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Creating a Movement Group in the 2-Dimensional world: Using dance/movement therapy interventions to build connections for children

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Abstract

The world experienced many changes after the COVID-19 pandemic hit, including counseling sessions transitioning to being delivered through the service of distance counseling. As a growing field, dance/movement therapy must explore distance counseling services to expand and have relevancy within the demands of current society. This project addressed the gap in the research on the integrating of distance counseling services and dance/movement therapy while presenting an interactive remote method for facilitating a group therapy session with a dance/movement therapy approach. Every piece of literature that was researched helped in creating the interventions that were implemented with the clients. The following information that was gathered surrounded this gap, such as the effects of the pandemic on children, background information on distance counseling and distance learning, remote sessions with other therapy approaches, dance class adaptations, and theories on the DMT group process. After gathering the research, multiple playful activities were joined with a variety of theories for group interventions, based on the themes of body awareness, social skills, self-care, and empathy. Each group session took place at a treatment-based school in Massachusetts with children under the age of 10 who struggled with a variety of physical, developmental, and mental health challenges. The therapist’s observations and art-based reflections revealed three main themes, which include holding the space, creating the balance between controlled and free movement activities, and including the group’s ideas into the interventions. Recommendations are provided on further training and education for distance counseling for future dance/movement therapists.

Keywords: distance counseling, dance/movement therapy, COVID-19, mental health, group interventions, children, remote sessions
**Introduction**

“If the COVID-19 pandemic has taught us anything about health care service delivery thus far, it is that the entire American system was ill prepared to adapt to such a crisis” (Stewart et al., 2020).

In the year 2020 the world has been in a pandemic caused by an infection of a new coronavirus, COVID-19 (CDC, 2021). The pandemic has caused the world to adapt and explore a new normal of their daily lives. One of these changes has been to use technology for communication within society to maintain physical distancing requirements provided by the Centers for Disease Control and Prevention (CDC). This virus can spread easily, which is why the physical distancing requirement continues to be an important factor in stopping the spread and why multiple activities were adapted to technology services (CDC, 2021).

Distance counseling, having already been in practice for years, became more prominent in the mental health community during the COVID-19 pandemic. The goal is to provide sessions remotely rather than meeting physically in-person. Mental health practitioners have researched the benefits and weaknesses of distance counseling and more research is being conducted every day. Limitations of distance counseling include not being in the same space as the clients and a new sense of spatial relationship to self and others. While there are these challenges, new remote counseling systems are being created and based on perspectives of those in the field, recommendations are continuously being provided (McCashin, Coyle, & O’Reilly, 2020; Faija, Connell, Welsh, Ardern, Hopkin, Gellatly, Rushton, Fraser, Irvine, Armitage, Wilson, Bower, Lovell, & Bee, 2020). However, a variety of therapy approaches have been forced to be practiced as distance counseling, and research into these implementations are playing catch-up.
Dance/movement therapy (DMT) is one of these approaches which has been translated into distance counseling and is currently my chosen field of practice. This approach is part of the creative therapies, which includes music, art, and drama. The American Dance Therapy Association (ADTA) defines DMT as, “… the therapeutic use of movement and dance to support intellectual, emotional, and motor functions of the body. As a modality of the creative arts therapies, DMT looks at the correlation between movement and emotion” (ADTA, 2020). While this therapeutic approach has been around for years, there is little to no research about DMT being implemented with distance counseling services.

For my last year of graduate school to become a DMT therapist, I have been an intern at a treatment school in Massachusetts, conducting sessions with children remotely. I have been challenged by the limitations of not physically being in the same space as my clients. My clients have only met me through a box on a screen delivered by a video chat service, Google Meet. Each week, I figure out how to transform what I have learned from my DMT classes into a remote version that connects with therapeutic themes, such as body awareness, self-care, empathy, and social skills. The goal is to create that comfortable space for the client to express themselves, even though the form of that idea is transformed virtually. At the same time, for group sessions, it is important to build a sense of connection and discover group dynamics while not being in the same physical space.

Unfortunately, there is not a lot of research about distance counseling for children, let alone around the DMT approach. My DMT classes educate on theories for in-person applications, and as a current student, I have not been taught about facilitating DMT sessions remotely. All of my experience with using distance counseling practices has been self-taught through my own research and through observing the reactions of the children in my sessions.
Even though this pandemic will eventually end, the prevalence of distance counseling will not go away. To stay current in the counseling field there needs to be continuous research and adaptations to the DMT approach reflecting today’s society.

Distance counseling has been delivered through multiple technology services, such as on the phone and through video chat. Telehealth and telemedicine are systems used to provide remote physical and mental health services. Additionally, distance counseling has been implanted into the mental health practices. Multiple mental health practices have been transferred to remote services and counselors have had to make adaptations to their sessions with clients. Other types of therapy that are offered at my internship site remotely are occupational therapy (OT) and the practice of cognitive behavior therapy (CBT) which I discovered have also transitioned into the distance counseling world. I was involved in a similar dilemma and wanted to research the adaptations these counselors have made in their work.

