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Effects of Adaptive Dance on Children: Dance Teachers' Perspectives

By

Isobelle Hughes

This thesis is submitted in fulfillment of the requirements
for the Elizabethtown College Honors Program

May 1, 2020

Thesis Director Judy Beck Ericksen

Second Reader ____ Tamera Keiter Humbert, D. Ed,
OTR/L _____

Effects of Adaptive Dance on Children with Disabilities: Dance Teachers' Perspectives

by

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This thesis is submitted in partial fulfillment of the requirements for the Elizabethtown
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Abstract

Dance is an art, sport, and passion able to be enjoyed and benefited by all ages. The benefits include increased motor, cognitive, emotional, and social skills, and more (Demers, Thomas, Wittich, McKinley, 2015). This study gathered initial research regarding the effects of dance on children with disabilities as well as children of typical development and the aging population. The researcher conducted interviewed teachers of adaptive dance programs regarding their perspectives on the benefits, challenges, goals, and the impact of an occupational therapy career on teaching, as applicable. Teachers were interviewed via video or phone call and audio transcriptions were used to analyze data through extracting themes for each question. The study aligned with previous research in establishing benefits such as confidence, motor skills, and cognitive skills such as memory and sequencing. Challenges found included acquiring enough students and finances as well as optimizing participation from a diverse range of students. The goals ranged from more general ones about having fun and building confidence, to more specifically working on physical and social skills. Only one participant was also an occupational therapist and spoke to the unconscious integration of her expertise influencing her teaching.

Keywords:

Dance/Adaptive Dance

Children

Disabilities

Dance teachers

Effects of Adaptive Dance on Children with Disabilities: Dance Teachers' Perspectives

Introduction

Dance has been defined as “a series of steps and movements that match the speed and rhythm of a piece of music” (Demers, Thomas, Wittich, McKinley, 2015, p. 1066). It is one of the most easily accessible recreational activities and popular among young people (Ungureanu, 2014). The influence of pop culture and technology on dance has made this time a prime time to learn dance to foster lifetime skills (Little & Hall, 2017). Dance is growing in popularity and enjoyed by an audience, those who train in it, and those who do it for fun in any place or situation. It is a relatively new intervention in rehabilitation, yet versatile and flexible in its components. Anyone can enjoy it, regardless of age or ability. It requires little skill or equipment and comes with a wide range of benefits. The benefits are not only physical or motor, but also cognitive, social, emotional, and more, and reach almost any participant (Demers et al., 2015). This study aimed to look at the effects of dance on children with disabilities, also initially covering effects of dance for children of typical development and the aging population.

Literature Review

Dance and Typically Developing Children

Active children overall experience fewer health problems, less anxiety and stress, higher self-esteem, and improved capacity than sedentary children. They also have improved blood pressure and body fat levels, as well as bone density and cardiovascular fitness (Cox, 2005). The purpose of physical education is to guide students to a lifetime of physical activity. Physical activity helps prevent obesity, which is important, as it can protect health in adulthood (Burkhardt & Brennan, 2011). If a child is obese at age 12, she has a 75% chance of being obese as an adult. Physical inactivity has been cited as the main cause of overweight among American

youth (Cox, 2005). Children not engaging in the recommended level of physical activity can have long-term consequences on health. Sports and exercise have been shown to improve children's self-esteem and body image, which can be a factor in obese adolescents (Burkhardt & Brennan, 2011).

Dance is a type of physical activity that nurtures the ability to combine fundamental motor skills and contributes to the development of physical fitness (Little & Hall, 2017). Movement is a fundamental way of learning and developing a sense of self and a way to explore one's surroundings (Zitomer & Reid, 2011). Adding dance to physical education provides more options for an active lifestyle (Little & Hall, 2017). The more activity children engage in, the more physical, psychological, and social benefits they receive (Cox, 2005). In typically developing children, dance facilitates both motor skills and enhancement in other areas of cognition, self-perception, and more.

One Example of Dance with Children

One example of technology use with dance is exergaming, a combination of exercise and gaming. Group exergaming can improve competence, self-efficacy, and psychological barriers. One population benefiting from this is obese adolescents, who may live a sedentary life due to physical and psychosocial barriers. Exergaming, however, can bring them mental and physical benefits by helping them increase activity and connect with peers, all from home. (Wagener, Fedele, Mignogna, Hester, & Gillapsy, 2012). This is one example showing how dance can bring people together and foster social skills while at the same time increasing physical skills.

Benefits of Dance for Typically Developing Children

Young children explore their world through movement while growing in body awareness and control (Lorenzo-Lasa, Ideishi, & Ideishi, 2007). They also react naturally to music, so

creative dance is an appropriate natural movement for them. Creative dance specifically is based on natural movement, as opposed to movement of a particular dance style, and therefore most appropriate for preschool-age (Pavlidou, Sofianidou, Lokosi, & Kosmidou, 2018). Not all dance for adaptive children is solely creativity focused, however, and may be more aligned with a style like ballet or jazz. Movement in general through dance specifically facilitates motor skills, social participation, sensory participation, and cognitive flexibility (Lorenzo-Lasa et al., 2007). Other benefits include enhanced social and emotional skills, creativity, communication, responsibility, cooperation, and more (Pavlidou et al., 2018). The mind-body connection is developed through execution of proper steps, and sensory processing is involved when the child executes these steps to music. Dance also begins to teach discipline and repetition, something generally unique to a movement style (Lorenzo-Lasa et al., 2007).

Benefits of dance can be classified into different categories, including social skill development, motor and physical development, and motor and sensory development.

Social skill development. It is not only important to participate in social skills, but also to develop competence. Social competence is the ability for children to engage, make, and maintain friendships, be accepted by peers, and gain entry to social groups (Lobo & Winsler, 2006). This is important for overall child development. Children with poor social skills are at risk for experiencing problems through childhood and beyond, including behavior problems, delinquency, low self-esteem, emotional maladjustment, and more (Lobo & Winsler, 2006). Preschool time is ideal for developing social skills, as social and behavioral problems during this time tend to remain stable and predict difficulties in early school (Lobo & Winsler, 2006). Creative dance is significant in improving communicative relations and bodily expressivity of preschoolers. Children learn cooperation, communication, how to be part of a group, and leading

and following skills (Pavlidou et al., 2018). Dancing with others in the same musical rhythm, while maintaining distance and coordination with each other, and keeping synchronized technique all promote connection and communication among children (Ungureanu, 2014).

Social competence is linked to behavior problems; however, outside stressors such as poverty can also play a role, which can lead to increased emotional distress, daily hassles and environmental stressors, aggression and antisocial behavior, and more (Lobo & Winsler, 2006). Physical activity in general can mitigate these effects, as children in physical activity are at decreased risk for substance abuse, poor nutritional habits, and depression (Cox, 2005). Dance can also contribute to a significant reduction in anxiety (Burkhardt & Brennan, 2011).

