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St. Catherine University

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Therapeutic Use of Self: The Impact on the Health and Wellness of Older Adults Involved in a Creative Dance Program

Anna Katherine Wesley Bruesewitz
St. Catherine University

A thesis submitted in partial fulfillment of the requirements
for the degree of Masters of Arts in Occupational Therapy,
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Thesis Advisor: Kristi Haertl, Ph.D., OTR/L, FAOTA

Thesis Readers: Catherine Sullivan, Ph.D., OTR, and

Maria Genné, M.Ed

St. Catherine University
Master of Arts in Occupational Therapy

Certification of Successful Thesis Defense

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Anna Katherine Wesley Bruesewitz
Student Name

has successfully defended the thesis titled

"Therapeutic Use of Self: The Impact on the Health and Wellness of Older Adults Involved in a Creative Dance Program"

Thesis Advisor and Chair of Thesis Committee	Date
Thesis Reader and Member of Thesis Committee	Date
Thesis Reader and Member of Thesis Committee	Date

Certification of Approval for Final Copy of Thesis

I, the undersigned, approve the final copy of the thesis by

Anna Katherine Wesley Bruesewitz
Student Name

Thesis Advisor and Chair of Thesis Committee	Date

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Abstract

This study was part of a larger mixed methods design exploring the effects of a dance program on elders. The purpose of this research was to examine the impact of a creative arts-based program on the health, wellness, and overall quality of life of older adults. Another aspect of the study involved determining how the staff's "therapeutic use of self" contributed to the positive outcomes of the creative music and dance program called "The Dancing Heart ™ ". The research questions were, "What is the importance of a creative dance program for long term care residents?" and "What is happening in the group that contributes to its outcomes?". This study involved both an analysis of behaviors recorded in observation notes by program staff and an analysis of field notes taken by this researcher. Results indicated that participation in the sessions encouraged increased physicality, mood, creativity, cognitive engagement, musical involvement, reminiscence/memory involvement, interpersonal interactions, and overall had positive impact on quality of life. In regard to the second research question, results suggest that the staff utilized therapeutic use of self and many tools to maximize the level of engagement and participation for the participants. The results of this study suggest that participation in a creative-arts program for seniors has the potential to positively impact quality of life for seniors.

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Introduction

It is common knowledge that with technological and medical advancements people are living longer now than they ever have before. The "baby boomers" started turning 65 in 2011 and as a result the fastest growing age group in Minnesota includes those over age 65 (Minnesota Department of Health, 2005). Further, it is estimated that by 2030 one in every four Minnesotans will be over the age of 65 (Minnesota Department of Health, 2005). Increasing life expectancies have the potential to create much higher demands for elder services and housing such as those provided by nursing homes, home health, day programs, or assisted living (Bonder & Bello-Haas, 2009). The rise in the number of older adults living past their retirement years has also had an influence on how people have started to view aging. "Successful aging" (or productive aging) has become a focus for many health professionals and seniors (Rowe & Kahn as cited by Bonder & Bello-Hass, 2009).

There are many definitions of what "successful aging" is. According to Bowling and Dieppe (2005), there are several theoretical definitions for successful aging. First, successful aging can be defined by a biomedical theory. Using this theory, successful aging would be related to a person having an increased life expectancy and utilizing medical interventions to minimize the impact of diseases on a person's functional independence (Bowling & Dieppe, 2005). Alternatively, a more psychosocial approach encompasses older adults' ability to participate socially in meaningful activities, have opportunities for growth, and also includes perception of their life satisfaction (Bowling & Dieppe, 2005). While the theoretical approaches to defining successful aging encompass many factors, a group of older adults who were surveyed in Britain had a

definition of successful aging that included having available resources, financial security, opportunities to learn new things, and having a sense of purpose (Bowling & Dieppe, 2005). Additionally, older adults felt that their spirituality, satisfaction with their physical appearance, and feeling like they are contributing members of society were all also important factors (Bowling & Dieppe, 2005). It appears that depending on the definition or theory that is followed, successful aging can encompass a variety of components. Within the scope of occupational therapy one way to enhance people's ability to age successfully is to promote opportunities to be engaged in meaningful activities.

One program that was founded with the intention of promoting the overall wellness of seniors through the use of dance, arts, and music is the Kairos Dancing Heart ™ program.

> The Dancing Heart is a pioneering, evidence-based arts program that blends dancing, storytelling and singing, to stabilize and improve the cognitive and physical health of participants, delay some progression of dementia, and engage participants socially and emotionally. (Kairos Grant Proposal, n.d.)**.**

The Dancing Heart is a program that was developed by a non-profit organization called *Kairos Alive!*. The Kairos staff members are professional dancers and performers who lead sessions that involve participants' singing to a variety of music, dancing while standing or sitting in chairs, performing expressive movements, completing breathing exercises, and telling stories about their lives. Currently, a larger interdisciplinary project involving both students and faculty from the Occupational Therapy and Physical Therapy departments at St. Catherine University, and Kairos Dance company is being completed. The goal of the larger research project is to study the impact of The Dancing Heart

program for seniors. So far two thesis projects have been completed to study the impact of The Dancing Heart. Rydholm (2011) completed the first, it is entitled *Importance of a Dance Program for Long-Term Care Residents* and Schafer (2011) completed a thesis entitled *Importance of a Creative Dance Program for the Quality of Life of Long Term Care Residents*. The present thesis will also highlight specific benefits the program offers for seniors such as improved mood, social participation, or physical involvement in the dance sessions. However, the primary focus of this phase of the larger research project is on documenting and analyzing what happens during the dance sessions, specifically what staff members do during sessions that lead to the positive outcomes.

Literature Review

This chapter will review the research on the effects of dance and arts based programs for seniors. In order to fully examine the impact of these programs, literature reviewed included studies that explained the impact of dance on physical and mental health, cognitive benefits such as increased communication, the relationship of the programs and self-efficacy, and how dance is related to functional independence. Barriers to participation and factors that improve retention in dance programs are also presented. Finally, there is an explanation of the connection between dance and arts based programs to occupational science and occupational therapy.

Physical Benefits of Dance and Arts Programs for Seniors

According to the Federal Interagency Forum on Aging-Related Statistics (2010), only 22% of people over the age of 65 regularly engage in physical activities. Alternatively, the CDC (2010) stated that 46.9% of adults 18 to 65 years are active enough to meet guidelines for the recommended amount of physical activity. Given the disparity between these groups, researchers have focused on assessing why older adults are not as active as the general population. Specifically, they have studied programs aimed at increasing the physical health of seniors using alternate forms of physical activity, including dance (Aitchison et al., 2002; Nadasen, 2007; Schutzer and Graves, 2004; Song et al., 2004; Eyigor et al., 2009). Nadasen (2007) studied an existing dance program designed more for enjoyment than the physical activity component. Women participating in a line-dancing program in Cape Town, South Africa were interviewed, and it was found that most of the women didn't categorize the program as 'exercise'. They participated because they enjoyed the activity and viewed the resulting health

benefits as a bonus. It appears that utilizing enjoyable dance programs may be a valuable measure for both increasing the frequency of engaging in physical activities and improving the physical health of senior participants (Nadasen, 2007).

Studies have found specific physical benefits for participating in dance, arts, and movement based groups. A study conducted by Eyigor et al. (2009) included 37 healthy, older women from Turkey. Participants were randomly assigned to a dance group that incorporated traditional dance sessions or a control group who did not dance. Prior to the start of the program, the women completed a variety of timed fitness tests such as a stair climb, 6-minute walk test, and a Berg Balance Scale. The treatment group attended dance sessions for one hour, three times a week, for an eight week period; they were also asked to walk twice a week for 30 minutes while participating in the study. The control group simply continued with their regular activities. Both groups were instructed to continue with, but not increase, their regular activity and fitness routines.

Overall, the results found that several of the dance intervention participants' physical assessment scores improved at a significant level (Eyigor et al., 2009). Specifically, statistically significant improvements were found for the 6-minute walk test, the chair rise, a stair climbing assessment, and the Berg Balance Scale. Significant improvements were also seen for the physical functioning, general health and mental health components of the SF-36 questionnaire subscales. Additionally, the dance group showed improvements on various subscales of a health assessment including physical functioning, general health, and mental health. For the control group, there were significant decreases in the scores of the general health subscale; there were no significant changes for any of the other assessments. In conclusion, the women who

participated in the dance group had significant improvements in their balance, physical/general health, and mental health as compared to the control group.

Another study compared specific health benefits of an aerobic dance program to those of a walking program (Aitchison et al., 2002). In this study, a variety of tests looked at oxygen levels and the amount of time participants spent in their maximum heart rate range. Researchers found that both walking and aerobic dance were successful ways to increase participants' fitness. Not only did the participants in the dance group have significantly higher maximum heart rate percentages, and higher peak oxygen levels, they also had higher rates of perceived exertion (how hard participants thought they were working). In essence, the participants in the dance group were in significantly better physical shape than those in the walk group. It should be noted that even though the dance group felt they were working harder, the retention rates for the walk and dance group were similar. Thus, the rate of perceived exertion did not appear to deter people from attending an aerobic dance group. This study is important because it provides data showing that in some cases using specific types of dancing as a form of exercise can not only be as good as walking, it can actually be even better.

The research discussed so far has focused primarily on how dance and movement programs can increase participants' overall physical health. One specific aspect of physical health that is a major concern for healthcare providers is the high rates of falls in the elderly population. According to the Center for Disease Control (CDC) (2011), one in every three adults over the age of 65 experiences a fall each year. The outcomes from falls may range from minor cuts and bruises to major injuries such as broken bones, traumatic brain injuries (TBI), or even death. Persons 65 and older account for

approximately 82% of the fatal falls that occur in the US (CDC, 2011). Seniors who fall, and even those who do not get injured during a fall, may develop a fear of falling.

The high percentage of falls and many resulting injuries have led to research on ways to reduce the incidence of falls for older adults. McKinley et al. (2008) studied a tango dance program specifically designed to increase balance and decrease falls risk. The authors randomly assigned participants to a walk group or a tango group; both groups met for four hours a week. The participants were all over 60 years of age, healthy enough to participate in the intervention without a walker or cane, independent in completing daily self-cares, and had experienced a fall for an unknown reason within the last year. In both groups, many participants had overall increases in their balance confidence and walking speeds, and lowered their falls risk levels from high risk to moderate or no risk. The dance group had a 93.33% retention rate as compared to the 75% retention rate of the walk group. It is important to note that the baseline balance scores were higher for the walk group. Subsequently, the researchers worried that the scores were already so high that participants may not have been able to improve their scores and may have hit a 'ceiling'. By the end of the intervention the balance scores for both groups were roughly the same. When looking at the data, this suggests that the tango groups' scores increased at a much higher level than the walk group.

Parkinson's disease can impact balance and mobility, which is why persons with Parkinson's are often used as participants for research on falls. People with Parkinson's disease have a 70% rate of falling and are three times more likely to fracture their hip due to a fall than individuals without Parkinson's (Hackney & Earhart, 2010). High fall and injury rates led Hackney and Earhart (2010) to look specifically at the benefits of a dance

program on balance and gait for people with mild to moderate Parkinson's disease. The researchers opted to compare the benefits of dancing with a partner versus dancing alone. The 39 participants, 11 women and 28 men, were randomly assigned to either a partnered or a non-partnered tango group. To ensure the only difference between the groups was dancing with a partner, each group met for 20 lessons, over a 10-week period, taught by the same instructor. Both groups used the same music, warm-ups and general format. In addition, both types of sessions involved students in health discipline majors from a local college. In the partner group, participants always paired up with one of the college students, a caregiver, or a family member who did not have Parkinson's and took turns leading and following. In this study, assessments included a *Berg Balance Scale*, a Parkinson's based motor rating scale, walking and standing tests, and an electronic walkway designed to measure and analyze different aspects of gait (Hackney & Earhart, 2010). Both groups showed significant improvements for balance and gait, and the improvements upheld one month following completion of the program. According to the authors, since many other studies have only looked at benefits after one-week these results are especially relevant (Hackney & Earhart, 2010). The only difference between the groups appeared to be that the partner groups expressed enjoying the social aspect that having a partner offered. Further, the researchers stated that for people with more severe cases of Parkinson's having a partner could be beneficial to better ensure full participation and safety.

The previously described study by Eyigor et al. (2009) involving traditional dance sessions also showed increased balance after the dance program. Moreover, a study conducted by Cohen et al. (2006) found that 166 healthy adults, with an average age of

80, involved in an arts-based intervention had many physical health benefits including fewer falls. Interestingly, the intervention did not involve a dance or movement program yet the participants in the intervention group still reported better physical health. Additionally, the intervention group participants' number of doctor visits and medication use increased, but at a significantly lower level than the increases for the control participants'. Finally, the participants in the intervention group other activities tended to increase, and the control group's activities decreased.

A study by Lee et al. (2010) researched the current program, The Dancing Heart, for its impact on falls risk for the elderly. Nine participants from the Walker Senior Care Services location in Minneapolis participated in the longitudinal study. The researchers had participants fill out the *Survey of Activities and Fear of Falling in the Elderly (SAFFE),* developed by Lachman et al. (1998, as cited by Lee et al., 2010). This measure determined participants' fear of falling, level of activity participation, and activities avoided due to a fear of falling. Though not statistically significant, after going through the dance and arts-based program the participants did express a desire to try new activities or return to old activities they had stopped doing. Further, two of the participants mentioned that they felt good enough to begin walking with friends again.

Mental Health Benefits of Dance and Arts Based Programs

In addition to the variety of physical health benefits that arts based dance and movement programs provide there are also many mental health benefits. According to national statistics, the number of men over the age of 65 who report symptoms meeting the criteria for clinical depression range from approximately 8-18% (The Federal Interagency Forum on Aging-Related Statistics, 2010). The percentage of women over

the age of 65 who meet the criteria for having clinical depression ranges from 17-19% (The Federal Interagency Forum on Aging-Related Statistics, 2010). The CDC (2010) reported similar rates of depression and also reported that one reason that many older people do not get treatment is because feeling depressed may often be seen as part of getting older (CDC, 2010). Consequently, the rates could be higher but if people are not seeking treatment and getting diagnosed then the percentage reported will not accurately reflect the actual percentage.

Interventions, management, and prevention of depression for older adults.

A common treatment for depression is the use of medications. According to the American Society of Consultant Pharmacists (Clark, 2008), 75% of older adults in the U.S. consistently take one or more prescription medications, and 25% take five or more. With the high percentage of seniors taking multiple medications, there has been more exploration into non-medication based treatments as an option for treating mental illnesses such as depression. A study by Blumenthal et al. (1999) compared the efficacy of using medication, an exercise program, and a combination of the two in treating older adults with major depressive disorder. They used random assignment to split 156 participants, ages 50 to 77, into the three different groups. The three groups were an exercise-only group, a medication-only group, and a combination group that participated in both the exercise and medication based interventions. The exercise-only group met three times a week over the 16-week study period. The medication-only group began taking 50 mg of Sertraline (SSRI also known as Zoloft) and eventually increased their dosage up to 200 mg. The combination group adhered to both of these exercise and medication treatments at the same time. All three groups had statistically significant

reductions in the number of patients meeting criteria for clinical depression at the end of the 16-week period (Blumenthal et al., 1999). However, a follow up study conducted by Babyak et al. (2000) found differences in the relapse rates between the groups. The six-month follow-up study found that the participants who continued either of the treatments incorporating exercise (exercise-only or combination) had significantly lower rates of relapse than participants who used the medication-only treatment. This suggests that not only could regular engagement in physical activities be beneficial in treating depression, it may also be an effective way to reduce relapse rates (Babyak et al., 2000).

Other studies have also focused on arts-based and story-telling approaches to treating depression. Hsieh et al. (2010) studied the effectiveness of reminiscence group therapy (RGT) in treating depression for persons with mild-moderate dementia, as often this population tends to exhibit depressive symptoms. The purpose of using this particular intervention, RGT, was to focus on non-pharmacological treatment options for depression in persons with dementia. RGT essentially involves a structured group that encourages participants to share stories, experiences and memories, bring in photos or other meaningful objects, and to talk about significant life events. The researchers studied 61 residents, with mild-moderate dementia, from two different nursing homes in Taiwan (Hsieh et al., 2010). Sixty-seven percent of the participants had a diagnosis of mild dementia, fifty-nine percent were men, and the average age was around 77 years old. The researchers randomly assigned participants into control and experimental groups. The experimental group participated in twelve, 40-50 minute RGT sessions once per week. Nurses specialized in geriatric psychiatric care led the groups of RGT which focused on discussing lifespan issues in order to encourage participation of all residents. The

facilitators understood the structure and guidelines of the sessions prior to starting the program. The participants sat in a circle and staff encouraged them to share their stories, memories, and experiences.

For this study, the pre- and post-data was collected using a variety of scales including the Apathy Evaluation Scale, Neuropsychiatric Inventory, Clinical Dementia Rating Scale, and the Geriatric Depression Scale (Hsieh et al., 2010). Evaluations of the control group were completed at the same times, but the control group did not alter their level of activity as a result of the study. The results showed significantly lower rates of depression and apathy symptoms for participants who engaged in the RGT intervention as compared to participants in the control group. While more research is needed, the findings from this study suggest that RGT could potentially be a non-pharmacological option for treating depression in older adults with dementia.

Benefits of socialization and program participation on mental health.