Another service which needed to transfer to the remote world was education, which is now called distance learning. Teachers needed to adapt their lessons to being taught online and provided classes through virtual services, including video and message chat. The services I used with my site are connected to the technology company, Google through the format of Google Classroom. A wide variety of other remote interactive tools, such as YouTube, were also used by my internship site. The adaptations and tools my internship site used were helpful with integrating distance counseling practices with the children.

In addition, I want to understand how dance classes and movement have been adapted to the remote world. For example, dance teachers have had to learn to conduct lessons with students positioned in different spaces from one another. These adaptations could help provide ideas into how to incorporate DMT approaches to both individual and group therapy sessions. Learning
about how other therapies, like OT and CBT have transitioned, can give some insight in to how DMT can be a part of the distance counseling field. Additionally, when it comes to helping children, play therapy has delivered services online. Play therapy can also provide insight into how different theories can be integrated in to a DMT session for children. This thesis reviewed these multiple therapy approaches to create intervention ideas for my sessions at my internship site.

The structure of this thesis is as follows: provide background information which contributed to my method through a literature review, explain my process of developing my method, share the results from my sessions with the children, and provide suggestions on how exploring the distance counseling practice can contribute to the field of dance/movement therapy. Overall, this topic of connecting distance counseling and DMT is based on a current issue in the field of counseling as a whole. The pandemic impacted counseling services and opened the doors to the accessibility of distance counseling. For the future of expressive therapists, it is important to educate and explore these barriers of physical distance and conducting therapeutic sessions.

**Literature Review**

The project will address the gap in the research when it comes to integrating DMT theories and interventions into distance counseling services. Even after this pandemic, the services distance counseling has provided will not go away and more people will want to continue with this new normal. In addition, DMT is a field that has not practiced operating through distance counseling services and needs this experience for the future. This literature review will focus on the information surrounding these two themes, distance counseling and
DMT. I have researched and combined multiple activities and theories. This information has helped me create the interventions that I have facilitated at my internship online with my clients.

**Children**

Most of the population has been affected by this transition to the online environment. However, the population I worked with for this method was children who were referred to a treatment-based school. Over time children have been a part of this online world and their daily activities, such as school, have made these transitions. As a result of the pandemic, children also have had limited or no access to school-based or outside physical activities. A qualitative study by Dunton, Do, and Wang (2020) revealed that US children have performed fewer physical activities and more sedentary behavior compared to before the pandemic. There have been steps to include physical activities through distance learning, including sports, movement classes, and other activities.

Even before the pandemic the school systems allowed distance counseling, for instance, a telehealth service integrated with the system called school-based health center (SBHC) (Dunton et al., 2020; Lazarus & Lipper, 2009). SBHC has been around since the 1960s to overcome those barriers with health care and telehealth for the last ten years, with the SBHC, there has been additional opportunity to open up new possibilities. These telehealth services, being positioned in the school system, can be helpful to low-income families and rural areas, while offering improved access and equity. Additionally, nationally between the years 1962 and 2005, chronic illnesses in children have increased, including developmental and behavioral disorders. Many schools have responded to this need and have utilized telehealth services to provide more accessible health care to children (Love, Panchal, Schlitt, Behr, & Soleimanpour, 2019; Lazarus & Lipper, 2009).
Distance counseling

Telehealth, tele-psychotherapy, elemental health, telemedicine, and/or tele-psychiatry are online health care service that can provide information and communication at a distance. Technology services that deliver this health care include video conferencing, phone calls, video chats, message chats, and transmissions of digital documentation. Even though distance counseling was already steadily rising in demand, the COVID-19 pandemic, picked up this pace and showed many individuals that the world was not ready for this transition. Multiple qualitative and quantitative studies reveal benefits, but distance counseling needs improvement, such as more training and education. Further research also needs to be done, because the health care system is changing and the psychological field needs to be prepared (Faija et al., 2020; McCashin, Coyle, & O’Reilly, 2020; Stewart, Orengo-Aguayo, Young, Wallace, Cohen, Mannarino, & de Arellano, 2020).

Benefits of Distance Counseling

The benefits of telehealth have been revealed in previous studies, including being accessible to individuals with limited health centers in the area. Families that live a distance away from health care services can benefit from not traveling far to get the help they need. Telehealth can minimize travel expenditures and allow those who are in more rural areas to have access to services that are held in urban areas.

SBHC telehealth services have also been able to reduce health care costs and increase attendance in both school and work. In multiple studies, the participant results reveal distance counseling being clinically effective for mild-moderate mental health difficulties, a high rate of satisfaction from clients, and can more easily be transferred to everyday life. Covid-19 required physical distancing guidelines and many clinical practices then relied on distance counseling to
deliver treatment to their clients (Faija et al., 2020; Lazarus & Lipper, 2009; McCashin et al., 2020; Stewart et al., 2020).