Motor and physical development. Using dance for movement is a clear and easily understood goal for children and the physical benefits of dance are unquestionable. Dance leads to significant improvement in cardiovascular fitness, bone density, and reductions in overweight and adipose tissue (Burkhardt & Brennan, 2011). Dance works on endurance, range of motion, stamina, balance, and improved posture, all of which are also emphasized in rehabilitation (Dinold & Zitomer, 2015). Children improve balance and body awareness, including spatial awareness of those around them (Lorenzo-Lasa et al., 2007).

Sensory and cognitive skill development. Visual, auditory, and kinesthetic senses are involved in dance, and can be enhanced greatly. These sensory skills enable reactivity in participants and teach them to focus on one context over another (i.e., paying attention to the music playing despite other children moving around) (Lorenzo-Lasa et al., 2007). Dance has been shown to enhance cognitive flexibility, ideation, and spatial temporal reasoning through learning of new steps and creation of one's own, as well as learning to work with others and move within a space (Lorenzo-Lasa et al., 2007). This helps children build with objects, play on

the playground, and many other activities allowing them to fully participate in their role as children. Dance helps children grow in ability to recall, connect verbal cues to movement patterns, count with music, and problem solve. These skills can translate into other aspects of life and foster overall growth in the child (Lorenzo-Lasa et al., 2007). Dance can positively impact vocabulary, critical thinking, viewing skills, and concentration. The interaction between the individual and environment in particular nurtures this cognitive development (Dinold & Zitomer, 2015).

The repetition in dance promotes motor planning and sequencing skills, allowing them to build the foundation that eventually leads to a wider repertoire (Lorezno-Lasa et al., 2007). For example, a student may learn steps from repetitive practice, and then be able to use them set to different types of music and creating a new experience with each type. A pattern of steps could be set (with some tweaks or adjustments) to become a lyrical dance or a jazz or hip-hop dance (Tewfik, 2009).

Children can develop a wider range of emotions through movement, which can translate to a wider emotional bandwidth for responding to the world. Movement allows children to explore their emotions and act based upon these feelings, and this can translate into the rest of their lives, where they learn how to appropriately act upon emotion (Lorenzo-Lasa et al., 2007).

Dance and Aging

The aging population benefits from dance and physical activity in general. Though this is a specific population, one does not have to be aging to develop the same benefits. For example, as one ages, physical activities increase quality of life, well-being, social engagement, physical benefits (more bone density, lower risk of falling), mental health, and more (Thornberg,

Lindquist, & Josephsson, 2012). One does not have to be aging to have increased quality of life or social engagement resulting from physical activity or dance.

Physical activity for the aging also reduces the risk of coronary heart disease, diabetes, stroke, certain cancers, and depression (Burkhardt & Brennan, 2011). It also leads to lower utilization of healthcare services and can reduce mortality rates (Thornberg et al., 2012). Dance specifically is promising in addressing risk factors associated with declining health in aging. One dance program for community dwelling adults aged 50 and older resulted in enhanced overall physical activity, increased self-esteem, improved emotional and psychological well-being, increased activity participation, and increased enjoyment. Dance is rising in acknowledgment due to its low cost, stimulating properties, and versatility in its ability to address social interaction, cognitive demands, and self-expression (O'Toole, Ryder, Connor, Yurick, Hegarty & Connolly, 2015). Outcomes show increased health, well-being, and self-efficacy due to experiencing empowerment, freedom, impact and creativity. The emphasis on participation on the client's behalf fosters this patient empowerment and advocacy (Lange, Leonhart, Gruber & Koch, 2018). Another outcome is potential increased range of motion, important for the elderly, as degenerative joint and bone diseases are not uncommon and can result in less range of motion. Dance can allow this population to be more active and increase range of motion to potentially become more independent with activities of daily living. It can also encourage them to exercise more, since dance is something that may be more enjoyable for some in comparison to a traditional exercise program (Valentine-Garzon, Maynard, Selznick, 1993).

Participation in a dance program can lead to personal growth in patience, memory, and ability to be free and have fun, and increased connection between the body and mind. The mind-body connection allowed participants to look at the world in a new way. Creating muscle

memories based on conceptualizing life memories fostered personal reflection, enhancing quality of life. For example, a certain movement may remind a person of how she used to do a similar movement swimming, and how much joy it brought her when she would swim with friends in her childhood (Thornberg et al., 2012).

Dance is appropriate for the elderly population as it provides a new alternative to traditional fitness and may be less intimidating (O'Toole et al., 2015). It incorporates the physical activity, social interaction, self-expression, and cognitive demands for learning and recalling movement. Physical activity is important for adults to use and maintain current abilities and reduce risk of a sedentary lifestyle and lower activity tolerance, leading to negative health outcomes. A dance class fosters participation in life and a community-based activity for adults, which can grow increasingly difficult to attain as one ages (O'Toole et al., 2015). Aging adults may feel as though they are losing their abilities, and dance can enhance self-efficacy and provide positive reinforcement. This developed capability and self-assurance can translate to other activities, encouraging older adults to continue trying new things and adhere to a regular exercise routine (O'Toole et al., 2015).

While some of the benefits of dance for the aging population may not apply to children, many certainly can and have been established as benefits for children as well. Though the specific motor- or cognitive-related benefits may look different for each population, the general categories of motor, cognitive, or other benefits apply to multiple populations of age.

Dance and Adults with Disabilities

Adults with disabilities, particularly intellectual disabilities, experience accelerated ageing. Part of this has to do with a sedentary behavior, contributing to the research showing people with intellectual disabilities have higher rates of diabetes, hypertension, cardiovascular

disease, obesity and osteoporosis (Martinez-Aldao, Martinez-Lemos, Bouzas-Rico, & Ayan-Perez, 2019). A study found that a training program combining dance and exercise proved to be feasible for this population, and positively affected body composition and cardiovascular and muscular fitness levels. This is partially due to the flexibility and versatility of dance as a treatment modality, the motivation of music, and the fun of combining the two activities (Martinez-Aldao et al., 2019). This shows how children with disabilities, who may continue with their disabilities into adulthood, can still benefit from dance throughout their lives.

One study of adults with schizophrenia participating in an aerobic dance program yielded beneficial results: improved processing speed, memory, and fluency of executive functioning. It is important to address cognitive function in patients with schizophrenia, and physical activity is a simple means of doing so. The study also found that learning new dance movements, rather than repetitive ones (walking, cycling), might result in larger outcomes in memory function, including immediate and delayed recall and learning capacity. Physical exercise in general can improve psychotic symptoms, mood, alertness, concentration, sleep patterns, and quality of life for people with severe mental illness (Chen, Kuo, Chang, Hsu, Kuo, & Chang, 2016). This emphasizes the fact that dance not only improves physical health, but also can have psychological benefits for improved quality of life and positive emotional responses. These and any benefits to be gained from dance, are impacted and fostered through the work of the dance teacher.