According to the National Institute of Neurological Disorders and Stroke (NINDS) (2011), many older adults have difficulty socializing or communicating with others. Active participation in group-based events requires people to be able to remember a variety of things and pay attention to what others are saying. For people with dementia, this type of participation may be extremely difficult. According to the Mayo Clinic (2011), dementia is classified as “a group of symptoms affecting intellectual and social abilities severely enough to interfere with daily functioning”. Dementia can cause difficulties with socializing and can also result in personality changes (Mayo Clinic, 2011). It is not surprising that these impairments can negatively impact socialization and maintaining relationships with others (NINDS, 2011).

Older adults with dementia sometimes display agitated behaviors. A literature review done by Goodall and Etters (2005) discussed how music and music therapy have been successful interventions in reducing agitated behavior for people with dementia. Similarly, another study found that patients were more relaxed when they listened to music that they chose versus classical music that they did not select (Gerdner, 2000 as cited by Goodall and Etters, 2005). Finally, a study by Duignan, Hedley, and Milverton (2009) found that after participating in a four-week dance program four of the six participants had reduced agitation scores as measured by the Cohen-Mansfield Agitation Inventory (CMAI).

In addition to reduction of agitated behaviors, arts-based programs involving socialization can be beneficial in decreasing feelings of depression and loneliness. Another study utilized a music and arts-based approach for a group of healthy seniors from the Washington D.C. area (Cohen et al., 2006). Within this study 166 healthy adults over the age of 65 either continued typical daily activities (control group) or engaged in painting, writing, jewelry making, and singing in choirs (intervention group) during a 12-month period. There were improvements in the intervention group's mental health as was shown by decreased depression and loneliness scores. Several other studies have found that arts based programs reduce rates of loneliness and depression because they offer an opportunity to socialize with other seniors and also with staff members or caregivers (Cohen et al., 2006; Eyigor et al., 2009; Lepp, Ringsberg, Holm & Sellersio, 2003).

Communication Benefits of Participation in Arts-Based Programs

Impaired communication can impact socialization for persons with dementia. According to Nystrom and Lauritzen (2005), participation in social dance sessions can

help to foster different types of communication. A study by Nystrom and Lauritzen (2005) involved one man and six women who participated in dance sessions at the nursing home where they resided. The participants were all over 70 years of age, lived in a nursing home for persons with dementia, and participated in one dance session a week for 10 weeks. The sessions were videotaped and transcribed at a later time by researchers. For transcription, the researchers watched a first time to note verbal utterances. They then watched again to determine non-verbal communication, including therapist and client interactions. The transcriptions revealed three primary types of communication: speech, "song and music dialogue", and "music fantasy" (Nystrom & Lauritzen, 2005). Within the study, "song-and-music dialogue" entailed participants responding to the music in some form whether through clapping, synchronized movements, or singing. Alternatively, "movement fantasy" involved participants improvising their own dance moves rather than matching the movements of other participants. Overall, this study found that participation in the dance sessions provided a social setting to increase the participants' different forms of communication both with each other and staff members through typical speech and expressive movement.

Another component of communication that some programs, including The Dancing Heart, use is storytelling (Rydholm, 2011; Schafer, 2011; Holm, Lepp & Ringsberg, 2005). In Sweden, six adults residing in a nursing home participated in a story telling program (Holm et al., 2005). The adults ranged in age from 73 years to 90 years, and all had a diagnosis of either intermediate or severe dementia. There were six sessions that took place in a living room setting, once a week, for an hour and a half. At the beginning of the session the nurse leading the group would tell one of six carefully

selected stories. The stories each week coincided with Erikson's developmental phases. The intent of the stories was to spark an association of previous activities or life events that the participants would have been likely to experience based on developmental phases that people typically go through (i.e., childhood). The nurse kept a detailed journal during the sessions and a researcher did a content analysis after the completion of the program. The researchers found that the sessions had a positive impact on facilitating communication between the patients, especially association-based communication. Association-based communication involves hearing something, making an association with a similar personal experience, and then sharing that experience during a discussion. This type of communication occurs regularly during typical social interactions. It is noteworthy that patients with dementia not only communicated but also remembered and related their similar experiences to a story told by another person.

Factors Related to Movement-Based Programs Retention Rates and Barriers to Participation

One major barrier faced by physical activity programs for the elderly is difficulty with participants discontinuing programs. The high percentage of seniors not regularly participating in physical activities has led researchers to examine potential barriers to beginning movement programs and investigate why older people would stop participating after starting (Schutzer & Graves, 2004; Jancey et al., 2007; Forkan et al., 2006). There are several possible benefits that physical activities can provide such as decreased heart rate and increased oxygen levels (Aitchison et al., 2002), yet 75% of seniors do not regularly participate in physical activities (The Federal Interagency Forum on Aging-Related Statistics, 2010). Jancey et al. (2007) studied 248 people from Australia, ranging

in age from 65 to 74, who did not regularly engage in physical activities. The participants engaged in walking, strength, and flexibility interventions in their neighborhoods. The researchers primarily sought to identify characteristics of people who dropped out of the movement program. They found that persons who were less physically active and overweight at the start of the program were more likely to stop the movement program as compared to people who were a healthy weight and more physically active at the start of the program (Jancey et al., 2007).

According to Schutzer and Graves (2004), some of the main barriers to seniors regularly engaging in physical activities included poor health, pain or injury, a lack of knowledge about different physical activities, environmental barriers (e.g., weather conditions), and a lack of resources or equipment. Forkan et al. (2006) found several barriers for seniors continuing a fall-prevention home exercise program following physical therapy intervention. In this study, there were 556 adults over the age of 65 who responded to surveys about adherence to their assigned home program from a rehabilitation therapist. The researchers found that 90% of the participants stated they had received a home program and 37% of those said they no longer followed the program. One of the major barriers cited to discontinuing the at home program was a decrease in participants' overall health. Other factors included the weather for outdoor activities, depression, fear of falling, and a lack of interest (Forkan et al., 2006).

Researchers have suggested that a way to counter some of the barriers of low retention rates could be through offering a wide variety of fitness classes (Hughes et al., 2005). Hughes et al. (2005) used a survey to examine the variety and types of programs available for seniors at gyms and community centers across the United States. A total of

1625 facilities responded to the surveys. Out of the 1625 facilities, it was reported that only 25% of the facilities offered strength training, around 75% offered aerobics and roughly 50% provided activities aimed at increasing flexibility (Hughes et al., 2005). Additionally, researchers gathered information regarding why sites may not be offering specific programming for seniors. Some of the reasons cited included staff not having knowledge or training specific to working with older adults, staff lacking the interest in working with an older population, lack of funding to provide specific programs, not enough staff available, and liability concerns. The most cited reason, by 50% of the facilities, was that there was a lack of interest from the older adult population. The study also found that currently there are not enough programs available to meet the demand of all senior citizens; however, most of the programs were underutilized so it appears that this may not be a major barrier for participation in physical activities.

Some of the studies already mentioned have found that music and dancing programs have lower dropout rates than groups just consisting of exercise. Schutzer and Graves (2004) found that when music was involved in a workout program for older adults, exercise seemed less monotonous and less difficult. In the study by Aitchison et al. (2002), both the walk and dance groups had high retention rates, however, the dance group perceived that they were working harder. Again, increased perceived exertion did not deter participants from continuing to attend the dance group. Perhaps one reason for continuing the dance group instead of the walk group was enjoyment of the activity. The study by McKinley et al. (2008) also found higher retention rates for the dance group as compared to the walk group. Results showed that the walk group had a retention rate of

75%, whereas the dance group had a 93.33% retention rate. As can be seen, dance and music could be beneficial in keeping older adults involved in physical activities.

Based on the results of the previously discussed studies by Schutzer and Graves (2004), Aitchison et al. (2002), and McKinley et al. (2008) it would seem that making physical activity more fun and interesting could be one way to increase both the number of seniors engaging in activities and the frequency with which they do so. While dance can be a valuable intervention, dance and arts programs still face the issue of participants dropping out. To look more in depth at this, one study utilized a traditional Korean-based dance program in a residential home setting to identify the participants' specific reasons for discontinuing dance programs (Song et al., 2004). The dance program occurred over a six-month period, four times a week, with sessions lasting for 50 minutes (Song et al., 2004). The researchers aimed to determine the impact on retention if participants were offered incentives. The 73 participants learned a dance, put on a performance, watched the film of their performance, and attended a social dance. The authors explained that being able to perform, watch the performance, and also have a social event to dance at could be motivating for participants. Another incentive the authors provided in an attempt to keep participants involved in the program was providing information about healthy behaviors and the associated benefits. In order to measure changes in motivation and behaviors, the assessments used in the study included a scale assess how motivated participants were to engage in healthy behaviors, a scale addressing the actual healthy behaviors that the participants utilized, and a Korean version of the *Sickness Impact Profile (*SIP*)* (Bergner, Bobbitt, Carter, & Gilson as cited by Song et al., 2004). The SIP assesses the functional status of a person who is chronically ill by looking at several

things including but not limited to psychosocial factors (i.e., communication, social and emotional behaviors, etc.), physical factors (i.e., movement, self-cares, etc.), and level of engagement in social or recreational activities. Interviews and assessments occurred before the program, at 10 weeks and at the end of the six months; the assessments and interviews occurred at the same time intervals even if a participant had dropped out. The researchers found statistically significant improvements in the physical health, especially in the self-care and ambulation categories, of the participants who completed the program as compared to participants who dropped out (Song et al., 2004).

Self-efficacy of the participants may be one determinant of continued participation in arts and dance based programs. One of the major differences that the Song et al. (2004) study found when comparing the people who dropped out of the program and those who continued the program was the self-efficacy levels. Self-efficacy refers to a belief in one's own abilities to perform a task or behavior. The baseline levels of self-efficacy for dropouts were lower at the start of the program, and remained lower upon program completion (Song et al., 2004). Interestingly, several other studies found that self-efficacy also played a role in participants continuing with movement programs. Jancey et al. (2007) found that participants with lower "walking self-efficacy" were more likely to drop out of the walking and strength-based program. Similarly, Schutzer and Graves (2004) found that higher self-efficacy related to both starting and continuing participation in physical activities. Some research has cited that the act of participating in physical activities can increase participants' self-efficacy (Carter et al., 2002; Kannus, 1999; Lee, 2008; Province et al., 1995 as cited in Lee et al., 2010).

While there appears to be evidence supporting the relationship between physical activity and self-efficacy, this has not held true for all research. Murrock and Madigan (2008) found that self-efficacy was not necessarily the primary factor for a group of African American women in continuing with a dance program, rather, the authors hypothesized that high self-efficacy was what caused the women to join the group in the first place.

Dance and Functional Independence

This literature review has presented various advantages to utilizing a dance and arts-based programs for increasing physical health, mental health, socialization, cognition, communication, and self-efficacy. The question that remains is how do all of these benefits relate to occupational science and the field of occupational therapy? Occupational therapists work in therapy through the use of meaningful occupations. Occupational therapists also work with clients on regaining the skills necessary for completing Activities of Daily Living (ADL's), Instrumental Activities of Daily Living (IADL's), and to improve clients' overall functional independence. Many older adults tend to develop conditions that can cause significant declines in their ability to perform ADL's and IADL's.

A major area that ties into successful aging and quality of life is functional independence. A study conducted by Venable, Hanson, Shechtman, and Dasler (2000) investigated how participation in activities related to the independence levels in a group of seniors. The participants included 48 community dwelling seniors who passed a Mini-Mental Status Exam and currently participated in activities at local parks or recreation centers. The participants were not assigned to groups but were instead categorized based

on activities they had chosen to be involved with prior to the start of the study. Group 1 consisted of persons who regularly attended a social or craft group such as bridge, quilting, or senior lunches. Persons who attended one social/craft group and also regularly exercised on their own were in Group 2. Finally, Group 3 was people who participated in a dance or movement class. The three groups were around the same size with similar age and gender distributions. Researchers used The *Functional Status Index* to assess all participants (Jette, as cited by Venable et al., 2000). The scale determined how dependent participants were in areas such as mobility, IADL's, ADL's, and socialization. Lower scores on this scale indicated that participants were more independent. Using the Model of Human Occupation (MOHO) frame of reference, the personal causation and values section of the *Occupational Self-Assessment* measured volition. The results revealed that for Group 3 (dance/movement class) as the volition increased their dependence decreased. In addition, for all of the groups there was a positive correlation between self-rated ability and the value placed on activities. In essence, people valued the activities they perform better at more than activities that are difficult for them to perform. Also, the results showed that Group 1 (social/craft) had significantly higher dependence scores than the other two groups (Venable et al., 2000). The dependence scores between Group 2 (social/craft and independent exercise) and Group 3 (dance/movement class) did not differ significantly. Researchers emphasized that participants were not assigned to these groups; based on the results, it can be inferred then that older people who engage in physical activities tend to be more independent than those who do not engage in physical activities. Since a causal relationship cannot be concluded, researchers suggested that people who were more independent in the first

place may have chosen to participate in more physical activities instead of just social and craft activities.

In the past few years, one frequently studied population for research on functional independence has been persons with Alzheimer's. Rolland et al. (2007) found that when participants with Alzheimer's disease engaged in a physical activity program for one hour twice a week, they exhibited a slower decline in ADL performance. Another study by Hokkanen et al. (2008) explored the impact of dancing and movement therapies on ADL's and IADL's for persons with dementia. To do this, they randomly assigned 29 men and women from a dementia specific nursing home into two groups. The intervention group participated in 30-45 minute dance sessions once a week for nine weeks. The control group participated in sedentary group activities to rule out socialization as the cause of functional increases. The participants were given a Mini-Mental Status Exam and a variety of other tests measuring cognition and behavior. The researchers found that not only did participants in the movement group have increased visual-spatial planning abilities they also showed slight increases in their abilities to perform self-cares (ADL's) and IADL's. The studies suggest that getting patients involved in these programs has the potential to both slow down ADL performance decline and slightly improve performance of ADL's and IADL's once they have already decreased (Roland et al., 2007; Hokkanen et al., 2008).

Connection Between Dance and Arts Based Programs to Occupational Science and Occupational Therapy

Occupational science connections.

For most people the word "occupation" is associated with the type of work they do or job title that they hold. Occupational science has a much broader definition of the word occupation. According to Townsend (1997),

> Occupation is the active process of living: from the beginning to the end of life, our occupations are all the active processes of looking after ourselves and others, enjoying life, and being socially and economically productive over the lifespan and in various *(continued)* contexts. Our potential as active, human agents lies in these multiple ways of occupying life. If we release ourselves from viewing occupation merely as work, we can consider the contemplative, creative, pragmatic, utilitarian, enlightening, emancipatory, empowering or other transformative potential in occupation (pp. 19-20).

Occupational science considers occupations to be any activity that take up time in a person's day (Jackson et al., 1998). In using this definition, activities such as getting dressed, eating, socializing with friends, sharing a story, doing a craft project, and dancing would all be considered occupations. The foundation of occupational therapy is occupational science (Jackson et al., 1998). Both occupational science and occupational therapy focus on how participating in occupations can provide fulfillment for individuals. This is one of the reasons why occupational therapists today utilize meaningful activities to support clients' health.

As was stated in the definition by Townsend (1997), when we broaden our view of occupation we can start to view creativity and engaging in activities that foster creativity as an occupation. With this definition activities like dance, musical engagement, creating poems, sharing stories, and other related activities are considered to be occupations. The Dancing Heart program is a wonderful example of creativity in occupation. During the program, participants have the opportunity to incorporate music, dance, movement, poetry, and social interaction into their daily lives. The research focus of this thesis was to investigate how engagement in these occupations is not only physically and cognitively beneficial to seniors, but also how participation provides fulfillment and enriches the participants' lives.

Therapeutic use of self.

Occupational therapy practitioners use a variety of tools during intervention; one of the most valuable is the development of trust between the therapist and the client, or the therapeutic relationship (Taylor, Lee, Kielhofner & Ketkar, 2009). Occupational therapists often establish a therapeutic relationship through the "therapeutic use of self" (Taylor et al., 2009). While the term may be newer, the practice is not as the same concept is also sometimes referred to as "bedside manner" or building rapport (Masin, 2006). While the term therapeutic use of self may be newer, the same concept is also sometimes referred to as "bedside manner" or building rapport (Masin, 2006). Additional information on the history of therapeutic use of self, research supporting it, and a framework for use in occupational therapy practice are available in *Appendix C*.

Within the field of occupational therapy "therapeutic use of self" is often used to describe how therapists relate to the clients they are working with. One aspect of the

current research was to study how Kairos staff incorporates therapeutic use of self while moving from site to site. The Dancing Heart program has recently expanded to include a variety of settings in several locations throughout the metro area such as senior apartment complexes, nursing homes, assisted living facilities, subsidized apartments for seniors, and day programs for older adults. While some of the settings are specifically for persons with dementia or Parkinson's disease, others are for any seniors served by the site. The new locations of the program have enhanced the diversity of the groups served by bringing together persons of different ages, cultures, races, and backgrounds. Since the expansion of the program, the clientele served has become more diverse. While Kairos staff have always taken a client-centered approach, it is now even more important for them to do so to meet the needs of all of their clients. In observing the sessions, it was evident that the staff researched the historical context for each group of clients in order to find appropriate music, dance styles, and stories to incorporate into the sessions at each of the new sites. Doing this research and selecting activities, music, and approaches tailored to the clients they are working with is a wonderful example of using therapeutic use of self to maximize the level of participation and engagement for seniors involved in the sessions.