**Limitations of Distance Counseling**

On the other hand, there are also limitations to providing distance counseling, such as lack of training, education, technology issues, and limited research to recommend improvements. The variety of studies that I have researched recommend more training and education about distance counseling standards be given to practitioners. The additional training needs to be on how to deliver treatment remotely, manage safety risks, use silence, develop trusting relationships, convey empathy, and increase engagement (Faija et al., 2020; Lazarus & Lipper, 2009; McCashin et al., 2020; Stewart et al., 2020).

Additionally, there needs to be more knowledge about the variety of technology services that can be utilized for treatment, including visual aids, videos, messaging chats, and proper delivery of documentation. Technology issues, such as internet connection, no service, and delayed response on the video chats, need to also be considered. In addition, socio-economic challenges can prevent individuals from accessing the technology material needed. Further research is needed to help expand and improve remote service delivery for the future (Faija et al., 2020; Lazarus & Lipper, 2009; McCashin et al., 2020; Stewart et al., 2020).

**Technology Services Used**

Several technology services have been used for distance counseling and help with a variety of treatments, yet practitioners may not have had the training on when or how to use them. My internship used Google Classroom to deliver academic and mental health services, which included tools such as Google Slides, Google Docs, Google Sheets, and Google Meet to conduct video chats. Vidyo is a software system that offers videoconferencing and Pesky gNATS
is a 3D computer game that utilizes cognitive behavioral therapy (CBT) interventions. Other tools, such as Microsoft PowerPoint, email, and even the telephone, have been suggested for distance counseling services (Faija et al., 2020; McCashin et al., 2020; Stewart et al., 2020).

**Integration of Therapeutic Approaches**

A variety of therapeutic approaches have been integrated into distance counseling services, including CBT, play therapy (PT), and occupational therapy (OT). Research has been conducted on multiple remote services integrating CBT interventions for children. CBT delivered through technology services has been helpful with children by creating interactive and game-designed interventions. Many of these interventions have been adaptations to CBT in-person treatment activities, such as transforming emotion worksheets to PowerPoint slides or integrating the concept of identifying negative thoughts into a computer game. These playful interventions provide therapeutic concepts and has become an engaging way to give treatment to children and adolescents (McCashin et al., 2020; Stewart et al., 2020).

Play therapy is another therapeutic approach that has transitioned to delivering interventions online and is an approach that I have integrated into my DMT interventions with my clients. A Facebook group was created for play therapists around the country to pitch in and create different ideas for the community called “Tele-PLAY Therapy Resources and Support” (Meehan, 2020). Research has shown that the use of interactive games, visuals, online books, and videos creates engaging activities that the children can enjoy while also learn the concepts. These interactive games include scavenger hunts, Simon Says, charades, and a variety of card and board games that are found online (Meehan, 2020; McCashin et al., 2020; Stewart et al., 2020).
Additionally, play therapy interventions have been easily adapted from in-person to online providing movement, guided art activities, and music. The biggest difference has been not physically being in the same space as the clients, but with the help of video chat there are ways to adapt. Another variable the research has considered is whether the child has an individual in their physical space to support them. Including the families in the interventions can allow the children to both be supported and build the family relationship (Meehan, 2020; McCashin et al., 2020; Stewart et al., 2020).

Occupational therapy (OT) is a movement therapeutic approach that has also found ways to deliver their interventions to children remotely. Multiple studies have been done to reveal the benefits of conducting OT online for children at home and in schools. Parents and families of the clients appreciated the collaborative relationship with the therapist, the focus on strengths, the ongoing support, the psychoeducation, and the convenience of the sessions being held at home. Other findings have revealed increased accessibility to care, improved satisfaction from clients and therapists, cost savings, and more flexible schedules (Rortvedt & Jacobs, 2019; Wallisch, Little, Pope, & Dunn, 2019).

However, research also points out that there needs to be more training on integrating services with telehealth. Similar to DMT, OT being delivered over telehealth has been a recent approach and the practitioners had not been given much training before the transition. There is not enough research or OT practitioners that have used telehealth, but there are results showing the potential of improving the practice. Practitioners should learn about the benefits and limitations of using telehealth and collaborate with the schools and families on how to best implement this service (Rortvedt & Jacobs, 2019; Wallisch et al., 2019).
Collaboration with the therapist, clients, and the people in the client’s lives has been beneficial and recommended by research. Findings have revealed that psychoeducation and collaborations with the therapist have empowered the individuals that are part of the client’s environment. Overall, like DMT, there needs to be more research and training into OT, PT, and CBT being implemented through distance counseling services (Faija et al., 2020; Meehan, 2020; McCashin et al., 2020; Stewart et al., 2020; Rortvedt & Jacobs, 2019; Wallisch et al., 2019).