Dance and Children with Disabilities

The field of dance is currently respected as one designed for individuals with certain physical capacities and body structures. Dance is generally engaged in for non-therapeutic reasons, while dance for individuals with disabilities is at times seen as therapy. The term

'disability' becomes separate from one's identity is looked upon as something suffered from, including underlying assumptions of one's (in)ability to dance (Zitomer & Reid, 2011). It is seen as a problem to overcome rather than an aspect of diversity to be celebrated (Swartz, Bantjes, Bissett, 2018). To look at dancers with disabilities as different rather than deviant would validate the individual's dance ability and shift the perception of this population (Vimal, 2017).

Reception and reaction to dance performance is important to dance itself, as dance is an art form open to spectatorship (Vimal, 2017).

This is why it is important to make dance fun, accessible, and inclusive, since dance tends to be positive for students with disabilities (Journal of Physical Education, Recreation and Dance, 2017). Dance is fun for many people and can allow people to move in ways they never imagined, or thought were possible. They can strengthen gross muscles, improve body image, enhance coordination, and become more social (Tewfik, 2009). Dance is a whole person experience, which means individuals can have an outlet for physical expression, but also emotional and social expression. The social aspect in particular is important for individuals with disabilities, who may not be as integrated with people of typical development (Tewfik, 2009). Individuals with disabilities need to be given recreational opportunities with non-disabled individuals, as this increases social integration, independence, fitness, and quality of life (Carrion, Miltenberger, & Quinn, 2019). Studies have shown individuals with disabilities may develop a sense of physical competence due to the exposure to movement capacity (Dinold & Zitomer, 2015). For example, dance can help improve balance, which is a basic skill for success in physical activity, even one as simple as walking or running. If one can balance, this sets the individual up for being able to learn other new skills and be included with others while doing so (Tsimaras, Giamouridou, Kokaridas, Sidiropoulou, Patsiaouras, 2012). Balance can be fostered

in dance through work at the barre before moving to open space, similar to what a client may do in therapy when working on balance using the parallel bars (Tewfik, 2009).

Inclusive dance allows everyone present to be accepted and to contribute, provided the teacher promotes inclusive practices (Dinold & Zitomer, 2015). A multi-dimensional movement experience, involving sensory, motor, cognitive, social and emotional skills, offers learning to children of all ages and abilities (Lorenzo-Lasa et al., 2007). Benefits of inclusion dance include increased social participation and acceptance, a new form of communication, and feeling safe within an established routine (this is applicable for specific types of dance, such as ballroom) (Swartz et al., 2018). Children's behavior has improved, likely due to the learning of taking potentially disruptive energy and making it creative in dance (Skoning, 2008). It was found that being able to move while learning decreased inappropriate behaviors of students who may be kinesthetic learners and have trouble staying in their seats and focusing in school (Skoning, 2008). Part of these improvements may be due to music, which has been used successfully to facilitate interaction and communication among children with severe intellectual disabilities. Music can encourage both verbal and nonverbal communication: for example, children can pass around a ball to music and make eye contact with each other and focus attention on one another (Surujlal, 2013). Dance and music encourage the child to put forth effort, which then leads to the child overcoming personal limitations and feeling a sense of achievement when moving in a way not previously explored or thought possible (Surujlal, 2013).

Dance allows students with and without disabilities to appreciate differences amongst their peers. Studies have shown increased social interaction and development of relationships between students with and without disabilities who participated in shared group activities (Dinold & Zitomer, 2015). Participation in integrated dance may change children's perceptions

of the ability of those with disabilities to dance (Zitomer & Reid, 2011). Separating children with disabilities from those of typical functioning can result in segregation of disabled vs abled population, lack of functional skills encouraged, lack of normalization in social interactions, promotion of negative images, and a lack of empirically verifiable lifetime outcomes (Storey, 2004). As long as children with disabilities are given appropriately stimulating interventions, they do have the ability to integrate with children of typical development, while performing well and interacting successfully (Surujlal, 2013). The participants gain a sense of belonging and inclusion, as well as physical competence upon acquisition of knowledge and skills. The teachers and students, however, both need to provide a supportive environment in order to gain these benefits (Zitomer & Reid, 2011).

Dance and Children with an Identified Disability

Individuals with specific disabilities including autism, intellectual disabilities, and hearing impairments are shown to derive benefits unique to their abilities. A dance class could be exclusive to one of these disabilities to more specifically focus on developing benefits for a particular population.

Autism. One specific example of a population dance could benefit is the autism population: generally, teachers and physical educators are challenged by the complex needs of this population (Judge, 2015). Children with autism often exhibit delays and deficits in motor skills and lack motivation toward sustained levels of physical activity (Judge, 2015). Adaptations such as speed of learning, engagement of various body parts, and decreasing visual and auditory stimuli can be made to enhance learning for this population (Judge, 2015).

Children with autism also generally enjoy routine, which happens recurrently in dance. The routine schedules create predictable learning opportunities and allow children to reinforce

mastered movements (Lorenzo-Lasa et al., 2007). This secure foundation combined with development of perceptual and motor cues allows children to adapt more readily to a new situation and extend learning into other areas. Within a predictable curriculum, children can progress to more difficult movement sequences (Lorenzo-Lasa et al., 2007).

Intellectual Disability. Children with Down syndrome also experience generally delayed motor milestones, in this case leading to a tendency to treat movement sequences as separate tasks that appear clumsy or jerky. Many children with Down syndrome do not meet motor milestones, leading to lower levels of physical activity with age. These low levels are also affected by lack of appropriate services, particularly ones emphasizing social interaction. Social interaction is a large motivator for parents and children to participate in physical activity programs (McGuire, Long, Esbensen, & Bailes, 2019).

Dance is helpful with this population by improving bilateral coordination and balance, while being accommodating enough to easily modify (Jobling, Virji-Babul, & Nichols, 2006). Dance can help improve neuromuscular coordination overall (Arzoglou, Tsimaras, Kotsikas, & Fotiadou, 2013). Dance has also been found to improve the balance skills of children with mild intellectual disability more than a traditional gross-motor program. Movement can truly provide a new language of expression and communication for these children and others (Jobling et al. 2006).

