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An Arts Therapy Case Study: The Vision, Progress, Impact, and Plan of Canada's First National Centre for Dance Therapy

Abigail Jane Axelrod
Winthrop University, abjaxelrod@gmail.com

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December, 2015

To the Dean of the Graduate School:

We are submitting a thesis written by Abigail Jane Axelrod entitled *An Arts Therapy Case Study: the Vision, Progress, Impact, and Plans of Canada's First National Centre for Dance Therapy*. We recommend acceptance in partial fulfillment of the requirements for the degree of Master of Arts in Arts Administration.

Morenga Hunt, Thesis Advisor

Michael Matthews, Ph.D.,
Committee Member

Andrew Vorder Bruegge, Ph.D.,
Director of MAAA Program

David Wohl, Ph.D., Dean, College of
Visual and Performing Arts

Jack DeRochi, Ph.D., Dean,
Graduate School

AN ARTS THERAPY CASE STUDY: THE VISION, PROGRESS, IMPACT, AND
PLANS OF CANADA'S FIRST NATIONAL CENTRE FOR DANCE THERAPY

A Thesis

Presented to the Faculty

Of the

College of Visual and Performing Arts

In Partial Fulfillment

Of the

Requirements for the Degree

Of

Master of Arts

In

Arts Administration

Winthrop University

December, 2015

By

Abigail Jane Axelrod

ABSTRACT

Since its founding in 1957, the ballet company, *Les Grands Ballets Canadiens de Montréal* (LGBCM, *Les Grands Ballets*), has stretched the reputation of classical dance. Within its first year, the dance company was listed as a “top-rank cultural institution, actively involved in the presentation and promotion of dance in all its forms” (*Grands Ballets Canadiens de Montréal* “National Centre for Dance Therapy”). To continue its legacy, the Executive Director of LGBCM began collaborating with LGBCM’s Director of Development of Affairs, to establish the National Centre for Dance Therapy (NCDT, the Centre). Both directors updated *Les Grands Ballets*’ original vision, “to move the world- Differently” to its new vision, “actively promoting the better-being of individuals through dance” (*Grands Ballets Canadiens de Montréal* “National Centre for Dance Therapy”).

The Centre may be the first of its type in the world. By incorporating dance and movement therapy (DMT), formal academic training in DMT, and extensive scientific research for DMT under one roof, the Centre is “increasing its influence and social impact by using dance as a tool to improve the health and well-being of the individual and, by extension, society as a whole” (Nat’l Centre for Dance Therapy 1). On April 23rd, 2013 the NCDT officially launched its first four pilot projects. Today there are five active projects, nine developing projects, one completed study, and 29 developing partnerships with major organizations, to reach goals of preliminary scientific data collection (*Grands Ballets* “Template ENG JULY”). Plans to expand the Centre’s reach beyond the borders

of Quebec, and even beyond Canada, are underway. The thesis research will document the vision, progress, impact, and continued plans for The National Centre for Dance Therapy. The NCDT has not yet developed one written document to summarize and contain all of its current information. This thesis will contribute to their plans to create a comprehensive body of data and information about all aspects of their unique and historic work.

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I labeled this Master's program, "My MAAA Journey". I completed this journey with the support of my family, friends, mentors, professors, and thesis committee.

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TABLE OF CONTENTS

Abstract.....	iii-iv
Acknowledgements.....	v
Chapter One, “The Role of Culture on Wellbeing”.....	1
Explanation of Terms.....	4
Literature Review.....	9
Methodology.....	18
Chapter Two, “The Research”.....	19
Overview, The National Centre for Dance Therapy.....	19
Projects.....	29
Training.....	41
Project Partners.....	45
Project Financials.....	47
Research Design.....	49
Chapter Three, “The NCDT Moving Forward”.....	50
Research Data and Results.....	50
Findings and Analysis.....	52
Limitations.....	55
Potential Future Studies.....	55
Conclusion.....	59
Appendices.....	60
Works Cited.....	92

CHAPTER ONE

The Role of Culture on Wellbeing

This thesis, *An Arts Therapy Case Study: the Vision, Progress, Impact, and Plans of Canada's First National Centre for Dance Therapy*, will contribute to the NCDT's plans to gather data and information about all aspects of their unique and historic work. In Chapter One key terms will be defined and a review of literature will be examined. Chapter Two will offer an overview of the NCDT case study, as well as discuss the NCDT's initial vision and how that vision transformed to guide current and future plans. Additionally, Chapter Two will offer a brief description about the NCDT's projects, training, partners, participants, and financials. Chapter Three will explain research data and results, as well as evaluate the expected and unexpected outcomes of the NCDT's work. Chapter Four will conclude this research with an explanation of the study's limitations and offer potential future research for the NCDT or others interested in the work.

In the course of this investigation I reviewed the gathered and shared documents provided by the NCDT. Additional resources describe the history of LGBCM, healthcare in Canada, DMT best practices and code of ethics, benefits of DMT, DMT past practices and evaluations, and Canada's economy. Access to information and lack of proximity to the NCDT and its collaborators presented some research challenges for this case study. The NCDT is located in Montreal, Canada, a predominately French-speaking Province. Language barriers exist. Accurate translation from French to English could not accurately occur throughout all the research material. Additionally, the NCDT is constantly growing

and evolving. Information and data collections change at a rapid pace, therefore for the purpose of completing this thesis, information collection from the NCDT discontinued at the beginning of September 2015.

In 2007, when the recession began, the global economy reported a significant development lapse (UNESCO). Development is described by the Culture for Development Indicators (CDIS) as “expanding the richness of human life, rather than simply the richness of the economy in which human beings live [...] the approach focuses on people and their opportunities and choices” (UNESCO). This same initiative focuses on improving individual, national, and global wellbeing. In 1948 the World Health Organization began using “wellbeing” as broadly “grouping the many components of individual and societal health under a single conceptual umbrella” (Gibas, et al. 2). This “umbrella” focused on the improvement of people’s lives in concrete and meaningful ways. The United Nations (UN) holds various dialogues and processes each year that include discussions on the development of global wellbeing (UNESCO). Relevant background for supporting cultural initiatives as part of development plans can be found in the UN’s “Millennium Development Goals (MDG's).” In 2000, a 15-year timeline was agreed upon, which means that these goals are still being revisited and revised (Agenda 21 for Culture). The UN’s new development strategies and objectives outlined in the “Post-2015 Development Agenda and the Sustainable Development Goals (SDG's)” will include references to the importance of culture on development (Gardner, et al. 1; Gibas, et al. 3). The MDG revision process will significantly inform the updated SDG’s and offer direction for linking cultural and community development. In support

of, and recognition of these plans, advocates from around the world have offered research about the importance of culture on development (Gibas, et al. 3). This research will inform the SDG's and thus influence the way governments and agencies worldwide spend finances on development initiatives (Gardner, et al.1-2).

In 2013 the Hangzhou International Congress in China assembled a document titled "Culture: Key to Sustainable Development" which stressed the need for "new approaches to be defined and measured" (2-6). The completed SDG's are "on the horizon", as organizations worldwide are reviewing the "Declaration on possible indicators for the SGD's," released in February 2015 (Gardner, et al. 1-3; Agenda for Culture). The UN's development agenda includes four main cultural networks advocating for culture, namely: 1) the International Federation of Arts Council's and Cultural Agencies (IFACCA), 2) the International Federation of Coalitions for Cultural Diversity (IFCCD), 3) The Committee on the Culture of United Cities and Local Governments, and 4) Culture Action Europe (Agenda 21 for Culture). All of these networks will consider the "intrinsic value of culture" on "the improvement of an individual's wellbeing" (Gibas, et al.1; Hangzhou International Congress China 2).

The United Cities and Local Governments, a subdivision of the UN's cultural initiative, adopted the "Agenda 21 for Culture" in 2004 (3), thus involving its more than 450 cities and local governments in a process to establish goals and objectives for cultural development (Agenda 21 for Culture 3). Canada has taken "Agenda 21 on Culture" into its local communities. This aligns well with LGBCM's progress and ongoing efforts as a mature ballet company that is seeking sustainable community relationships and strategies.

Through the establishment of the NCDT, LGBCM incorporates dance-culture and the building of healthier communities into its new organizational model.

In Quebec, “Agenda 21 for Culture” aims to position culture and the arts as a “vehicle for social and economic development” (Nat’l Centre for Dance Therapy 7). The Quebec government describes *Les Grands Ballets de Montréal* (LGBCM, *Les Grands Ballets*) and the efforts of the National Centre for Dance Therapy (NCDT) as “an essential element in transforming the urban and social reality,” of the province (“Québec’s Agenda 21 for Culture”). Quebec could save considerable dollars through the ballet company’s expanded community services. Dollar amounts pertaining to medication, hospitalization, and the gathering and sharing of medical data research could be lowered because of *Les Grands Ballets’* initiative to start the NCDT (Naylor 10). While the saving of money is certainly important, *Les Grands Ballets* is also on the cusp of implementing a new community development model. This model combines dance movement therapy (DMT) and health promotion to focus on developing and sustaining community wellbeing.

EXPLANATION OF TERMS

List of terms in alphabetical order

- Dance and Movement Therapy (DMT)
- Dance Therapists
- Code of Ethics
- Health Care
- Health Promotion

- Impact
 - Community Engagement
 - Culture/Arts
 - Health
 - Socio-Economic Development
- *Les Grands Ballets de Montréal* (LGBCM, *Les Grands Ballets*)
- National Centre for Dance Therapy (NCDT, the Centre)
 - Progress
 - Plans
 - Standards of Best Practices
 - Vision
- Wellbeing

For the purpose of fully understanding the thesis and the work of the NCDT, the italicized terms are defined and explained.

Les Grands Ballets Canadiens de Montréal (LGBCM, *Les Grands Ballets*) has been “praised by critics around the world. The [ballet] company offers an alternative vision of the world through dance: one that is more emotional, theatrical, and exciting than ever” (CNW). Ludmilla Chiriaeff founded the dance company over 50 years ago, and now the company is under the artistic direction of Gradimir Pankov. *Les Grands Ballets* is responsible for the launching of Canada’s first *National Centre for Dance Therapy* (NCDT), an institution created to “promote health and well-being of individuals and

society as a whole” (*Grands Ballets Canadiens de Montréal* “National Centre for Dance Therapy”). As a form of expressive therapy, *dance and movement therapy* (DMT) looks at the relationship between movement and emotion. While those associated with dance and/or other types of movement for health-promotional purposes have long believed the body, mind, and spirit are interconnected, certified *dance therapists* have studied intensively the many kinds of “emotional problems, intellectual deficits, and life-threatening illnesses” that DMT can help heal in patients (AltMD). The NCDT looks to improve *health care* for Canadians through improving individual wellbeing (*Grands Ballets* “Template ENG JULY”). Using DMT treatments given by licensed professionals, the physical, mental, and social lifestyles of participants is expected to improve (Gibas, et al.). This overall focus on the “quality of life” is known as *wellbeing* (Gibas, et al. 2-3). Historically, wellbeing focused on direct observations in physical health and income. However, a qualitative, as well as objective, measurement was found to be necessary to fully understand a person’s wellbeing. Therefore, the qualitative analysis of wellbeing involves happiness scales and life satisfaction measurements (Gibas, et al. 4-6). This intent for improved health care can also be seen as *health promotion*, a “process of assisting people to increase control over, and to improve, their health” beyond one component and towards “a wide range of social and environmental interventions” (WHO). Through the use of DMT and health promotion the NCDT is working to offer Canadians a better quality of life.

The *vision* of an organization should serve as the goal for the organization’s long-term efforts (Korza, Brown, and Dreeszen 75, 81-82). In the United States (U.S.) an

organization's mission drives the day-to-day activities and the vision drives the possibilities for the future of the organization (Korza, Brown, and Dreeszen 43-52). Both are catalysts meant to propel an organization forward. In the digital PDF presentations to the public, *Les Grands Ballets* offers only vision statements, no mission. The vision of *Les Grands Ballets* was to "promote personal well being through the power of dance." Adding the NCDT under the umbrella name of *Les Grands Ballets* meant adjusting the organization's vision. Now the organization's vision reads, "actively promoting the better-being of individuals through dance" (*Grands Ballets Canadiens de Montréal* "National Centre for Dance Therapy"). The *Progress* section will outline how the NCDT is focusing and putting into action the long-range plans set forth by the NCDT executives. Progress is defined as "the process of improving or developing something over a period of time", and the NCDT has laid out an extensive plan for how it intends to advance health promotion and wellness in Canada ("Progress." Merriam-Webster.com; Nat'l Centre for Dance Therapy 1-9). *Impact* is a term used by LGBCM's Executive Director, Alain Dancyger, to determine measureable outcomes for the NCDT's projects (Nat'l Centre for Dance Therapy 2). Measured impact of the NCDT's projects is evaluated through four learning goal categories: health, culture/arts, community engagement, and socio-economic outcomes. Measured impact is based on input, feedback, and observations from the projects' participants, partners, and the Quebec community (Nat'l Centre for Dance Therapy 3). Study and review of measured qualitative and quantitative results will show how the Centre is improving health in Canada and beyond (Korza, Brown, and Dreeszen 80; Appendix 4 and 5).

For example, *health* impacts will evaluate the overall wellbeing of individuals involved in target groups, including the mental, emotional, and physical improvements (Nat'l Centre for Dance Therapy 3). The World Health Organization states, "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". *Culture/arts* are grouped together in this thesis mostly for the benefit of readers in the U.S. While Canada normally groups the arts into their cultural sector, the U.S. does not often take this approach. A study by The Americans for the Arts titled "Arts & Economic Prosperity III" refers to nonprofit arts and culture organizations as a sector "active in contributors to the business community...as well as key partners in the marketing and promotion of their cities and regions" (Byrnes 303-304). Similarly, some Canadian scholars explain "art/culture" is a "specialty good" meant to contribute to a better "quality of life" (Colbert and Martin 30). More broadly, art/culture is "a whole way of life, a state of intellectual development, and general body of arts as a whole" and includes "sources of entertainment sectors, spiritual enhancement, and international understanding" (Cherbo, Stewart, and Wyszomirski 10; 48). The company fuses culture and arts into a single tool meant to "improve the quality of life of the community" (*Grands Ballets* "Template ENG JULY"). NCDT will increase efforts to engage a variety of world-renowned dance and health experts to exert a global *community engagement* and *socio-economic* influence (CNW). Community engagement is "a process whereby institutions enter into mutually beneficial relationships with other organizations, informal community groups, or individuals" (Borwick 14). Through measured socio-economic outcomes, the NCDT hopes to improve the Quebec community morale and overall

wellbeing (Nat'l Centre for Dance Therapy 3; CNW). *Plans* for results could potentially offer opportunities for further support of the Centre's projects through sponsorships, donors, collaborators, and partnerships within the community and the world. These opportunities could support the plans of the NCDT to expand, grow, develop, and increase efforts to fulfill its vision.

This thesis will also explore the Centre's efforts to develop and implement *standards of best practices* and ethical transparency policies. Standards of best practice establish methods or techniques that allow DMT specialists to provide high-quality standards of care for patients (Dance/Movement Therapy Certification Board). By establishing guideline benchmarks, not only do organizations confirm guidelines their employees must follow, but also standards of care are set to the highest levels. (Weil, Gotshal & Manges LLP 1-7). *Code of Ethics* sets standards for how DMT specialists should engage professionally with patients (Dance/Movement Therapy Certification Board). The adaptation of these policies could help the NCDT promote its DMT practices to the world in a more medically qualified style.