**Distance learning**

Distance learning is not a new concept yet continues to develop, especially since many schools were forced to transition to online because of the pandemic. Many teachers and researchers have come together to figure out how to adapt and prepare to the online environment. At the same time, there has been research about adaptations to in-person learning that has engaged the children more and could also be implemented remotely. A few big limitations researchers have addressed about distance learning include keeping the children engaged, increasing physical activity, providing social communication as a class, and re-exploring the body and the virtual space (Burdina, Krapotkina, & Nasyrova, 2019; Dunton et al., 2020; Lei, Clemente, & Hu, 2019; Pan, 2017; Pike, Neideck, & Kelly, 2020; Romar, Bjorkgren, Snellman, Ruostekoski, Harjunpaa, & Juslenius, 2020). These same limitations could also be applied to distance counseling concerns. Teachers have inspired my interventions with my group of clients, and I believe their findings can help improve distance counseling techniques.

The following distance learning adaptations has been helpful with creating an engaged and social learning environment for children. One big idea the research reveals is how to use interactive games and activities synchronously to educate on class subjects. Providing interactive games and activities can help children use critical thinking, teamwork, and problem-solving
skills. Research has shown interactive activities increase social communication and engagement within the remote or in-person classroom. For instance, synchronous learning can provide a time for questions to be asked and answered, group activities which allow children to socialize with each other, and games that use multiple choice questions to increase the levels of engagement in the lesson (Burdina et al., 2019; Pan, 2017).

A big difference when using remote services is that the body has transformed to being a 2D image in a box on the screen, sometimes only with the upper half of a person visible or a black screen with a name. This virtual space can be described as a grid of boxes that captures still images, blank screens, and faces of the individuals in the lesson staring at each other. Studies have revealed that when in-person, communication can be shown nonverbally in the body. Even though the space is virtual, the video chats show the digital body while giving a similar feeling of being in the same presence as the other individuals in the call (Lei et al., 2019; Pike et al., 2020).

Movement of the body is limited to the barriers of the boxes and individuals need to accommodate their body to fit inside their boxes. Researchers have examined possible suggestions to decrease these non-verbal communication barriers, for instance, using a robot body surrogate with a rolling screen in the classroom, using the space outside of the screen, and reaching forward and horizontally in the space to break up the 2D design. These suggestions also increase that social connection that is limited when physically distanced from others (Lei et al., 2019; Pike et al., 2020).

Physical activity is important in children’s lives and has recently been in the minds of teachers to add to their lessons. Research has been seeking ways to decrease the sedentary behavior of sitting in chairs for a long period of time and increase the physical activity,
cognitive, and social-emotional development. As stated earlier, the pandemic has revealed lower levels of physical activity because of the lack of school and outside sports and activities. This concern has led to multiple ideas on integrating movement into lessons, and the findings have also been helpful for my interventions. These creative activities included stretching, dancing along to videos, role-play, freeze-dance, and other creative games that involved children’s interests, such as the Pokémon character exercises I used in my sessions. Additionally, a lot of these activities can be implemented online and in-person to create that social engagement in the class (Dunton et al., 2020; GoNoodle.com, 2021; Romar et al., 2020; Royal Baloo.com, 2021).

**Dance Classes Online**

In order to conduct DMT interventions online, I researched how dance classes have been transitioned to remote services. Technology has been a part of the dancing community for a while, such as instructing dance classes and showing performances. By using video services and social media, individuals have been able to connect with dance across the world. The pandemic caused an alarm for dance instructors, so they communicated together to figure out how to adapt their lessons to an online format. Many instructors decided to think outside of the box and created lessons that involved group projects, moments for discussions, lessons on dance education, and activities that brought out dancers’ creativity. These adapted lessons also included a focus on more non-locomotor movement, Zoom break-out rooms for groups, improvisation time, and an awareness of space and accessibility (Gingrasso, 2020; Parrish, 2016; Zihao, 2020).

At the same time, this pandemic shifted people’s lives and instructors explored the idea of the mind and body connection with their dancers and other therapeutic themes that can relate to DMT theories. A big focus from the research was on building social communication and a sense of community with the dancers. Group choreography projects, outside hangout times, and
the utilization of social media helped bring the dancers together even though they were not physically in the same space. Another focus was to look at taking care of the self during the pandemic, such as discussions on social-emotional learning, being mindful of the effects on the body, and even incorporating Anne Green Gilbert’s Brain Dance (Gingrasso, 2020). There were also scheduled times to allow the dancers to create their own work and express themselves to the class. Even though this was not technically DMT, it was therapeutic work with movement (Gingrasso, 2020; Parrish, 2016; Zihao, 2020).

**DMT and Group Process**

Overall, the research on the integration of distance counseling and DMT is limited. Only recently in 2016, was there a hybrid graduate program that taught DMT lessons remotely (Beardall, Blanc, Cardillo, Karmen, & Wiles, 2016). The research revealed the importance of building that community and exploring the online body. Lessons utilized video recording sites and discussion posts to share and communicate about the concepts. Mirroring as an experiential has been examined in research to build that relationship as a class. This experiential has been revealed to be easily replicated online, having one person move and a partner embody the movements. Video conferences, depending on the class size, allows everyone to observe each other at the same time, so a group could mirror together (Beardall et al., 2016; Pike et al., 2020).