Other intellectual disability benefits include enhanced self-image, greater risk-taking, and development of social cooperation and group sharing (Schmitz, 2013). Dance fosters the confidence these children need and the connection among students. In a physical sense, these children can also improve in mobility, physical strength, coordination, flexibility, and can learn to better control their bodies (Schmitz, 2013). Dance is an activity they can participate in to

improve these characteristics in an environment that is motivating and focused on ability rather than disability (Schmitz, 2013).

Hearing impairment. Another population for whom dance can be a new form of communication is the deaf or hard of hearing. People who are deaf or hard of hearing can express themselves in a way similar to sign language. Dance has physical, mental, and emotional benefits for anyone, regardless of ability (Hampton, 2013). Movement can be used as self-expression, and can develop self-confidence, self-esteem, autonomy, identity, and awareness of the environment, which can often be a problem for individuals with disabilities (Dinold & Zitomer, 2015).

The Role of the Dance Teacher

The optimal quality of a teacher when leading a dance class is knowledge of the students and their learning styles, and having a relationship with them, not the level of dance knowledge (Melchior, 2011). The teacher should be interactive with the students and encourage interaction among them (Pavlidou et al., 2018). In fact, a variety of teaching styles is encouraged to best motivate and engage the students. This includes not only the typical student-teacher relationship, but also involving the families and community members, and the teacher learning alongside the student. When physical activity is fun, and families and friends support participation, and role models like the teachers are provided, children are likely to become more active (Cox, 2005). The teacher should be genuinely interested in the student and the learning process and create lessons that not only meet the needs of the students, but also motivate them to participate fully (Schmitz, 2013). Teachers and students both thrive and improve under a context emphasizing caring, teacher effectiveness, building relationships, and bonding (Melchior, 2011). Assistants also provide value in an assistive dance class, as they can provide the one-on-one assistance that

allows a student to more fully contribute. Sensitive and committed assistants can provide encouragement, as well as give verbal and tactile cues (Schmitz, 2013).

Teachers are an essential aspect of fostering the benefits from dance and overall environment of a class. They need to understand the student's point of view when it comes to perceptions of difficulties and how to overcome them (Hampton, 2013). The teachers also need to establish expectations. For example, students may have different understandings of meaningful participation compared to the teacher. It is important for a teacher to encourage participation while respecting a student's choice regarding it. Creating activities that require collaborative work among students encourages social interaction. An ideal stipulation would be teacher assignment of groups, to avoid students feeling left out and socially isolated, or to do an activity with the class in a circle (Dinold & Zitomer, 2015).

Slight modifications to the environment and teacher styles maximize the preliminary benefits of dance, potentially increasing them and adding on other benefits. Routine in the movement allows children to adapt more readily when variation occurs, since the foundation exists, and previous knowledge can foster further learning (Lorenzo-Lasa et al., 2007). A consistent lesson plan creates expectations and makes the students more familiar and comfortable (Schmitz, 2013). Involving aspects of cognition, creativity, and emotion enhance the movement experience by making it multi-layered and inclusive of more than the motor component (Lorenzo-Lasa et al., 2007). This demonstrates the importance and value of the role of the dance teacher.

Creating a positive environment and one-on-one instruction for students with disabilities will encourage schools and parents to increase dance instruction for the students. Parental involvement further promotes the child's learned skills in dance to extend into daily life. One

way of promoting some of the benefits of dance is for teachers to encourage periods of free dance and unchoreographed movement, as this fosters creative expression (Journal of Physical Education, Recreation and Dance, 2017).

Part of the teacher's task of developing and running an adaptive dance class also includes staff planning, documentation, and evaluation, to monitor the student's progress and share any news or information with other individuals working with the child, such as the parents, school teachers, or therapists (Schmitz, 2013). Teachers can collaborate with other movement professionals, such as dance, physical, and occupational therapists, to clarify and reinforce the purpose of the program and integrate particular movement techniques into the program (Lorenzo-Lasa et al., 2007). The main challenge with inclusive dance is expanding and modifying teaching methods and materials that encourage diversity among students in the same classroom. This needs to be done while ensuring enjoyable, safe, and challenging participation opportunities for all students. Openness to variation to strive for full and meaningful participation for all students is essential, requiring a teacher to be both knowledgeable and flexible in regard to teaching methods (Block, 2007). Teachers should praise student behavior (when appropriate), create behavior limits and controls, structure the class, and anticipate stressful situations (Schmitz, 2013). Repetition, modeling, and use of props are also all skills the teacher can use to enhance the experience for the students (Schmitz, 2013).

Students with disabilities should only be in a separate physical education program when students are unsuccessful in a general class or when they pose a clear safety risk to others or themselves. This places another requirement on the teacher, who needs to determine the appropriate place for a student (Block, 2007). Personal development occurs across psychomotor, cognitive, affective, and social domains, which are intertwined and allow students to live a full

life regardless of body structure or ability. A quality dance education program will enhance development across all these domains (Dinold & Zitomer, 2015).

Role of Occupational Therapy

Occupational therapy practitioners are client-centered and foster independence and function in activities that are meaningful to the client. They work to reduce limitations and promote remediation or teach compensatory strategies. They work in motor, sensory, and cognitive domains to accommodate for impairments and adapt the environment and activity to the client (Govender & Kalra, 2014). They aim to promote health, quality of life, and enhanced engagement in active and satisfying lifestyles (Scott, Butin, Tewfik, Burkhardt, Mandel & Nelson, 2009). Dance can serve as this meaningful activity, or occupation, that an OTP can focus on. For many children, dance is an activity of play, which is an important occupation for children and therefore applicable to be worked on by an OTP (AOTA Press/American Occupational Therapy Association, 2014).

Pediatric occupational therapy practitioners (OTPs), in particular, generally focus on function, fine motor skills, visual-motor function, sensory processing skills, and occupations or tasks that are expected of the child. They also can recommend adaptive equipment and provide strategies for activities in everyday life (Houtrow & Murphy, 2019). Children generally receive therapy in either the hospital, home, school, or outpatient/community setting. The OTPs may focus on different skills depending on the setting, such as working more on handwriting in school or toileting at home (Houtrow & Murphy, 2019). OTPs can help translate learned skills to multiple contexts and environments. This is relevant to dance because its numerous and varied benefits would ideally transfer over in other areas of the child's life. For example, improved

spatial recognition in the dance studio can hopefully lead to better participation in recess and playing with other children (Houtrow & Murphy, 2019).

OTPs also focus on a client's personal factors and performance skills, which dance can help provide insight to. For example, having a client sit on the floor and explore different movement to music can show their awareness of their body and spatial relation (Tewfik, 2009). A practitioner wanting to work on muscle strength can use dance as a treatment, modifying it for each client. The client can work up to longer duration of muscle activity and increased co-contraction and increased stability of muscles around the joint through dance. If a patient has a muscle that has low tone and is therefore not often used, the therapist can teach an arm pattern with repetitive use of that arm so the client can use it efficiently (Tewfik, 2009). Another focus of OT is the frame of reference used for practice. If a therapist wants to use dance as an intervention, he or she will need to become more aware of these frames and models and how they shape practice. This is important with dance because it is not an everyday common treatment, so adapting it for therapeutic use can be fostered through referring back to how practice is shaped (Tewfik, 2009).