LITERATURE REVIEW

This section will describe how DMT practices have been recognized and utilized in the United States, Canada, and around the world. Offering data and details about the health care systems in the United States and Canada, this section will also describe the view of DMT practices in medical facilities. Lastly this section will offer ideas for the possible expansion and sustainability of DMT practices on a national and global scale.

Dance/Movement Therapy (DMT) in the United States. DMT in the U.S. has been recognized for over fifty years as a useful therapy; however, a Center like the NCDT does not fully exist in the country (ADTA). The 92nd Street Y Harkness Dance Center in New York City is closest perhaps to the same visions of the NCDT ("Dance Therapy Training" 92 Y- *Dance*). While the 92nd Street Y does not house a major professional dance company, the Harkness Dance Center does have a school of the arts for young professional dance training, educational classes/programs in dance and DMT, and other health and fitness groups devoted to promoting a healthy community ("Dance Therapy Training" 92 Y- *Dance*). Several other dance therapy centers exist across the United States; the Hancock Center, in Madison, Wisconsin offers DMT patient services and training, but no extensive scientific research collection (ADTA). No DMT facility is structured like NCDT, with the umbrella support of a professional dance company (Nat'l Centre for Dance Therapy 1). The organization also incorporates formal training and education in DMT, extensive scientific research for DMT, and professional support from universities and hospitals all under one roof (Nat'l Centre for Dance Therapy 1; Appendix 1, Section 1). The U.S. focuses most of its medical research and financial resources on cancer treatments (Kane). Additionally, health care service industries in the United States are compensated based on the type of insurance patients carry, so there is little incentive for the health care system to devote more time to preventative care treatment (Kane). In Canada, it is illegal for private insurance companies to pay for medical services covered by the national plan; this keeps "the powerful egalitarian

impulse that is a crucial element of the national culture” working (Reid 137). Canadians have national pride in their most popular “social program”, its health care system (Reid 128). The country offers better health statistics in life expectancy and infant mortality rates, yet the system “is also a matter of national concern” (Reid 127-128). The waiting period for consultations and treatments in Canada could be up to two years because of the medical quest to treat every individual the same, no matter their age or illness (Reid 135). The NCDT is working to improve waiting times for patients and reduce health care costs for the government through the use of DMT practices (*Grands Ballets Canadiens de Montreal; Grands Ballets “Template ENG JULY”*).

In 2012 an international economic group with 34 member nations called the Organization for Economic Co-operation and Development (OECD), collected data on health care expenses (Kane). The U.S. and Canada are two of the OECD members documented in the research. The U.S. spends roughly \$4,000 more on health care per person each year than Canada (Kane). The U.S. also spends more on health care than any other country in the OECD (Kane). While this could be due to the lack of one national health care system in the U.S., some physicians in the U.S. have, for over 25 years, been suggesting a health care system similar to Canada’s. With Canada offering alternative care plans with no patient copayments and deductibles, some health care professionals would suggest Canada is ahead of the U.S. when it comes to patient care (Himmelstein and Woolhandler).

While Canada has been using DMT practices for mental illnesses, elderly care, and child development, the U.S. could focus more of their health improvement efforts on

DMT practices to decrease obesity rates. The U.S. carries the second largest child obesity rate in the world; Canada is categorized as “average” by the OECD standards (Kane). While efforts to tackle increased obesity rates have started in the U.S., such as the “Let’s Move” initiative, created by first lady Michelle Obama, Jason Kane with Public Broadcasting Station (PBS) news suggests the U.S. take on a national wellness program to cover counseling and preventative care for all Americans. This type of counseling could be a starting point for the U.S. to accelerate DMT training and practices. If DMT practitioners in the U.S. and Canada aligned their efforts with the NCDT, both countries could see improved health care and wellness in their communities.

However, the same research that encourages DMT treatments also explains that nonverbal movement therapy or exercise may not help certain individuals dealing with severe physical handicaps or psychological disorders (Espenak 40- 42). Likewise, costs could be expensive for a health facility to incorporate and maintain DMT efforts similar to the NCDT. Health facilities incorporating DMT practice into programs should have an agenda in place to periodically discuss, determine, and evaluate the appropriate use and cost of physical activity and/or DMT treatments for individual patient care (Espenak 40).

DMT and holistic medicine in medical field. DMT could be considered a type of holistic or alternative medicine. The term “holistic” is used to describe a way of treatment for the entire person- mind, body, and spirit (AltMD). Dance, music, visual art, and theater therapies are creative therapies that help develop the “social, cognitive, emotional, and physical development of the individual” (AltMD; Bläsing, Puttke-Voss, and Schack 99).

The focus of these types of treatments is the "whole person", not just the malady of the patient (AltMD). When incorporated into programs Pilates and yoga, acupuncture and chiropractic therapies, homeopathy, and other wellness treatments are considered complementary and alternative medicine (CAM) in most professional medical settings (Comarow).

A 2006 study by the *British Journal of Health Psychology* discovered regular body movement or exercise helped build endurance and muscle strength to boost the immune system, which also built "willpower" to boost habitual behaviors, like addictions, to help individuals overcome obstacles, like cancer diagnoses or a rough day at work (Metzel and Heffernan 14). Research has shown a disease, like cancer, may start in a localized area of the body, but it becomes a "systemic disease, that is symptomatic of a whole-body failure." The same can be said for depression (Metzel and Heffernan 32; 146-147). Therefore, CAM treatments or holistic medicines could be significant components in approaching health care prevention, treatment, and sustainability because of the attention these treatments place on whole-body care. The *American Journal of Preventative Medicine* showed "physical activity increases longevity" in life expectancy and can decrease health care costs for a country (Metzel and Heffernan 4-5). Depending on the study, the U.S. ranks 28th to 37th in the world for population with the longest life expectancy (Metzel and Heffernan 5). While Canada is ahead of the U.S. in this ranking, neither country is close to ranking globally in the top ten countries for life expectancy (Kane). Asian and European countries hold the top ten spots and research suggests this is due to a focus on healthy lifestyles, preventative care, and better work environments, not

first world medical treatments (Friedman; Gibas, et al. 4).

Research assessments and proper control variables in patient treatments for holistic medicine is slowly developing. In 1993 The Office of Alternative Medicine of the National Institute of Health in the U.S. awarded one of its first exploratory research grants to investigate DMT for those with medical illnesses (ADTA). Three years later, the Health Care Financing Administration (HCFA), now called the Center for Medicare and Medicaid Services (CMS), of the Department of Health and Human Services recognized DMT in the United States as a “covered element of a partial hospitalization program in Medicare facilities” (ADTA). In 2010 the American College of Sports Medicine demonstrated the improved “quality of life” of cancer survivors when using movement as a treatment for test patients before and after cancer treatments were given (Metzel and Heffernan 149). Disease outcomes and survival statistics are still unknown and until proper documentation of the full benefits of this type of “medicine” can be collected the broader professional medical field is unlikely to take these “unorthodox therapies” as a serious medical treatment (Metzel and Heffernan 149; Comarow). However, American sports and dance medicine physician, Dr. Jordan D. Metzel, and *PLOS Medicine*, an online medical journal, agree movement is key to a longer, happier, healthier life (2).

A Better Development for the United States, Canada, and the World. Beyond DMT exercises and a healthier lifestyle, *Les Grands Ballets’* movement with the creation of the NCDT is permeating the surface of culture helping a country rebuild its economy.

Holding conferences and social dialogues within a facility is considered a way to “harness culture as a resource for achieving sustainable urban development and management” (Hangzhou International Congress China 5). Both the U.S. and Canadian DMT communities could benefit from sharing more research, information, and other data.

The NCDT is hosting the first national dance therapy symposium in Toronto in the fall of 2016 (*Grands Ballets* “Template ENG JULY”). The symposium has led The Centre to collaborations with the National Ballet School (Canada) and Mark Morris Group in New York City, which could expand NCDT research opportunities (*Grands Ballets* “Template ENG JULY”). The ADTA hosts international conferences to discuss the educational perspectives of DMT in other countries. A few of the NCDT’s guest professors attend these conferences (Capello 16-25). Not only are these organizations helping to build positive relationships throughout their communities, these organizations are fostering an innovative and sustainable model for the future of cultural organizations (Hangzhou International Congress China 5-6). For Canada and the U.S. these increasing partnerships involve the certification process for dance therapists studying in Canada.

The ADTA is the only organization in North America to offer a DMT certification recognized in over 37 countries (ADTA). What is lacking for DMT specialists in the U.S., Canada, and worldwide seems to be a metrics system for measuring the successfulness of DMT sessions. The Human Development Index (HDI), created in 1990 by the United Nations Development Programme, could help influence the framework for a DMT global evaluation tool (Gibas, et al. 2-3). The HDI was created to

“shift the focus of development economics from national income accounting to people-centered policies”, encouraging corporations and organizations to take on a more holistic approach to strengthening economies (Gibas, et al. 2-; Hangzhou International Congress China 2; UNESCO). The HDI measures a human’s standard of living. However, to give a more comprehensive ranking of how “well” an individual lives in his/her specific geographical location, the Inequality-Adjusted Human Development Index (IHDI) was created (Gibas et al. 4). Through a series of long surveys involving questions about a person’s community, education, finances, available resources, and more, the HDI and IHDI of an individual and/or country, can be calculated (Gibas et al. 4). Considering several examples of holistic health indexes could help the NCDT, the ADTA, and others worldwide, establish a global policy of DMT treatment evaluations. These evaluations are considered “assessments of the health of society” (Gibas, et al. 4). Documenting evaluations and measureable outcomes is a necessary step in the universal recognition of DMT’s positive influences on societies’ wellbeing (UNESCO).

In the 1960’s the U.S. economy developed a way to measure basic economic progress, referred to today as Gross Domestic Product (GDP) (Gibas, et al. 2). The GDP is considered a flawed measurement outcome for how societies fair because it does not take into account a qualitative approach (Gibas, et al. 2; UNESCO). In 1972 a young King in Bhutan created the Gross National Happiness scale (GHP), calculating general qualitative and quantitative social measurements (Gibas, et al. 2-3). These measurements took into account everything from education and standard of living to learned skillsets (learning to play an instrument, perfecting a craft, etc.) and physical and emotional health

levels. This scale was meant to incorporate the “whole story” of an individual’s life into a “wellbeing calculation” (Gibas, et al. 3). If the NCDT and the ADTA configure a scale to include all, or most, elements of a DMT participant’s life, that gathered data could lead to further economic support for DMT practices.

In the past financial support for culture and the arts has been considerably low especially compared to a country’s average spending on other categories like education, government, health, etc. (UNESCO). While the making and viewing of culture and the arts can seem like a luxury, studies on the global scale are proving the arts are at the center of human wellbeing (Agenda 21 for Culture 3). Organizations like Gallup-Healthways, the World Economic Forum’s Global Agenda Council on Philanthropy and Social Investing, and the Organization for Economic Cooperation and Development continue to examine new ways to measure the productivity of imagination, thought, and play on a person’s wellbeing (Gibas, et al. 4-6). Partnering with these organizations and other countries, the NCDT could develop a scaling system for how to quantify and qualify the benefits of DMT sessions. This scaling invention could start a new era in alternative medicine, which leads to the sustainability of DMT, the NCDT, and more broadly economic development.

Continued partnerships in North America could generate more international dance therapy structures, such as the Codarts’ Arts for Health in Rotterdam and wider recognition among health professionals about the importance of DMT in communities (*Grands Ballets* “Template ENG JULY”). International diplomats agree, “people-centered and place-based” approaches occurring in the arts and culture sectors help

“foster and enable truly sustainable development” for human lives (Hangzhou International Congress China 2-5). *Les Grands Ballets*’ approach to building partnerships on a national and international community platform could provide further proof.

METHODOLOGY

The intent of this document is to gather all relevant current information and data into one summarized document for the NCDT. The majority of data and information has been collected, compiled, and shared from primary sources, mainly documents, emails, and printed presentations provided by the NCDT (Nat’l Center for Dance Therapy 2).

Additional resources describe the history of LGBCM, healthcare in Canada, DMT best practices and code of ethics, benefits of DMT, Canada’s economy, the workings of DMT in the U.S., and the global benefits and challenges of incorporating culture into communities.

Chapter Two offers an overview of the NCDT case study. This overview includes brief descriptions of each of the NCDT’s projects and DMT training program.

CHAPTER TWO

The Research

As *Les Grands Ballets* developed the department of the NCDT, careful consideration was taken towards reviewing the overall layout of the organization's setting, goals and strategies, assets, and outcomes (Nat'l Centre for Dance Therapy 1-9). One of the NCDT's strategic goals is to improve community engagement on a global scale. In the book, *Building Communities, Not Audiences: The Future of The Arts in The United States*, Doug Borwick offers examples of how to present a community engagement case study (44-91). Therefore, following Borwick's model, the overview below describes the setting, main goals and strategies, assets employed, direct outcomes, and indirect and potential outcomes of the NCDT.

Guidelines include:

Setting

Main Goals and Strategies

Assets Employed

Direct Outcome

Indirect and Potential Outcomes

OVERVIEW

THE NATIONAL CENTRE FOR DANCE THERAPY (NCDT)

MONTREAL, CANADA

Setting. The largest city in Quebec province, the city of Montreal is located on a boomerang-shaped river island, called the Island of Montreal. The Saint Lawrence and Ottawa Rivers surround the island in the southwestern part of Quebec province to offer this thriving metropolis a one-of-a-kind global location (*Grands Ballets, "Deménagement Relocation"* 1-2). With a booming economy and vibrant, cosmopolitan profile, Montreal offers the perfect setting for the NCDT.

In 2007, when *Les Grands Ballets* was celebrating its 50th anniversary, the city of Montreal and the Canadian federal government helped fund the development of the *Place des Arts* sector (*Grands Ballets, "Deménagement Relocation"* 1-2). The *Place des Arts* gave Montreal a new public space to create and present culturally focused work, such as architecture, performance theatre, culinary arts, outdoor festivals, and more ("*Quartier Des Spectacles | History and Vision*"; Nat'l Centre for Dance Therapy 1-9). The *Quartier des spectacles*, where the new building of *Les Grands Ballets* and the NCDT will open in Summer 2016, is a popular neighborhood within the *Place des Arts*. This neighborhood is specifically known for its artistic influences and cultural development agendas (*Grands Ballets, "Deménagement Relocation"* 1-2; "*Quartier Des Spectacles | History and Vision*").

While the ballet company still has an average of two international tours and six months of performances in Canada a year, public visibility and interest for the company could be improved (*Grands Ballets Canadiens de Montréal*). The relocation of the Centre to the active contemporary downtown area is meant to strengthen the agenda of the NCDT due to *Quartier des spectacles*' similar vision, "Live, Learn, Create and Entertain

Downtown” (“*Quartier Des Spectacles* | History and Vision.”). With both entities looking to increase well being for the community, the relocation of the NCDT within *Les Grands Ballets* is welcome in the heart of downtown Montreal (*Grands Ballets*, “*Deménagement Relocation*” 1-2). The relocation will allow the NCDT to provide DMT training and services to the broader community because of the expanded studio spaces and central city location (*Les Grands Ballets* “Template ENG JULY”).

Organization Description. Since the founding of *Les Grands Ballets* in 1957, the Montreal-based contemporary ballet company is the umbrella organization for NCDT. *Les Grands Ballets* and the NCDT share a renewed vision of, “actively promoting the better-being of individuals through dance” (*Grands Ballets Canadiens de Montréal*). The Centre could be the first of its type in the world, by incorporating dance and movement therapy (DMT), formal academic training in DMT, and extensive scientific research for DMT under one roof (Nat’l Centre for Dance Therapy 1).