My methods were implemented with group therapy sessions. There are group therapeutic themes when it comes to the DMT interventions during those sessions. Schmais (1985) listed the elements of group dance therapy, such as synchrony, expression, rhythm, vitalization, integration, cohesion, education, and symbolism. All of these are dependent upon each other and relate to other themes examined in other articles. For instance, researchers have explored interventions that focus on relationships, holding the space for one another, embodying the
groups differences, and finding a sense of belonging (Lee, Lin, Chang, & Wu, 2013; Schmais, 1985; Wittig & Davis, 2012).

Multiple researchers have explored interventions that connect to these important DMT themes. Mirroring is one intervention that brings a sense of belonging to the individual as the leader and embodies relationship building among the group. A similar intervention is called flocking where each person gets to be a leader and a follower, but the group members make the decision by changing directions, which changes the leader. Researchers explored this idea of entering and exiting, being a leader and/or a follower in the group, and how it relates to society. Creating a group project was also examined to provide cohesiveness, as the members worked together to build something for the benefit of the group (Lee et al., 2013; Vermes, 2019; Wittig & Davis, 2012).

What is Missing

The research has a gap when it comes to the integration of DMT theories and interventions being delivered by distance counseling services. There is information out there about distance counseling, distance learning, dance classes, and DMT, however, not many DMT practitioners have investigated distance counseling. At the same time, there is not a lot of training around the integration of these two concepts. After the pandemic regulations were announced, my internship transitioned to remote services and I began training myself. Each article I have researched helped in creating the interventions I implemented with my clients.

Contribution to DMT

My project will help contribute to the DMT field. The pandemic created a new normal for the counseling field and DMT needs to stay current. I was not prepared to deliver group interventions where the group is physically in separate places. Even my classes in graduate
school did not prepare me for this, so further research begins by showing how to deliver DMT. Additionally, I will explain the limitations that I come across and give suggestions for further research and exploration.

**Method**

This semester I have been challenged with the limitations of not physically being in the same space as my clients. I have only met these children online and observed them through a box on a screen during video chat. Each week I figured out how to use what I have learned from classes into a remote version that connects with therapeutic themes, such as social skills, body awareness, self-regulation, and empathy. After each session, I recorded the process in my notes and reflected with free-writing, collages, and movement. For brain-storming ideas, I researched ideas from teacher and play therapy blog posts, practiced them on myself, and in my graduate classes. The goal was to create that comfortable space for the client to express themselves, even though the form of that expression is transformed virtually. At the same time for group sessions, it is important to build that sense of connection and discover group dynamics while not being in the same physical space.

The sessions took place at my internship site which is a treatment school for children and adolescents. Students are referred by other school districts and are provided the services based on each student’s individualized education plan (IEP). A diverse range of students are treated for a variety of physical, developmental, and mental health challenges, including autism spectrum disorder, sensory process disorder, attention deficit hyperactive disorder, global developmental delay, and a range of anxiety disorders. This treatment school’s mission is to focus on individuals’ bio-development while also focusing on academic and life skills.
These individuals were grouped into homerooms based on physical age and, along with their academic classes, attended group therapy sessions. During the Covid-19 pandemic, the school had to close and resume classes online by using Google Classroom services and conducting lessons using Google Meet video chats. Each session I conducted was provided weekly on Thursdays for one hour. There was a total of five members in the group, consisting of nine- and ten-year olds. Included in the group were two staff members: the students’ homeroom teacher and another teacher or nurse. However, there had been inconsistencies in the children’s attendance, where sometimes there were only two or three children. Many of these attendance difficulties had multiple causes, such as hospitalizations, illnesses, time-outs, voluntary screen breaks, and other life events.

Our group sessions began in September 2020 and continued until the end of the school year in June. At first, I co-facilitated with my board certified DMT supervisor, who helped me with the creation of the Google slides that we used in group, which included the group rules, session schedules, and the feelings check-in chart the children used to express their feelings in that moment (Appendix A). For each activity, I created a Google slide that visually helped the children know what we were going to do and included fun images based on their personal interests. During a group session, I struggled with sharing my screen and observing the group, so I started using two screens where one showed the Google Meet video-chat and the other had my Google slideshow. These two screens allowed me to observe the group and at the same time switch slides and/or move things around so the group could see. Other online services that I had used were Google Jamboard, Dice Roller, YouTube, and message chat from the video chat.

Even though each child had their own individual treatment plan, there were some similar themes that the group as a whole has difficulties with, such as body awareness, social skills, self-
care, and empathy. These four themes were the goals for the group interventions that I created. Another overarching theme has been to bring them closer as a group and as a homeroom family. Each child was in a different physical space from each other, but we still found ways to connect in this remote environment. Many of the interventions were formed as a game or activity that included play, where the group could work towards a common goal while also finding some self-expression individually.

**Body Awareness**

For the first theme, body awareness, I wanted to find opportunities for the children to explore what their body can do, but also how their body felt. One movement intervention was based on understanding the different zones of self-regulation. *The Zones of Regulation* created by Leah Kuypers (2011) is a framework my internship site uses to help the children understand the difference of when their body feels regulated and dysregulated. A chart my site created, called the Regulation Activity Experience (RAE), is given to the child with the different zones, such as the black zone being really low, the blue zone being low, green zone being focused, the yellow zone being energized, the orange zone being high, and the red zone being really high (Appendix A).