OTPs often work with individuals with disability and chronic illness, so quality of life and health promotion play important roles in treatment. This population has much to gain from this focus, not only in physical activity, but also in education and community participation. Health promoting occupations in occupational therapy can provide a sense of empowerment to individuals of any age and ability (Scott et al., 2009). However, OTPs must advocate against the existing occupational injustice that believes an individual with disabilities cannot dance. They can recognize dance as an avenue for health promotion and collaborate with the families of these children to work with dance studios and provide this outlet (Ryan & Ryan). The OTPs can

consult with the dance studio and children and families to design an appropriate program that also meets needs of the profession of occupational therapy. Occupational therapy enablement and compensatory skills also can be used in the dance class itself as well as its development. Overall, OTPs working within the community allows individuals with disabilities to work, live, and play among others (Ryan & Ryan).

Conclusion

Dance provides many benefits for children of typical development and the aging population. The research on benefits of dance for children with disabilities is existent but scant, hence the purpose of this study. The aim of this research was to identify benefits as well as challenges or drawbacks of dance for children with disabilities in real life settings, where the children are regularly participating in dance classes. Research was also aimed at understanding differences between dance classes run by occupational therapists compared to other adults, such as a dance teacher with no therapeutic training. This will be achieved by asking the participants of the study about any training undergone to become an adaptive dance teacher, as well as asking about the structure and goals of their classes. No research has been found in this area, so this study worked to answer this problem. Finally, research sought the goal in an adaptive or inclusive dance class, and how the structure or lesson plans of the class work to reach the goal. Dance is not a common treatment modality for individuals with disabilities, so these aims search to discover any potential reasons why, and results encouraging the use of dance as a beneficial activity.

Methodology

This study utilized a qualitative approach. Qualitative approaches are used to understand people's beliefs, experiences, attitudes, behavior, and interactions (Pathak et al., 2013). It also gives a voice to the participants (Pathak et al., 2013), important to this study in seeking the true perspectives of the dance teachers. This study was approved by the Elizabethtown College Institutional Review Board prior to conducting any research with participants.

Participant Selection

Purposive sampling was used to identify relative and information-rich cases related to a particular phenomenon (Palinkas et al., 2013). In this study, participants were chosen by searching for adaptive dance programs for children online, and the instructors of these programs were emailed with a brief description of the study and the consent form. Participants were all female (by chance, not as a requirement of the study) and taught adaptive dance classes for children. The only inclusion criteria was the instructor had to teach adaptive dance classes for children.

Confidentiality and Consent

The participants signed and return a consent form (see Appendix A) prior to the interview stating they understood the interview would be recorded. The participant's interview remained confidential and only the researcher knew the names of the participants. The emails were sent via the researcher's email and only viewed by the researcher. The copy of the interview audio transcription was kept on the researcher's password-protected laptop and listened to only by the researcher. The interview was conducted via Zoom (video call) or phone call, depending on the preference of the participant.

Interview Development

An interview was created by the student researcher featuring questions related to general demographic information about the participants' classes, and about the benefits and challenges/drawbacks of adaptive dance for children (see Appendix B). This second set of questions also addressed benefits or challenges previously established by the research and asked the participant if she experienced any of them personally. The researcher created these questions based on the desired information to answer the question of study, mostly regarding the benefits and challenges, and also note the similarities and differences among classes such as typical diagnoses or age (see Appendix B for interview questions).

Data Analysis

After completion of the interviews, the researcher analyzed data through a descriptive qualitative lens, specifically a thematic analysis, established by Braun and Clarke (Braun & Clarke, 2006). This approach consists of the researcher familiarizing oneself with the data, which includes transcribing it, reading it, and noting down initial ideas. Then, the researcher searches for themes, gathering all the data relevant to each theme. Then, the themes are reviewed to see if they accurately represent the data and create an overall picture (Braun & Clarke, 2006). This approach was chosen to obtain a personal perspective from the dance teachers regarding their experience with adaptive dance. In this study, the researcher sorted through the transcriptions of each interview and withdrew statements encompassing each participant's general thoughts for each question. Then the statements for all the interviews were categorized into overall themes for each question. The participant answers were grouped together based on similar ideas and quotes were extracted from interviews to enhance the description.

Bias

Bias was attempted to be controlled through review of findings with a faculty advisor as well as verification of results with other data sources, in this case the data sources being previously existing research. The researcher also attempted to control bias by using a previously established data analysis process. Trustworthiness was managed through clear establishment of the process to the participants and the faculty advisor as well as using a data analysis approach backed by research (Braun & Clarke, 2006).

Results

The results show the perspectives of the dance teachers on the benefits they viewed in their students, the challenges experienced along the way, as well as their descriptions of the goals for their classes. One participant was also an occupational therapist who speaks to the influence of this career on her teaching. Table 1 shows whether the participants are also an occupational therapist in addition to being a dance teacher as well as how many years the participant has been teaching dance. Table 2 shows how each participant described her experience of becoming a dance teacher.

Table 1

Participant Occupational Therapy Career and Teaching Experience

Participant	Are you an occupational therapist?	How many years have you been teaching dance?
A	Yes	10
B	No	8
C	No	5
D	No	4
E	No	1
F	No	5
G	No	1
H	No	2

Table 2

Participant Evolution as Teacher

Participant	How did you come to be an adaptive dance teacher?
A	Grew up dancing, saw lack of dancers with special needs in studios, started pilot class and evolved
B	Went to school for music therapy and dance performance, blended the two and started a class
C	Studied dance in college, trained by the program currently teaching at
D	Majored in dance and therapeutic recreation in college, modified a current movement class at nonprofit for people with developmental disabilities; received opportunity to be accessibility coordinator with ballet company and expanded classes
E	Grew up with friend with Down syndrome and seemed frustrated in her lack of ability to express herself, so started an informal program for young girls with Down syndrome
F	Studied visual arts in college and performed, started teaching dance in summer camps, then teaching adaptive dance in schools and continued
G	Organized a dance class at orthopedic trauma institute, asked friend to help and got funding, connected with disability community center to find more teachers
H	Went to arts school for dance and started volunteering with program, then filled an empty teaching spot at same program, added classes, director of program had to leave so became new director and coordinator

Participant Profiles

Eight participants who all teach adaptive dance classes were first asked to describe their students and classes in order to establish background information. This established the dance teachers taught children with disabilities and ran consistent classes, fulfilling the inclusion criteria. The participants were all female by coincidence and all adults. Participant description of the students and classes allows for more understanding of background when moving onto discussing the benefits, challenges, and goals of the experience.