Main Goals and Strategies. The NCDT has placed priority on goals to improve four development areas within Canada. The four main goals are associated with 1. Health 2. Culture/Arts 3. Community Engagement, and 4. Socio-economic development (Nat’l Centre for Dance Therapy 1-9). To achieve these goals the NCDT is focused on three initial strategies: 1. Favorably impact the health of participating communities, 2. Help dancers in transition to integrate into the community, and 3. Solidify a sector of DMT that has until now been fragmented and under-organized in Canada and the world (Nat’l

Centre for Dance Therapy 1-9).

Assets Employed. The NCDT has created alliances with 29 major partners, connections with the intellectual and financial resources of the Ministry of Health and Social Services in Canada (Szporer), two full-time NCDT staff members, one choreographer, eleven DMT therapists, thirty-five personnel from partner organizations, and 213 project patients. The 262 total participants are further explained towards the end of this Chapter under “Project Partners” (*Grands Ballets* “Template ENG JULY”; Nat’l Centre for Dance Therapy and Mailloux; Nat’l Centre for Dance Therapy 10-11; Appendix 1, Section 4 for full list of partners).

The NCDT’s budget for its first phase of operations and projects taking place from 2013-2016 is 2 million Canadian dollars (Nat’l Centre for Dance Therapy 1-3). The NCDT has secured nearly 85% of its estimated \$2 million budget (Nat’l Centre for Dance Therapy and Mailloux). After the initial phase is complete in 2016, the NCDT intends to maintain an annual budget of \$800,000 (Nat’l Centre for Dance Therapy and Mailloux). When the new facility opens, NCDT hopes to generate enough revenue to self-sustain its operations. The NCDT is optimistic these new activities and programs will allow NCDT to rely less on corporate and foundation donor support in the future. A closer summary of the NCDT’s financial information is provided at the end of this Chapter under “Project Financials”.

Direct Outcome. The addition of the NCDT will also serve as another revenue source for

Les Grands Ballets' (Smith and Guilbert). By reaching new audiences through DMT practices LGBCM will raise its “public profile, while conveying [its] values of openness, creativity, boldness, and innovation” to the Canadian community (*Wall Street Journal*).

Indirect and Potential Outcomes for Les Grands Ballets. *Les Grands Ballets'* department of the NCDT could directly and indirectly improve community engagement, relationships, and identity in Canada. The NCDT could also contribute to the well being of citizens by potentially reducing medical costs for the country. Furthermore, the partnerships between the arts and the health care industry in Canada could lead to improved human development (UNESCO). Lastly, the NCDT is positioning itself to serve as an example to other organizations looking to expand their reach into their community (Kleinlooch and Wentholt; Appendix 5).

The Vision of the NCDT. When *Les Grands Ballets* created the NCDT in 2012, under the umbrella name of the ballet company, the NCDT automatically developed a reputable branding position in the health care sector, partners and resources in the field, and low start-up costs (Nat'l Centre for Dance Therapy 4). The new department was integrated into LGBCM because initial research uncovered a void in the Canadian healthcare market. A large percentage of the aging and mentally ill were underserved (Nat'l Centre for Dance Therapy 4). Studies gathered in 2006 from the World Health Organization and the Public Health Agency of Canada documented approximately 20% of Canadians will suffer from mental health illness in their lifetime (Nat'l Centre for Dance Therapy 4).

Currently the average number of people considered “aging individuals”, 60 years or older, is 600 million worldwide (Nat’l Centre for Dance Therapy 4). Researchers have estimated that over the next two decades the proportion of aging individuals in Canada will grow rapidly as the youngest baby-boomers will reach age 65 (Daily). By 2030, nearly one in four people in Canada will be considered “aging individuals” (Daily; Nat’l Centre for Dance Therapy 4). While this number is estimated to reach two billion by 2050, the NCDT is already tapping into this market segment through its efforts in dance and movement therapy (DMT). Executive Director of LGBCM Alain Dancyger states, “The National Centre for Dance Therapy will raise our public profile, while conveying our values of openness, creativity, boldness and innovation” (CNW). With broader vision, LGBCM hopes to move dance beyond a cultural element in Canadian society and build a foundation for DMT in the national health system (*Grands Ballets* “Template ENG JULY”).

The Progress of the NCDT. To further promote the vision of the NCDT the McKinsey 7S Model was used to arrange plans and launch research projects (Nat’l Centre for Dance Therapy 2; Appendix 2). This model takes into consideration seven elements, “shared values, strategy, structure, systems, staff, style and skills” to build a stronger foundation for collaboration between LGBCM and the NCDT (Nat’l Centre for Dance Therapy 2). The McKinsey consultants who created this model believe all elements must be given equal thought and importance in order to effectively “facilitate organizational change” and implement new strategies during the merger or expansion of organizations

(Jurevicius). There are five occurring projects, nine developing projects, and one completed project at the NCDT. All projects are designed to provide NCDT with data to evaluate and advance its health, culture/arts, community engagement, and socio-economic impact.

In 2013 innovative thinking from LGBCM and financial support from the Quebec government, launched the NCDT. In addition to the current plans of the NCDT, community building and global best practice guidelines are also in discussion to promote longevity of the organization. The promotion, maintenance, and longevity of the NCDT have relied on significant funding from the Quebec Ministry of Health and Social Services, as well as the resources from LGBCM. The NCDT received initial funding from the Canadian Health Ministry in the sum of \$285,000 (Swoboda 2). Alain Dancyger “expects that 80 per cent of the Centre’s future costs will be sustained by corporate and foundation donors” (Swoboda 2). The NCDT leadership is also planning to explore sustainable strategies that will significantly increase NCDT’s earned revenue or “self-funding” and minimize over reliance on a few key corporate and foundation donors.

The Impact of the NCDT. The integration of DMT practices into various health situations could improve the wellbeing of the Canadian population (*Grands Ballets Canadiens de Montreal* “National Centre for Dance Therapy”). At the NCDT, each project is detailed with a therapy location, target population, objectives for each group, and collaborating partners for each research initiative. The measured impacts of each project will vary depending on the target population. The NCDT could measure impact through depression

scales, happiness levels observed and expressed by patients, rehabilitation therapy, and comparing results with other DMT practices in the world. In New Zealand, for example, DMT students use technology to enhance skill levels in patients, while Japan DMT therapist, Yu Tairadate, uses special sounds and rhythms to enhance DMT benefits with patients and students (Capello 16-25).

The NCDT, however, chooses to measure impact for each project. Being concise with details in planning, implementation, documentation, and evaluation of every project will help the NCDT in its efforts to provide thorough research and data findings to future donors and supporters. Furthermore, “creative energy is vital to all sectors of society”, so *Les Grands Ballets*’ efforts of DMT practices could be seen as a vital progression and continuation of “creative energy” in Canada and the world ("Québec’s Agenda 21 for Culture").

Canada currently holds no national standards of best practice for dance and movement therapists. The closest documents connecting best practices in DMT to Canada’s efforts with the NCDT are the “Canadian Therapeutic Recreation Association- Standards of Practice” and the American standards of best practices and ethics from the American Dance Therapy Association (ADTA). Additional research explains how the United States is over fifty years ahead of Canada in terms of DMT standards and best practices (ADTA; "Canadian Therapeutic Recreation Association"; "Dance Therapy Training" 92 *Y- Dance*). The ADTA offers 37 countries, including Canada and United Kingdom (UK), support in DMT practices and policies (ADTA). The ADTA delivers everyday direct support to DMT specialists in over 15 States in America through ADTA

Chapters and continues to host global educational conferences to share and expand knowledge of DMT throughout the world (ADTA; Capello 16-17). While some countries like the UK, which has the Association for Dance Movement Psychotherapy UK (ADMP UK), have established DMT organizations that help support DMT education and research, many countries do not (ADTA). Nayung Kim, a native of South Korea, received her DMT training and graduate degree in the United States (Capello 17). Even upon returning to South Korea to practice DMT Kim used ADTA-approved education processes and training models as guidelines because her country offered nothing else (Capello 17-18). The ADTA continues to support many individuals and international institutions for the expansion of DMT in the world; therefore the NCDT is a welcomed addition (Capello 16-25).

The first alternative route-training program with the NCDT and the United States contains 11 guest professors. Within the initial guest professors 8 professors are committee members with the ADTA (*Grands Ballets* “Template ENG JULY”). Five guest professors have extensive experiences studying DMT at Laban Centre London; a dance training facility focused on movement analysis and dance notation (*Grands Ballets* “Template ENG JULY”). Seven professors are certified DMT specialists, two hold a certificate of Laban Movement Analysis, and two professors hold Doctorates of Philosophy in Psychology (*Grands Ballets* “Template ENG JULY”). Through the extensive knowledge of each of the 11 professors, the NCDT’s first DMT training program has reached a “successful completion” in July 2015 with its 20 graduates (*Grands Ballets* “Template ENG JULY”).

The Future Plans of the NCDT. The NCDT is currently planning to finalize a document for Canada's national set of best practices and code of ethics in DMT (Nat'l Centre for Dance Therapy 5). For the ADTA the ethical best practice code requires that all practicing dance and movement therapists receive formal training, hold a graduate degree in the field, and be board certified (Dance/Movement Therapy Certification Board). Difficulties for Canadians arise because a graduate program in DMT has not yet been established in the country. Residents of Canada must travel to Europe or the United States in order to pursue Board Certification in Dance and Movement Therapy (BC-DMT).

Through collaborations and discussions with McGill's School of Physiotherapy & Ergotherapy, University of Quebec at Montreal's (UQAM) dance department, and the Alternate Route training license program at the 92nd Street Y Harkness Dance Center in New York, the NCDT could have a Master's degree program offering a BC-DMT degree within the next several years (*Grands Ballets Canadiens de Montreal; Grands Ballets "Template ENG JUIN"*). In Fall 2016 the NCDT will relocate to a new building in the heart of downtown Montreal. The move is expected to make a significant contribution to its other goals of increasing community engagement and socio-economic development. Furthermore, the NCDT has been notified it is the inspiration behind the start of other like centers in the world (Kleinloooh and Wentholt). The Dutch Dance Therapy Centre, Codarts Arts for Health, officially launched in 2014 thanks to the efforts and "generous sharing of information and experiences" from the NCDT (Kleinloooh and Wentholt;

Appendix 5). Through these progressions and future ventures, *Les Grands Ballets* and the NCDT are positioning themselves in a leadership role for developing and emerging health promotion (Nat'l Centre for Dance Therapy 5).

PROJECTS

Four initial projects. The NCDT began its initial research through the launch of four pilot projects. The first phase of operations involved one funding project and three projects conducted in association with four university health centers: the *Institut universitaire de geriatrie de Montréal* (IUGM), the PERFORM Centre of Concordia University, and the *Centre hospitalier universitaire* (CHU) Sainte-Justine and *the Centre hospitalier universitaire de Montréal* (CHUM) (*Les Grands Ballets Canadiens de Montréal* “National Centre for Dance Therapy”). Some of these partnerships developed more rapidly than others and the NCDT pursued the funding and willing participants to get the Centre’s mission moving (*Grands Ballets* “Template ENG AUGUST”).

The Canadian government department of the Ministry of Health and Social Services gave initial funding to the NCDT in a grant for \$285,000 Canadian currency (Swoboda 2). This was to help the NCDT “develop programs in dance therapy in hospitals” (*Grands Ballets* “Template ENG AUGUST”). This initial funding project helped launch the CHUM post-stroke rehabilitation project with the NCDT (*Grands Ballets* “Template ENG JULY”). The first phase of this project was completed in 2014. There is no further research expected to take place on this project due to lack of funding and lack of collaboration between the NCDT and the original lead doctor at CHUM

(Grands Ballets “Template ENG AUGUST”). More information about the NCDT’s one completed project is at the end of the Project section. The IUGM and the PERFORM Centre’s initial project with the NCDT is running strongly in its third and final year of funding (*Grands Ballets “Template ENG AUGUST”*). Currently, the project focuses on improving the physical well being of aging Canadians. While the organizations involved are looking for further funding to continue the project, researchers at the PERFORM Centre could change the research focus when the current project funding ends in 2016 (*Grands Ballets “Template ENG AUGUST”*). More information about this ongoing project is in the section below. CHU Sainte-Justine also started one of the initial projects with the NCDT, researching how DMT practices could help children with eating disorders. This project took more time in the assemblage stage and recently launched in May 2015, as opposed to spring of 2013 (*Grands Ballets “Template ENG JULY”*). The NCDT is continuing with this project for three years (*Grands Ballets “Template ENG JULY”*).

These beginning partnerships helped launch the NCDT towards the three occurring projects, nine developing projects, and one completed project. Below are details about the NCDT projects and comparisons with other DMT project research.

Five projects in progress. With the completion of one project in June 2014, the launch of three other projects began, giving the NCDT five occurring projects (*Grands Ballets “Template ENG JUIN”*). These five occurring projects encompass a wide variety of target populations to include: elderly patients, adolescents with moderate behavioral and

learning issues, adolescents with moderate intellectual disabilities (MID), women serving a federal sentence in a mental health unit, female adolescents sheltered under the youth protection laws, and adolescents with eating disorders (*Grands Ballets* “Template ENG JUIN”). The NCDT offers objectives for each of these projects in process, with the intent to build greater community engagement and have a broader socio-economic impact on the Canadian population (*Grands Ballets* “Template ENG JULY”).

To research and evaluate physical activity programs that could successfully increase physical activity participation among the “rapidly aging population” of Canada, the NCDT launched a program to “improve the well-being of the elderly” (*Grands Ballets* “Template ENG JULY”). The head research associate is Dr. Louis Bherer, who is the Neuropsychologist and Scientific Director at PERFORM Centre of Concordia University (*Grands Ballets* “Template ENG JULY”). Patients involved do not have serious health issues. Less serious health issues allow the NCDT program to host 300 test patients spread throughout their projects (*Grands Ballets* “Template ENG JULY”). The physical activity of each patient is documented over three years during three 12-week intervals at three sessions happening per week (*Grands Ballets* “Template ENG JULY”). Additional research for this project involves the help of University Institute of Geriatrics of Montreal (IUGM) (*Grands Ballets* “Template ENG JULY”).

Activities concerning adolescent students at risk of dropping out of school is a second project. Launched in September 2014, the School Board of *Marie-Victorin*, secondary school Mgr-A.M. Parent, University of Quebec at Montreal (UQAM), and the University of Sherbrooke have partnered together to help high school students (*Grands*

Ballets “Template ENG JULY”). Dealing roughly with students ages 12-17, this two year program seeks to “use dance and movement therapy as a socialization tool for adolescents with moderate intellectual disabilities”, which will hopefully yield to results of less students dropping out of school (*Grands Ballets* “Template ENG JULY”). Psychologist Dr. Miguel Terrades with the University of Sherbrooke and Psychology PhD student Annie L’Ecuyer from UQAM have taken the lead during these two one-hour sessions each week (*Grands Ballets* “Template ENG JULY”). By September 2016 this project should be concluding final research data. The NCDT could present this information at the next *Conference Regionale des Elus de L’Agglomeration de Longueuil (CRE)*, a Regional Conference of elected representatives of the Urban Agglomeration in the city of Longueuil, Quebec. The conference awarded the NCDT a major grant to fund this adolescent student-learning project (*Grands Ballets* “Template ENG JULY”).