For this regulation activity, I had the children choose one dance move that they would either increase or decrease the speed and energy of, depending on the zone. My purpose for this activity was to have the children be introduced to the feeling of an increase and decrease of energy in their body. By using an image of the chart that I put on a Google slide, I had the group start at the black zone and go through each zone until reaching the red zone. Another intervention, where I included the idea of regulation in the body, was a freeze dance game. I chose a few songs, from YouTube, in which the rhythm connected to the different zones of
energy and then, when the music stopped everyone froze. When someone moved, I had that child state which zone their body felt like it was in when moving to the song that just played.

To help the children discover how their body could move and the different qualities of movement, I connected the activities to their interests and used imagery. My focus was to use Laban Movement Analysis (LMA) effort qualities of movement; including weight, time, space, and flow; and connect the different qualities to each individual character provided in an interactive game (Moore, 2014). The idea for this activity came from movement dice games that I found when searching the internet for remote play ideas. Each side of the dice connects to a different type of movement; for instance, rolling a two means you flap your arms like a bird. I put together three different types of dice movement game Google Slides that connected to the groups interest, such as using animals, Pokémon characters, and Star Wars characters. For example, having the children imagine they are Chewbacca from Star Wars, which had them stomp around using strong weight (RoboTots, 2019, Royal Baloo, 2021; Staake, 2019) (Appendix A).

**Self-Care Strategies**

When it came to exploring self-care, my intention was for the group to identify self-care strategies, so I combined them with the game of Charades. Each person chose a self-care strategy they used or would have liked to use and without using words showed their strategy, while the group tried to guess. To help with brainstorming ideas for strategies, I created a slide that had an image of a variety of self-care strategies that ranged between physical, mental, emotional, and spiritual health. Before the activity, I explained the self-care strategy ranges and the importance of being mindful to take care of ourselves during stressful times. During each turn I asked everyone in the group to mirror each other’s movements for each strategy chosen. Once
everyone tried to guess the answer, the person explained to the group the reason why they chose that strategy and how it helped them cope during distressful moments in their lives.

**Empathy**

For introducing the theme of empathy to the group, my plan was to conduct activities that would help the group express emotions through movement. One activity was based on a collaboration with my music therapy supervisor, that combined the game of charades with expressing emotions in the body. The activity included the children’s’ interest in Star Wars and utilized the imagery of wearing a helmet like the character, Mandalorian, and instead of using facial features to show the different emotions they used the rest of the body. Similar to the other charade games, each person tried to guess the emotion being shown by observing the nonverbal communication to identify the emotions in self and others.

The next activity was an evolution of the last Charades intervention and incorporated the idea of mirroring someone else’s movements. Mirroring is a way to build empathy between individuals by not only trying to copy one’s movements but also the feeling they express. My intention for this activity was to allow each person’s voice, verbal and nonverbal, to be heard and have them know they were heard by the group. For this activity, the children used the whole body, including facial expressions, to show the emotion they were expressing to the rest of the group. Each member of the group created a movement and sound that matched the emotion they chose. After an individual’s turn the rest of the group mirrored the movement and proceeded to the next person’s turn. Once every person took a turn, each individual tried to remember each member’s movement and sound.
Social Skills

Social skills are a mental health theme that every child in the group and majority at my internship need to practice. Many of my activities connected to other themes and allowed the group to practice social skills, such as sharing, turn-taking, inclusion, greeting, following, leading, listening, and engaging with others. One way I wanted to help the group practice social skills with each other was to have them learn and identify each other’s names. The goal was to allow the group to hear the repetition of names and match them to a face. This activity was based on the game Simon Says, but instead I had them use their own names, such as Ms. Muhs says. Additionally, this also included other social skills, such as turn taking, sharing, and being a leader. Once someone in the group “got out,” then I would pass on the leadership role to another person for their turn.

Another activity to practice social skills was based on a session I co-facilitated with my dance therapy supervisor, where we would imagine passing a ball to one another, since we couldn’t physically pass a ball due to participating online. This activity helped guide the group to practice using each other’s names, taking turns, sharing, including others, and engaging with one another. The group members decided on who to pass the ball to next and said the name of that person. Additionally, I added some exploration of movement qualities, such as changing the size, weight, speed, and type of ball.

Results

Each week I researched and planned interventions for my group therapy clients. Based on what I would research, I would include interactive games that also gave the chance for the clients to move. I kept in mind that my clients were children and needed to not only socialize but have some fun and engaging moments, too. My goals for the interventions consisted of introducing
body awareness, increasing social skills, identifying self-care strategies, and increasing the empathy in the community our group was creating. Overall, the interventions went well, but I did learn from observations of my clients what I might need to change for next time, such as bringing more or less structure and providing more playful interactions. In order to record my results, I used journaling, movement, and some collaging based on my reflections from the sessions. From my observations, a few themes were revealed through implementation of my methods with the group, which included holding the space, movement activities needing a balance of control and freedom, and in the end, to include the client’s ideas.