Participant A's classes enrolled students with developmental disabilities, Down syndrome, autism spectrum disorder, cerebral palsy, and various other behavioral, cognitive, and physical needs. Most of the students progress through the program for years. The classes are 45 minutes, split into groups of toddlers (ages 3-6), kids (7-12), teens (13+), and some studios split

tweens (12-15) and older teens/young adults (16+). An occupational therapist meets with new dancers to do an intake assessment, and one of the program's dance teachers teaches the class. The classes have volunteers (trained by an occupational therapist) paired 1:1 for the younger children, and just a few volunteers per class for older students. The classes feature a creative component of improvisation of freestyle, and some classes are specific styles, such as hip hop, ballet, or tap. The class focuses on what the students want to learn and aim to grow participation in the class, which although all the students have disabilities, this means something different for each individual.

Participant B's classes had students who were mostly diagnosed with autism spectrum disorder, and some with Down syndrome, Rett syndrome, sensory processing, neurological disorders, and other developmental delays. Most children were 5-14 years of age. Students progressed through four levels: Level 1 being individual lessons, 2 being a 1:4 teacher to student ratio with students who are all the same age, skills, and need, 3 being a 1:8 teacher to student model with same student standards as Level 2, and 4 being a traditional dance class. The classes involve fundamentals of a traditional dance class as a blend of ballet, tap, jazz, tumbling, and yoga. They start with a hello or greeting, then stretch, practice movements across the floor, practice center and maybe barre or other combinations, and end with a goodbye activity. The classes have informal recitals for the parents in the studio, and eventually children are transitioned to a dance studio and part of a formal recital. The classes also recently began going to competitions and performing without adjudication.

Participant C's students mostly had cognitive disabilities and some physical, but the program does not ask for diagnoses, instead asking the teachers to identify limitations and how movement can reduce them or help develop attributes. The students are as young as preschool,

and though the program includes classes for adults up to age 97, the children's classes feature students up to 26. This teacher and others in the program go into schools to teach classes with aides to assist.

Participant D currently teaches a class for children ages 5-16 with Down syndrome and has previously taught ages 7-21 with a variety of diagnoses, including autism spectrum disorder, cerebral palsy, Down syndrome, and intellectual and developmental disabilities. The classes feature three levels of ballet: Level I being creative dance for ages 5-7, Level 2 featuring more ballet skills but also creative movement for ages 8-12/13, and Level 3 being more ballet, including barre exercises, for children up to age 16. Placement is at the teacher's discretion and is based more on age than abilities so the children can remain with peers.

Participant E taught young girls with Down syndrome for a four-week program. She used a lot of Disney music, because this is music the girls enjoyed. There was a friend helping teach and the program ended with a small show for parents.

Participant F teaches children who are mostly nonverbal and use letter boards to communicate and reflect. The children are 13 and over, and have diagnoses such as autism spectrum disorder, developmental delays, movement delays, and one student who is recently recovering from a brain tumor, causing delayed vestibular skills, speech, and balance. The classes are for all abilities and disabilities, meaning anyone can take it, but it highlights students with disabilities. The classes focus on body awareness, alignment, group cooperation and improvisation, and individual creativity. The class also emphasizes reflection and mindful and thoughtful words, featuring the students' communication through paper, rather than an iPad.

Participant G's classes include students with disabilities and students without disabilities. Those with disabilities generally have physical ones—some are in a wheelchair, others have

epilepsy, ADHD, and Tourette syndrome. The children are ages 5-12. The classes are open to the public, and include styles such as salsa, hip hop, and contact improvisation. The teachers also have physical disabilities. The classes begin with a greeting in a circle, then a warm-up, review of basic steps, and a combination, adapting based on the style of the class.

Participant H's classes were for children ages 3-9 with Down syndrome. The program she teaches with has another teacher for older children with Down syndrome, and also classes for children with autism and children in wheelchairs. The children start in a 'parent and me' class from ages 3-5 and progress into higher levels. They usually come in with some basic knowledge of movement and body awareness. They start by sitting in a circle and stretching, then play games like scarves or rhythm games, go to the ballet barre and do ballet exercises, go across the floor, and do things such as jumps, leaps, and other steps, then do a choreographed dance at the end.

Benefits and Challenges of Adaptive Dance

The first two research questions sought the benefits and challenges of adaptive dance, and many of the participants noted similar benefits and challenges. Participant A, B, D, E, and F all noted confidence as a specific benefit they saw in the students. Participants A and F added as part of this confidence as walking in the room with head held high as well as pride in their abilities. Participant A described the confidence alongside a shift in identity:

[kids are] seeing themselves as the dancer and knowing that they have friends in the class, and they belong to that group is a big shift...they get excited about coming out and have something to look forward to. And the recital is a big piece of that because they have the chance to wear a costume and go onstage and they really see themselves like everybody else.

Body awareness was mentioned as a benefit by participants A, B, D, F, G, and H. Participant A elaborated on this by describing how the students use mirrors to get feedback of watching themselves. Participant B mentioned body awareness as a specific benefit for those with low muscle tone or cerebral palsy. Participant F notes along the same lines, a mind-body connection she has seen develop: “Body awareness...it’s the information you can take from your body. And you can use your body as a way to feed your mind information.”

Another benefit described is the critical thinking skills observed by the teachers in their students. Participants A, C, and H saw increases in memory of movement. Participants C and D saw increases in creativity among the students. Cooperation with fellow peers and teachers was noted by participants D and F. Participant B described an increased behavioral impulse control she saw, where students were better at learning appropriate classroom behavior. This participant also said her students fostered more skills in sequencing and motor planning. Participant C described a similar sequencing benefit, and how her students transition from learning sequences in the classroom to learning to sequence outside the classroom, such as getting ready to get on the bus for appointments. This participant also noted this transition as increased independence, and how, for one instance, the students now get themselves off the bus at the dance studio, line up their shoes, take off their coats, etc. Participant G said her students had a good time and forgot about the boundaries they set for themselves regarding their capabilities. Participant F described an increase in touch tolerance, in how her students became more willing to be touched throughout the weeks of her program. She also described how both she and her students learned to take victories in what initially (or traditionally) seems smaller or insignificant: “I notice so many small things that are such big steps.”

Socialization was a benefit seen by participants A, C, D, and G. They described how their students were building friendships both in the dance classroom and at school. Participant A described how her students would greet new people in the studio and initiate conversation, whereas previously, at their start, they would not have even entered the studio. On a similar note, participant F said her students were proud of their knowledge and abilities regarding dance and talking about dance to others. Physical fitness increase was also a commonality, noted by participants C, D, and G. Participant C referenced to this as more of stamina and general fitness, while D described an increase in ballet technique.