Given the recent expansion of the Dancing Heart program to a wider variety of sites, it was important that this phase of the larger research project used different methodologies to study two of the original sites and several new sites where the program is active. Further explanation of both the original and new sites studied will be provided in the next section.

Methods

Development of Study and Purpose

The current study is a subset of a larger research project investigating the efficacy of The Dancing Heart, a dance, arts, and storytelling program for older adults run by the non-profit organization, *Kairos Aliv*e!. The Dancing Heart has been used with seniors residing in a variety of facilities throughout Minnesota. To determine the impact the sessions were making in the lives of seniors, the leadership of Kairos partnered with students and faculty researchers in the St. Catherine University Occupational Therapy and Physical Therapy departments. The research on the benefits of The Dancing Heart program used a mixed design incorporating both quantitative and qualitative methodologies. The previous phases of the research completed by Rydholm (2011) and Schafer (2011), and the first part of the current research looked at one rural and one urban long-term care facility where The Dancing Heart program was active. Rydholm and Shafer's study informed the development of the current research study. Please see the *Appendices A and B* for further details of their methods.

Research Questions

This research is one part of a larger project investigating the efficacy of The Dancing Heart run by Kairos Dance. The primary question for all phases of both past and present research is:

> "What is the importance of a creative dance program for long term care residents?"

The sub-questions for the original qualitative portion of the mixed design completed by Rydholm (2011) and Schafer (2011) were:

(a) What is the meaning and experience of dance and music for the participants?

(b) What is the perceived impact of the dance program on the quality of life of the participants?

(c) What is the perceived impact of the dance program on the culture of the nursing home?

The present study looked at the primary research question and added a new sub-question to guide the research: "What is happening in the group that contributes to its outcomes?" This question further explores the group culture and dynamics that contribute to the positive findings in the earlier portions of this study.

It is important to note that there were two distinct methodologies used for this research. The first methodology analyzed existing observation sheets and the second methodology involved field observation and development of field notes. The populations, methodology, and analysis for both methodologies will be thoroughly explained in the following sections.

Current Settings and Populations

Observation sheets.

The observation sheet methodology was completed at two rural, long-term care facilities where the program was formerly active. The staff members did not collect demographic information, and because this researcher completed a retrospective analysis of the data specific demographic information is not known.

Field notes.

For the field note analysis portion of this research, field observation took place at 5 sites where The Dancing Heart was active and the resulting field notes were later

analyzed; a methodology outlined by Patton (2002) was used to complete these steps. The five sites for field observation were selected because they offered a variety of locations throughout the metro area and a diverse sampling of the populations served by the program. Specific demographic information is generally not collected during sessions, at least in part because of the nature of the program. The program allows people to come and go into the group as they please; as a result, the group may change slightly from week to week. While the exact population information for all groups served by the current programs is not known, general demographic information of a typical group at the site will be explained.

The first site used for field observation was a long-term care facility located in a suburban community; the session was actually the first session to occur at that particular site. The group primarily consisted of Caucasian women in their mid 80's to early 90's. One woman did not speak English and did not have an interpreter, but was able to participate because of non-verbal cueing by the residential staff members and by Kairos leadership. The second site observed was a long-term care facility located in a lower-income area of a large city. There were 5 clients ranging in age from approximately 70 years to 88 years old. Within the group there were 3 women and 2 men all of whom were African-American. The program had been active at this site for 6 weeks prior to observing the session. The third site for field observation was at a day program for veterans. There were 25 men ranging in age from approximately 65 years to 90 years of age. Within the group, several men used mobility devices (i.e. walkers, wheelchairs, or canes). Throughout the session several men stated that they had a history of strokes; based on observing participants interactions several also appeared to have some cognitive

deficits (i.e. dementia). Another site where field observations occurred was at a large senior center located in just outside an urban city center. The group was a mix of men and women, and included 10 residents. Around half of the participants were in wheelchairs and most everyone else had a walker or cane; as a result the majority of the dancing was done while in chairs. Finally, the last group observed was a new site where the program was active. This group of approximately 25 people consisted of a mix of nuns, other women residing in either independent or assisted living, and 1 man.

Methodology and Tools

Observation sheets.

The current research expanded on the work done by Rydholm (2011) and Schafer (2011) (see *Appendix A* and *B*). The current research utilized observation sheets that were formerly created with input from faculty researchers and Kairos leadership. Following the creation of the forms, discussions took place regarding their use for general observation in order to capture details of participant's behaviors and response to the dance program. The observation sheets had spaces for group facilitators to list positive, neutral, and negative impacts of the program, or behaviors they saw exhibited by residents while participating in the dance sessions (See *Appendix D* for the observation sheet). During or immediately following the dance sessions, the facilitators wrote about residents telling stories, singing, interacting with staff or other residents, dancing, or exhibiting any other form of participation. Additional information was also provided by residential staff about notable behaviors of the participants either following the sessions or throughout the week. For the current project, this researcher typed and analyzed the handwritten observation sheets. This was considered to be a retrospective analysis as the Kairos staff

filled out the observation prior to the start of this project; the sheets were filled out during the same period of time that Rydholm (2011) and Schafer (2011) were conducting their research.

Field notes.

In addition to analysis of the observation sheets, the current study also involved this student researcher visiting several new sites where The Dancing Heart was implemented. During the sessions, this researcher took detailed field notes and analyzed them to look for behaviors by the Kairos teaching artists, which may have contributed to or hindered participation in the sessions. To do this, this researcher attended and participated in numerous dance sessions to become familiar with the program and staff, before attending several further sessions to take detailed field notes.

Given the nature of the group, the small numbers, and the need for participants to feel comfortable, this researcher embedded into the group and participated during the sessions. According to Patton (2002), it can actually be an important part of the process for a person doing field notes to become a "participant observer", in order to get a better sense of what it is like to be in the group. He said participation while observing could be extremely helpful in order to get a more accurate portrayal of the inner workings of a group.

Immediately following each session (typically within ten minutes, after participants left the room), this researcher typed her field notes for later analysis. Patton (2002) explained that in order to ensure accuracy, it is important to take notes as soon as possible following an observation because waiting for an extended period of time could result in inaccuracies or forgotten key pieces of information. The field notes included: the

date, specific information about the room, details about the participants and staff in attendance, and direct quotes from staff and participants. Further, details about specific interactions were written to inform readers about an interaction that transpired during a session, rather than leave it open to interpretation. According to Patton (2002), all of this information is necessary to ensure quality field notes.

Data Analysis

Observation sheets analysis.

The current study compared the data from the observation sheets to the Framework Analysis of the interview transcripts completed by Rydholm (2011) and Schafer (2011). This was done to determine whether the codes from the original framework were still accurate to describe the outcomes of the dance program. Similar codes were found. However, a modified Framework Analysis approach was used to consolidate the coding system into a smaller, more appropriate set to be used with the new data (See *Appendix D*). The level of detail in the original framework provides excellent descriptions of behaviors and outcomes. However, the observation sheets had limited information and often involved short phrases describing participants' behavior. Because of this, the framework needed to be modified into a smaller and broader framework. Use of the framework in its original state would have been inappropriate because many categories likely would not have contained any data or would have had just one or two behaviors that would qualify. Using a modified version of the framework analysis approach was favorable because then additional or different overall codes could be utilized. In a typical framework analysis approach the researcher creates codes, codes and charts the data, and then develops themes. Due to the limited amount of detail on

some of the observation sheets these steps were not completed, which is why the approach was considered modified.

In order to modify the framework originally created by Rydholm (2011) and Schafer (2011), initially the broad categories from the original framework were used to code the observation sheets. These eight categories were: Emotion, Engagement, Memory, Relationships, Meaning, Environment, Therapeutic Intent, and Staff/Volunteers/Family. In several cases simply using a broad category was not accurate enough to distinguish differences in behaviors. Thus, in the modified version of the coding system, behaviors and responses were first coded using the broad categories and then also coded as either an In-Session Behavior or Overall/Out-Session Outcome. For a complete list of the codes with descriptions please see *Appendix E*.

Two sets of observation sheets were coded; they will be referred to notes from Nursing Home A or Nursing Home B. To start, all of the hand-written notes were typed up. This research made every effort to copy the notes in their exact state (grammar, spelling, punctuation) in order to avoid compromising the data. As can be imagined, at times reading the notes was challenging. Some descriptions thus have information in brackets such as [illegible] or guesses based on content and appearance of what the word may be.

After typing all notes, the modified version of the thematic framework was used to code the notes from Nursing Home A to determine if it was both applicable and comprehensive. While reviewing the notes from Nursing Home A, additional codes were added to the framework if multiple behaviors were noted that were not described by the broad categories. One example of this was the code Out-Session Musical Involvement, as

there were several cases of residents incorporating music into their lives outside of the sessions. Once the observation sheets from Nursing Home A were coded, the modified framework was combined with the additional categories to complete a second set of modifications to the framework. In order to ensure that the version of the modified framework was comprehensive, the observation sheets from Nursing Home B were coded. After coding the notes from Nursing Home B, it appeared that the codes in the second version of the modified framework were appropriate to thoroughly analyze all the data. The final step was to re-code the notes from Nursing Home A, using the second and finalized version of the modified framework. This was necessary because categories were added during the coding process. Thus, the first half of the notes did not include any of the additional categories codes. It was important to ensure that there were no new codes found in the notes from Nursing Home B because then a final version of the framework could be applied to all of the data from Nursing Home A. Following the coding with the modified framework, data outcomes were compared to the previous study results by Rydholm (2011) and Shafer (2011). See *Appendix E* for the final version of the modified framework.

Field note analysis.

Field note analysis did not involve the modified framework or coding. Instead, it involved a methodology outlined by Patton (2002) specific to completing and analyzing field notes. While observing the sessions and taking field notes, this researcher paid particular attention to instances where Kairos staff used therapeutic use of self to engage clients, increase participation, and contribute to overall session outcomes. As a result, analysis of the field notes also then looked specifically at the variety ways that Kairos

staff used therapeutic use of self and concrete ways that participants responded such as smiling or showing increased physical involvement. The field notes were thoroughly reviewed and analyzed to determine the recurrent themes that appeared. The themes that arose were (a) Use of Visual and Auditory Aids; (b) Creating a Comfortable and Welcoming Community; (c) Selection of Motivating Music; (d) Use of Ability Appropriate Movement and Activities; (e) Individualized Attention, Affirmation, and Support; and (f) Use of Personal Qualities and Knowledge of Historical Context. The following chapter presents results of the data analysis of both the observation sheets and field notes.

Results

Within the current research project, data collection and analysis was completed for the observation sheets and the field notes in order to answer the study's research questions. Again, the first research question was "What is the importance of a dance therapy program for long term care residents?" This question corresponds with the methodology of analyzing the two data sets of observation sheets filled out by the Kairos facilitators. The second research question, "What is happening in the group that is leading to its outcomes?" is related to the analysis of the field notes taken by this researcher.

The next sections will include information about the results from both methodologies. The first section will include the results from the observation sheet analysis. Initially, the In-Session Behaviors, will be discussed but without the Therapeutic Intent category. Next, the Overall Outcome and Out-Session Behaviors will be covered. Finally, In-Session Behaviors category Therapeutic Intent will be discussed along with the results of the field note analysis. The rationale for this is that while, technically, the code "Therapeutic Intent" was part of the observation sheet analysis, it also fits within the realm of the second research question related to what happens during the sessions that leads to its positive outcomes. Consequently, it is more logical to discuss all content related to Therapeutic Intent together, to more easily compare and contrast the findings of the observation sheet analysis to that of the field note analysis. Finally, the results from the field note analysis will be presented.

Observation Sheet Analysis

As was previously described in the Methods section, the first two data sets were analyzed using a modified framework analysis approach. The observation sheets

consisted of descriptions of events and behaviors that occurred during the program sessions and were observed then recorded by Kairos staff. These descriptions varied in length and content. Within the data, there was a mix of direct quotes, staff narratives about what happened throughout the session, and descriptions using a combination of participants' quotes and staff narratives. The following examples are helpful because they show the different types of descriptions that are within the data set.

Direct Quotes Example: "I had a wonderful time".

Staff Narrative Example: "He burst out smiling when someone asked if he was coming to Dancing Heart."

Combination Example: "Cried-she was moved to be dancing. 'I used to dance and dance'-Her sister worked extra hours to pay for her dance lessons."

It is important to note that in order to accurately code the data, each description was able to have multiple codes assigned to it. For instance, in the previous *Combination Example* there would be several codes because of the variety of information included. The phrase "Cried-she was moved to be dancing" would qualify within the category Emotional Response. "'I used to dance and dance'-Her sister worked extra hours to pay for her dance lessons" would be considered Memory Involvement because she was accessing information from the past and sharing a story about her sister. It was infrequent to have a description include only one code or one sentence. Typically, there were multiple sentences and/or multiple characteristics within each comment, which then resulted in multiple codes.

In order to ensure that data was presented in a clean and concise manner, descriptions were broken up so that only the phrase from each description that matched

the code was included in a chart located in *Appendix F*. It should also be noted that while there are only a few examples for each code within the descriptions here, a more comprehensive collection of examples is available in *Appendix F*. Further, the examples included in *Appendix F* were chosen as a representative sample of the data and there are several more examples for the majority of the categories that were not included due to the large quantity of data.

Each code was either classified as an In-Session Behavior or as an Overall Outcome and Out-Session Behavior. In-Session Behaviors occurred during a session of The Dancing Heart program and were observed by the Kairos staff. Overall Outcome and Out-Session Behaviors were either observed by resident staff following the sessions or throughout the week or were noted as improvements that participants made over time while participating in sessions. These classifications were used for the methodology of coding the observation sheets. The number of occurrences for each category had a large range from 5 incidents to 239 incidents with an average of 82.5. The following table lists the category name and the number of times the code occurred within the data, see *Table 1*.

Table 1

Codes and Frequencies for Modified Framework Analysis Data

Codes	**Frequencies**		
In-Session Behavior Codes	*Nursing Home A*	*Nursing Home B*	*Total*
Emotional Responses	67	66	133
Physical Engagement and Participation	128	111	239
Cognitive Engagement and Participation	112	120	232
Musical Involvement and Participation	54	77	131
Memory Involvement	43	39	82
Client to Client Interaction	22	31	53
Client to Staff Interaction	21	37	58
Imaginative or Creative Engagement	15	23	38
Therapeutic Intent	54	61	115
Decreased Participation	54	55	109
Overall Outcome/			
Out-Session Behavior Codes			
Improved mood	36	9	45
Physical Improvement	23	8	31
Cognitive Gains	21	9	30
Increased Client-to-Client Interaction	6	1	7
Increased Client-to-Staff Interaction	2	3	5
Out-Session Musical Involvement	4	4	8

The next sections will present the inclusive criteria for each code and will also include examples of the described behaviors to better illustrate what was within the data set for the observation sheets.

In-session behaviors.

Emotional responses.

The first category of in-session behaviors was *Emotional Responses*. Its description was: emotions experienced by residents resulting from engagement in Kairos Dance Program (i.e. validated, safe, belonging, fear, mood changes while in session, etc.). Within the data set, the code was used 133 times. The list of behaviors within this code included both positive and negative emotional responses by participants. There were fewer negative examples than positive, and for the most part the negative examples did not have to do specifically with the program itself but more often with external or environmental factors. For instance, one of the descriptions was "Was scared about new space" and another was "Confused with time/room changes."

The large majority of the examples for this category suggest that participants had positive emotions while participating in the dance and arts-based sessions. Some were related to looking forward to the program due to enjoyment in the past, such as "He had been looking forward to coming to D.H. for weeks and was enthused to be here." Others shared how coming to the program made them feel. One participant said, "It made me feel good" and another participant told staff "I've been so glad to see this before I die. I've been so shut in…There is such expression here." Gratitude for the program was also expressed by many participants; one of the participants apparently gave staff an "Effusive

thanks for the session". When looking at these examples, it is evident that there was wide a range of emotions within the data set.

Physical engagement and participation.

While there were many different emotions represented in the data, there were also a variety of ways that participants physically participated during the program sessions; the second category was *Physical Engagement and Participation*. This category involved any events where participants physically participated in the Kairos Dance group. It included movements ranging from tapping toes, clapping, dancing in a chair, and standing to dance. In total there were 239 reported events within the two data sets that would qualify as physical participation. Some of these examples included independently accomplishing something simple like clapping along to music, "On her own kicking her legs out!" or "Tapping his feet".

Program participants with mobility issues, or who used equipment including walkers or wheelchairs, tended to physically participate in different ways other than standing and dancing. Many times throughout sessions, participants incorporated their own adapted form of dancing. Some of these behaviors described by staff included events such as "She danced a lot today in her chair and was very proud of that" or "She rolled out on her own onto middle of dancing space. Danced with Nancy [Kairos staff] and later w/M* [client]."

Another form of participation involved engaging other members or getting assistance from staff to participate more fully. There were several instances where members were brought around or independently went around the circle to greet or provide encouragement to other members. One of these instances included the following

example, “Went around to all residents to get them involved. Danced from the very moment we started music, she didn’t want to sit down. Very lively.”