A third project in progression engages women serving a federal sentence in a mental health unit in Montreal (*Grands Ballets* “Template ENG JULY”). The Institute *Philippe-Pinel*, a major research and housing facility for the mentally ill, partnered with Caroline Apotheloz, a criminology doctoral student at the University of Ottawa and Dr. Suzanne Papineau, a student currently pursuing her DMT accreditation to work with half a dozen women from the mental health unit (*Institut Philippe-Pinel; Grands Ballets* “Template ENG JULY”). This program launched in April 2015 with two different types of services offered. There is a 90-minute dance therapy introduction section for the F1 unit staff and then 11 one-hour dance therapy sessions for patients (*Grands Ballets* “Template ENG JULY”). This project is one of two at the NCDT where patients and staff

are both exposed to dance therapy sessions. The results of the Institute *Philippe-Pinel* project could give more insight into how to develop an entire organization social aspect through dance therapy. The objective for this project is "to integrate a new intervention to the wide selection of care offered to the unit staff and locations, and give the women in the unit a new way of expressing themselves" (*Grands Ballets* "Template ENG JULY").

DMT practices with institutionalized mental illness patients have been documented in the United States (Ganet-Sigel 141-159; Lefco 47-58). Helene Lefco documents her time working at Delaware Valley Mental Health Foundation in Doylestown, Pennsylvania in her book *Dance Therapy: Narrative Case Histories of Therapy Sessions with Six Patients*. Lefco formulated her lessons to focus on a different patient's specific needs, even though there was always a group participating during each DMT session (21-115). She guided DMT sessions with patients dealing in drug addictions, epileptic seizures, sexual abuse, and hallucinations, among others. The body's movements are used to "express a release of body tension" which can be in the form of punching air to release anger or cradling someone to show affection (Lefco 6; 44-45). Oftentimes those with mental illnesses have pathways in the body that are blocked (Lefco 44-45). DMT treatments have been found effective for treating mental illness in patients when they involve four processes that offer comforting environments:

- (1) Repairing ego deficits that result from early childhood development crises, (2) integrating internal representations of self and others, (3) offering a facilitating environment so that the client can experience a visceral sense of wholeness and safety and also develop a realistic view of self and others, and (4) increasing the

client's competency in functioning in the world. (Behar-Horenstein, and Ganet-Sigel 141)

Results of DMT sessions with mental illness patients vary. In most situations, the minds of mental health patients' do not evaluate each DMT session (Lefco 58). It is highly recommended therapists assess each patient in each session independently and then discuss evaluations with a group of other licensed therapists, preferably those who are treating the same patients (Lefco 58-59).

The fourth project was one of the initial projects launch by the NCDT with CHU Sainte-Justine. A doctoral student of psychology from the University of Sherbrooke, Elysa Cote-Seguin, assists clinical coordinator Dr. Daniele Taddio, who specializes in pediatrics, to focus on those children with eating disorders (*Les Grands Ballets* "Template ENG JULY"). The University is located in southern Quebec; about 40 kilometers from the U.S. border and specializes in medicine and health sciences (*Université De Sherbrooke*). With the University's medical experts involved the NCDT launched this project in May 2015 (*Grands Ballets* "Template ENG JULY"). The program will continue for three years with two phases involving around 90 adolescent patients with eating disorders (*Grands Ballets* "Template ENG JULY"). Eating disorders can range from anorexia, self-starvation, to other "compulsive behavior towards food, exercise, and activities" in an attempt to have "absolute control over an out-of control life" (Behar-Horenstein, and Ganet-Sigel 154). The first phase of DMT treatments will run for six weeks with one session per week and the second phase will be 16 weeks with one session per week (*Grands Ballets* "Template ENG JULY"). While the NCDT does

not offer specifics about ages of individuals involved in the project, how this program will be measured, or how the therapists will evaluate this project, the NCDT has spent more time formulating the layout for this project than any other in process. This extensive preparation and lack of specifics offered about the project could be due to these patients being minors. Many studies with DMT do involve children, majority of which are around the teenage years 13-17 (Behar-Horenstein, and Ganet-Sigel 154). One case study documented treatment and specific DMT techniques that were tailored for a single patient battling anorexia (Behar-Horenstein, and Ganet-Sigel 153-164). A 16 year-old female, suicidal and clinically depressed, overcame her near death experiences through the use of DMT session with Jane Ganet-Sigel, a registered DMT therapist, founding member of the ADTA, and founder of the DMT graduate program at Columbia College in Chicago (Behar-Horenstein, and Ganet-Sigel 155).

The authors of *The Art and Practice of Dance/Movement Therapy* explain how DMT treatment takes time. The more serious the illness, the more sessions are required before the patient(s) experience release and reveal his/her feelings (159). In the case study of the young anorexic woman, her first “bodily contact”, where the DMT therapist was able to place her hand on the young woman’s shoulder took three months with an average of two sessions per week (Behar-Horenstein, and Ganet-Sigel 159). However, Behar-Horenstein, and Ganet-Sigel explain DMT therapists deal mostly with patients learning to cope with autonomy, separation, aggression, depression, socialization disorders, and low self-esteem; understanding and treating these disorders take time and good record keeping (111-112). Individual patient record keeping helps DMT specialists

compare studies against other patients with similar disorders. This will help build a visual plan for the next DMT session with the patient (Behar-Horenstein, and Ganet-Sigel 85). Time will help build trust between the therapist and the patient, which is crucial to effective DMT sessions (Behar-Horenstein, and Ganet-Sigel 84-85). As the NCDT continues to handle more and more life-threatening illnesses, like eating disorders, the organization should consider including as many family members of patients, hospital staff, and therapists as possible for the nurturing of these adolescents (Behar-Horenstein, and Ganet-Sigel 164).

The final project in progress deals with girls sheltered under youth protection laws in Montréal. The *Centre jeunesse de Montréal*, a youth center affiliated with UQAM is dedicated to psychosocial services and rehabilitation of nearly 13,000 children and young people each year who have experienced neglect, physical or sexual violence, poverty, domestic violence, and/or mental health problems (*Centre Jeunesse De Montréal*). This youth center is working with the University of Sherbrooke's Miguel Terrades, a professional psychologist, to use DMT as a social intervention tool for female assault victims aged 6 to 11 (*Université De Sherbrooke; Grands Ballets "Template ENG JULY"*). Launched in April 2015, 6 to 9 young females are participating in DMT research sessions along with personnel from the *Centre jeunesse de Montréal* (*Grands Ballets "Template ENG JULY"*). For ten weeks DMT group sessions will occur for the female patients once a week. The *Centre jeunesse de Montréal's* staff has a one-time three-hour introductory training workshop to familiarize them with DMT practices and benefits (*Grands Ballets "Template ENG JULY"*). Specifics were not available from the

NCDT about how the training of staff will take place and what expected outcomes are for patients working with staff trained in DMT benefits. However, the NCDT could set up a comparison study with the patients in studies receiving DMT sessions and care from staff who are aware of the DMT benefits, versus patients who are surrounded by untrained staff. It is difficult, even for adult patients, to offer feedback about how DMT sessions make them feel. Previous research has documented some patients show appreciation best through answering questions in the old-fashioned pencil/ paper approach (Lefco 117-130). Other documented forms of positive feedback have been through physical contact, such as a hug or pat on the back (Lefco 47; Behar-Horenstein, and Ganet-Sigel 159).

A visual layout of each project's setting, structure, purpose, participants, collaborators, and data collection objectives can be found in Appendix 1, section 2 at the end of this thesis.

Nine developing projects. The next series of projects is expected to launch in Fall 2015 in locations inside and outside of Quebec (*Grands Ballets* "Template ENG JULY"). The target populations for developing projects include: children hospitalized for cancer and dialysis treatments, university students on a mental health waiting list or who have access to mental health services from two main Canadian universities, elderly patients with Parkinson's disease who live in a facility dedicated to the care of Parkinson's disease, breast cancer patients, and pediatric patients in need of rehabilitation (*Grands Ballets* "Template ENG JULY"). Two out of the nine projects have clear partners, clinical or research coordinators assigned, target populations, a program launch date, and an

objective for project research. Currently, additional information regarding the other seven projects is not available, as it has not been further documented at the NCDT. The first developing project will take place at Children's Hospital of Eastern Ontario with clinical coordinators, Dr. Johannes Roth and Inga Bohnekamp from the MAPLE MINDS program (*Grands Ballets* "Template ENG JULY"). The MAPLE MINDS program is a yoga and relaxation program built to help manage chronic disease for children (CHEO Hospital). This project will research children hospitalized for chronic diseases such as; connective tissue disorders, an inflammation of blood vessel disorder, various cancers, and kidney failure (*Grands Ballets* "Template ENG JULY"; CHEO Hospital). The main objective is "to reduce the pain of children undergoing aggressive and painful treatments, by allowing them to control their bodies with non-invasive methods of DMT" (*Grands Ballets* "Template ENG JULY"; Appendix 1, Section 2).

Two Canadian universities are teaming together to "use DMT as a psychological support tool for students" in need of mental health treatments (*Grands Ballets* "Template ENG JULY"). McGill University and York University, in collaboration with the NCDT, will launch a research project focused on students needing mental health attention who live on these two university campuses (*Grands Ballets* "Template ENG JULY"). McGill University has been ranked the number one medical-doctoral research university in Canada for the past ten years. The university has four affiliated health center partners: Douglas Mental Health University Institute, Jewish General Hospital, St. Mary's Hospital Center, and McGill University Health Centre (MUHC) (McGill University). The MUHC runs six other hospitals in Montreal, which include: Montreal Chest Institute, Montreal

Children's Hospital, Montreal General Hospital, Montreal Neurological Hospital, Royal Victoria Hospital, and Lachine Hospital & Camille-Lefebvre Pavilion (McGill University). This partnership with the MUHC and the NCDT could be profitable for both parties since both are striving towards recognition of an international reputation for discovering new breakthroughs in the field of health care (McGill University Health Centre). York University has one of the largest Psychology departments of any university in Canada, “dedicated to the scientific study of behavior including thought, feeling and action, and viewed from social, developmental and biological perspectives”. Both university departments are heavily influenced by globalization and offer students the opportunity to partner with organizations abroad to gain deeper insights about health and sciences (McGill University; York University). Headed by Dr. Sarah Berry with McGill University and Dr. Joseph DeSouza with York University, this project will gather data through group DMT sessions (*Grands Ballets* “Template ENG JULY”; see appendix 1 section 2).

The *Chateau Dollard Residence* project is still developing a specific team to research elderly patients affected by Parkinson’s disease (*Grands Ballets* “Template ENG JULY”). *Chateau Dollard* is an assisted living location affiliated with the Parkinson’s Society of Quebec. This residency offers specific care and services to those with Parkinson’s disease, a neurodegenerative disease that affects over 100,000 people in Canada (*Chateau Dollard; Grands Ballets* “Template ENG JULY”). Research shows DMT practice on geriatric patients is successful “with improvements in balance and coordination” which lead to more confidence and building of their socialization skills

(Espenak 101; Garnet 95-100). Socialization tends to decrease in older individuals due to the neuromuscular system performing less; an individual's physical ability to walk out somewhere in order to meet a friend or attend a social event is hindered due to his/her physical restraints (Espenak 100-101). ADTA member Eva Desca Garnet created the Geriatric-Calisthenics system to help aging individuals exercise in a low-impact manner (98). Through seated positions, breathing techniques, and movement of the extremities while seated in a chair, participants have expressed increased body-awareness, mental stimulation, and improved verbal expression (Garnet 99). Today, the Geriatric-Calisthenics program is offered to graduate students at the University of Southern California under the physical education curriculum entitled "Exercise for the Aged" (Garnet 100). Continued research on geriatric health problems could improve the well being of Canadian's aging population and this continued research is encouraged by dance therapists (Espenak 100-101).

The other developing projects involve partners from the University of Montreal, *Centre de readaptation Lucie-Bruneau*, a center for rehabilitation, *Centre de readaptation Marie-Enfant*, a pediatric rehabilitation center, *Cirque du Soleil*, a world-renowned creative circus organization, and Ottawa, Toronto, and Vancouver, three cities outside of Quebec (*Grands Ballets* "Template ENG JULY"; Appendix 1, Section 2). Details about target populations, project objectives, and locations are still unknown. The continuation of project development is important for the continuation of data collection and partnership building with the NCDT.

One completed project. While the NCDT is in its beginning stages of research, the organization has successfully completed its first research project (*Grands Ballets* “Template ENG JUIN”). Partners from the University of Montreal and *Centre de readaptation Villa-Medica* worked with head researcher Dr. Celine Odier, who specializes in neurology, to help stroke victims in Quebec (*Grands Ballets* “Template ENG JULY”). This project launched February 11, 2014 with 16 to 20 patients participating in two one-hour sessions of DMT for 20 weeks (*Grands Ballets* “Template ENG JULY”). By June 2014 the findings of the research study were being compiled into a presentation to be given to the Canadian Stroke Congress in Vancouver in October 2014 (*Grands Ballets* “Template ENG JULY”). While the duration of this project was brief, Dr. Odier was able to gather results demonstrating how integrating DMT into the acute-care of stroke victims yield positive results (*Grands Ballets* “Template ENG JULY”). The NCDT is no longer partnered with Dr. Odier, who is said to be working with an intern and looking for funding to continue the work she was doing with the NCDT (Nat’l Centre for Dance Therapy and Mailloux).

TRAINING

Dance and movement therapy (DMT) training program overview. With the lack of professional, graduate-level DMT training in Canada, the NCDT seeks to offer “a comprehensive training program in dance/movement therapy in Montreal, open to all Canadians (and foreigners)” (*Grands Ballets* “Template ENG JULY”). *Les Grands Ballets* in collaboration with the 92nd Street Y Harkness Dance Center in New York

selected 20 students, 17 from Quebec and 3 from Ontario, with strong dance and/or health education backgrounds to participate in the first training group for DMT certification (*Grands Ballets* “Template ENG JULY”; Appendix 3). The first group of DMT trainees completed their studies in July 2015. While this certification is not a master’s level diploma, Canada’s first master’s degree program in DMT is underway thanks to the efforts of this training group (*Grands Ballets* “Template ENG JULY”; Appendix 1, Section 3). Two Canadian Universities, McGill University’s School of Physiotherapy & Ergotherapy and the dance department at UQAM have taken the lead in the creation process of the DMT Master’s degree (*Grands Ballets* “Template ENG JULY”). There is no date for the finalization of this program or specific details about the curriculum offered in, what will be, Canada’s first graduate degree in DMT.