The participants then went on to describe the challenges or drawbacks they experienced when teaching adaptive dance to children. Participants A, B, and G experienced difficulties acquiring enough students, and A and B specifically mentioned the perception of an ‘adaptive’ class as being a hindrance related to this. Participant G ran classes specific to children with physical disabilities and expressed the difficulty of finding enough children. Participants B and D said they had trouble with the financial aspect—participant D explained how they wanted to keep the class size small while increasing staff and were also a nonprofit. Participant C found transportation difficult for students and mentioned the financial aspect would have been a problem had they not received a grant. A common theme among participants A, D, and F was the need to meet the needs of various abilities and participants. Participant A said the volunteers in her classes were very helpful in grading activities or provide different forms of instruction. Participant D views this not necessarily as a challenge, but an opportunity to optimize participation and understand participation means something different for everyone: “some days, everyone’s going to be sitting in the circle focusing...and some days maybe one kid is off in the corner and they may still be listening and participating but they’re not directly in the circle...”

Participant F noted how emotional states could be different every day and this may affect participation: “If I see one week, a huge step of communication and then the next week, it’s kind of like ‘I don’t want to do that anymore.’ That’s okay. Every week or every day is going to be different.”

Occupational Therapy Influence

Only one of the adaptive dance teachers was also an occupational therapist, and this difference addresses the third research question. Participant A is also an occupational therapist (OT), and said being an OT led to her applying things and unconsciously integrating theory and other knowledge to her teaching. She teaches with her sister, who is also an OT, and one of them will teach while the other facilitates, a skill enhanced by their OT expertise. As she came to know the children better, she used the knowledge of OT intrinsically. She did not want the class to be an occupational therapy treatment group, but rather keep the standard structure and have an OT there to support participation.

Goals of Adaptive Dance

The final research question sought to understand the goals of an adaptive dance class. Most of the teachers did not have individual student goals—participant C utilizes some individual goals and participant D described something along these lines, where the parents fill out a form explaining their child’s skills and their goals for their child. Participants A, C, and D had more specific goals. Participants B and E did not address goals from their program, and participant G said her program had no goals established, rather focusing on giving people confidence and the opportunity to have fun. This, however, could be considered a goal in and of itself, even though the participant did not formally establish it as one. Participant A aimed to help people belong through dance and change the perception of what it means to be a dancer.

Participant C and the other teachers in her program discussed issues that movement could help address and set class goals each year. Participant D gave the parents a form and also worked on physical skills (conditioning, stamina, body awareness, etc.) and social skills (verbal skills, following directions, etc.). Participant F began with a general goal and eased into more specific: the original goal was for everyone to become comfortable with each other, then progressed into more developmental movement and picking up choreography, rhythmic movement, and counting. Participant H wanted students to gain confidence and speak what they want to say, be active and make friends, and learn basic dance instruction. These goals, along with the benefits and challenges, show the similarities and differences among all these different teachers and programs.

Discussion

The results show the participants' perspectives on their experience of teaching adaptive dance and what they observed in their students. The benefits and challenges found in this study are a combination of aligning with previous research as well as standing out as new and previously undiscovered. Another facet of the research was the role of the dance teacher, which was evident in each participants' responses regarding their overall perspectives of how the class was run. Overall, the methodology of this study features certain strengths and limitations.

Regarding the similar benefits and challenges among participants, previous research backs these with both typically developing children as well as children with disabilities. Some internal or more cognitive benefits of dance for typically developing children include social participation, cognitive flexibility, creativity, cooperation, and a mind-body connection (Lorenzo-Lasa et al., 2007; Pavlidou et al., 2018). These benefits were all found in this study, though it was aimed at children with disabilities. Specifically noted by participants were memory

skills, cooperation, sequencing, social skills, creativity, and more. The participants explained how their students were being challenged in new ways to use their mind to work with their bodies. They were learning to remember choreography and sequence the steps, as well as create their own. This can be a unique demand of dance when compared to traditional school or therapy the children may usually experience. Some of the teachers described how the learning of sequencing steps or taking turns translated into other environments. For example, the parents told them how the children then could put the steps in order of getting ready to leave the house or their schoolteachers said the child transitioned better into school from learning turn taking. This was not common across all participants, and most said they could not confirm this because they do not spend time with the students outside the studio. This lack of functional skills was noted as a challenge or drawback in previously existing literature, and this study showed in a couple instances how this did not prove true (Storey, 2004). Another challenge noted by the literature was optimizing participation among such a diverse population, cited by some of the study participants.

Quantitative benefits such as bone density, reductions in weight, increased health, and other similar measures found in typically developing children and the aging population were not found in this study due to the nature of the study, which did not include exact testing or measurements (Burkhardt & Brennan, 2011; Lange et al, 2018). A similarity between dance for the aging population and adaptive dance is its alternative to traditional fitness that may be therefore less intimidating. Dance for the elderly has also been shown to increase self-esteem, activity participation, and enjoyment, which parallels the benefits of this study. Self-efficacy and creativity were also found to be a benefit across the populations (Lange et al, 2018).

Regarding research about dance for children with disabilities, the benefits remain similar. Enhanced coordination, acting more social and a sense of physical competence all showed in the literature and this study (Tewfik, 2009). Some of the specific physical competence benefits mentioned by participants included body awareness, coordination, and increased physical ability. The research also mentioned the challenge of optimizing participation among a diverse range of students, agreed with by some participants but not a majority (Surujlal, 2013). Research on adaptive dance for children with disabilities is scant, hence the purpose of this study.

One benefit mentioned by many participants in this study and also mentioned briefly in existing research was confidence, potentially indicating this as the area with most improvement. Some currently existing research mentioned confidence as a benefit, but overall it was not heavily emphasized, though a majority of the participants in this study highlighted it. Since this was seen by many participants with many children, it could also indicate children with disabilities generally came in with little confidence. The few instances where confidence was mentioned in research, it was done so as a benefit for children with disabilities, not neurotypical children. Some of the participants talked about how they saw children not even want to come into the studio and then later on be friendly and comfortable, and talking to new people who didn't want to come in. The students were described as enjoying class and viewing it as an opportunity to have fun, as well as having something to talk about and have experience in and relate to their fellow peers. The fact that the participants pointed this out as a consistent theme shows how meaningful the adaptive dance experience can be for the children and how it can help them feel a better sense of belonging both to the class and fellow typically developmental peers.