Further, mirroring other dancers or imitating movements was another way that participants demonstrated engagement with other members of the group. By observing and then imitating it showed that they were paying attention to others. Each session of the Dancing Heart ended with the participants and staff singing and moving to a song entitled *Great Big Love.* Prior to starting the song, the staff taught participants a series of arm movements that correspond with the lyrics. There were several instances where staff wrote about participants becoming more physically involved during the song *Great Big Love.* One example by a staff member described a participant’s actions, “During *Great Big Love* with exuberance lifted her arm, danced “big” She was doing it on her own.”

In some cases, it was necessary for Kairos staff to assist participants during the dance sessions to give more opportunities for engagement. Sometimes it came in the form of incorporating a song that was motivating for clients, for example a song that participants may remember from earlier in their lives that has a specific way of dancing. For one participant this song was “*Bunny Hop*”, staff described her participation as “Very lively. Got up right away and danced. Followed the steps of ‘*Bunny Hop’*.” Another way that Kairos staff encouraged participation was by providing occasional physical assistance. Participation for persons with mobility issues or physical limitations was often different than that of the more mobile participants. Some participants needed help standing up, “‘Very big’ during ‘*Great Big Love’* song, L*started standing up, Peter and Maria [Kairos staff] came over to help her stand. This was a significant moment! (She started to get up) She beamed! Everyone applauded. She was dancing.” Throughout the

sessions Kairos staff were adamant that [there is no right or wrong way to dance,] which is clear when looking at the examples within the data set.

Cognitive engagement and participation.

The third category that will be discussed is related to cognitive engagement while participating in the dance sessions. This category was inclusive of all references to participants actively engaging in the dance program, whether through maintaining eye contact, saying something, tracking what was going on, or having body language that implied they were engaged in the session. Throughout the data set, the most frequently occurring word was "engaged". Most often, the word appeared within a sentence with an explanation of what the participant was engaged in, such as "Initiated, very engaged with playing the drum." However, occasionally the word was used without specific explanation of what the participant was engaged in (for example, "Very engaged"). It should be noted that the large majority of examples of engagement in the session were positive and very few were related to a participant disengaging from the group. Cases where participants did become overwhelmed or disengaged fell into the category Decreased Participation.

Often, there were examples of cognitive engagement where one participant taught members of the group something. There were several examples of this, showing that not only were members aware of what was going on within the group, but they were [engaged enough to realize that they had something to contribute]. Some of these examples were, "He [client] gave us a number of good ideas over the course of the time. Did not dominate" and "He [client] was totally engaged today and enjoyed teaching us some sign language".

Occasionally, there were instances where specific quotes were not provided but instead staff noted that participants were vocal during the group. A basic example of this was “Responded verbally numerous times”. Other descriptions identified physical signs that a participant was engaged in the group. One example was that of a participant who increased his/her movement and appeared to be more connected with it; this example was “Engaged with balls, movement more engaged.” Other examples were related to simply having eye contact. Two of these were “She connected across the room-eye contact” and “Wide eyes, observant, more engaged. Caregiver L* vocalized R*’s increased engagement.”

Musical involvement and participation.

Another way that members tended to engage was musically. Throughout the data, there were numerous examples of participants adding lyrics, singing along, or perking up when a favorite artist’s song came on. For this category, examples included any events where participants kept rhythm, sang, talked about musicians, or otherwise connected with music. In total, the code appeared 131 times throughout the two data sets. Within this category, there were numerous accounts of members singing and making up new lyrics to songs. There were also several cases where a set of sisters were mentioned as participating together, one of the most prevalent examples was, “Both are sharing their love of music, both are coming up with songs that they want to share. (One remembers-lyrics-other the melody.) [Sisters]”

Another set of behaviors that were noted included participants engaging with the music either with physical responses or by talking about it. Often, statements such as the

following appeared in the dataset, “When we were playing Ray Charles, Carla [Kairos staff] said: ‘Sorry this isn’t your music’. She said and smiled, ‘O yes it is.’”

Finally, there were several instances where participants physically engaged in the music by keeping rhythm and using drums that Kairos staff brought into the sessions. For instance, staff reported on the behavior of one particular participant, describing her engagement: “Very subtle, she had the drum, she was keeping the rhythm; she just used her knuckle.” For more examples of the wide variety of ways that participants engaged with the music during the sessions, see the chart in *Appendix F*.

Memory involvement.

The next category to be discussed is how participation in the dance sessions related to memory. There were several instances of participants sharing stories from the past, often triggered by something in a session. This category appeared 82 times within the data. Within this category, participants remembered that the dance sessions were scheduled on that day. One example of this was, “Has trouble remembering daily activities. ‘Is that gang ‘Dheart’ coming tomorrow?’. Remembers, knows the words to song.” For some participants, descriptions of them remembering that the sessions were occurring were paired with statements indicating that their memories for other things were also being triggered. For example, “Been getting up at 5:30 am, she is remembering that there is a dance program. She was more present today- was an active dancer when she was young. The program is triggering memories.” This participant not only remembered that the dance session was going to happen, but recalled other memories through her participation.

Within the data set there were also several descriptions of participants sharing memories related to their cultural heritage and about growing up in other countries. One example of this was a participant who shared her cultural history with the group. The comment read, “Shared Norwegian History with the group, words, culture and stories (Mouthing the words to all the words that we sang) (Her Norwegian language was accessible.).” Additionally, there were times when memories shared by one participant triggered another participant’s memories which resulted in the group hearing about a participants life story including, “I* had been telling story of emigrating from Germany. L*’s memory was triggered. She had come over on the boat at age 8. She started sharing her story.”

Further examples of memory involvement include those related to participants seeing pictures that triggered memories from their pasts, including childhood and work experiences. There were several examples of this including, “Talked a lot. Having her picture right in front of her was very helpful. She was right on top of it. Told story of hitching up horses to go to town.”

Finally, there were several descriptions of participants that shared memories of music, lyrics, and artists. Several examples arose where certain artists prompted the participants to share stories, for instance, “Said her mother worked for Elvis, she had stories prompted by Elvis [song]”. While other examples were related to simply remembering lyrics, “P* is remembering more about being at the Dancing Heart program. During the week she is singing the songs, sharing stories with staff.”

Client to client interaction.

As was illustrated with some of the examples given above, interaction between participants was common during sessions of The Dancing Heart. For the category *Client to Client Interaction,* there were 53 situations where residents were building relationships or interacting with other residents in the Kairos Dance group. Some of them were related to music, for example "Danced for a half hour with various partners" and "Reaching out to other dancers." Others were related to physical or verbal interactions. One case of this was, "Asked man to help me greet people. Maria [Kairos staff] brought R* around the circle, he reached his hand out and took people's hands and smiled to each person!" Similar examples were prevalent within the data set as often the Kairos staff engages less active members by bringing them around the circle to greet everyone in the group.

Client to staff interaction.

Similar to *Client to Client* interactions is the category of *Client to Staff* interactions. There were 58 occurrences matching this code, which included any references to relationship building among residents and the staff or volunteers that facilitate the Kairos Dance program each week. These interactions included basic verbal exchanges such as "Told Carla [Kairos staff], 'I want it louder.'" but also included dancing together with staff, "Moved hands-smiled-danced with Peter [Kairos staff] double time hand movements." There were fewer statements than expected within this area, which could be a result of the staff that wrote the incident descriptions not thinking that their interactions with clients were as important to write down as other information, because it was common to interact throughout the entire session. This idea will be further explored in the Discussion section.

Imaginative or creative engagement.

The category Imaginative or Creative Engagement included times when residents were creative in their participation by doing things like making up a new verse to a song, pretending, acting, or reciting poetry. There were 38 instances that occurred within the data. Some were basic descriptions, including "Part of snowball fight [pretend]" or simply "-she was willing to pretend." While other descriptions of incidents provided excellent detail, "Held the poetry book the whole time recited Kilmer's Trees. Glorious movement as recited (by heart) wants to recite it to a tree." There were several instances where it was mentioned that participants were very[engaged in acting and improvisation,] "Quick in the improvisation, about being stopped by a police in a car. She is very in the moment, playing with the improv." There were also examples of participants using interpretive dance during sessions. Often within the sessions, Kairos staff picked up an idea from a story or a song and used it to create opportunities to be creative. The residents really enjoyed this, which was evidenced by the number of comments that not only described a participant's creative interactions but also how he or she felt while doing it, as was the case with this example, "Her energy perked up and played the tail of the dragon, she was more engaged."

Decreased participation.

A different type of category that was included analyzed when participants disengaged from the group. There were two primary reasons: becoming over-stimulated or fatigued during sessions, and there were also a few extraneous factors. There were 109 incidents that fit into this category. Very infrequently were they the only behavior listed

to describe how a session went for a participant. Typically, there was at least one other positive comment related to their participation that day.

Again, there seemed to be two different types of negative behaviors. The first was related to extraneous factors or events that were going on outside of the program. Several times it was mentioned that participants were in pain due to some type of injury or illness. One of these examples was "She is dealing with pain." Other times, it was due to a lack of sleep or getting tired during the sessions, as was the case for one participant who was "In and out sleeping" during the session. Additionally, there were several instances where changes in their environment, such as a new roommate, or family issues impacted participants' mood. One of the examples that stood out the most was this, "Son died, staff supported grief process-Dancing Heart is part of grief process."

As was mentioned, occasionally participants would get over-stimulated during the sessions, resulting in a negative behavior. Examples of this included "She was scared by 'Rain Stick'. She was worried by Rain Stick, hitting Romeo the dog." And also "Balloons overwhelming, was able to sit back and observe." Unfortunately, descriptions of how staff handled negative behaviors or feelings of being overwhelmed were not provided.

Overall outcome and out-session behavior codes.

Improved mood.

In total, there were 45 instances where the code "Improved Mood" appeared. Unfortunately, Kairos staff were only at each site one time per week so they needed to rely on information from resident staff to determine the post-session behaviors. This particular code included descriptions of residents' mood following participation in the dance sessions. There were several examples where participants told staff or other

residents how much they enjoyed the sessions and also several times when improved mood was noted throughout the duration of the program. For example, **"**W* was at first reluctant to come, when he was here became more engaged. 'Moving his fingers, his feet to the music.' When taken back to his seat for lunch he said, 'This was a pretty good time today.'"

There were also a few instances where staff reported that the improved mood that participants had after being involved with dance sessions has carried over to improvements in other parts of their lives. In some cases this included being more positive, social, or even having increased appetite.

> He smiled a couple times and he shook my hand on departure. He does well when taken around circle, shaking hands and greeting. In past couple months he has begun a lot more interaction. When first started program he was in a big grieving process and depressed. He's more alive now and eating better.

Interestingly, there were several cases where improved mood and improved appetite were identified together.

Physical improvement.

The Physical Improvement category was related to any instance where improved physical health or a desire to move more, outside of group were noted. This code was applied a total of 31 times throughout the data. Some of the examples described improvements in physical participation observed during the sessions, such as **"**She wanted to come. She used feet today. Smiling, raising hands to dance. Sang Breathing In. E* did more with her legs than before." While others were seen as results of participation in a session, as was the case for the following example: "After program-jumped out of

chair picked up energy from group left without wheelchair." While only one case discussed participants actually leaving without their wheelchairs, there were several other cases that suggested participants were moving more outside of the group and also feeling more comfortable on their feet both during and after sessions. Another example of this was, "B* stood up and danced (The song Lollipop). Jack, her son, was surprised. She has refused when [staff] asked her to walk the day before. She has expressed a fear of falling."

Further, there were several cases of participants demonstrating and talking about increasing their range of motion especially in their upper extremities since starting the program. Finally, one of the most prevalent examples related to a nurse noticing a difference in one of the participants, "'I should keep dancing all the time [participant].' Heidi the nurse said at the end 'Something's different. She took I*'s blood sugar and it was 100 (perfect for I*) [staff].' 'It made me feel better. I love people [participant].'" Again, there were a variety of physical improvements ranging from increased movement to improved range of motion.

Cognitive gains.

There were a total of 30 comments on the observation sheets that suggested cognitive gains had occurred for the participants. The Cognitive Gains code included descriptions of participants actively engaging more frequently in the dance program or demonstrating improvements in cognition after participating in sessions. The improvements could be those related to memory. Again, for this category some of the behaviors took place outside of the session, while others were an overall outcome of the program and were witnessed by Kairos staff during sessions. There were several

instances where staff noted an increase in overall engagement and interactions, both verbal and non-verbal, as was the case for this participant: "(Success) in beginning of program not interacting. Now after 6 months-she is more engaged-inspired-Duke Ellington." Another participant also increased her engagement and did so with more verbal interaction and by taking on a leadership role within the group,

> Becoming more of a leader. Wants to have input in what happens. She initiated → that we do the "*Bunny Hop*"-we took it down the hallway. When thanked about it: she said, "anything I can do to help". Becoming pro-active.

Additionally, there were several cases of participants that exhibited an increased willingness to attend sessions, stay for the whole time, and practice coping skills to be able to remain in the group. A great example of this was, "Stayed thru session…Did good self-care and took space when needed it…Got angry about something and almost left." Finally, improvements in memory were noted in several cases including the following, "Remembers that D.H. is here on Thursday-about the only thing she does remember in her week. Music!!"

Increased client-to-client interactions.

The Increased Client-to Client Interaction category included seven occurrences where residents built relationships and interacted with other residents outside of the group more frequently than prior to participating in the Kairos Dance program. Again, examples for this code may have been fewer than some of the other codes because Kairos staff would have had to get this information from resident staff. The examples that were included ranged from interactions during times when residents would normally be socializing, such as meals, "'You guys got your dancing shoes' to the table at breakfast"

to recognizing people in the community. One of the spouses told a story about her husband recognizing someone while in the community, "Story from wife: we were at McDonald's in parking lot-he began waving hand-arm-recognized M*! (Staff: 'He is in there-we are drawing him out')."

Increased client-to-staff interactions.

There were only three examples of staff members reporting increased interactions with a client after participating in the Kairos Dance program. Even though there were few instances, the examples had excellent detail. The first example was,

> J*: She said, "I've had Bursitis in my arm for a long time. But since I came here I can raise my arm (she shows her arm up full range) I've got to remember to tell that girl in red" (Maria [Kairos staff] was wearing red).

The second example was related not only to increased interactions, but improved memory as well, "P* is remembering more about being at the Dancing Heart program. During the week she is singing the songs, sharing stories with staff." The final example was of a resident who enjoyed the program and wanted to be sure to attend, apparently she "Asked to be told when we're here because she always wants to be here for Dancing Hearts. She requested that we come to get her so she won't miss it." Again, this code is another where information had to be given from residential staff to Kairos staff in order to make it into the data set.

Out-session musical involvement.

Within this category the eight instances that were listed included participants dancing or singing on their own outside of group, or were requesting to listen to more music. Again, these were generally contingent of staff reports. For two of the

participants, their musical involvement started during the program sessions and continued as they were leaving. These examples were "Singing Jingle Bells on the way up to her room" and "Started --- dancing immediately w/Ellington on iPod. From then on dancing in her chair to the rest of day." Other examples were those not triggered specifically from just leaving a session, but rather suggest that participants were bringing music into their lives outside of The Dancing Heart. Two of these examples included, "Staff reports to 'get G*' to do something, staff sings, 'Come on Along'" and "Staff reports that L* is singing all the time."

In-session behavior code: Therapeutic intent.

As was mentioned earlier, the Therapeutic Intent code was one of the codes used for the observation sheet analysis of this research. However, it is being used as a transition into presentation of the results for the field note analysis because it closely relates to the second research question. "What is happening in the group that contributes to their outcomes?" The Therapeutic Intent code was based on staff or volunteer behaviors and it included the elements of the group and qualities important in the volunteers and staff necessary to promote the group's desired positive effects. These could have included selecting music, activities, or stories based on the participants' culture or interests. There were 115 cases of this within the data sets.

As was stated, there are a variety of ways that staff members facilitate participant involvement including simply selecting music that participants will know and will be motivating for them. There were several examples of this including "During the Glen Miller, immediately stood up w/Maria." Another example not only included musical selection but staff actually getting participants to serve as leaders within the group by

teaching other participants lyrics, "S* knows numerous songs from the early 1900's. She helped us w/lyrics for *I Love You a Bushel & a Peck*. And she wants to help w/more next week."

Another area that Kairos staff facilitated participant involvement was through their approach with clients. Because the sessions occurred over a period of several weeks, staff had an opportunity to get to know clients and figure out the most effective ways to get them to participate. In some cases, it was related to providing better or more specific instructions, such as "Was moving her foot "Rhythm dance". (Says I don't know what to do in D. Heart) (We can be more specific in giving dance direction)." While other times, the way that staff approached clients made a positive difference in their level of engagement and participation, "L* stayed relaxed today. If you approach quietly and explain what we're doing she participates very well. She was with it the whole time."

Further, there were several cases of dialogue that occurred between the participants and staff that suggested staff were affirming and complimenting participants. These interactions served as a means of making participants feel more comfortable and included in the group. In fact, there were a few incidents where an interaction was recorded and then it was noted that the participants had positive changes in their mood. For example, "When Maria [Kairos staff] thanked her for her gifts to the group, D* eyes welled, said, 'I didn't know'. D* seems more positive." Another example of the relationship building that occurs within the sessions was captured by a dialogue that occurred between Maria, a Kairos staff, and one of the residents, it was "I*: 'We're getting in the groove.' Maria: 'You're getting in the groove.' I*: 'You help me get in the groove.'" Within this dialogue it can be seen that not only is Maria affirming one of the

residents but the resident is also expressing that staff help her participate more fully in the sessions.