Other DMT practitioners offer details about what helped them excel with patients as individual DMT specialists. While contemplating the foundation of an excellent DMT, Janet Ganet-Sigel explains good teachers of DMT training and instructional classrooms are the important tools needed to build therapists that can not only manage patients in a class but also “the management of ideas in classroom discourses” (Behar-Horenstein and Ganet-Sigel 71). The NCDT, along with McGill University and UQAM’s dance department, could structure the learning environment for DMT training to focus on the teaching models laid out in *The Art and Practice of Dance/Movement Therapy*. The four teaching models focus on information processing, social or group interactions, a student’s personal awareness, and students learning new behavioral systems (Behar-Horenstein and Ganet-Sigel 74-78). These models are used for different learning objectives to teach

DMT students the importance of critical thinking, independent learning, and philosophical and psychological orientations of individuals (Behar-Horenstein and Ganet-Sigel 77). *The Art and Practice of Dance/Movement Therapy* offers strategies like “role playing” to help DMT students learn lessons for “resolving conflict and social problems with patients” in a group setting (75). “Stimulation” is a similar model used by individuals to apply problem-solving concepts and skills in situations that “approximate realistic conditions” (Behar-Horenstein and Ganet-Sigel 75-77). This practice of a similar learning concept studied in a group setting and then independently builds the DMT student’s character and aptitude in DMT practices (Behar-Horenstein and Ganet-Sigel 76). The NCDT could also expand the level of assessment and evaluation done in each project by training students to assess changes in movement behavior more extensively (Samuels 53). Arlynne S. Samuels, an American registered-DMT therapist, offers four different methods to evaluate a DMT patient through their twelve-session practice: 1. Each one-hour, once a week session is summarized, 2. A “movement observation scale, based on effort-shape analysis”, is completed for every other session (Appendix 7), 3. The movement observation scale is used to compare the patient’s movement profile with the general population. This test was completed every four sessions, and 4. At the beginning and end of the study the “Movement Diagnosis Scale” is used to view improvement in the patient (Samuels 53; Appendix 7).

In the ADTA’s resource report “American Dance Therapy Association: Standards for Dance/Movement Therapy Master's Programs” approved graduate-level DMT programs requires students to accomplish five learning goals: 1. The basic principles,

concepts and techniques necessary for the practice of dance/movement therapy, 2. The skills, knowledge and values basic to dance/movement therapy as a profession, 3. Knowledge of dance/movement therapy as a mental health profession within the broader context of society, 4. Knowledge of professional and ethical practice in the field of dance/movement therapy, and 5. Methods for expanding knowledge in the field and improving the quality of Practice. If the NCDT were looking for global recognition for its graduate program, following the ADTA's "Standards for Dance/Movement Therapy Master's Programs" could be beneficial. A copy of the ADTA's standards can be found in Appendix 8 of this document. The U.S. universities that offer ADTA approved DMT master's programs are: Antioch University-Keene, New Hampshire, Columbia College-Chicago, Illinois, Drexel University- Philadelphia, Pennsylvania, Lesley University-Cambridge, Massachusetts, Naropa University- Boulder, Colorado, Pratt Institute-Brooklyn, New York, and Sarah Lawrence College- Bronxville, New York (ADTA). Collaborations between these universities and the NCDT have not yet occurred.

The authors of *The Art and Practice of Dance/Movement Therapy* explain how the teaching/training of a DMT student is possibly the "most important long-term outcome" of any dance therapy program or project (77). The success or failure of a DMT session lies in the hands of the therapist's ability to develop and execute an appropriate teaching plan for his/her target population (Behar-Horenstein and Ganet-Sigel 77-79). Author of *Dance Therapy: Theory and Application* encourages DMT training to allow "inventiveness and personal sensitivity of the student" (167). DMT technique requires sensitivity on the therapist's part to help themselves and their patients "achieve a needed

catharsis, a deep emotional release” through the use of movement to “unify the emotional and physical behavior” (Espenak 167-168).

PROJECT PARTNERS

Summary of partners. The NCDT has 29 partnerships helping in the continued research, project developments, and data collections (*Grands Ballets* “Template ENG JULY”).

The major alliances, those involved in specific NCDT projects, include: University Institute of Geriatrics of Montreal (CRIUGM), The PERFORM Centre of Concordia University, Commission scolaire Marie-Victorin, Ecole secondaire Mgr.A.M. Parent, University of Sherbrooke, the *Sainte-Justine* University Hospital Centre (*CHU Sainte-Justine*), University Hospital of the University of Montreal (CHUM), *Philippe-Pinel* Institute of Montreal, Youth Centre of Montreal, McGill University, University of Quebec at Montreal (UQAM), York University, Children’s Hospital of Eastern Ontario (CHEO), *Villa-Medica*, *Centre de readaptation Marie-Enfant*, and *Centre de readaptation Lucie-Bruneau* the Dance Department at the University of Quebec in Montreal, and The J.W McConnell Family Foundation (*Grands Ballets* “Template ENG AUGUST”). These alliances joined the NCDT’s initiatives out of individual interests, normally with a specific research focus to pursue with the NCDT.

The initial partner organizations are all based in Canada with different financial stakes and individual focuses for NCDT projects. The scientific groups pursuing DMT research and training involve: UQAM, Concordia University, The PERFORM Centre of Concordia University, McGill University, University of Montreal, University of

Sherbrooke, and the Centre of Interdisciplinary Research and Rehabilitation of the City of Montreal (*Grands Ballets* “Template ENG AUGUST”). The program partners focused in the hospital sector include: CRIUGM, *CHU Sainte-Justine*, CHUM, *Philippe-Pinel*, CHEO, IUGM, *Villa-Medica*, *Centre de readaptation Marie-Enfant*, and *Centre de readaptation Lucie-Bruneau* (*Grands Ballets* “Template ENG AUGUST”). Connections with the intellectual and financial resources of health facilities, universities, and the Ministry of Health and Social Services in Canada are the core contributors for the sustainability of the NCDT (Szporer). Additionally, the NCDT’s main staff, executive director, Christian Sénéchal and executive director’s assistant, Amy Eloise Mailloux continue to be the driving force of the NCDT’s daily operations.

With continually limited human resources at the NCDT, additional help for the DMT training program was necessary. DMT therapists, students, and professors working with the NCDT in Canada and New York are helping to develop the DMT training and master’s program at the NCDT (*Grands Ballets* “Template ENG JULY”). The DMT training program has the most widely used resources. Working across Canada and the United States, therapists, students, DMT professors, community leaders, the American Dance Therapy Association (ADTA), 92nd Street Y Harkness Dance Center, Canadian Dance Assembly, and Dancer Transition Resource Centre have joined forces with the Dance Department at the University of Quebec in Montreal and McGill University to build Canada’s first graduate-level DMT training program (Nat’l Center for Dance Therapy 3, 10-11; Appendix 1, Section 4 for full list of partners).

The table below was constructed by the NCDT. It illustrates the NCDT’s current

project participants (Nat'l Centre for Dance Therapy and Mailloux).

Projects	Beneficiaries/patients	Personnel	DMT
IUGM-Centre PERFORM	100	4	5
École Mgr A M Parent	24	6	1
CHU Sainte-Justine	30	6	1
Centre jeunesse	9	4	1
Institut Philippe-Pinel	9	4	1
Exeko	8	3	1 choreographer
(CHEO)	8	4	1
(McGill/York)	25	4	1
Subtotal= 260 + 2 NCDT full-time staff members			
Total= 262	213	35	11

PROJECT FINANCIALS

Summary of NCDT financials. Throughout the workings of the NCDT projects, the organization has received funding from various partners. Monetary funds given to the NCDT have ranged from \$1,000 to \$115,000 in Canadian currency (Nat'l Centre for Dance Therapy and Mailloux). For example, during the 2014 fiscal year, the NCDT's research project with IUGM and PERFORM Centre had an investment of \$115,000, while a different pilot project was \$2,000 (Nat'l Centre for Dance Therapy and Mailloux). Working with multiple projects that vary in duration, number of participants, and funding requirements, the NCDT creates specific budgetary needs for each project (Nat'l Centre for Dance Therapy and Mailloux). Budgets for each NCDT project were not provided. The NCDT is still configuring the breakdown for each project budget (Nat'l

Centre for Dance Therapy and Mailloux).

The NCDT depends on their partners to begin each new project and each new budget. However, in certain situations the NCDT hires and assigns dance therapists (Nat'l Centre for Dance Therapy and Mailloux). Dance therapists are typically paid \$85 Canadian currency for each hour of work and for every hour of preparation (Nat'l Centre for Dance Therapy and Mailloux). The NCDT also assigns, supervises, and pays interns working on certain projects, but funders are able to create program limitations involving pay for therapists and interns (Nat'l Centre for Dance Therapy and Mailloux). In less frequent cases, the NCDT creates a project, pays the dance therapists during the project, and then receives final payment from the partners after the project is complete. By the partners taking the initiative to start their own projects, the NCDT ensures two things: 1. Funds will be allocated according to the partner's requirements and 2. The partners are satisfied with project details (participants, objectives, DMT sessions per week, etc) (Nat'l Centre for Dance Therapy and Mailloux). This is also a development strategy for the NCDT.

By the NCDT allowing the partners to assign, lead, and specify their project needs, the NCDT deems they are building trust and long-term relationships with their partners (Nat'l Centre for Dance Therapy and Mailloux). These long-term relationships could help the NCDT reach its goal of self-sustainability by 2018. Minimal details about the NCDT financials have been shared. Accounting is done within the main budget of *Les Grands Ballets*. The NCDT separates expenses and revenues for each project and also manages the general travel expenses, materials, representation fees for the NCDT to

present at various lectures, and other project specifics (Nat'l Centre for Dance Therapy and Mailloux). Research gathered has not suggested transparency issues for the NCDT.

As previously stated, The NCDT has secured nearly 85% of its estimated \$2 million budget (Nat'l Centre for Dance Therapy and Mailloux). Once the NCDT relocates to its new building in 2016, the NCDT intends to maintain an annual budget of \$800,000 by generating enough revenue to self-sustain its operations (Nat'l Centre for Dance Therapy and Mailloux). The NCDT believes in building lasting relationships, therefore while donations are appreciated, the NCDT would prefer to make new partners.

RESEARCH DESIGN

Data Collection. Majority of data collection has occurred through information gathered and shared through documents, emails, and printed presentations provided by the NCDT ("Nat'l Center for Dance Therapy" 2). Additional resources describe the history of LGBCM, healthcare in Canada, DMT best practices and code of ethics, benefits of DMT, DMT past practices and evaluations, and Canada's economy, All resources are listed below in 'Works Cited'.

Chapter Three will review research data and results, as well as final evaluations and conclusions about the NCDT's initial work.

CHAPTER THREE

The NCDT Moving Forward

Research, required for this case study thesis, will assist LGBCM and the NCDT in efforts to gather all current information and data into one summarized document. These details offer LGBCM a chance to remember where they started, revisit what they have accomplished, and acknowledge where they could continue to progress with the NCDT. This research may also provide LGBCM, the NCDT, the United States, and others with opportunities to use this information in various ways. LGBCM's remodeling efforts and the constructing of DMT work is the beginning of a new generation for the ballet company. By sharing the data collection and processes of building the NCDT with others who are interested in this topic, perhaps LGBCM will become a role model for mature arts organizations in need of new sustainability efforts.

RESEARCH DATA AND RESULTS

Project data and results as concluded by the NCDT. Each NCDT project is affiliated with a researcher who is conducting his/her own study with precise objectives, target groups and methodology (Nat'l Centre for Dance Therapy and Mailloux). Researchers and the NCDT are looking to use a "mixed methodology" (qualitative and quantitative) process for evaluations (Nat'l Centre for Dance Therapy and Mailloux). While results of project tests were not shared for this case study, tools for measuring results at the NCDT include: "qualitative questionnaires, EuroQol, Chedoke-McMaster Stroke Assessment, modified Rankin Scale, Geriatric Depression Scale, Six-Minute walk test, Body Mass Index

comparisons, among others (Nat'l Centre for Dance Therapy and Mailloux). Dance therapists working at the NCDT are still creating new qualitative tools and questionnaires. To evaluate patients, the NCDT is working to develop scales for measuring emotions (Nat'l Centre for Dance Therapy and Mailloux). These may help the NCDT gather more specific data about patient development throughout DMT sessions. Data collection for impact results on the NCDT's initial four goals (Community Engagement, Culture/Arts, Health, and Socio-Economic Development) had not yet been evaluated. Once funding is acquired, the NCDT plans to dedicate considerable time and resources into research to discover impacts of DMT on their four goals. The NCDT expects these results over the next several years (Nat'l Centre for Dance Therapy and Mailloux).

Additional information could help. The NCDT's specific plans for each phase of every project were not shared with the researcher. The NCDT has offered some information about what they intend to use to evaluate DMT sessions. Possible ideas for structuring DMT treatments and documenting patient diagnosis and evaluations could be taken from previous studies.

In some cases, therapists approached DMT practices by treating the patients with the Adlerian concept, which focuses on emotion, mind, and body connectivity (Espenak 38). The Adlerian psychology model uses a three-step process to treat the patient: "(1) the *emotion* being the motivating force; (2) the *mind* organizing the action; and (3) the *body* performing it" offering the idea that by using specific movements and thoughts the

departure of aggression, inferiority, and other negative emotions can be released, thus giving patients an expressive way of healing themselves (Espenak 38). If dance therapists could capture how DMT can “open a channel of expression and communication for the patient through rhythms, music, improvisation, and other stimulation techniques” medical facilities and communities could develop greater interest in supporting the technique (Espenak 34). As stated previously, the same research that encourages DMT treatments explains the appropriateness of a nonverbal therapy may not help certain individuals dealing with severe physical handicaps or psychological disorders (Espenak 40- 42). Conducted with other therapies and clinical teams, DMT can be a successful part of the “total therapeutic management of an individual patient” (Espenak 40). The NCDT and other Health facilities dealing with DMT should have a program in place designated to determine periodical discussions of patient care and results (Espenak 40).

FINDINGS AND ANALYSIS

Evaluation. Evaluations of the expected and unexpected outcomes of the NCDT’s projects remain ongoing through continuous observations. Each month the NCDT creates an updated presentation for the documentation of projects and DMT training information. A useful addition to the NCDT’s presentation could be the continuation of updated financial information. Financial data could help the organization remain more transparent to the community while gaining more confidence from funding sources. The NCDT could also benefit from more concise project titles and details. For example, instead of having a DMT project title read “Dance to improve the well-being of the elderly”, the

title could read “Improving Well-being of the Elderly” (*Grands Ballets “Template ENG JULY”*). Another example of a vague project title is “Students at risk of dropping out” (*Grands Ballets “Template ENG JULY”*). The title could read, “Helping Children with Learning Disabilities stay in School”, this title offers more detail to the project’s efforts, as well as labels what the children are “at risk of dropping out” from. Likewise, the project details could become more specific by listing the age, sex, race, and perhaps lifestyles for the DMT patients. With an extensive layout of project information and clearer project titles, the NCDT’s efforts are more easily understood. This addition may attract a greater volume of potential donors, partners, and community support.

Impacts of the NCDT. The NCDT continues to have significant influence on parties working with DMT practices (Nat’l Centre for Dance Therapy and Mailloux). Reaching the broad community in Montreal through: projects, DMT training, research, data collection, funding, and sources outside Canada, the NCDT is at the beginning of establishing a global impact in the field of community engagement (*Grands Ballets “Template ENG JULY”*). Through the NCDT projects, researchers have found that the Centre is encouraging “hope” for the improvement of wellness in participants and the Canadian community (*Grands Ballets “Template ENG JULY”*). Likewise, the NCDT is offering ideas to organizations around the world, such as Codarts Arts in Rotterdam (*Grands Ballets “Template ENG JULY”*). The NCDT and LGBCM are striving for continued global recognition of their community development efforts (Nat’l Centre for Dance Therapy and Mailloux).

Listing of the implications. The implications of the NCDT projects, DMT training, and relocation have been both positive and negative. Negative implications come with the overwhelming administrative work being generated by the organization's actions. The NCDT does not seem to have enough human or financial resources to thoroughly gather data from every person involved in the happenings of the NCDT (*Grands Ballets "Template ENG JULY"*). Positive implications have been discussed throughout this document. The NCDT's efforts are "improving the quality of life for the community" in Canada by building new partnerships with educational and health care organizations (*Grands Ballets "Template ENG JULY"*).