Holding Space

As stated in the literature, holding space is a theory DMT’s practice in their sessions, which is about being the facilitator while also letting all the good and bad moments come. The therapist holds the container for the moments, gives guidance to the clients, and supports them. During my interventions, I found moments where I needed to hold the space while also allowing the organic moments to come into the group. The interventions where I took a step back from being the leader were with the Simon Says game, memory movement game, and the charades game. Conflicts did arise, but I allowed the group to figure out how to resolve them while also giving support, such as modeling what to say and giving a chance for each person’s perspective to be heard.

The Simon Says intervention was originally about learning the group names, body awareness, and how to increase social skills. Our first game turned out to be fun and the group was engaged. Over time this intervention has been brought up as a playful chance to become leaders of the group. I realized I needed to step back and allow the group to play the game while I observed. Together as a group we created our rules and found moments where the theme of
empathy appeared. Sometimes the members would say a move that would be hard for the members to replicate, for example I guided the group to put themselves in one another’s shoes before giving a command. As we continued to play this game through multiple sessions, the group in a way led their own intervention by choosing movements their body needed at that time, such as stretching or yoga poses.

Another example of this theme was during the memory movement intervention where the goal was to mirror each other’s movements and work together to remember each member’s move and sound. I gave the rules to the group and supported them throughout the intervention. The group struggled with creating a move, a sound, and with trying to remember everyone’s movements. However, as the group found some moves, they liked from one another; we went through them together. Additionally, without me prompting them, the group offered to help others remember their moves. In order to increase this behavior, I voiced my recognition of the group working as a team.

Charades produced discussions with the group about preferences and similarities of the self-care strategies. I did help the group recognize how there are a variety of self-care strategies and some people need different activities during times of distress. The imaginary ball intervention was guided by a few rules, such as saying the name of the person to toss to and signaling by visually or verbally catching the ball. These two choices for catching the ball gave some freedom for the group and even resulted in some cameras to turn on. When conflicts between the children in the group occurred, I helped guide the group to a resolution, instead of controlling the situation. Over time, holding the space became a technique that I used while facilitating.
A Balance of Control and Freedom

As I created and observed the group, I realized that I needed to have interventions that had some control and containment, while also giving space for free expression. The different dice games gave concrete guidelines about the qualities of movement and after observing the excitement in the space, I added a section for their creativity. For instance, in the Pokémon dice game there was an option to move like their favorite Pokémon and explain why. Another instance was during the regulation movement intervention, when I gave the rule of choosing one dance move and left the choice up to the clients.

During the imaginary ball intervention, there were the rules about saying the name, throwing a ball, and signaling a catch of the ball, however, the group could decide how to catch and throw the ball. There were moments when the ball was based on different sports, such as using a bat to hit the baseball. When I introduced the regulation freeze dance game, I gave the rule for freezing when the music stopped and then explained the zone their body was in at that time. Originally, it took some encouragement to get the group to move. After the game, and before we said goodbye, I asked if they could show off their best dance move, which led to self-expression of dance moves and laughter. The next time we played this game, I had the group choose songs that connected to them.

Include Group Ideas

During our time together in our sessions, I learned to include the group’s ideas and interests to the interventions. By adding these ideas from the group, the interventions became more playful, interactive, and increased the engagement of the group. For instance, the freeze dance movement game was based on a time where one person started to play music from their own computer, and everyone started to dance. After reflecting on that situation, I transformed the
Creating a Movement Group in the 2-Dimensional World

Original regulation movement game to a freeze dance variation. After the group asked to play some of their favorite songs, I gave that option for the next time we played.

Originally, the dice games only consisted of Pokémon characters and animal movements. Then, the group asked if I had a Star Wars themed movement game, but I did not, so I created one. This Star Wars themed movement game resulted in other Star Wars themed interventions, including the emotions charades where we would pretend to wear helmets as we expressed different emotions. Additionally, the group suggested other movement games, so I offered for them to create their own based on the characters they chose, which became a fun activity. During multiple sessions, the group also asked to play Simon Says as a way for them to have a movement break from the lessons and to have some fun.

Art Data

To record my results and reflect on the interventions, I journaled, improvised movement, and created some collages based on the feelings I felt during the sessions. Before I introduced the interventions, I tried them out on myself or in my group supervision class, such as the imaginary ball and self-care charade interventions. After a session or at the end of the day, depending on my availability, I chose some music and moved. When the session was chaotic, sometimes my movements resulted in sways and slow speeds. When the session was energetic and fun, I would put on some pop music and just move to the rhythm. I danced how my body wanted to move and moved what my body needed at the time. There were also times where I just listened to calm instrumental music and breathed as I processed the session, thinking about what I would like to change for next time.