Field Note Analysis

As was discussed in the Literature Review, "therapeutic use of self" is a key component to forming therapeutic relationships with clients. In practice, therapeutic use of self can involve using personal traits, individual skills, and support of clients to contribute to the overall therapeutic relationship. The observation sheets were analyzed to determine patterns or descriptions of behaviors that occurred frequently during the sessions and contributed to building a community within the group. As of yet, the research done on The Dancing Heart has not studied how the therapeutic relationships formed between Kairos staff and participants could contribute to the overall outcomes of program, which is why it was deemed important for this research.

While completing the field note analysis, several prevalent strategies staff used to increase and maintain participant engagement during the sessions became apparent. These included the use of visual and auditory aids, creating a comfortable and welcoming environment, promoting a sense of community within the group, selecting motivating music, and also utilizing ability-appropriate movement and activities. Further, it included the staff providing individualized attention, affirmation, and support, and finally staff using their own personal qualities, including knowledge of participant's historical context, during the program.

Use of visual and auditory aids.

The Kairos Dancing Heart program is equipped with large speakers and several microphones in order to help residents hear staff and each other better. The staff members

often have a small, portable, headset microphone on so that they can move around the room and have use of both hands to help engage participants. There are also several handheld microphones that can be used by other staff or by participants to ensure that persons who are hard of hearing are still able to be fully involved in the group. The speakers are connected to a small soundboard so that microphone or music levels can be adjusted, depending on the needs of the participants at the time. Throughout one of the observed sessions, the staff listened intently because often the men in the group would make comments but they could not always be heard. Repeatedly, staff would politely ask the group to stop and listen and they would then bring the microphone over to the person. As soon as the staff came over with the microphone, she would say something then like, "Oh! What were you saying?" or "Hold on one second, could you repeat that?" The staff wanted to make sure that all members of the group were able to participate and feel like their contributions were important.

For the majority of the sessions, they also incorporated large-print nametags that could be easily read even by participants with some visual impairment. They did this to ensure that residents learn each other's names, can meet new people, and so that staff can call each participant by name. As will be further discussed later, the Kairos staff makes a conscious effort to recognize individuals by using their name and as a way to affirm each person's contributions to the group.

Other visual aids that are used include pictures, lists, and song sheets. Often, staff brought in sheets with lyrics to music, especially the song *Great Big Love*, to help increase participation. During one session observed in a memory care unit, the staff had large paper to create lists that participants brainstormed, such as favorite artists,

actors/actresses, or old movies that they enjoyed. They did this to try to trigger memories of the participants. Photographs were also used to trigger memories. At times, staff encouraged participants to bring in pictures from when they were younger, and occasionally staff would also bring them in. This researcher observed two sessions during the week of Martin Luther King Jr. Day, where staff used pictures from the memorial honoring him in Washington D.C. During one of the groups, a woman said that she had just been there over the holidays. Maria, a Kairos staff member, asked the woman to share about her experience and describe what the memorial was like to the group. The woman was very engaged and animated telling about her trip and experience while at the monument. Another group also looked at the pictures and read quotes from Dr. King. The quotes sparked conversations and storytelling about the participants' experiences during the Civil Rights Movement and memories about dealing with Jim Crowe laws. These are just a few examples of how seeing a picture helped trigger memories with the participants. In the data sets that were previously discussed, there were also several incidents that mentioned participants sharing memories after seeing a picture.

Creating a comfortable and welcoming community.

In addition to using visual aids, the staff members created a welcoming environment by keeping the door open to the room so that other people could join the group. While this was not always possible due to safety issues it was done when appropriate. During one of the observed sessions, the group continued to get bigger as the session went on because many people walked by the room, saw or heard what was happening and then joined in. This is not uncommon during the program sessions and when new members came in staff warmly welcomed them. The use of the nametags, a

large circle of chairs with extra open spots, and meeting in common rooms that other people may pass by regularly are also used as means to create an environment that new people feel comfortable joining. The program also occasionally held an initial session that was a bit shorter as a way to introduce the staff and the program to the residents.

While observing the sessions, it was apparent that the staff members intentionally used a tone of voice that is warm, welcoming, and filled with a good, but not overwhelming, level of excitement. They spoke in a tone that sounded supportive and made residents feel like the staff listened to them and that all members of the group are on an equal level. After one of the sessions, this researcher asked one of the residents what she thought of the program and what she thought the staff did to facilitate involvement. She said the staff were very supportive, encouraging, and that they created an environment where people felt comfortable and felt good about sharing their stories.

A commonly used word throughout the sessions was ‘comfortable’. Often, the staff said things to the participants such as, “Just do it as much as you feel comfortable. That is always the case here. You don’t have to show off. Just do what is safe and feels good to your own body.” Another staff explained to participants that there was not one ‘right way’ to dance, “In this dancing heart program there is no right or wrong. We are always looking for new ideas. Again, there is no right or wrong just many different ways to dance.” Using phrases like these emphasize how individual residents could make sessions their own. During one of the observed sessions there was one woman who did not move her body very much initially, but eventually she started getting more involved. Even though she was not doing as much as the others, she was not singled out for not participating. Rather, the staff smiled at her and encouraged her the same way that they

did with the residents who were more active. Throughout the sessions the staff provided encouragement, support, and validation to all of the clients. The emphasis on feeling comfortable and participating in whatever way felt good for the members helped to create a relaxed environment in the sessions.

Another common occurrence throughout the sessions was that one or two staff actively led the group while others focused more on increasing participant involvement. For example, when one or two staff led the group another staff would go around and engage with members who were less active or needed more help participating. During one of the sessions, this researcher observed a participant did not want to be a part of the circle but liked listening. The staff made a conscious effort to occasionally check in with the participant and hold his hands to get him moving a little bit.

Some of the codes used for the previous data sets were related to interaction between clients and staff. Upon completing the field notes it became evident that the reason for this was likely because Kairos staff tries to instill a sense of community within the groups. The program has an open door policy and emphasizes using participant's names. Often, groups start by welcoming all of the members individually while using a song. There are several ways that The Dancing Heart staff does this, for example, having each participant make up his or her own dance, say his or her name, and then pass on the dance to someone else. This researcher observed this several times, and also observed staff members having the group welcome all of the members individually by putting their names into a verse of "*You are my Sunshine*." All of the members responded to their name by smiling, nodding, or putting their hand out to shake hands with the Kairos staff.

Selection of motivating music.

The Kairos staff members have an iPod with a variety of music that they bring with them to all of the sessions. This is so that they can tailor the music to the interest of the participants. Sometimes they select music based on requests and other times it is based on the culture of the group. For example, in one session the staff chose to play a Shaddish song. Just hearing the name excited some of the residents and many other residents started clapping and automatically moving their feet once the music came on. In another group, the participants preferred to listen to jazz music. In order to increase the connection to the music, one of the staff put on a song and challenged the group to name the song or the artist before the chorus came on. The participants loved the challenge of trying to remember who sang the songs, and enjoyed then singing along to the music after they guessed. There were countless examples similar to this noted while observing the sessions.

Another example of staff picking songs that resonated with the participants, was by asking the group who some of their favorite artists were. While observing, one of the Kairos staff asked a woman what type of music she liked, she said anything from the 40's. Immediately the staff put on an Andrew's Sisters song, which then sparked a dialogue about the different music people liked. Another Kairos staff member then suggested that they track down the top song from everyone's birthdays. After hearing this idea, the group became noticeably more excited because they were looking forward to hearing music that their parents listened to. Another example of this was a participant request that the staff play "older cowboy songs". The staff responded by making the majority of the songs that day cowboy themed. They then wheeled the gentleman around

the circle and had him say “Howdy” and shake hands with all of the men. All of the men reciprocated and the rest of the session he had a huge smile on his face. He loved hearing the music and it was motivating for him.

Use of ability-appropriate movement and activities.

Given the wide range of abilities, physical health, and safety concerns of clients, it is necessary for Kairos staff to be skilled at selecting or adapting movements. There are several ways that Kairos staff members adapt activities to fit client’s needs. During many sessions, they did breathing exercises similar to those done in yoga, but done from a seated position. Staff also led “Body-Brain” exercises, which can be done either seated or standing. During some groups, they provided detailed explanation of the reasons why doing the movements and breathing are important but for others they simply do the exercises because the extra information may be overwhelming to members, particularly those with cognitive deficits. This is just one example of Kairos staff selecting ability-appropriate activities.

Karios staff members often make suggestions to participants in order to increase the ability to physically engage in the sessions. One way they do this is by giving directions on how to adapt movements for residents who are seated versus those who are standing. For example, during one session people were getting tired and so staff switched to more leg based dancing that was done while seated. During a different session a few of the men said that they had some pain when lifting their arms up high. Staff recognized this and offered an alternate way to do a similar move where they could keep their arms lower, and recommended just doing the move with the arm that did not hurt. Finally, one group primarily had persons who were in wheelchairs or needed to sit so staff brought in

pieces of wood to put under their feet and had elastic bands with metal balls on the bottom that were attached to participants' shoes. Then, staff initiated a tap dancing session. Every participant was able to participate and they enjoyed hearing the noise that their "tap shoes" made on the wood.

As presented in the literature review, the number of older adults who experience a fall or who have a fear of falling is high. Many participants in The Dancing Heart either used wheelchairs or walkers to get around at least in part for this reason. Some of the ways that staff ensured participant safety if they had a desire to get up and move were to either strategically place chairs in front of the participant so that they could hold onto the back of the chair, or place walkers and wheelchairs close by in case a participant got nervous. In these cases, staff members were constantly checking in with the participant to see if they would like more assistance or if they would like to sit back down. The Kairos staff frequently offered out their hands to assist residents who needed support while standing up. During all the sessions, there were also residential staff and volunteers there to support participants and ensure participant safety. In several of the observed sessions, the staff used partner dancing as a way to ensure that residents felt comfortable and safe. This not only helped increase participant comfort but switching partners between songs also provided more chances for clients and staff to interact with each other.

Individualized attention, affirmation, and support.

Another way that the staff interacted with the participants was by providing individualized attention and support. Kairos staff members were constantly making eye contact with each and every group participant; they often looked around the circle and smiled at different residents to engage them. Throughout the sessions, the staff smiled,

laughed, clapped, and encouraged participants by using their name and validating the dance moves that they were doing. Frequently, the staff imitated some of the dance moves that participants created.

Staff members also made sure to affirm each participant using names and giving individualized compliments. Rather than saying "Nice job" the staff will say something specific like "Wow, thank you so much for sharing that beautiful story with us." One example of this was a man who had a great sense of rhythm and mostly did his own dance moves rather than following the group. The staff members were very complimentary to him and noted how well he kept rhythm and made positive comments about his individualized participation.

At the end of each session, after the song "*Great Big Love*" is finished, the staff go around to each of the members thanking them for coming by shaking their hands, looking them in the eye, and using their names. This individualized attention to each member makes the residents feel more comfortable and welcome. Several examples of emotions felt by individuals after being recognized by staff occurred in the other data sets and are available to review in *Appendix F*.

Use of personal qualities and knowledge of historical context.

The Dancing Heart program has several staff members; each of the staff have different skills and personal qualities that they brought into the sessions to help shape the program. One of the staff members had very high energy and was not afraid to make jokes and be silly. During one of the sessions, she used sound effects and made up new humorous verses to one of the songs to get the participants more engaged. In other sessions she sang duets with participants or played songs that participants requested on

one of her instruments. Another staff was very interested in facilitating storytelling and recording the stories of the participants. This particular staff also validated the participant's contributions in a very calm and eloquent way. Each staff used a different style when leading the sessions but all of them worked together and used their personal strengths and talents to facilitate involvement.

In addition to using their personality traits and talents, The Dancing Heart staff sit among the participants to foster a feeling of community within the group. Often, it felt more like the staff members were participants in the group who were "guiding" the session. The staff guided the group based on input and direction from the participants. The discussion within the group often felt more like a casual conversation between friends because of the way that staff members share stories about themselves and ask the participants questions about their experiences. For example, one staff had been doing horseback riding lessons and so she shared a few stories and things she learned from her experiences. She then asked the group if they had any horse stories to tell. When the men were telling their stories she would say things like, "I can totally picture you up on that horse! I bet that was a really exciting day!"

Another way that the Kairos staff members facilitate conversation is through the use of historical context. The staff members have knowledge of history and it seemed that no matter what era or historical fact a participant brought up they were able to fill in the details and connect it to something else. Often they brought in historical facts in question form so that residents could try to remember the answer. They used this as a tool to trigger the participant's memories. For example, during a conversation about jazz artists, one of the staff said, "Oh, you know what? I think there was something else with that

title…Hmm…do you remember what else was called “Strange Fruit”. I can’t remember was it a movie or book or something?...Oh yes! That’s right! Do you know, was that released before or after Billie’s song? etc.” With the way that staff phrased the questions it was often hard to tell the difference between questions they knew the answers to and those they did not. Overall, the staff used a wide variety of techniques and resources to maximize participant involvement in the dance sessions. Further discussion of how using therapeutic use of self contributes to the overall outcomes of the group will be explored in the discussion section.

Discussion

The current study is part of a larger research project examining the impact of participation in a dance, arts, and storytelling program for older adults. The research questions for this study included "What is the importance of a dance therapy program for long term care residents?" and "What is happening in the group that contributes to its outcomes?" The second of these two questions explored the group culture and dynamics that contribute to the positive findings in the earlier portions of this study (Rydholm, 2011; Schafer, 2011). The following section will make connections between the findings of the current study, the literature described in the literature review, and to the previous research completed by Rydholm (2011) and Schafer (2011). It will also discuss how the Kairos staff members used "therapeutic use of self" to contribute to the outcomes of the group. Following the general discussion, strengths and limitations of the current study and suggestions for future research will be addressed.

The Importance of a Dance Therapy Program for Long Term Care Residents

Many programs utilizing arts, storytelling, and movement based interventions have suggested that improvements in physical and mental health can positively impact quality of life (Eyigor et al., 2009; Goodall & Etters, 2005; Nadasen, 2007; Venable et al., 2000). Previous studies on The Dancing Heart also reported improvements of participants overall quality of life based on interviews from caregivers and staff (Rydholm, 2011; Schafer, 2011). In order to more fully examine how participation in The Dancing Heart could impact quality of life it is important to further discuss the results and then make comparisons of the findings to previous research.

Physical benefits of the program.

Several times in the observation sheet analysis, participants shared that they enjoyed the physical components of the Kairos program. One resident stated,

> M* shared how much she liked dancing w/ Kairos. "We still need to move our bodies more, it's nice to stretch, we can stop, looking at statues, we need to do [illegible] ourselves, I'm tired of looking at the ceiling. We can do more during the week."

Previous research by Nadasen (2007) was similar in that an existing dance program was studied. The participants reported that they continued involvement in the dance program because they enjoyed it and did not categorize the program specifically as "exercise" despite the fact that they were engaged in the physical activity of dance (Nadasen, 2007). Given that there were several examples of participants indicating that they enjoyed the movement aspects of the program it appears that the findings of the current study are similar to that of previous research. The participants in The Dancing Heart program may not have specifically categorized the sessions as "exercise" but they enjoyed the physicality that the program offered.

Within the data there were several documented cases of physical improvements for participants such as increased range of motion and endurance. Despite having limited ability to control for outside factors the increased physicality of participants speaks to the potential benefits of participation in the dance program. Previous research on The Dancing Heart studied the impact of the program on reducing the fear of falling and the level of falls risk for the participants (Lee et al., 2010). While the results of Lee's study were not statistically significant, the data suggested that there was a general trend of

participants getting back to activities they had previously been avoiding due to a fear of falling after participating in the Kairos program (Lee et al., 2010). The findings of the Lee et al. (2010) study are similar to those of other research by Eyigor et al. (2009), which found that participation in traditional dance sessions was beneficial in increasing balance for the participants. Additionally, the previous research completed by Rydholm (2011) and Schafer (2011) also found that there was increased physicality for participants due to The Dancing Heart program. Given the results of these three studies, and the general trend of the current studies data that suggested physical improvements for some of the participants, it seems that the Kairos program could have the potential to positively impact the physical health of seniors. Further research on the program is necessary to determine the specific physical benefits associated with participating in The Dancing Heart program.

Mental health benefits of the dance and arts based program.

Based on previous research, it appears that in the present study there are a variety of reasons why participants' mental health may have improved. Some of the previous research studies found that physical activity was beneficial in decreasing the symptoms of and relapse rates for depression in older adults (Blumenthal et al., 1999; Babyak et al., 2000). Given this and what this researcher observed, it is likely that the physical or movement based components of The Dancing Heart program has been beneficial in improving participants' moods and benefiting their overall mental health. There were several participants in the current study who physically appeared to enjoy participating in The Dancing Heart program. One simple example included, "Got up and danced, seemed empowered-left w/smile." Other participants in The Dancing Heart program may not

have specifically said how much they enjoyed the program but while observing it was clear that participants enjoyed the experience as evidenced by non-verbal reactions including smiling, laughing, and the level of engagement through both eye contact and physical participation. The results also show improvements in participants' overall mood, including their mood while outside of the sessions, after they were involved in several program sessions.