Chapters One and Two set out to compile current NCDT information and findings as well as offer the organization useful research. This research could help the NCDT build new partnerships, establish consistency and evaluation techniques throughout their projects, and assist in the beginning stages of greater data collection. When the NCDT approaches potential partners, the NCDT will have the ability to present this compiled case study as evidence of the NCDT's successful growth. A potential partner organization is more likely to involve itself with a newer entity, like the NCDT, if it feels the newer organization is financially stable and transparent with its current position. Detailed data collection should be a focus for all non-profit organizations aiming to fulfill their role in the community as good stewards (Byrnes 301-302). Likewise, data collection could help the mature organization of LGBCM to continue to regenerate in this ever-changing economy.

LIMITATIONS

Information Collection. Access to information or proximity to the NCDT and its collaborators has served as a barrier to this case study. The NCDT is located in Montreal, Canada, a predominately French-speaking Province. Language barriers exist. Accurate translation from French to English could not accurately occur throughout all the research material. Additionally, the NCDT is constantly growing and evolving. Information and data collections change at a rapid pace, therefore for the purpose of completing this thesis, information collection from the NCDT discontinued at the beginning of September 2015. To maintain relevant information, the NCDT should look to establish a full-time staff member knowledgeable in data collection processes and research practices. Return of investment on this staffer would come from further research studies that could be conducted because of the excellent continuous data archive.

POTENTIAL FUTURE STUDY

Continued NCDT research. The NCDT should continue to follow the vision, progress, impact, and plans of the organization through continued phases of development. This type of continued research will help the NCDT remain an active leader in the establishment of community engagement within the Arts and Health care sectors. While the NCDT is in its infancy stage of development, the Centre has many avenues for potential future research.

The NCDT's first group of DMT therapists has graduated. Creating a study to follow all or one of the new dance therapists through their new beginnings as DMT specialists could encourage more people to study DMT practices with the NCDT. Likewise, a study following one NCDT DMT student from start to finish could offer further insight into the teachings of DMT and how the NCDT resembles or differs from other DMT graduate programs around the world.

Another study could look more closely at the vision, progress, impact, and plans of a specific NCDT project. The researcher could interview and interact with the participants and collaborators to gather deeper insight into the workings and impact of the NCDT. A clear set of instruments and procedures for qualitative and quantitative evaluations could be fixed and delicately described. Information about the finer details of project happenings is what the NCDT needs. As stated previously, the NCDT currently lacks the human and financial resources necessary to fully evaluate and document rapidly growing projects and Centre efforts. More detailed documentation could allow for further growth opportunities. Additionally, a study about the similarities and differences between American ventures in DMT verses the Canadian practices in DMT could provide further insight into how the NCDT could measure and evaluate DMT training sessions.

Continued partnerships. A case study could be created for the Dutch version of the NCDT's plans. The study could compare and contrast the workings of the NCDT with the new Dutch Centre (Kleinlooch and Wentholt). With the continued global efforts of the NCDT to help other growing like-organizations, the NCDT could become the

Canadian version of the ADTA. Offering guidelines for DMT best practices and providing a certification process, the NCDT could be well on their way to achieving international recognition for DMT practices alongside those of the ADTA.

Continued partnerships in North America could generate more international dance therapy structures, such as the Codarts' Arts for Health in Rotterdam and wider recognition among health professionals about the importance of DMT in communities (*Grands Ballets "Template ENG JULY"*). Building "people-centered and place-based" arts and culture programs helps build sustainable communities (Hangzhou International Congress China 2-5). A study could collect data on how a new program, like the NCDT, is changing the economic and human development of its community. This study may require several years of research in order to fully observe the improvements of wellness within the community.

Global scale. On a broader scale, LGBCM has offered a meaningful way for mature arts organizations globally to stay relevant in society. The restructuring process LGBCM underwent to develop the department of the NCDT was a strategic business move (*Grands Ballets "Template ENG JULY"*). The motivation to create the department was largely due to the professional ballet company's declining audiences and supporters (Nat'l Centre for Dance Therapy and Mailloux). A study could follow another mature arts organization regenerating its internal structure to remain relevant in its community. LGBCM has set an example to mature arts organizations by configuring the NCDT to offer dance as a wellness tool to improve health, community engagement, social

development, and an alternative view of the arts. These NCDT goals established a “framework for understanding the broad range of options through which cultural activities can be a significant force in enhancing the economic well-being of communities” (Borwick 41).

Perhaps more global organizations, Gallup-Healthways, the World Economic Forum’s Global Agenda Council on Philanthropy and Social Investing, and the Organization for Economic Cooperation and Development, could be a future partner for LGBCM and other organizations looking to improve community well being. As previously mentioned in Chapter One, examining new ways to measure the productivity of imagination, thought, and play on a person’s wellbeing is of interest to regional development initiatives like “Agenda 21 of Culture” and global development initiatives like UNESCO (Gibas, et al. 4-6). Partnering with established wellness-based organizations in other countries, the NCDT could develop a scaling system for quantifying and qualifying the benefits of DMT sessions. This scaling invention could start a new era in alternative medicine, which leads to the sustainability of DMT practices, the NCDT, and more broadly economic development.

Historical documentation for DMT practices and centers is sparse. The NCDT could continue to maintain and improve its data collection for the purposes of becoming a potential resource and leader in DMT practices, teachings, and research. Capturing the essence of wellness through the NCDT’s DMT treatments could continue to land the Centre on a global map for social change and economic development. As described at the beginning of Chapter One, the NCDT could be “an essential element in transforming the

urban and social reality,” of Canada (“Québec’s Agenda 21 for Culture”). Continuing to follow “Agenda 21 for Culture” as Canada and other countries take on the initiative for utilizing arts as a tool for social change and economic development, the global economy could start to report a more significant improvement in individual, national, and global wellbeing.

CONCLUSION

Moving Forward. LGBCM’s remodeling efforts and the constructing of DMT work is the beginning of a new generation for the ballet company. By sharing the data collection and processes of building the NCDT with others who are interested in this topic, perhaps LGBCM will become a role model for mature arts organizations in need of new sustainability efforts. This research could also provide LGBCM, the NCDT, the United States, and others with opportunities to use this information to improve health care costs and increase wellness throughout their communities.

The thesis research documented the vision, progress, impact, and continued plans for the NCDT. This thesis, along with continued documentation of the NCDT’s efforts could assist LGBCM and the NCDT in the building of future plans, partnerships, and progress.

APPENDICES

Appendix 1: The NCDT.....	61
Section 1: Initiative.....	61
Section 2: Projects.....	64
Section 3: DMT Training.....	69
Section 4: Partners.....	70
Section 5: Advisory Committee and Scientific Group Members.....	71
Appendix 2: McKinsey 7S Model.....	74
Appendix 3: Biographies of Guest Professors.....	75
Appendix 4: Students Selected for First Alternative Route Training.....	81
Appendix 5: Email from Codarts University.....	82
Appendix 6: Layout of the new Centre “Le Wilder”.....	83
Appendix 7: Movement Observation Scale and Movement Diagnosis Scale.....	84
Appendix 8: The American Dance Therapy Association: Standards for Dance/Movement Therapy Master's Program.....	85

Appendix 1

Excerpts from the NCDT July Template Presentation (*Grands Ballets* “Template
ENG JULY”)

Section 1: Initiative



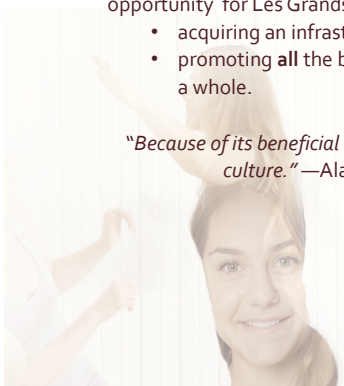
LES GRANDS BALLETS: MAKING THE WORLD MOVE—DIFFERENTLY

An expanded vision

A new home for Les Grands Ballets in the fall of 2016, situated in the heart of the Quartier des spectacles (Entertainment District) overlooking the Place des Festivals: a unique opportunity for Les Grands Ballets to broaden its vision by:

- acquiring an infrastructure in accordance with international standards;
- promoting **all** the benefits of dance to improve the quality of life of the community as a whole.

"Because of its beneficial effects on our well-being, dance is relevant in ways that go beyond culture." —Alain Dancyger, Executive Director of Les Grands Ballets



1
THE NCDT

2
PROGRAMS AND
PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE
INTERNATIONAL

LES GRANDS BALLETS | NATIONAL CENTRE FOR DANCE THERAPY

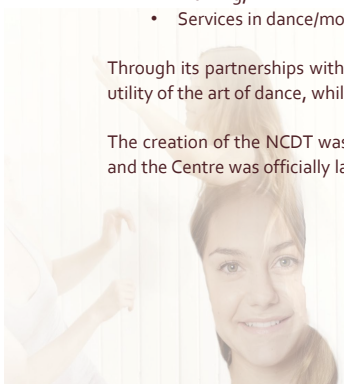
NCDT: AN INITIATIVE UNLIKE ANY OTHER IN THE WORLD

The National Centre for Dance Therapy (NCDT), a division of Les Grands Ballets Canadiens de Montréal, combines 3 functions:

- Clinical research;
- Training;
- Services in dance/movement therapy (DMT).

Through its partnerships with the health, social and university sectors, NCDT is underscoring the social utility of the art of dance, while promoting and developing the health axis of Les Grands Ballets.

The creation of the NCDT was endorsed by the Board of Directors of Les Grands Ballets on October 27, and the Centre was officially launched in Montreal on April 13, 2013.



1
THE NCDT

2
PROGRAMS AND
PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE
INTERNATIONAL

LES GRANDS BALLETS | NATIONAL CENTRE FOR DANCE THERAPY

IMPLEMENTATION AND DEVELOPMENT: 2 PHASES

PHASE 1 > 2013 – 2016: Implementation (prior to move)

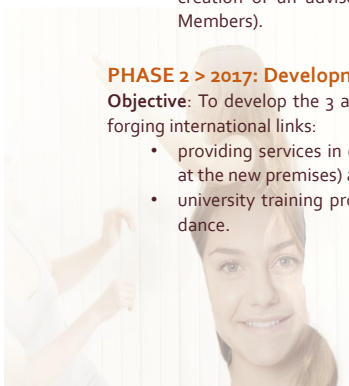
Objective: To develop its health services with institutional partners from Montreal:

- implementation of pilot programs and research projects;
- creation of an advisory committee and a scientific interest group (see Appendix : List of Members).

PHASE 2 > 2017: Development (after move)

Objective: To develop the 3 axes of the NCDT (research, training, services) in Quebec and Canada by forging international links:

- providing services in dance/movement therapy internally (4 studios devoted to dance therapy at the new premises) and externally (ambulatory care) – see Appendix : Le Wilder;
- university training programs in dance therapy and professional training programs in adaptive dance.



1
THE NCDT

2
PROGRAMS AND
PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE
INTERNATIONAL

Appendix 1

Section 2: Projects

FIVE PROJECTS IN PROGRESS

Dance to improve the well-being of the elderly

- Partners: Centre de recherche de l'Institut universitaire de Gériatrie de Montréal (CRIUGM) and the PERFORM Centre of Concordia University
- Research Associate: Dr. Louis Bherer, Neuropsychologist and Scientific Director, PERFORM Centre of Concordia University
- Target population: sedentary elderly patients with no serious health issues
- Program launch:
 - Phase 1 – December 2013
 - Phase 2 – August 2014
 - Phase 3 – March 2015
 - Phase 4 – September 2015
- Program duration: 3 years for 300 elderly patients (3 x 12 weeks, 3 sessions per week)

Objective: To assess physical activity programs that could successfully increase physical activity participation among our rapidly aging population.

Presentation of preliminary findings at the Annual Conference of the American Dance/Movement Therapy Association in Chicago in November 2014, at the Journées d'études du vieillissement in France in September 2014, and in many conferences across Canada.

1
THE NCDT2
PROGRAMS AND
PROJECTS3
TRAINING4
PARTNERS5
NCDT AND THE
INTERNATIONAL

Famille
Québec

Université Concordia
Centre
PERFORM

iugm
Institut universitaire
de gériatrie de Montréal

LES
GRANDS
BALLETS

NATIONAL CENTRE FOR
DANCE THERAPY

FIVE PROJECTS IN PROGRESS

Students at risk of dropping out

- Partners: Commission scolaire Marie-Victorin, École secondaire Mgr-A. M. Parent, École primaire Carillon, UQAM and Université de Sherbrooke
- Research associates: Miguel Terradas, Psychologist – Université de Sherbrooke and Annie L'Écuyer, Psychology PhD student, UQAM, as well as the Alternate Route student
- Target population: adolescents and children with moderate intellectual disabilities (MID) and adolescents and children with behavioral and learning issues
- Program launch: September 2014
- Program duration: 2 school years, 2 one-hour sessions per week
- Funding: grant from the Conférence régionale des élus de l'agglomération de Longueuil (CRÉ)

Objective: To use dance and movement therapy as a socialization tool for adolescents and children with moderate intellectual disabilities and as a tool to avoid dropouts and to facilitate a better integration to high school.

1
THE NCDT2
PROGRAMS AND
PROJECTS3
TRAINING4
PARTNERS5
NCDT AND THE
INTERNATIONAL

COMMISSION SCOLAIRE
MARIE-VICTORIN

UQAM

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UNIVERSITÉ DE
SHERBROOKE

école secondaire
Mgr-A.-M.-Parent

LES
GRANDS
BALLETS

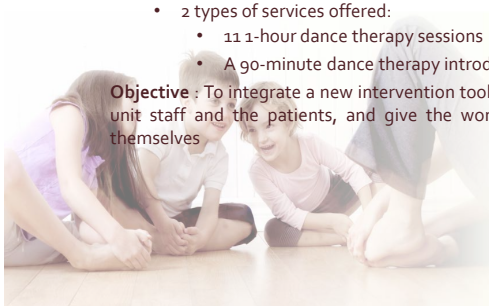
NATIONAL CENTRE FOR
DANCE THERAPY

FIVE PROJECTS IN PROGRESS

Women serving a federal sentence in the mental health unit

- Partner : Institut Philippe-Pinel de Montréal
- Research associate : Caroline Apotheloz, Criminology PhD student, University of Ottawa
- Dance movement therapy practitioner: Suzanne Papineau, psychologist with more than twenty years of experience and currently following the Alternate Route program to get her dance movement therapist accreditation
- Target population: 6 to 9 women from the unit
- Phase 1 : April 2015;
- 2 types of services offered:
 - 11 1-hour dance therapy sessions
 - A 90-minute dance therapy introduction sessions for the F1 unit staff

Objective : To integrate a new intervention tool to the wide selection of care offered to the unit staff and the patients, and give the women in the unit a new way of expressing themselves



1
THE NCDT

2
PROGRAMS AND PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE INTERNATIONAL

Université d'Ottawa
University of Ottawa



Carleton University

Joint Chair in
Women's Studies
Chaire conjointe
en études des femmes



Institut
Philippe-Pinel
de Montréal



LES
GRANDS
BALLETS | NATIONAL CENTRE FOR
DANCE THERAPY

FIVE PROJECTS IN PROGRESS

Eating disorders

- Partner: CHU Sainte-Justine
- Clinical coordinator: Dr. Danielle Taddeo, MD, FRCPC, pediatrician - Department of Pediatrics, CHU Sainte-Justine
- Research associate: Élysa Côté-Séguin, Psychology PhD student, Université de Sherbrooke
- Target population: adolescents with eating disorders
- Program launch: May 2015
- Program duration: 3 years
 - Phase 1 - 6 weeks, 1 session per week, closed group
 - Phase 2 - 18 weeks, 1 session per week, open ground

Objective : To study 80 to 100 adolescents to gauge the effects of dance and movement on young patients with eating disorders.



