found to be missing (Melhuish, Beuzeboc, and Guzman 2017). In a third, the cost-effectiveness of implementing DMT interventions within a health care facility was listed as the primary concern (Philipsson, Duberg, Moller and Hagberg 2013). In all three studies, the lack of resources evaluated tended to be on an institutional rather than a personal level (Demers et al. 2015, Melhuish, Beuzeboc, and Guzman 2017).

The final barrier assessed within the literature was that of societal and cultural factors (Demers et al. 2015, Levine and Land 2016). One study deemed healthcare providers' personal beliefs about art, specifically performing arts such as dance, to be a significant barrier to DMT implementation (Demers et al. 2015). Another study examined the role of cultural factors in relation to a person or facility's reception of DMT, discovering that many studies on DMT had been performed in African countries where artistic and expressive modalities such as dance are more readily welcomed into the spheres of everyday life (Levine and Land 2016). The common thread within these two articles is the assessment that therapeutic movement may be implemented differently in many cultures due to the differing roles of dance in society. Two additional articles focused on a cultural trend within the academic field: an intellect-centered approach to learning that often neglects the incorporation of the physical body into healing and learning (Panhofer, Garcia and Zelaskowski 2014, Philipsson, Duberg, Moller and Hagberg 2013).

Implications

For Education

The results of this study indicate a need for greater education among healthcare providers of all disciplines regarding the efficacy and ease of implementation of DMT. A number of strategies could be implemented to address the barrier of knowledge deficit, including holding seminars and/or training sessions at healthcare institutions interested in the therapy, and addressing knowledge deficits proactively in the healthcare workforce by including classes or lectures on complementary and alternative therapies including DMT in nursing and medical school degree programs. These interventions could easily be carried out by collaborating with organizations such as the American Dance Therapy Association (ADTA) or another comparable institution. Community education, such as classes offered at community centers or local YMCA/YWCAs, is also an important factor in the successful use of DMT, which would stem from accurate and unbiased portrayals of its potential benefits on the part of well-educated healthcare providers.

For Practice

The primary implication for practice indicated by this study is that healthcare providers across the board ought to become familiar with at least the existence of DMT as a complementary therapy, as well as with local DMT therapists or clinics where their patients can safely and easily access the therapy. The primary change in practice that would accomplish this is simply increasing provider-patient communication about DMT, including a broadening of referral skills to include DMT practitioners. Additional goals would include increasing budgetary and material resources to provide dance movement therapists with adequate space, time and materials to practice, and challenging healthcare

providers to explore their own preconceptions and biases in regards to complementary therapies such as DMT.

For Future Research

The widespread benefits of DMT are well demonstrated in the existing literature. The primary goal of future DMT research should lie in developing stronger research designs that replicate current findings in an educational manner that will be convincing and informative to healthcare providers unfamiliar with the therapy. An intervention-correlation study performed by Iris Brauninger in 2014 is an excellent example of the type of research needed in the DMT field, and provides a valuable resource for healthcare providers interested in learning more about DMT and its therapeutic value (Brauninger 2014). Research of this scope and quality would render DMT as a whole more accessible both to providers and patients.

Strengths and Limitations

A large degree of strength was lent to this study by the fact that the researcher was able to work with a mentor. The mentor for this study had a broad range of experience in nursing research as well as nursing education, and displayed an open-minded interest in the project while maintaining high standards for the research to be conducted. Both the researcher and the mentor had a strong degree of interest in the study's subject material, and the researcher had a proficient knowledge base in dance due to nearly two decades of classical dance training. Nearly a year's time was given to the completion of the study, allowing for new research to be developed and a greater amount of thought and effort to be given to interpreting the study's findings.

Limitations of the study included a number of differing variables. The researcher had access to a very limited number of databases, and insufficient funds to purchase access to a number of articles that might have been relevant to the study, introducing an inherent sample bias. Inexperience of the researcher, a small sample size, an overall lack of literature, and a plethora of additional responsibilities of the researcher also played a role in limiting the study's strength.

Bias was introduced from a number of sources. The principal bias lies in the researcher's extended dance background, rendering her more inclined to be supportive of the effectiveness of DMT. It is necessary to acknowledge that although DMT may be effective for willing participants, a fairly large sector of patients seeking medical care may not believe that it will be helpful or may feel uncomfortable with the idea of using dance as a means to achieve an increased level of health.

Recommendations

Recommendations for increasing the strength and generalizability of this study include a possible restructuring of its design to include live-subject research. Research specifically addressing the perceptions of healthcare providers in regards to DMT is extremely scant, and a qualitative study focused on live-subject research by interviewing a broad range of healthcare providers from multiple disciplines across the healthcare field would be likely to provide a richer depth of information. A more intensive focus on the research process with a reduction of other obligations such as classes and work-related duties would allow for more undistracted time spent in answering the research question. Additionally, it would be helpful to work with a research team, as this would enable more interviews or a broader scope of database searching to be conducted.

No clinical guidelines were found to be applicable to DMT in the current healthcare literature (National Guideline Clearinghouse, National Clinical Guideline Centre). Creation of a clinical guideline for the implementation of DMT could be a valuable tool to assist healthcare providers in including the modality in the plan of care, but this would be a secondary goal after focused efforts on increasing awareness of DMT and addressing the identified barriers on the local and immediate physical levels.

Conclusions

The results of this study identified four main categories of barriers to DMT implementation: poor quality research, knowledge deficit, limitations in resources, and cultural or societal factors. By comparing the nature of these barriers to the vast scope of conditions that DMT provides therapeutic benefits for, the researcher concluded that the next focus of DMT advocates should be on education and strategic lobbying to enhance and increase the usage of DMT as a complementary treatment modality.

Interestingly enough, amongst all the potential and actual barriers unearthed in the literature reviewed, a number of facilitators to DMT implementation presented themselves as well. Two of the articles included in the findings table specifically mentioned the benefits of healthcare providers participating in DMT alongside their patients (Kennedy, Reed, and Wamboldt 2014, Melhuish, Beuzeboc, and Guzman 2017). Widespread dissemination of this type of discovery presents a valuable tool to DMT advocates as it focuses not only on patient care in isolation but on the healthcare field as a whole – including providers and patients alike in an interactive system of care. Embracing holistic interventions such as dance movement therapy constitutes a valiant

move towards a more integrated care delivery system, which will in turn affect all other fields of practice and on a grander scale contribute to societal and world wholeness.

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