Another factor that likely has an impact on achieving mental health benefits for participants is the opportunity to socialize and share memories while involved in sessions. Previous research found mental health benefits for a group of older adults with dementia who engaged in weekly sessions of staff facilitated story-telling groups (Hsieh et al., 2010). The results suggest that participating in group based story telling could reduce the symptoms of depression for the participants (Hsieh et al., 2010). Story telling is one way that participants socialize within The Dancing Heart sessions. Based on detailed examples of participants sharing stories, it appears that story telling within the sessions could be a reason for improvement in participants' moods. The process of socializing with others during the group appeared to have benefits for many participants. Throughout the sessions Kairos staff encouraged socialization by providing participants with nametags, encouraging story telling, and validating contributions to the group. Again, while further research is needed it appears that socializing and telling stories within the group setting may positively impact the mood and overall mental health of the participants.

Other improvements in mood and mental health could also be attributed to the musical involvement of the sessions. As was discussed in the literature review, Goodall

and Etters (2005) found several cases where music proved successful in decreasing the frequency of agitated behaviors for persons with dementia. The Dancing Heart program serves clients with a variety of diagnoses and levels of independence. While specific demographic or health information was not collected for the sessions where field notes were taken, within the population served some of the participants likely had dementia or agitated behaviors. If this is the case, then it appears that music may be one other reason why mental health benefits were seen. Because of the nature of the program it is hard to distinguish which specific interventions (music, movement, stories, etc.) lead to specific positive results. However, it appears that for the current study, the results suggest that movement, storytelling, socializing, and music may have positively impacted participants' mood.

Impact of the Kairos program on memory, engagement, and communication.

There were several examples within the current study where improvements in cognition or memory were noted, including multiple cases where residents who have trouble remembering available programs/schedules were remembering when The Dancing Heart program was occurring. Based on previous research conducted by Holm et al. (2005) it is not surprising that there were several instances of memory improvements. Holm et al. (2005) found that a group of older adults with dementia increased their level of association-based communication by participating in a story telling program. Association-based communication involves hearing or seeing something, that triggers a memory, and appropriately responding with a story or statement that is related (Holm et al., 2005). Within the current study there were many examples of this type of communication that occurred in the dance sessions.

Similarly, there were several instances in this study where participants had increased the level of interaction with both staff and other residents not only during the sessions but also throughout the week. There were also several basic examples of the Kairos program providing a commonality to use as a conversation starter for residents, such as '"You guys got your dancing shoes' to the table at breakfast." Previous research outlined several different ways that participants with dementia who were in a similar program to that of The Dancing Heart interacted with other group members and staff facilitators (Nystrom & Lauritzen, 2005). The research found that participation in the sessions provided increased opportunities for the participants to interact with others through typical speech, but also through imitation of others and engagement with the music (Nystrom and Lauritzen, 2005). The Kairos staff utilized their knowledge of historical facts and visual aids (i.e. pictures) to create opportunities for participants to engage their memories. Further, the staff facilitated and encouraged participants to share personal narratives from the past, which triggered other participants memories and created opportunities for association-based communication. Given the similarities of the programs and the results seen for improved mood and increased socialization for participants it seems probable that cognitive improvements over time for participants could be a positive result of the program.

Connection to quality of life.

The results of this study indicate that The Dancing Heart program may be beneficial for improving the physical health, mental health, and cognition of the participants. Increases of physicality, mental health, and cognition are beneficial to promoting quality of life and functional independence for seniors. The results of this

study are similar to that of previous research. Both Schafer (2011) and Rydholm (2011) found that participation in The Dancing Heart was beneficial for increasing physicality and quality of life for older adults. Again, while this research found similar results it also went further by specifically studying *how* the Kairos staff facilitated these outcomes. The information on how staff utilized therapeutic use of self to promote quality of life is beneficial because it has the potential to impact the development of, or facilitate change for similar programs. In addition to confirming findings from the previous research, this study provides detailed information on how facilitators can promote participation in order to increase quality of life for seniors. While further research is necessary to determine the extent and more specific areas of the improvements, it can be assumed that in most cases the benefits described here and in the previous studies increase quality of life. The intention of the program is to promote successful aging and improve quality of life for older adults and based on the results it appears that they may be doing this.

Connections Between Dance and Arts Based Programs to Occupational Science and Occupational Therapy

A main focus of occupational therapists in all areas of practice is quality of life. The Dancing Heart program is not based on occupational therapy practice or led by occupational therapists. However, quality of life is also a primary focus for the Kairos staff and a founding principal of The Dancing Heart program. It should be noted that a similar program aimed at improving the quality of life and functional independence for seniors would be considered within the occupational therapy scope of practice. When working with seniors, occupational therapists often work on goals related to increasing a clients' safety or independence for completing activities of daily living. Within this goal,

interventions could focus on increasing a clients' endurance or strength for completing functional tasks. In connection to The Dancing Heart, there are many ways that an occupational therapist leading a similar program could work on goals for functional independence. For example, within the context of a session a therapist could work on improving a clients' activity tolerance for functional tasks by having them stand up while dancing. Or, the therapist could have the participant work on increasing range of motion by incorporating a wide variety of upper body dance movements. These are just two of the many ways that a therapist could utilize a similar program as intervention to work on functional goals.

Another connection of this research to the field of occupational therapy is the way that the staff incorporates therapeutic use of self into the sessions. After observing several different sessions, in a variety of settings, and taking detailed field notes, it was evident that staff tailored their interpersonal interactions to fit clients' needs. In practice, occupational therapists refer to this as therapeutic use of self or sometimes as building rapport. The recent expansion of the program resulted in a more diverse group of clientele being served, including seniors living in low-income housing or memory day care programs. While staff were previously utilizing therapeutic use of self, it became even more imperative that staff consciously adapt and tailor their approach with each new group of clients in order to establish a "therapeutic relationship". Within the field of occupational therapy adapting activities to best fit a client's needs and abilities is often referred to as creating the "just right challenge"; this is done to maximize the ability of their clients to participate in and benefit from therapy sessions. Analysis of the field notes revealed several ways that staff tailored the group activities or structure to meet the needs

of the group. For example, some sessions involved more movement completed while standing up and others did more while sitting; some sessions involved more storytelling and others involved simply sitting together and listening to music. In essence, Kairos staff created a "just right challenge" for the program participants by utilizing a variety of techniques and interventions.

It was also clear that the staff researched the historical context of the participants in order to increase engagement by selecting appropriate music, dance styles, and stories to incorporate into the sessions. Kairos staff used a variety of resources during sessions (visual/auditory), gave individualized attention to participants, and intentionally used culturally relevant music, movement, and stories. These are all excellent examples of how Kairos staff used therapeutic use of self. The Kairos' staff ability to quickly adapt the program sessions to meet the needs of their clients is a strong point of the program and is instrumental in improving the quality of life for the senior participants.

Strengths and Limitations

Strengths of this research include the use of a qualitative design and established methodologies from Patton (2002) and Lacey and Luff (2001). Additional strengths include that this study was triangulated with previous research and faculty researchers. Limitations of the research project include the fact that specific health and demographic information was not collected, and as a result only general information regarding the types of clients being served by the program at this time is known. Further, the current study utilized observation sheets provided by Kairos staff for retrospective analysis so those observations were not collected first hand by this researcher. In some cases the level of detail provided for the written incidents was excellent, but there were several

times when the handwriting was illegible or there was little detail explaining situations. For the field note analysis it may have been beneficial for this researcher to participate in sessions and take field notes more than one time at each site in order to increase comfort of the participants and ensure that having an outsider join the group did not influence their behavior.

There are a few other factors to consider given that the current study was considered to be field research and involved studying a program that was already active. First, the Kairos dance program sessions involve more than just dancing, they involve storytelling, poetry, and different types of movement. There is not a set schedule or agenda for each site rather, Kairos leadership approach each session with ideas of what activities they would like to incorporate but each session is shaped by participant involvement. Throughout the sessions, the Kairos staff continuously adapt the activities in response to feedback from participants. Because of the wide variety of settings and clients served it is necessary for staff to do this as the program would not be as successful if the adaptations did not happen. However, it also means that sessions may change depending on group member limitations and what appears to be the most motivating or valuable for the group that day. For example, one week may more heavily incorporate story telling because participants' memories are triggered by something occurring in the session while another week may involve more movement if participants were not as talkative. Every site incorporates all aspects of the program (dance, movement, art, story-telling), but it is important to realize that there may be differences in the level of physical activity for each site depending on the clients that are present. This limits the ability to say that all sites provide specific cognitive or physical benefits; rather findings

need to be generalized and provide an idea of the types of benefits that can be seen. The benefits of having each session tailored to meet the clients' needs outweigh the possible limitations of utilizing standardized sessions.

Given that qualitative methods were used to study an established program there were several ways in which researchers sought to maximize reliability and validity of the results. This was done by observing several sessions with diverse populations using established methodologies, such as a Framework Analysis by Lacey and Luff (2001), and techniques for conducting observational research outlined by Patton (2002). Also, the nature of the program and the observation-based research methodologies used resulted in a limited ability to control for variables and eliminate confounds to determine causal relationships. Despite these limitations, it is hoped that a comprehensive understanding of the Kairos program and its specific benefits for seniors can be provided by looking at all of the research conducted for the larger, mixed-methods study.

A primary strength of the current study is that it provides insight into how behaviors of group facilitators may contribute to the outcomes of arts and movement based programs for older adults. As can be seen, there is a wide variety of literature on the benefits of arts-based programs. However, most of it is focused on the outcomes found as a result of the group and does not provide much detail of how the outcomes are achieved. For example, several studies stated that they found physical benefits of participating in dance programs but did not specify how group leaders facilitated the physical involvement of the group members. This is true for many of the studies that found mental health and cognitive benefits as well. The use of a qualitative methodology for this study was beneficial because it resulted in narrative examples of how group

facilitators encouraged participation. The details of how staff interacted and encouraged the participant's involvement could be helpful for future or existing programs to learn about different strategies they could incorporate into sessions to maximize the potential benefits.

Future Research

For future research it would be beneficial to collect demographic and health information of the participants both at the beginning and end of the programs for each site. This would be helpful in determining more specifically the populations being served by the program (i.e. persons with different cognitive or physical impairments). It could also provide information on specific interventions (i.e. chair dancing versus standing) that are most beneficial for groups of adults with specific diagnoses. Previous research by Nystrom and Lauritzen (2005) utilized video cameras to film sessions. This could improve future research because it would allow a more comprehensive analysis of the sessions rather than using either second hand information from observation sheets filled out by Kairos staff or relying on a researcher's memory to complete field notes. Also, a researcher would not have to be present in the groups which could assist in avoiding the limitation of a researcher possibly impacting the behavior of group members by changing group dynamics. Lastly, it could be a more efficient way for researchers to be able to observe several sessions at one site if video recordings were made every week. This would eliminate the need for the researcher to travel to the different sites throughout the week, be active in sessions (which could potentially influence the participants' behavior), and then time that would have been spent travelling could be dedicated to analyzing additional data. In using video recordings more data could be collected and Kairos staff

could also watch the videos to analyze program strengths and specific areas they want to further development.

Future research could also utilize a control group and tests to determine specific benefits associated with participation in the program. For example, a brief cognitive screen or measuring range of motion may be helpful to determine level of improvement. However, given the inclusive nature and culture of the program this methodology may not be favorable as then a group of possible participants would miss out on the opportunity to be involved in the sessions. Additionally, The Dancing Heart program was not founded within the realm of occupational science and does not involve occupational therapists. However, it may be beneficial to further explore the impact of arts-based interventions within an occupational therapy setting for seniors. The program appears to have positive impacts on seniors and provides meaningful activities (occupations) for older adults to engage in during their week. Given these factors and the way that Kairos staff members utilize therapeutic use of self while leading the groups it could be appropriate for an occupational therapist to lead similar groups. In doing this, the occupational therapist could then set specific goals, perhaps for increased range of motion, and measure the impact of the arts and dance based interventions on achieving the goals.

Conclusion

In summary, The Dancing Heart is a client-centered program aimed at increasing quality of life through arts, dance, music, storytelling, and expressive movement. As has been discussed there is potential for participants to benefit physically from the sessions. Though further research is still needed on the specific physical benefits, there have been

cases where participants reported improved range of motion, increased movement, and other positive physical health outcomes. Additionally, many participants reported and demonstrated that there are potential cognitive and mental health benefits associated with being involved in the program. When looking at an overall picture of physical health, cognitive, improvements mental health it appears that The Dancing Heart or similar programs has the potential to improve overall quality of life for seniors. In the future, it may be beneficial for occupational therapy practitioners to use The Dancing Heart as a model for developing similar programs. Eventually, practitioners may find using a dance, music, and story telling program to be a beneficial intervention or tool for accomplishing specific client goals.

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Appendix A

Explanation of the Methodology Used by Rydholm (2011) and Schafer (2011)

Rydholm (2011), Schafer (2011), and their faculty advisors completed the initial qualitative portion of the larger study. The researchers and advisors interviewed eight staff, three volunteers, and three family members at the completion of the 36-week program about the benefits they observed during the dance sessions. The interviews consisted of open-ended questions asking the staff/caregivers to describe what they saw as the meaning of dance and music for the participants, how participation in the Kairos program has impacted participants' quality of life, and how the Kairos program influenced the facilities' culture. The residents who actually attended and were active in the dance sessions were not interviewed for this study due to timing and cognitive limitations. Rydholm (2011) and Schafer (2011) interviewed the staff members and volunteers who worked at the study sites, and faculty advisors interviewed family members and conducted follow-up interviews to check in when needed.

After completing the interviews, the researchers transcribed and analyzed the interview content (Rydholm, 2011; Schafer, 2011). In order to ensure accuracy of the analysis faculty advisors regularly checked the work of the student researchers and were readily available to provide assistance as needed. The researchers used a Framework Analysis approach, which is a qualitative methodology that focuses on finding outcomes or forming recommendations based on themes within a data set; this process is both inductive (data driven) and deductive (a-priori) (Lacey & Luff, 2001; Richie & Spencer, 1994). Rydholm (2011) and Schafer (2011) followed five steps described by Lacey and Luff (2001) as typical of a Framework Analysis: *familiarizing*, *identifying a thematic*

framework, *coding*, *charting*, and finally *mapping and interpreting*. In the *familiarization* stage, Rydholm (2011) and Schafer (2011) completed and thoroughly reviewed the interview transcriptions. The researchers then *identified a thematic framework* and created codes (which Lacey and Luff (2001) call indexes) from pre-set research questions, the study framework, issues found in the literature, and commonalities found within the transcripts. Following independent coding of an initial transcript the thematic framework was revised until inter-rater agreement reached an acceptable level for the codes. During the *coding* stage, the researchers independently coded transcripts using the thematic framework. Next, the *charting* stage involved sorting the quotes from of each participant into a table with all of the codes. A few representative quotes were included and the line numbers for all the other quotes for a given code were also listed. This helped determine the frequency of each code within the data set, and also provided examples for each code. In the final stage, *mapping and interpreting*, the researchers studied the tables for patterns and relationships in order to identify themes.

Appendix B

Used with permission from: Rydholm (2011) and Schafer (2011)

Qualitative Data- Preliminary Coding Framework

Category Name	Code	Description
Category #1 EMOTION	EM	
Description: Emotions experienced by residents resulting from engagement in Kairos Dance Program.		
Love/Enjoyment/Fun	EM-LENJ	includes any time the interviewee states a positive emotion felt in relation to the program, or observation of other participants enjoying the program or having fun. This includes any time the fun is used as a descriptor of the program. May also include participant quotes such as "I love this program." Or "This program is so much fun. Excludes description of non-verbal expression of emotions.
Anticipation	EM-ANT	Resident expressions of "looking forward" to the next Kairos Dance session or expressing a desire to return to the Kairos program again in the future.
Validation	EM-VAL	Kairos participants feeling recognized, acknowledged, or validated as a unique individual with unique gifts to offer. This also includes the notion that resident's lives are meaningful regardless of their age or ability.
Improved Mood In	EM-IM-IN	This includes descriptions of evidence that resident's mood was lifted or improved during the course of the dance session(s). Note: has to include statement denoting "change" or "improvement" otherwise code as EM-LENJ above
Improved Mood Out	EM-IM-OUT	This includes descriptions of evidence that resident's mood continued following the dance session.
Category #2: ENGAGEMENT	ENG	
Description: Includes all references to participants actively engaging in the dance program.		
Non-Verbals	ENG-NV	Participants displaying eye contact, smiling, or spontaneously reaching out a hand are non-verbal signs of engagement in the Kairos Dance activity. Include only non-verbal for emotional expression

		or interpersonal contact. Excludes physicality from participation in the program (see code below)
Response to Different Forms of Stimuli	ENG-RSTM	Includes increased participation due to music, movement, physical touch, props, or a specific combination of these stimuli.
Increased Physicality	ENG-PHYS	Includes participants displaying increased physical ability or participation in the Kairos Dance group. Such as toe-tapping or standing to dance when they don't often stand otherwise.
Increased Arousal/Alertness	ENG-IA	Includes any references to increased energy, wakefulness, or alertness as a result of participation in the Kairos Dance group that has not been mentioned in the "Non-verbal" and "physicality" code above. Also refers to effects lasting after the end of the session.
Decreased Participation	ENG-DP	Refers to signs that residents are being over-stimulated or fatigued by the dance group, or display decreased participation on a given day (possibly due to extraneous factors).
One-on-one interaction	ENG-OINT	Refers to staff-volunteer/resident one-on-one interaction with residents in the Program.
Category #3: MEMORY		MEM
Description: Includes any references to client memories in association with the Kairos Dance group.		
Story-Telling	MEM-ST	This refers to residents sharing stories from their past during the Kairos Dance sessions.
Creating New Memories	MEM-CRT	Includes any reference to evidence that residents remember previous Kairos Dance sessions or activities, and/or are creating new memories from participation in the Kairos Dance program. Examples include recognizing members of the group, remembering new songs or new routines learned during the Kairos groups, anticipating the sessions etc.
Accessing Memories via Songs/Music	MEM-MMUS	Includes references to certain types of music or songs facilitating memories from the resident's past. Excludes memories of songs or routines learned in the program
Emotional Memories	MEM-EM	Includes descriptions of powerful emotional memories shared by residents during the Kairos dance group. These memories may be tied to strong emotions that are either positive or negative.
Memories Out of Group	MEM-OUT	Includes memories formed during the Kairos group that are retrieved outside of the group.