1
THE NCDT

2
PROGRAMS AND PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE INTERNATIONAL

UNIVERSITÉ DE
SHERBROOKE



CHU Sainte-Justine
Le centre hospitalier
universitaire mère-enfant



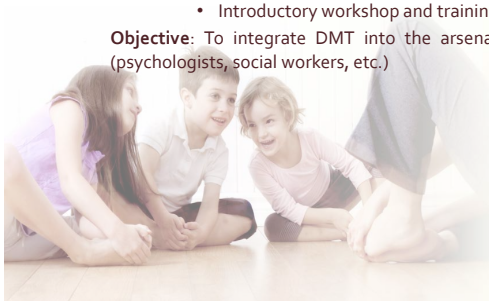
LES
GRANDS
BALLETS | NATIONAL CENTRE FOR
DANCE THERAPY

FIVE PROJECTS IN PROGRESS

Girls sheltered under youth protection laws

- Partner: Centre jeunesse de Montréal
- Research Associates: Miguel Terradas, Psychologist – Université de Sherbrooke
- Target population: female assault victims aged 6 to 11, sheltered under youth protection laws – 6 to 9 individuals
- Phase 1 : April 2015
- 2 types of services offered:
 - DMT group sessions: 10 weeks, 1 session per week.
 - Introductory workshop and training for personnel (3 hr.)

Objective: To integrate DMT into the arsenal of tools used by professionals in social interventions (psychologists, social workers, etc.)

1
THE NCDT2
PROGRAMS AND
PROJECTS3
TRAINING4
PARTNERS5
NCDT AND THE
INTERNATIONAL

NINE PROJECTS IN DEVELOPMENT

A first project outside of Quebec

- Partner: Children's Hospital of Eastern Ontario
- Clinical coordinators: Dr. Johannes Roth and Inga Bohnekamp, from the MAPLE MINDS program
- Target population: Children hospitalized in the rheumatology, oncology, and for dialysis treatment units
- Program launch: Fall 2015

Objective: To reduce the pain of children undergoing aggressive and painful treatments, by allowing them to control their bodies with non-invasive methods of DMT

1
THE NCDT2
PROGRAMS AND
PROJECTS3
TRAINING4
PARTNERS5
NCDT AND THE
INTERNATIONAL

NINE PROJECTS IN DEVELOPMENT

Two Canadian universities joining their forces towards the same goal

- Partner : McGill University and York University
- Research associates : Dr. Sarah Berry, McGill University and Dr Joseph DeSouza, York University
- Target population: Students on the campus, on the mental health services waiting list, or having access to mental health services from McGill or York University
- Program launch: Fall 2015
- Group dance therapy sessions

Objective: To use DMT as a psychological support tool for students in need and having communicational disabilities, or not having access to the mental health services on the campus



- 1 THE NCDT
- 2 PROGRAMS AND PROJECTS
- 3 TRAINING
- 4 PARTNERS
- 5 NCDT AND THE INTERNATIONAL

NINE PROJECTS IN DEVELOPMENT

Résidence Château Dollard

- Partner : Résidence Château Dollard
- Target population : Elderly affected with Parkinson's disease and living at Château Dollard
- DMT group sessions.

Objectif : To integrate DMT as an extra tool to the wide array of services offered to the residents of the residence's dedicated aisle for Parkinson's disease.



- 1 THE NCDT
- 2 PROGRAMS AND PROJECTS
- 3 TRAINING
- 4 PARTNERS
- 5 NCDT AND THE INTERNATIONAL

NINE PROJECTS IN DEVELOPMENT

Other projects in development

- Centre de réadaptation Lucie-Bruneau: agreement for research on DMT and rehabilitation
- CHUM: breast cancer
- Centre de réadaptation Marie-Enfant: pediatric rehabilitation
- Discussions with Cirque du soleil regarding the creation of a unique training program for professional dancers in the Cirque du Monde social program and adaptive dance
- Discussions with partners outside Quebec with regard to projects in 3 Canadian cities (Ottawa, Toronto and Vancouver under consideration)
- Feasibility study to offer corporate services in DMT



1
THE NCDT

2
PROGRAMS AND PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE INTERNATIONAL

ONE COMPLETED PROJECT

Post-stroke rehabilitation

- Partners: CHUM and the Centre de réadaptation Villa-Medica
- Research Associate: Dr. Céline Odier, FRCPC, neurologist – CHUM
- Target population: stroke victims
- Program launch: February 11, 2014
- End of program: June 2014
- Program duration: 20 weeks, with 2 one-hour sessions per week for 16 to 20 patients

Objective: To study the feasibility of integrating DMT professionals into the multidisciplinary acute-care medical team.

Results of the research project in vascular neurology (post-stroke rehabilitation). Presentation of preliminary findings at the **Canadian Stroke Congress in Vancouver in October 2014.**



1
THE NCDT

2
PROGRAMS AND PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE INTERNATIONAL

Appendix 1

Section 3: DMT Training

NCDT: CANADA'S FIRST TRAINING CENTRE FOR DANCE/MOVEMENT THERAPY

Lack of training in Canada

Objective: To offer a comprehensive training program in dance/movement therapy in Montreal, open to all Canadians (and foreigners).

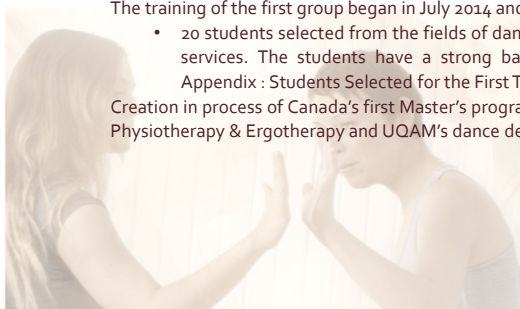
An Alternate Route training licence from the 92Y Harkness Dance Centre in New York obtained by Les Grands Ballets:

- Teaching staff composed of experts from Montreal, the United States, France and Germany (see Appendix : Biographies of Guest Professors).

The training of the first group began in July 2014 and ends in July 2015:

- 20 students selected from the fields of dance, psychology, criminology, physiotherapy and social services. The students have a strong background in dance or professional health care (See Appendix : Students Selected for the First Training Group).

Creation in process of Canada's first Master's program in dance/movement therapy with McGill's School of Physiotherapy & Ergotherapy and UQAM's dance department.



1
THE NCDT

2
PROGRAMS AND
PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE
INTERNATIONAL

Appendix 1

Section 4: Partners

NCDT HAS FORMED ALLIANCES WITH 29 MAJOR PARTNERS

Research – training:

- The scientific group has brought together researchers from UQAM, Concordia University, McGill University, Université de Montréal, Université de Sherbrooke, the Centre de recherche interdisciplinaire en réadaptation du Montréal métropolitain, and the PERFORM Centre of Concordia University, and more
- Universities involved in discussions regarding a Master's program include UQAM and McGill, in consultation with le Ministère de l'Enseignement supérieur, Recherche et Science

Program partners, hospital sector:

- Pilot programs: CHU Sainte-Justine, CHUM, IUGM, Villa-Medica, Institut Philippe-Pinel de Montréal, CHEO
- Projects in development: Centre de réadaptation Marie-Enfant, Centre de réadaptation Lucie-Bruneau



1
THE NCDT

2
PROGRAMS AND
PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE
INTERNATIONAL

LES
GRANDS
BALLETTS

NATIONAL CENTRE FOR
DANCE THERAPY

3

NCDT HAS FORMED ALLIANCES WITH 29 MAJOR PARTNERS

Community and social sector:

- Centre jeunesse de Montréal, Commission scolaire Marie-Victorin, École secondaire Mgr-A.M.-Parent, 92Y Harkness Dance Center – New York (School of Arts)

Private sector:

- Château Dollard et le Cirque du Soleil

Financial partners, government sector:

- Ministère de la santé et des Services Sociaux, Ministère de la famille et des aînés, City of Montreal, U.S. State Department, U.S. Consulate General and Embassy, CRÉ de l'agglomération de Longueuil

Financial partners, private sector:

- The J. W. McConnell Family Foundation, BNP Paribas



1
THE NCDT

2
PROGRAMS AND
PROJECTS

3
TRAINING

4
PARTNERS

5
NCDT AND THE
INTERNATIONAL

LES
GRANDS
BALLETTS

NATIONAL CENTRE FOR
DANCE THERAPY

Appendix 1

Section 5: Advisory Committee and Scientific Group Members

APPENDIX 1: MEMBERS OF THE ADVISORY COMMITTEE AND SCIENTIFIC GROUP

Advisory Committee

Presided over by Alain Dupont

- **Alain Dupont**, Senior Vice President, Corporate Aviation Finance, GE Capital Canada.
- **Louis Bherer**, Scientific Director, PERFORM Centre, Concordia University. Researcher, Centre de recherche de l'Institut universitaire de gériatrie de Montréal (CRIUGM).
- **Sauveur Menella**, Head of corporate communications, BNP Paribas
- **Carole Chapdelaine**, Senior Vice President for the Quebec/Eastern Ontario Region, Scotiabank.
- **François Colbert**, Professor of Marketing, founder of the Graduate Diploma in the Management of Cultural Organizations, founder and supervisor of the Master's program in International Arts Management (MMIAM), and holder of the Carmelle and Rémi-Marcoux Chair in Arts Management at HEC Montréal.
- **Jeane Day**, Specialist in philanthropic activities relating to health and children.
- **Pascale Elharrar**, Managing Director and Associate General Counsel, Legal Department, BMO Capital Markets / BMO Nesbitt Burns.
- **Marie-Claire Malo**, Professor emeritus, specialist in social and solidarity economics at HEC Montréal, founder and associate member of the HEC pole of the Centre de recherche sur les innovations sociales (CRISES).
- **Beatrice Radulescu**, Program Manager, Bell Canada.
- **Véronique Dorval**, Vice President, Strategic Initiatives, Sun Life Financial Canada.
- **Alain Dancyger**, Executive Director, Les Grands Ballets Canadiens de Montréal.
- **Christian Sénéchal**, Director, National Centre for Dance Therapy, Les Grands Ballets.

APPENDIX 1: MEMBERS OF THE ADVISORY COMMITTEE AND SCIENTIFIC GROUP

Scientific Interest Group

- **Dr. Louis Bherer**, Scientific Director, PERFORM Centre, Concordia University.
- **Dr. Lise Gauvin**, Professor, Department of Social and Preventive Medicine, Université de Montréal. Researcher at CRCHUM. Holder of the Applied Public Health Chair on Neighbourhoods, Lifestyle and Healthy Body Weight – CIHR/CRPO (Canadian Institutes of Health Research/Centre de recherche en prévention de l'obésité).
- **Nicole Harbonnier-Topin**, Director of Graduate Programs in dance, Professor of "studies of movement" at the Dance Department of the Université du Québec à Montréal.
- **Brigitte Lachance**, Physiotherapist, Centre de réadaptation Lucie-Bruneau.
- **Patricia McKinley**, Ph.D., Researcher, CRIR Research Centre – Jewish Rehabilitation Hospital. Associate Professor, School of Physical & Occupational Therapy, McGill University.
- **Dr. Annette Majnemer**, Occupational Therapist and Physiotherapist. Professor and Associate Dean, School of Physical & Occupational Therapy, Faculty of Medicine, McGill University. Researcher, CRIR. Associate Member of the Departments of Pediatrics and Neurology & Neurosurgery, McGill University. Member of the Research Institute of the McGill University Health Centre, a research laboratory at the Montreal Children's Hospital.

APPENDIX 1: MEMBERS OF THE ADVISORY COMMITTEE AND SCIENTIFIC GROUP

Scientific Interest Group

- **Pr. Sarah Marshall**, MSc, physiotherapist. Academic associate to the director, Physical & Occupational Therapy, Faculty of Medicine, McGill University, board member of the Canadian Physiotherapy Association.
- **Judith Marcuse**, Founder and Co-director of the International Centre of Art for Social Change (ICASC). Senior Fellow of Ashoka International. Winner of the Clifford E. Lee Choreography Award and the Jean A. Chalmers Award. Honorary Doctorate, Simon Fraser University. Dancer, choreographer, director, producer, teacher, writer, consultant and lecturer in Canada and abroad.
- **Dr. Céline Odier**, FRCPC, Neurologist at the Centre des maladies vasculaires cérébrales, Hôpital Notre-Dame and CHUM.
- **Melissa Park**, Ph.D., Occupational Therapist, Assistant Professor, School of Physical & Occupational Therapy, McGill University. Research Associate, Department of Neurobiology, Care Sciences & Society, Karolinska Institutet, Huddinge, Sweden. Emerging Researcher, CRIR – Jewish Rehabilitation Hospital. Researcher, Lady Davis Institute. Associate Researcher, Culture and Mental Health Research Unit (CMHRU), Jewish General Hospital. Researcher and participatory research member affiliated with McGill University.
- **Pierre Plante**, Art Therapist and Psychologist. President of the Association des art-thérapeutes du Québec (AATQ). Member of the Ordre des psychologues du Québec (OPQ).
- **Chloé Proulx Goulet**, Occupational Therapist, Centre de réadaptation Lucie-Bruneau.

APPENDIX 1: MEMBERS OF THE ADVISORY COMMITTEE AND SCIENTIFIC GROUP

Scientific Interest Group

- **Joanabbey Sack**, Dance/Movement Therapist, Drama Therapist. Consultant, National Centre for Dance Therapy. Part-time instructor at the Concordia University Department of Creative Arts Therapies. Dance/Movement Therapist at the Centre for the Arts in Human Development, Concordia University. Private practice at the Queen Elizabeth Health Complex in Montreal.
- **Dr. Philippe Sauthier**, Associate Professor of Clinical Medicine, Université de Montréal. Head of the Gynecologic Oncology Division at CHUM. Founder and supervisor of the Registre des Maladies Trophoblastiques du Québec and the Unité de Recherche et d'Investigations en Colposcopie at CHUM. Medical Assistant at the Centre Intégré de Cancérologie of CHUM.
- **Stephen Snow**, RDT-BCT, Professor and Chair, Department of Creative Arts Therapies. Co-director of Research, Centre for the Arts in Human Development (CAHD), Concordia University.
- **Bonnie Swaine**, Professor, School of Rehabilitation, Faculty of Medicine, Université de Montréal. Scientific Co-director of CRIR.
- **Dr. Danielle Taddeo**, MD, FRCPC, Pediatrician, CHU Sainte-Justine. Specialist in eating disorders. Head of Adolescent Medicine. Supervisor of the Eating Disorders Program. Director of the adolescent medicine program at the Université de Montréal. Associate Clinical Professor at CHU Sainte-Justine, Université de Montréal. Chair of the Board of Directors of Anorexie et Boulimie Québec (ANEB Québec), a non-profit organization helping persons suffering from eating disorders, as well as their families.