In addition to the movement, I also created some collages based on themes that were brought up, the overall experience, and how I felt the session went. The first collage was about
the self-care strategy charades interventions. My collage shows numerous images revealing the chaos of ideas that occurred, the placement of images is the order of activities, and there were themes that developed from the group, such as food and movement. Another collage is about the freeze dance regulation game and the lesson on disability awareness, where we discussed various developmental and physical disabilities along with the concept of inclusion. While the children struggled to comprehend the lesson about disability awareness, they were able to participate in the discussion when I identified the different types of disabilities and offered quotes about the importance of including everyone. These collage images reflected the struggle of holding the group, the lack of movement, and the end which revealed a moment of self-expression. For the last collage, I reflected on a session that combined the freeze dance regulation and Simon says interventions. I placed the images’ themes on different sides and represented my role as facilitator of the group keeping the balance. This internship year has been long and there are many more reflections I have made, but these were the main points I wanted to share (Appendix B).

**Discussion**

The main reason I chose this topic for my thesis is because I felt unprepared to conduct DMT therapy sessions online with my internship. My life was turned upside down and I needed to train myself to be a distance counselor. Each week I would research ideas on the internet and consult with my supervisors on how to integrate DMT into the online group therapy sessions.

When I originally began this project, I wanted to understand more about what research is available about distance counseling and how others have adapted to the pandemic experience. OT’s and PTs have been out there to examine the benefits of online sessions and identify the need to be trained in distance counseling practices. Another therapeutic approach, CBT, has also
been exploring distance counseling with children and realized that interactive games can provide engaging activities that explain the therapeutic concepts. Then, I realized that distance learning and teachers could help provide strategies for engaging interactive activities. Every article and blog gave me inspiration, such as play therapists connecting therapeutic themes with games like Simon Says or Charades that can be transferred online. My group of clients also enjoyed the interactive games and I managed to slip in some concepts, such as regulation integrated into freeze dance.

Teachers of the arts and dance found ways to bring the classes together through group projects, discussions, and mirroring techniques. There is research out there about the limitations of the virtual body and how altering the dimensions can disrupt the barriers of the video chat boxes, such as throwing an imaginary ball to other individuals. Additionally, to help engage the children, PowerPoint slides have been used to bring visuals to concepts so the children can understand. This is the reason why I continue to use Google Slides to help the children get a visual understanding but also to provide some fun images and colors.

As I researched more about DMT and the group process, I figured out how to integrate movement qualities, attunement, and expression into the intervention games. Even without prompting the children found their own ways to express themselves with movement and interact with the group. Originally, the group did not want to dance but connecting movement to their interests led them to being more comfortable with dancing in front of others. The group found their own place and creativity, while building relationships with each other.

**Limitations and Considerations**

A big limitation was the group being in different physical spaces. This meant limited control on attendance and participation. Clients could decide to leave or not show up, so then I
would have only two or three show up for group. Groups with only two or three clients did help with the limit of control because holding the space for more members while juggling technology services could be more difficult. Some changes I have considered are to include clients into the DMT goals and reasons for the movement in the interventions, while pushing some deeper conversations about the therapeutic concepts we explore. Originally, I was hesitant to dig too deeply because I wanted to keep the kids engaged and remain with the group, but recently I have been exploring the deeper concepts with them and providing moments for further discussions. For example, when exploring the different Zones of Regulation, the group made a realization that different types of music can impact another’s feelings differently. We further discussed how differences are okay and help make each of us unique. Overall, there is a need for more studies examining DMT theories and distance counseling. I hope my findings can contribute to new discoveries, thus strengthening the DMT practice in distance counseling and education.

**Conclusion**

Covid-19 changed the lives of many by transitioning work, appointments, school, and other daily activities to being delivered online. Even though the pandemic will eventually end, people’s lives have changed, and the technology boom has begun. Many of the changes will not go back to the way things were before the pandemic. I believe we need to train current and future DMT practitioners on how to conduct interventions online. Society was not prepared, so hopefully now we will start the research into the evolution of DMT online.
Appendix A: Interventions

R.A.E.
Regulation of Activity - Experience

(Lighthouse School, Inc., 2021).
CREATING A MOVEMENT GROUP IN THE 2-DIMENSIONAL WORLD

(Lighthouse School, Inc., 2021; RoboTots, 2019, Royal Baloo, 2021; Staake, 2019).
CREATING A MOVEMENT GROUP IN THE 2-DIMENSIONAL WORLD

SELF-Care Charades

1. Choose a self-care strategy (One from the chart or create your own)

2. Without using your words, show us your strategy

3. Everyone else in the group will try and guess

(Lighthouse School, Inc., 2021; Teachers Pay Teachers, 2021).
(Lighthouse School, Inc., 2021).
Appendix B: Collages

Images created with Google Jamboard 2021
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THESIS APPROVAL FORM

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Type of Project: Thesis

Title: __Creating a Movement Group in the 2-Dimensional world: Using dance/movement
therapy interventions to build connections for children

____________________________________________________________________________________

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: __Meg Chang, EdD, BC-DMT______________________________________