Category #4: RELATIONSHIPS		REL
Description: Descriptions of relationship forming/building with other individuals in the Kairos Dance Group.		
Sense of Belonging	REL-BEL	Includes statements that participants experience a sense of belonging to something/a particular group.
Relationships Among Residents In Group	REL-RR-IN	Includes mention of residents building relationships with other residents in the Kairos Dance group.
Relationships Among Residents Outside of the Group	REL-RR-OUT	Includes mention of residents who have formed relationships in the Kairos group displaying continued relationships outside of the group.
Relationships Between Residents and Staff/Volunteers In the Group	REL-RSV-IN	Includes references to relationship building among residents and the staff or volunteers that facilitate the Kairos Dance program each week.
Relationships Between Residents and Staff/Volunteers Outside the Group	REL-RSV-OUT	Includes mention of residents and staff members or volunteers who have formed relationships in the Kairos group displaying continued relationships outside of the group.
Socialization	REL-SOC	Includes references to socialization benefits of the Kairos Dance program. Does not include specific references to a feeling of belonging. (Ex: meaningful conversation, singing/humming music together).
Category #5: MEANING		MEAN
Description: This code includes anything that conveys particular meaning to the resident, client, or volunteer. This code may overlap some others but includes the importance of spirituality, self-hood, and areas that resonate with personal interest.		
Spirituality	MEAN-SPIR	This code includes items that speak to the spiritual, personal, and collective nature of the group. This is not specifically linked to religious references, but may include religious references.
Personhood	MEAN-PERS	This code relates to the comments that validate the individual's sense of personhood, belonging, and personal meaning. Includes mention of individual feelings of self-worth.
Creativity	MEAN-CRT	This code includes mention of opportunities for residents to express creativity. Examples may include storytelling, choreography, etc.
Category #6: ENVIRONMENT		ENVT
Description: Includes descriptions of the environment that the Kairos Dance Program takes place in.		

Supportive	ENVT-SUP	Descriptions of residents feeling that the Kairos Dance program takes place in a supportive environment that encourages their participation. This may include physical or emotional support of participation. (Support residents in freedom of self expression)
Culturally Sensitive	ENVT-CLT	Includes references to considering resident's specific cultural backgrounds when choosing music/themes/activities for the dance program.
Safe	ENVT-SF	Includes references to an environment that reduces the threats or risks of participation in the Kairos Dance program. This is closely related to, but distinct from the supportive environment code. Support encourages participation. Safety reduces the barriers to participation. (Ex: can participate regardless of physical/singing abilities).
Individualized	ENVT-IND	Includes one on one interaction with clients, and adjustment of activities/themes/music based on individual preferences and abilities. Refers to the feeling that each resident can participate in/benefit from the program at a level appropriate for them. (Just right challenge).
Category # 7: THERAPEUTIC INTENT		THER
Description: Includes the elements of the group and qualities important in the volunteers and staff in order to promote the groups desired positive effects. For example, qualities important in a volunteer, use of individualized music, etc.		
Physical Elements	THER-PHYS	This would include the use of props, items, balls, etc., that seem to encourage the desired effects of the group.
Personal Qualities	THER-PERS	This code includes personal qualities such as ability to engage the client, willingness to work one-on-one and overall positive mood and disposition, etc. that contribute to the desired effects of the group.
Cultural Elements	THER-CUL	The inclusion of elements that resonate with the clients own culture and develop unique collective culture of the group. (Note: this may also include the influence of the culture at the site.)
Category # 8: STAFF/VOLUNTEERS/FAMILY		SVOLF
Description: Includes all non-resident participants of the Kairos Dance Program.		

Effects for staff/volunteers	SVOLF-EFF	Includes descriptions of personal effects that staff and volunteers experience from their participation in the Kairos Dance Program.
Effects on Family	SVOLF-FAM	Includes Kairos participant's family member's response to the program. This includes positive or negative family reports and support of the Kairos Dance Program. If an interviewee is both a family member and a volunteer for the Kairos Dance Program, their comments should be included in this section, rather than SVOLF-EFF section.
Staff/volunteers/family suggestions for Kairos improvements	SVOLF-IMP	Includes suggestions made to improve the Kairos Dance Program. Ex: Expand within the facility and to other facilities and decrease length of time (resident fatigue).
Evaluation	SVOLF-EVAL	Includes evaluative responses about the program. Examples may include what they like or do not like it.

Appendix C

Therapeutic Use of Self, Continued

In the past, occupational therapists used therapeutic use of self in a way that primarily involved being a "motivator" for clients to engage in occupations that were enjoyable for them (Taylor, 2008). Later, it was seen as a tool to impact the psychological state of the clients and make changes based on psychoanalytic theory (Taylor, 2008). More recently there has been a shift to emphasizing client-centered or collaborative relationships, and learning more about client's life stories through narratives (Taylor, 2008). Today, there are many definitions of the term. According to Renee Taylor (2008), in her book *The Intentional Relationship: Occupational Therapy and Use of Self*, one of the most frequently used definitions comes from Punwar and Peloquin. Punwar and Peloquin's (2000) definition of therapeutic use of self is a therapist's "planned use of his or her personality, insights, perceptions, and judgments as part of the therapeutic process (p. 285)."

Research related to the use of therapeutic use of self in practice.

Given the shift over time in how therapeutic use of self has been defined it is not surprising that research has examined how therapeutic use of self is currently used in practice. A study by Cole and McLean (2003) involved 129 currently practicing occupational therapists from a variety of settings in Connecticut. Of the 129 therapists, 32 participants had been in practice from a range of 1 to 9 years, 57 had been practicing between 10 to 19 years, and 32 therapists had been in practice for over 20 years; only 8 participants of the final sample did not indicate the time spent in practice.

The therapists answered a 10-item survey over the phone (Cole & McLean, 2003). The goals of the survey were to learn about how the therapists described therapeutic use of self, where they learned the skills needed to implement it, and how they saw therapeutic use of self contributing to therapy outcomes. The researchers found that therapists felt building rapport, being empathetic, communicating, and having a strong therapeutic relationship were all major factors associated with getting the best possible outcomes for therapy.

Taylor et al. (2009) sent out a questionnaire to practicing occupational therapists in order to gain a better perspective on how they viewed the importance of and utilized therapeutic use of self with clients. There were a total of 568 participants that responded, the majority of which had been practicing for more than five years. The occupational therapists mostly practiced in inpatient rehabilitation, outpatient rehabilitation, and school settings.

The survey results showed that most of the therapists had not taken a specific course covering therapeutic use of self but had learned about it from fieldwork experiences, interactions with other non-occupational therapy professionals, or a combination of continuing education and school courses (Taylor et al., 2009). Interestingly, the results showed that the number and types of training in therapeutic use of self completed by therapists in psychiatric settings was significantly higher as compared to those in non-psychiatric settings.

Only a third of the practitioners agreed that there was adequate knowledge about use of self in the field. Additionally, only half either ‘agreed’ or ‘strongly agreed’ that they had adequate training in it in the use of therapeutic use of self upon graduation. Over

90% of the therapists stated that client-therapist relationships had an impact on occupational engagement. Further, over 80% believed that therapeutic use of self combined with clinical reasoning greatly impacted therapy outcomes and was the most important skill needed for practice (Taylor et al., 2009).

When looking at both the Cole and McLean (2003) and the Taylor et al. (2009) studies it appears that therapists agree that therapeutic use of self is a very valuable tool needed for practice and to achieve optimal outcomes for client. Cole and McLean (2003) found that most therapists' primary way of learning about therapeutic use of self was not through formal education, but rather through on-the-job training or continuing education. Similar results were found in the Taylor et al. (2009) study. Consequently, Cole and McLean (2003) emphasized a need for educators to ensure that therapeutic use of self was more heavily covered during coursework.

Another area addressed in research was the exploration of behaviors that could actually be barriers to developing a therapeutic relationship (Norrby & Bellner, 1995). Norrby and Bellner (1995) did interviews with 16 therapists who were working in either physical or mental health rehabilitation settings. The therapists reported that they felt a need to be recognized as a professional with a high level of knowledge and sometimes that may have come across as authoritative. The emphasis on professionalism could be a barrier to building a therapeutic relationship with clients. Being professional and having appropriate boundaries with clients is necessary but it is also important to be empathetic (Norrby & Bellner, 1995).

Theoretical model to guide practice.

Taylor et al. (2009) emphasized that after reviewing literature on therapeutic relationships there is not one standard definition or way that therapists learn about what characteristics go into creating positive therapeutic relationships. As a result, Renee Taylor developed the *Intentional Relationship Model* to complement existing practice models and to guide therapists in implementing therapeutic use of self (Taylor & Smith, 2011).

The model lists four main components of a therapeutic relationship: the client, interpersonal events during therapy (any event or communication that occurs during a session), the therapist, and the occupation. Essentially, this model outlines six key areas or modes that practitioners should utilize in practice. The six modes of the model are: *instructing*, *encouraging*, *collaborating*, *problem solving*, *empathizing*, and *advocating* (Smith & Taylor, 2011). Instructing requires a therapist to clearly explain an activity's instructions and expectations, providing feedback as needed, and setting limits (Taylor, 2008). Positive reinforcement, playfulness, a positive attitude, and overall support for the client are all components of being encouraging. A therapist who is collaborating is making sure that the client is considered to be an equal partner in therapy and is demonstrating independence as appropriate for the intervention. Problem-solving requires giving clients independence, but in a way so that the therapist would help a client make a decision by offering choices, suggestions, or possible solutions. Empathizing comprises a therapist validating a client by being sympathetic, non-judgmental, and understanding. Finally, advocating mandates a therapist to ensure that the patient's rights are being protected, and that they are getting necessary resources; this can take place on an

interpersonal level or could involve outside parties such as family members, other members of the care team, or agencies and organizations (Taylor, 2008).

Smith and Taylor (2011) noted that it is important to select the correct mode based on what would be most appropriate for the patient at the time, and to use a combination of the modes as needed throughout intervention. Depending on the client, personal goals, and the type of activity, a therapist could use one mode or several modes during the course of one session. This model's strengths are that it is very client-centered and it provides specific approaches and techniques for therapeutic use of self to engage clients. The modes are useful in gaining rapport and give a therapist many tools and techniques to try to gain clients trust. It should be noted, however, that the model is not a specific intervention strategy but serves as more of a guide to help therapists' foster positive working relationships with their patients (Smith & Taylor, 2011).

Appendix D

Observation sheets filled out by Kairos leadership had the following:

Date:

Site:

Participant Name:

POSITIVE:

NEGATIVE:

Code:

Appendix E

Final Coding Framework Used for Observation Sheet Analysis

In-Session Behavior Codes

Emotional Responses **Code:** E
Emotions experienced by residents resulting from engagement in Kairos Dance Program (i.e. validated, safe, belonging, fear, mood changes while in session, etc.)

Therapeutic Intent **Code:** TI
Based on staff or volunteer behaviors. Includes the elements of the group and qualities important in the volunteers and staff in order to promote the groups desired positive effects. Could include selecting music, activities, or stories based on the participants culture or interests.

Physical Engagement and Participation **Code:** P
Events where participants were physically participating in the Kairos Dance group. Includes movements such as toe-tapping or standing to dance.

Cognitive Engagement and Participation **Code:** CEP
Includes all references to participants actively engaging in the dance program (mental, vocal, etc.).

Musical Involvement and Participation **Code:** MI
Events where participants kept rhythm, sang, talked about musicians, etc.

Memory Involvement **Code:** MEM
Instances of participants sharing stories from the past, something in a session triggering a memory, etc.

Client to Client Interaction **Code:** CC
Situations of residents building relationships and/or interacting with other residents in the Kairos Dance group.

Client to Staff Interaction **Code:** CS
References to relationship building among residents and the staff or volunteers that facilitate the Kairos Dance program each week.

Imaginative or Creative Engagement **Code:** IE
Descriptions of times when participants were creative in their interaction such as making up a new verse to a song, pretending, acting, etc.

Overall Outcome and Out-Session Behavior Codes

Improved mood **Code:** IM
Includes descriptions of resident's mood following the dance session.

Physical Improvement **Code:** IP
Improved physical/health or desire to move more outside of group.

Cognitive Gains **Code:** CG
Includes participants actively engaging more frequently in the dance program or demonstrating improvements in cognition after participating in sessions (mental, vocal, etc.).

Increased Client-to-Client Interaction **Code:** ICI
Situations of residents building relationships and/or interacting with other residents outside of the group more frequently than prior to participating in the Kairos Dance group.

Increased Client-to-Staff Interaction **Code:** ICS
Instances where resident or other staff members report increased interactions with a client after participating in the Kairos Dance program.

Out-Session Musical Involvement **Code:** OMI
Could include instances of dancing or singing on own outside of group or requesting to listen to more music.

Appendix F

Table 2
Coding Framework With Representative Quotes and Frequencies

In-Session Behavior Codes	Representative Quotes	Frequency
Emotional Responses *Emotions experienced by residents resulting from engagement in Kairos Dance Program (i.e. validated, safe, belonging, fear, mood changes while in session, etc.)* **Code:** E	• Said at the end, "This was fun" and "Eyes so bright". • Was scared about new space. • She was happy-smiling…She was elated. • "I had a wonderful time". • Tickled pink that we sang to her • Seemed to enjoy the session today. • Once she's here she has the best time. She always says she wants to come next week. She danced a lot today in her chair and was very proud of that. • Was enthusiastic from start to finish • L* stayed relaxed today. • He had been looking forward to coming to D.H. for weeks and was enthused to be here. • Effusive thanks for the session. • Enjoyed BB King and all music today. Radiant smile. Very positive. • "Lights up when she's here". • She responds to beauty…She was crying. • Quantum Leap! Now she is participating. She was initiating on own w/out prompts, smiling, singing the songs! • Seemed agitated due to "her Christian upbringing" Maria [kairos staff] was able to bring praise in to our dancing. • "I've been so glad to see this before I die. I've been so shut in". "There is such expression here." • Said, "I enjoyed it" "People came together, and sang, like church." • Smiled a lot. • Confused with time/room changes. • Delighted with program. Said, "Can you believe I am doing this as a 90 year old woman". • "This was the most fun of all", • "Played statue of liberty". She really liked playing the role. • "It made me feel good." • Such and enthusiastic spirit-surrounded by D* and M*-she loved the attention. • Seemed proud as she was recognized. • She was scared by "Rain Stick". She was worried by Rain Stick, hitting Romeo the dog.	**N = 133**

Physical Engagement and Participation *Events where participants were physically participating in the Kairos Dance group. Includes movements such as toe-tapping or standing to dance.* **Code:** P	• On her own kicking her legs out! • During swing dance-he moved his torso forward and back. • During Great Big Love with exuberance lifted her arm, danced "big" She was doing it on her own. • Moving her hands, clapping. • Very lively. Got up right away and danced. Followed the steps of "Bunny Hop". • "Very big" during "Great Big Love" song, L*started standing up, Peter and Maria [Kairos staff] came over to help her stand. This was a significant moment! (She started to get up) She beamed! Everyone applauded. She was dancing. • Went around to all residents to get them involved. Danced from the very moment we started music, she didn't want to sit down. Very lively. • She rolled out on her own onto middle of dancing space. Danced with Nancy [Kairos staff] and later w/M*. • "At end she was doing her own choreography for ending song. Initiating movement" • Got up from chair with assistance and "danced" to "ease down the road". • She danced a lot today in her chair and was very proud of that. • A little too active for partner M* w/the Maypole Dance • She reached out to take hands at the beginning. She initiated it. • She stood up and danced solo w/aide of her wheelchair nearby. • Having more trouble staying in motion w/us. • "My toes are wiggling"-(she said) • Tapping his feet.	**N = 239**
Cognitive Engagement and Participation *Includes all references to participants actively engaging in the dance program (mental, vocalizing, eye-contact, etc.).* **Code:** CEP	• More engaged. • W* was at first reluctant to come, when he was here became more engaged. • More engaged with group. • Very involved, quote about waltz. "Dancing across the floor in your lovers arms, in the waltz." • …truly enjoys being present. Lots of eye contact. • She did engage when prompted. • Took part in mixer. Following movement."Prior-G*-Came up with a chatonooga choo-choo song. She knew the lyrics. Very in the moment." • Come a long way, becoming familiar with the group and staff. Engaged in Trio, he was part of creativity of shape/spin. Wanting to join in.	**N = 232**