The research also discussed the role of the dance teacher, emphasizing the importance of the teacher knowing the students. The teachers all demonstrated a personal and invested interest

in their students. Many of the teachers also used assistants, also shown in previous research to provide value to a class by allowing a student to fully contribute (Schmitz, 2013). Participant G's program features teachers with physical disabilities themselves, which fosters a unique teacher-student connection. Research has shown how it is essential for teachers to understand a student's point of view regarding perception of difficulties and how to overcome them, uniquely shown in this participant's program (Hampton, 2013). Other strategies established in research as effective and also used by teachers in this study included structuring of the class, repetition, modeling, and use of props (Schmitz, 2013).

Strengths of this methodology include the opportunity for the participants to express all of their thoughts on each question. The researcher gathered an all-encompassing view of each participant and the open-ended nature of the study did not allow any limiting options for the participants' answers. The researcher also was able to choose questions most related to the aims of the study and craft them freely.

Limitations include lack of experience of the researcher, not having someone to code and analyze the interview transcripts as well, and potential bias in the writing of the interview questions. The sample size was also only eight participants and all female. The participants were recruited through purposive sampling via the Internet, which is not an extensive method (i.e., using other means of recruitment).

Conclusions

This study aimed to find the benefits and challenges of adaptive dance, how adaptive dance classes run by occupational therapists (OTs) differ from those run by teachers who are not OTs, and the goal of adaptive dance classes. The benefits cover a range of physical, cognitive, and emotional aspects, generally agreeing upon those established previously in research, even if

the research addressed a different population. There are fewer challenges exhibited through adaptive dance than benefits, and generally more deal with logistics of a program. The dance class ran by an occupational therapist seemed to be enhanced by the training and mentality of an OT, such as the ability to facilitate skills like participation and also grade activities based on the needs of a child, although it is difficult to know given that there was only one OT in the group of participants. The goals address a wide variety of aims, but generally served to better the entire class rather than individuals and also were more subjective in nature. This study shows how adaptive dance can bring many benefits to the life of a child with disabilities and can be taken seriously as a positive opportunity to grow and learn.

The implications of this research for OTs add to the principle of occupational therapy that meaningful activities bring benefits and significance to someone's life. In this case, dance is the occupation benefiting the children in ways maybe not initially anticipated. It may not seem as essential for children with disabilities when compared to activities designed to be more functional and therapeutic, but can increase quality of life, therefore aligning with a goal of OT. Adaptive dance is also an area that can be further explored by OTs and developed to benefit the child even more. Dance can fall under the instrumental activities of daily living of play for children and therefore be established as an occupation that can be undertaken by an occupational therapist. OTs can work to bring dance into therapy groups or develop their own dance classes using the expertise and skills to benefit children in social, mental, physical and more domains.

Future research can look into the perspectives of the students and/or their caregivers or parents on the experience of adaptive dance. It could also compare an adaptive dance program run by an occupational therapist compared to a program run by someone who is not an OT, and consider the perspectives of the students, parents, or teachers.

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Appendix A

Participant Informed Consent Form

Title of Research: Effects of Adaptive Dance on Children with Disabilities: Dance Teachers' Perspectives

Principal Investigator(s): Isobelle Hughes
Purpose of Research

The purpose of this study is to better understand the perspectives of dance instructors' perceptions of how dance affects children with disabilities, and how occupational therapy plays or can play a role in this. The purpose includes seeking any benefits, challenges, and overall experiences of adaptive dance for these children from the perspective of dance instructors, whether they are occupational therapists or not.

Procedures

I will be participating in approximately a 30-minute interview with a researcher regarding my perception of benefits, challenges, and experiences of adaptive dance for children with disabilities. I will also answer a few questions at the beginning of the interview regarding personal demographics. I understand the interview will occur over the phone or a video call service such as Zoom. I also understand the interview will be audio-recorded and transcribed word for word and that I may be asked to review the transcript once it is completed. I may also be asked to participate in a brief follow-up interview, phone or email, to clarify any information the researchers find confusing.

Risks and Discomforts

I understand that no risks or discomforts are anticipated from my participation in this study.

Benefits

I will receive no personal benefits from being in this study. However, this study has the potential to increase the credibility and awareness of dance as a therapeutic tool for children with disabilities. Participation can be viewed as contributing to this aim.

Compensation

I understand that I will not receive any compensation for participating in this study.

Confidentiality

The information gathered during this study will remain confidential with all records to be kept on the researcher's private, password-protected laptop during the study. Only the researcher and secondary investigator will have access to the data. During the course of the interview I will be asked to think about experiences of students in the adaptive dance class but I will not be asked to share any identifying information about any clients. If I inadvertently use the actual name of a client it will not be transcribed. The results of the research will be published in the form of a

thesis paper and may be published in a professional journal or presented at professional meetings. In any report or publication, the researcher will not provide any information that would make it possible to identify me.

Withdrawal without Prejudice

My participation in this study is strictly voluntary; refusal to participate will involve no penalty. If I initially decide to participate, I am still free to withdraw at any time.

Contacts and Questions

If I have any questions concerning the research project, I may contact Isobelle Hughes at hughesi@etown.edu. Should I have any questions about my participant rights involved in this research I may contact the Elizabethtown College Institutional Review Board Submission Coordinator, Kyle C. Kopko, at kopkok@etown.edu.

Statement of Consent:

- I am 18 years of age or older.
- I have read the above information. I have asked questions and received answers.
- I am willing to be audio-taped during the interview.
- A copy of this consent form has been provided to me.

Participant Signature _____ Date _____

Researcher Signature _____ Date _____

Appendix B

Interview Questions

1. Are you a registered and licensed occupational therapist?
2. How many years have you been teaching adaptive dance?
3. Describe the children you teach/have taught in your class.
 - a. Age range
 - b. Diagnoses range
 - c. (ask for elaboration on kids and abilities if desired)
 - d. (Same children every year, do they progress through/for how long)
4. Tell me about the classes you offer.
 - a. Structure
 - b. Goals
5. Can you tell me of the benefits of adaptive dance for children you are aware of?
 - a. Research has shown these to be some benefits. I'll list them and we'll come back to each. Have you seen or experienced any of the following?
 - i. Increased social participation, finding a new form of communication, enhanced coordination and physical ability, body awareness, critical thinking, cooperation
6. Can you tell me of the challenges or drawbacks of adaptive dance for children you are aware of?
 - a. Research has shown these to be some challenges. I'll list them and we'll come back to each. Have you seen or experienced any of the following?

- i. Lack of functional skills, difficulty with optimizing participation and the overall experience from diverse students, separation from typically developing peers
 - ii. (particular challenges of children)
- 7. How did you come to be an adaptive dance teacher?
 - a. Any training undergone?
- 8. Can you talk about if being an occupational therapist plays into being an adaptive dance teacher? If so, how?