Continued	• Very engaged. • Wide eyes, observant, more engaged. Caregiver L* vocalized R*'s increased engagement. • "Extremely" engaged. Said, "There is a party going on". • Feeling better, more awake today…Tracking the whole time. • She connected across the room-eye contact. • Taught class how to hold a rock to skip it. • Engaged, adding clever puns. • "Touched M" Head, connected w/him, ENGAGED. • "We help the boys relax and they help us relax". Comes up with the grand ideas. • More verbal. She hears everything in here-not the case out in the center. • Engaged, interjected with chicken story. Doesn't want to attend, when he's here he's engaged. • With Curious George Puppet, "Soft, I have a fur coat like that." "Shaking hands- I don't do that much any more". Told Carla [Kairos Staff], "I want it louder." • "You guys got your dancing shoes" to the table at breakfast. • Engaged with balls, movement more engaged. • When [staff] took her to lunch, she wiggled and P* said, "That's another fish story." • He gave us a number of good ideas over the course of the time. Did not dominate. • Help lead the group in the name song • Less engaged today • He was totally engaged today and enjoyed teaching us some sign language. • Responded verbally numerous times • Very engaged, said [to] Maria [Kairos staff] when dancing: "We should of met years ago!"	
Musical Involvement and Participation *Events where participants kept rhythm, sang, talked about musicians, etc.* **Code:** MI	• Very subtle, she had the drum, she was keeping the rhythm, she just used her knuckle, • Who is usually quiet, L* was singing Great Big Love. • Can feel vibrations of drum • Did a riff on Red Robin, created new lyrics. • L* was blushing when we played Ray Charles. She loved it. • Began to whistle a Moon Song. She was listening music. • Recreated "Opera" L* go in the middle and sang. She seemed very "moved" began to cry. (Touched by entering into a memory, past artistic endeavor"). • Sang along, enunciating and clearly with several songs today.	**N = 131**

Musical Involvement and Participation Continued	• Sang to everyone leaving → "I love you a bushel and a peck". • Both are sharing their love of music, both are coming up with songs that they want to share. (One remembers-lyrics-other the melody.) [Sisters] • S* knows numerous songs from the early 1900's. She helped us w/lyrics for I Love You a Bushel & a Peck. And she wants to help w/more next week. • Sang "Great Big Love" into the mic • Singing the songs-You are my sunshine. • Very engaged repeated "Singing in the Rain" • Got into Calypso music • When we were playing Ray Charles Carla [Kairos staff] said: "sorry this isn't your music". She said and smiled, "O yes it is." • She played the drum thru an African song today. • Positively responded to steel drums. • Loved playing the drum! First said, "I can't do it", then was able to be engaged with keeping the rhythm.	
Memory Involvement *Instances of participants sharing stories from the past, something in a session triggering a memory, etc.* **Code:** MEM	• Has trouble remembering daily activities. "Is that gang 'Dheart' coming tomorrow?". Remembers, knows the words to song. • Been getting up at 5:30 am, she is remembering that there is a dance program. She was more present today- was an active dance when she was young. The program is triggering memories. • Shared Norweigan History with the group, words, culture and stories (Mouthing the words to all the words that we sang) (Her Norwegian language was accessible.) • I* had been telling story of emigrating from Germany. L*'s memory was triggered. She had come over on the boat at aged 8. She started sharing her story. • She told about running a farm for 45 years. "Too dumb to retire". • Really connected with the "running" that we did. He said he used to run a lot back in Trinidad where he grew up. • Told story of her life to Carla [Kairos staff]-[Carla]put stories together. • Talked a lot. Having her picture right in front of her was very helpful. She was right on top of it. Told story of hitching up horses to go to town. • She perked up when she saw picture of I* as little girl w/big bow. She said "my sister and I had bows like that". More alert at end (she slept in first part). Talked about different houses and people in it from life in Iowa.	**N = 82**

Memory Involvement Continued	• Cried-she was moved to be dancing. "I used to dance and dance"-Her sister worked extra hours to pay for her dance lessons. • P* is remembering more about being at the Dancing Heart program. During the week she is singing the songs, sharing stories with staff • Said her mother worked for Elvis, she had stories prompted by Elvis [song]	
Client to Client Interaction *Situations of residents building relationships and/or interacting with other residents in the Kairos Dance group. Can include whole group interaction.* **Code:** CC	• Danced for ½ hour with various partners. • Shared family story, in front of group→ engaged everyone • Asked man to help me greet people. Maria [Kairos staff] brought R* around the circle, he reached his hand out and took people's hands and smiled to each person! • A* likes to interact w/others. • E* sat next to her-was positive. • Engaged with costume and group activity. • Was copying other peoples motions. • [On their own-Residents] held hands together. Kirsten: So rarely see [residents] people interact with each other. • Sensitive to other participants • He was totally engaged today and enjoyed teaching us some sign language. • Reaching out to other dancers. • "What a great morning that was"-to Elaine. This was Elaine's first time at the Dancing Heart.	**N = 53**
Client to Staff Interaction *References to relationship building or any basic interactions among residents and the staff or volunteers that facilitate the Kairos Dance program each week. Can include whole group interaction.* **Code:** CS	• Asked Peter [Kairos staff] to dance today. • Initiating "creating" a group octopus. • He initiated interacting with others. D* joined Carla (staff) in going around to greet others, engaged and smiling when Maria [Kairos staff] next to him-very involved in Body/Brain • We had guest she kept talking w/him. • Carla [Kairos staff] was saying hello-she went to someone else, L*: "you forgot me!". • Excited about sharing tonight with Donor Dinner. Asked staff to remind her daughter to bring her earrings to wear. • He stood and danced around the circle with staff. He danced the shaddish. This was a BIG moment for D*. He was affirmed/was hopping. • "Are you moving anything" said Kate [Volunteer]. L*-looked around her body, "I guess not." • She interacted with Rachelle [Volunteer] "My toes are wiggling"-(she said) • "Did you miss me" told staff when she missed the Dancing Heart due to being sick.	**N = 58**

Client to Staff Interaction Continued	• When we were playing Ray Charles Carla [Kairos staff] said: "sorry this isn't your music". She said and smiled, "O yes it is." • To Kate [Volunteer]: "Like this music. But it wouldn't be the only music that I would care to know" L* said to Maria [Kairos staff] when she asked her to help w/O How Lovely is The Evening, "I can't talk. But I can sing." • Moved hands-smile-danced with Peter [Kairos staff] double time hand movements. • She danced with Maria [Kairos staff]. She and Maria did the hand jive rhythm together. • Told Carla [Kairos staff], "I want it louder."	
Imaginative or Creative Engagement *Descriptions of times when participants were creative in their interaction such as making up a new verse to a song, pretending, acting, etc.* **Code:** IE	• Her energy perked up and played the tail of the dragon, she was more engaged. • Held the poetry book the whole time recited Kilmer's Tree's. Glorious movement as recited (by heart) wants to recite it to a tree. • Part of snowball fight. • Got up and danced, square dance! Playful, with western theme. Had a piece of hay during piano bar engaged, singing. • Quick in the improvisation, about being stopped by a police in a car. She is very in the moment, playing with the improv. • Loved her costume-kept it on-the crown even though she was worried about her hair-loved being The Queen and wheeled around. • She volunteered to be the "little engine that could". She ad-libbed her part and did an excellent job acting • Throughout dance, she was doing her own interpretive dance with the scarf. • Really got into the train game we played. Joined in w/lots of ideas about what we were seeing from the dining car. • -she was willing to pretend. • Seen lots of changes, more engaged—participated as Angel in the pageant→ ringing the bell. • Was engaged in "fishing" story movement. • Lively participation, she joined the 76 trombone parade with her walker…Also, during parade she did improv dance w/Maria [Kairos staff]. Very playful and creative. • Responded to dandelion poem, repeated same thing. • Come a long way, becoming familiar with the group and staff. Engaged in Trio, he was part of creativity of shape/spin. Wanting to join in.	**N = 38**

Therapeutic Intent *Based on staff or volunteer behaviors. Includes the elements of the group and qualities important in the volunteers and staff in order to promote the groups desired positive effects. Could include selecting music, activities, or stories based on the participants culture or interests.* **Code:** TI	• When Maria [Kairos staff] thanked her for her gifts to the group, D* eyes welled, said, "I didn't know". D* seems more positive. • When Carla [Kairos staff]-said-"you are amazing," C*said "I try to be amazing". • "seemed unsure about how to share about her father" (as facilitators its ok to "father" both joy and grief stories) • Seemed agitated due to "her Christian upbringing" Maria was able to bring praise in to our dancing. • Really needs engagement one on one. • Sang along if someone comes in close and stays with her. In and out sleeping. • I*: "We're getting in the groove." Maria: "Your getting in the groove." I*: "You help me get in the groove." • P* was dancing much more. Staff encouraged dance not just language interpreter. • During the Glen Miller, immediately stood up w/Maria. • Tickled pink that we sang to her • Was moving her foot "Rhythm dance". (Says I don't know what to do in D. Heart) (We can be more specific in giving dance direction) • She was laughing and laughing with Carla. Told story of her life to Carla-put stories together. • S* knows numerous songs from the early 1900's. She helped us w/lyrics for I Love You a Bushel & a Peck. And she wants to help w/more next week. • Help lead the group in the name song • L* stayed relaxed today. If you approach quietly and explain what we're doing she participates very well. She was with it the whole time	**N = 115**
Decreased Participation *Refers to signs that residents are being over-stimulated or fatigued by the dance group, or display decreased participation on a given day (possibly due to extraneous factors).* **Code:** DP	• New roommate. Lost her privacy. Roommate or family not friendly yet. • She came in said "I'm not in the mood for a party." • She was scared by "Rain Stick". She was worried by Rain Stick, hitting Romeo the dog. • Felt anxious, seeing her daughter leave; wanted to be at care conference. • (Did get more tired at the end.) He would sometimes "check out" during the group. • Music was too loud. She put hands over ears. We turned it down. • Wanted louder instrument. She came back 2x, went to bathroom came back. Went to lunchroom and came back again • Balloons overwhelming, was able to sit back and observe.	**N = 109**

Decreased Participation Continued	• Moves on her own but does not want to interact so much. Pushed away interaction. • Confused with time/room changes. • Sleeping most of the time. Unresponsive. • "I'm mad cause I cant do what I want." • Hasn't been feeling well. Her thinking has been caught up. • She is dealing with pain. • Got antsy and wanted to leave sometimes. • Quiet, resistant. Not used to sitting up. • Son died, staff supported grief process-Dancing Heart is part of grief process. • Got angry about something and almost left.	

Overall Outcome and Out-Session Behavior Codes	**Representative Quotes**	**Frequency**
Improved mood *Includes descriptions of resident's mood following the dance session.* **Code:** IM	• He burst out smiling when someone asked if he was coming to Dancing Heart. • Happier. Smiling more. • "It made me feel better. I love people." • He had been looking forward to coming to D.H. for weeks and was enthused to be here. He participated w/dance and song and story telling. He had been a "hallway" observer for several weeks. • Initiated handshake, and dance. (Waved at 3 people down hall and smile)…Son died, staff supported grief process-Dancing Heart is part of grief process. • Engaged, said afterward, "I really-enjoyed it." (Usually, in her room) • Early. 1st here today-sad @times-happy and waited. "I changed my clothes for occasion." • Loves this. She's starting to go out. She's eating food!! Debbie: most people think, "people don't do this in the nursing home", its fun, they enjoy it! • He smiled a couple times and he shook my hand on departure. He does well when taken around circle, shaking hands and greeting. In past couple months he has began a lot more interaction. When 1st started program he was in a big grieving process and depressed. He's more alive now and eating better. • Once she's here she has the best time. She always says she wants to come next week.	**N = 45**

Improved Mood Continued	• Laughing w/arms outstretched. "What a great morning that was"-to Elaine. This was Elaine's first time at the Dancing Heart. • Didn't want to leave even with the grandkids here. • W* was at first reluctant to come, when he was here became more engaged. "Moving his fingers, his feet to the music" When taken back to his seat for lunch he said, "This was a pretty good time today." • "I've been so glad to see this before I die. I've been so shut in". "There is such expression here." • Got up and danced, seemed empowered-left w/smile.	
Physical Improvement *Improved physical/health or desire to move more outside of group.* **Code:** IP	• After program-jumped out of chair picked up energy from group left without wheelchair. • B* stood up and danced (The song Lollipop). Jack, her son, was surprised She has refused when [staff] asked her to walk the day before. She has expressed a fear of falling. • I should keep dancing all the time. Heidi the nurse said a the end "Something's different. She took I*'s blood sugar and it was 100 (perfect for I*)." "It made me feel better. I love people." • Staff: she is now eating, for a long time-she was not eating and she is remembering more. Got up and danced, square dance! • Using R leg more even outside dance. Wife mentioned. Crossed R leg today. • She said I've had Bursitis in my arm for all long time. But since I came here I can raise my arm (she shows her arm up full range) • Doing a lot. Dancing heart is carried over. Was doing "Androshat" Ballet, shifting of feet. • Now is reaching out, more engaged. Moving more from elbows. Extended arm- • M* shared how much she liked dancing w/ Kairos. "We still need to move our bodies more, it's nice to stretch, we can stop, looking at statues, we need to do [illegible] ourselves, I'm tired of looking at the ceiling. We can do more during the week." • She wanted to come. She used feet today. Smiling, raising hands to dance. Sang Breathing In. E* did more with her legs than before. • Moved her affected hand over during "Great Big Love" for Bonnie to take her hand. She initiated the movement • She stood up, danced. She was standing by herself, no chair, arms high, singing "Great Big Love". • More mobility, swinging her legs.	**N = 31**

Cognitive Gains *Includes participants actively engaging more frequently in the dance program or demonstrating improvements in cognition after participating in sessions (mental, vocal, etc.).* **Code:** CG	• Comes here very willingly-coming out of tendency to isolate. • Becoming more of a leader. Wants to have input in what happens. She initiated → that we do the "Bunny Hop"-we took it down the hallway. When thanked about it: she said, "anything I can do to help". Becoming pro-active. • (Success) in beginning of program not interacting. Now after 6 months-she is more engaged,-inspired-Duke Ellington • Wide eyes, observant, more engaged. Caregiver Lisa vocalized R*'s increased engagement. • D* first came she couldn't remember an hour before it a program was happening. Now she remembers hours even days before from DH is happening-more oriented to time. • Staff says, she loved Dancing Heart, "Everyone is so nice!" Staff: she is now eating, for a long time-she was not eating and she is remembering more. • Looks forward to dancing "what's next today?". Recognizing programs people-wants to participate. Is going out, beaming when she left, liked mixer. • Really tried to take part. M* at beginning intro her to her neighbors. M* gave verbal cues to her. She participated more fully…Use to be sensory overload. • Stayed thru session…Did good self-care and took space when needed it…Got angry about something and almost left. • During: Greek Dance→ crossed her legs. P*-is taking directions more. 6 months ago, more resistance, combative. Important to give directions before moving. • Remembers that D.H. is here on Thursday-about the only thing she does remember in her week. Music!!	**N = 30**
Increased Client-to-Client Interaction *Situations of residents building relationships and/or interacting with other residents outside of the group more frequently than prior to participating in the Kairos Dance group.* **Code:** ICC	• She is now part of the community, talks, [illegible] all the time. • Story from wife: we were at McDonald's in parking lot-he began waving hand-arm-recognized Maudie! (Staff: "He is in there-we are drawing him out". • June took A* out to lunch room: "I saw Ziegfield Follies girl-in Lacross, Wisconsin." It was just really beautiful. (Began talking to others). • Kim (Staff) reported that the dietician at the seminary Home said that R* was more open, more sociable than she had ever seen him. He is showing less depression. Dancing heart staff has seen R* more engaged reaching out, smiling. • In past couple months he has began a lot more interaction.	**N = 7**

Increased Client-to-Client Interaction Continued	When 1st started program he was in a big grieving process and depressed. He's more alive now and eating better. • "You guys got your dancing shoes" to the table at breakfast. • Recognizing programs people-wants to participate. Is going out, beaming when she left, liked mixer.	
Increased Client-to-Staff Interaction *Instances where resident or other staff members report increased interactions with a client after participating in the Kairos Dance program.* **Code:** ICS	• P* is remembering more about being at the Dancing Heart program. During the week she is singing the songs, sharing stories with staff. • J*: She said I've had Bursitis in my arm for a long time. But since I came here I can raise my arm (she shows her arm up full range) I've got to remember to tell that girl in red" (Maria [Kairos staff] was wearing red). • Asked to be told when we're here because she always wants to be here for Dancing Hearts. She requested that we come to get her so she won't miss it.	**N = 3**
Out-Session Musical Involvement *Could include instances of dancing or singing on own outside of group or requesting to listen to more music.* **Code:** OMI	• During lunch excited, delighted by lunch music. • P* is remembering more about being at the Dancing Heart program. During the week she is singing the songs, sharing stories with staff. • Staff reports to "get G*" to do something, staff sings, "Come on Along". • Staff reports that L* is singing all the time. • Singing Jingle Bells on the way up to her room. • Singing whole way back to her room, accompanied instrumental CD with "Let it Rain, Let it Snow". • Started --- dancing immediately w/Ellington on iPod. From then on dancing in her chair to the rest of day. • Singing every song-high engagement sang all the way back to the elevator.	**N = 8**