APPENDIX 1: MEMBERS OF THE ADVISORY COMMITTEE AND SCIENTIFIC GROUP

Scientific Interest Group

- **Lucie Beaudry**, professor at the UQAM dance department, somatic educator, expressive arts therapist (Tamalpa practitioner) and PhD student in the interdisciplinary PhD in health and society
- **Dr. Chantal Stheneur**, MD, PhD, associate clinical professor at the Université de Montréal and pediatrician at the Adolescent medicine ward at the CHU Sainte-Justine
- **Pr. Miguel Terradas**, PhD, clinical psychologist, associate professor at the Psychology Department of the Université de Sherbrooke. Psychanalyst in training, Société canadienne de psychanalyse. Clinical experience in child psychiatry and in child psychology

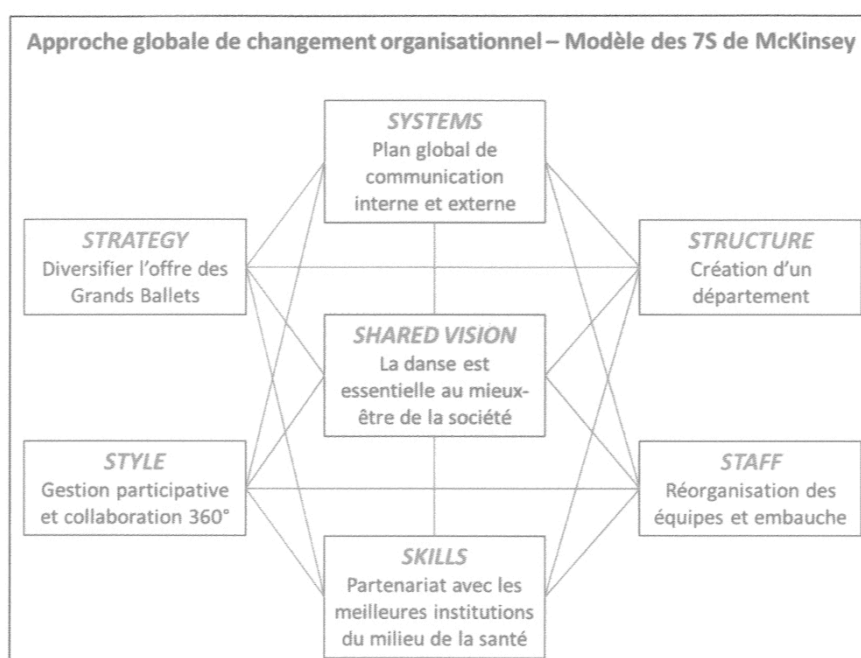


Appendix 2

McKinsey 7S Model (Nat'l Center for Dance Therapy 12)

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DANCE THERAPY

MCKINSEY 7S MODEL



Appendix 3

Biographies of Guest Professors (*Les Grands Ballets* “Template ENG JULY”)

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Miriam Roskin Berger, BC-DMT, LCAT performed with the Jean Erdman Theatre of Dance in the 1960s. She has always focused on dance therapy through the lens of art and the lens of science, and has been involved with the development of the dance therapy profession since its beginnings.

Past President and charter member of the American Dance Therapy Association, Dr. Berger has taught at New York University since 1975, where she was the Director of the Dance Education Program from 1993–2002. She is also currently the Director of the Dance Therapy Program at the Harkness Dance Center of the 92nd Street Y and has just initiated a new Alternate Route Training program. From 1970 to 1990 she was Director of the Creative Arts Therapies Dept. at Bronx Psychiatric Center. A past Chair of the National Coalition of Creative Arts Therapies and former co-editor of the *American Journal of Dance Therapy* and editorial board member of the *Journal of Dance Education*, she now is on the board of *Arts in Psychotherapy* and the *AJDT*.

Dr. Berger has created dance therapy training programs in the Czech Republic, the Netherlands, and Sweden, and has also taught dance therapy and the Movement Psychodiagnostic Inventory in France, Germany, Greece, Korea, Norway, Poland, Russia, Slovenia, and Taiwan. She is currently Chair of the ADTA International Panel.

Dr. Berger received the ADTA Lifetime Achievement Award in 2007; was inducted into Dance Library of Israel Hall of Fame in 2005; received the Marian Chace Award for fostering the international growth of dance therapy in 2002; and was the recipient of the Charles Kellogg Award in Arts and Letters from Bard College in 2009.

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Tina Erfer, MS, BC-DMT, LCAT, is a Board-Certified Dance/Movement Therapist, and Licensed Creative Arts Therapist. For the past thirty years, she has worked as a dance/movement therapist in educational and psychiatric settings, with children and adolescents with special needs.

She has also served as Coordinator of the Hospital School Program at Mount Sinai Medical Center in New York, in the Department of Child and Adolescent Psychiatry. She has given numerous lectures and workshops at various agencies and universities, and has also provided many staff development and training sessions. Tina supervises and trains graduate students and entry-level dance/movement therapists.

She has published on her dance/movement therapy work with children who have emotional challenges, and children with autism. Tina has served on the Board of Directors of the American Dance Therapy Association; is past President of the New York State Chapter of the ADTA; and she is currently the President of the New Jersey Chapter of ADTA.

She is the Coordinator of the Alternate Route Dance/Movement Therapy Training Program at the Harkness Dance Center (at the 92nd Street Y) in New York; and a faculty member of the Dance/Movement Therapy Training Program of Inspirees, in China

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Corinne Ott, MA, R-DMT, is a dance movement therapist, bilingual American based in Paris, France. She received her Master's Degree in Dance/Movement Therapy from Laban Centre London in 2002 after training with Dr. Miriam Berger, Judith Bunney, and Janet Kaylo, whom she invited to the first Prague training group. Her clinical experience includes work with children with learning disabilities, post-natal mothers, as well as cancer patients. Corinne is also presently chairwoman of the Orco Foundation which supports therapeutic and educational services for the underprivileged in Central and Eastern Europe.

Special Needs Children in the Mainstream: a Therapeutic Model using DMT

Finding our niche as Dance/Movement Therapists can feel challenging as therapies become more and more specialized. Our fantastic training which teaches us to relate to ANYONE through movement can almost become a handicap as our treatment modality is not specific to any one condition. I'd like to present the 'Body-based Learning' therapeutic model which I am using working with children with a variety of learning needs at an international school in Paris. With individual dance/movement therapy at its core, it offers exceptionally individualized care and a springboard for cognitive, emotional and social development.

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Diane Duggan, PhD, BC-DMT, is a licensed psychologist, board certified dance therapist, and dance educator. She began teaching dance in 1972 and has worked as a dance therapist since 1973. She has conducted a dance therapy program in a New York City Department of Education program for adolescents who have emotional and learning disabilities since 1992. Her students have performed in Lincoln Center, Central Park, South Street Seaport, St. Mark's Church, NYU's Frederick Lowe Theater, and the Apollo Theater.

She has taught DEL and Dance/Movement Therapy programs since 2006. Diane began teaching at the graduate level in 1976. She has taught in the Dance Education MA program at New York University since 1994 and choreographs for the annual New York University Distinguished Faculty Concert. She also teaches courses in positive behavior support in the Special Education MA programs at New York University and Hunter College. She previously taught for eight years in the Hunter College Dance Therapy MS program and in graduate programs at Adelphi University, Long Island University, and Hofstra University.

From 1997 through 2006 Diane created and taught professional development in positive behavior support and functional behavior assessment for Department of Education staff in special education and general education programs throughout New York City, including a three-day intensive workshop for dance educators. As a Senior Trainer of Life Space Crisis Intervention she continues to teach educators how to prevent and manage student crises.

Diane is co-author of Dance Education for Diverse Learners: Special Education Supplement to the Blueprint for Teaching and Learning in Dance. She has published several articles and book chapters on her work. Her book, Out here by ourselves: The stories of young people whose mothers have AIDS, was published in 2000 by Garland Press.

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Judith Richardson Bunney, MA, BC-DMT, was a charter member of the American Dance Therapy Association. She served as the ADTA Treasurer from 1972-1976, President of the ADTA from 1976-1980, and was appointed as the President of the Marian Chace Memorial Fund (now Foundation). Judith was instrumental in the formation of the National Coalition of Creative Arts Therapy Associations, and served as the first president of NCCATA. She was co-producer of the ADTA's seminal film, *Dance Therapy: The Power of Movement* and wrote the grant that funded that film. Judith was selected to serve on the President's Commission for Mental Health, The Role of the Arts Panel during the Carter administration, and in 1992 presented the ADTA's testimony to the US Senate Select Committee on Aging. She was instrumental in the formation of the GAC committee and ably represented the ADTA in federal legislative and advocacy matters for many years. This included successfully lobbying for the inclusion of DMT services in PL-94-142, the original forerunner to today's Individuals with Disabilities Education Act (IDEA).

Ms. Bunney trained and then worked with Marian Chace at Chestnut Lodge Hospital from 1957 to 1963. Over the years, Ms. Bunney has developed clinical specialties in working with forensic and geropsychiatric clients, with people experiencing creative blocks, and as a consultant for grief and bereavement workshops, team building and group dynamics. In 1979, she followed in Chace's footsteps to work at St. Elizabeths Hospital in Washington, DC. As the Dance Therapy Training Officer there for 23 years, she supervised DMT interns from around the US and the world. Countless professional clinicians credit Judith's mentorship and unique approach to teaching as central to their development, careers and identity as dance/movement therapists. In addition she has taught DMT at many institutes, colleges and universities in the US and abroad. Judith retired from St. Elizabeths in 2002, and yet continues to teach in dance therapy training programs in New York City and in Rotterdam, The Netherlands. She received the ADTA Lifetime Achievement Award in 2011 and is a member of the local committee for the 2012 ADTA Conference. In addition, Judith holds a US Coast Guard Captain's license in ocean sailing and in her semi-retirement enjoys not only sailing, but also appearing in the occasional feature film.

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Patricia P. Capello, MA, BC-DMT, NCC, LCAT, is Senior Dance/Movement Therapist and Acting Team Leader at Maimonides Medical Center's Department of Psychiatry in Brooklyn, New York.

She has been a member of the adjunct faculty at New York University and teaches at the Harkness Dance Center. After serving over 16 years on the Board of Directors of the ADTA and is Associate Chair of The International Panel, she is currently on the editorial review board of the AJDT.

In addition to training and supervising students both in the U.S. and abroad, Ms. Capello maintains a private practice specializing in developmentally delayed adults.

Her writing is featured in the recently published book *The Art and Science of Dance/Movement Therapy: Life is Dance* (Routledge; 2009) and as a regular contributor to *The American Journal of Dance Therapy*. (International Panel, Movement Closing Co-Leader)

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Nancy Allison, BFA, CMA, is a New York-based dancer, choreographer, filmmaker and educator. She received her BFA in dance from Ohio University, from which she also received the Distinguished Alumnae Award in 2002. From 1976 – 85 Nancy was a member of Jean Erdman's and Joseph Campbell's Theater of the Open Eye where she distinguished herself as a leading interpreter of Erdman's modern dance repertory of the 1940s and 50s. A fellow of the Royal Society of the Arts, Nancy was one of a trio of dancers awarded the prize for Best Company at the 15th International Festival de la Danse at the Théâtre de Champs Élysées in Paris. She was the executive producer and featured dancer in the three-part video archive *Dance & Myth: The World of Jean Erdman* and is currently artistic director of Jean Erdman Dance for which she stages Erdman's work throughout the US.

Her choreography has been presented internationally by Festivals and museums, among others. She has received grants from the National Endowment for the Arts, New York State Council on the Arts and multiple private foundations in support of her work. Most recently, her film *Hamadryad* received its world premiere showing at the 2015 Dance on Camera Festival at the Film Society of Lincoln Center.

Allison has completed certificate studies in Laban Movement Analysis and ISHTA Yoga. She has taught on faculty at NYU's Steinhardt School for Human Development, Arts and Culture, the Lincoln Center Institute, the Laban-Bartenieff Institute of Movement Studies, NYC and the 92nd St Y Harkness Dance Center's American Dance Therapy Association-approved Certificate Course for which she designed the curriculum in Laban Movement Analysis. She has also designed and taught special LMA courses in Italy at C'a Foscari (University of Venice) and as a regular guest artist for INDACO (Indomite Incursioni di Danza e Arte Contemporanea) in collaboration with Danza Venezia

She is the editor of the *Illustrated Encyclopedia of Body-Mind Disciplines* (Rosen, 1999), as well as several series for young people including the *Library of American Choreographers* (Rosen 2006) and *Let's Get Moving* (Rosen, 2004), which has been translated into Spanish and also adopted by the state education system in China as part of the English language curriculum.

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Nancy Allison, BFA, CMA, is a New York-based dancer, choreographer, filmmaker and educator. She received her BFA in dance from Ohio University, from which she also received the Distinguished Alumnae Award in 2002. From 1976 – 85 Nancy was a member of Jean Erdman's and Joseph Campbell's Theater of the Open Eye where she distinguished herself as a leading interpreter of Erdman's modern dance repertory of the 1940s and 50s. A fellow of the Royal Society of the Arts, Nancy was one of a trio of dancers awarded the prize for Best Company at the 15th International Festival de la Danse at the Théâtre de Champs Élysées in Paris. She was the executive producer and featured dancer in the three-part video archive *Dance & Myth: The World of Jean Erdman* and is currently artistic director of Jean Erdman Dance for which she stages Erdman's work throughout the US.

Her choreography has been presented internationally by Festivals and museums, among others. She has received grants from the National Endowment for the Arts, New York State Council on the Arts and multiple private foundations in support of her work. Most recently, her film *Hamadryad* received its world premiere showing at the 2015 Dance on Camera Festival at the Film Society of Lincoln Center.

Allison has completed certificate studies in Laban Movement Analysis and ISHTA Yoga. She has taught on faculty at NYU's Steinhardt School for Human Development, Arts and Culture, the Lincoln Center Institute, the Laban-Bartenieff Institute of Movement Studies, NYC and the 92nd St Y Harkness Dance Center's American Dance Therapy Association-approved Certificate Course for which she designed the curriculum in Laban Movement Analysis. She has also designed and taught special LMA courses in Italy at C'a Foscari (University of Venice) and as a regular guest artist for INDACO (Indomite Incursioni di Danza e Arte Contemporanea) in collaboration with Danza Venezia

She is the editor of the *Illustrated Encyclopedia of Body-Mind Disciplines* (Rosen, 1999), as well as several series for young people including the *Library of American Choreographers* (Rosen 2006) and *Let's Get Moving* (Rosen, 2004), which has been translated into Spanish and also adopted by the state education system in China as part of the English language curriculum.

APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Joanabbey Sack, MA, BC-DMT, RDT, is a Board Certified Dance Movement Therapist and a registered Drama Therapist with extensive additional training in the Social Sciences, Laban Movement Analysis, Theatre Arts, Dance and Music. Joanabbey has been active in the Theatre and Dance community in Montreal since 1979, when she was a performing member of the Montreal Improvisational Theatre Group. She taught Movement for Theatre in Cegeps and schools throughout Montreal. Performances in political and issue-based theatre include Women and War (Montreal 1993) Mime Performances for Actors with profound disabilities (July 2003 & 2004 (Montreal/Toronto) and current work with The Movement and Physical Theatre (Montreal).

Joanabbey was Dance Movement Therapist at the Montreal Children's Hospital for 12 years. She has been teaching at Concordia University in the Art Therapy Program and Creative Arts Therapies Graduate Program for more than twenty years and has been the Dance Movement Therapist at Concordia's Centre for the Arts in Human Development since 1996. Joanabbey has a special interest in the role of understanding the neurological perspective in the creative Arts Therapies and integrates the work of Body Mind Centering, Laban Movement Analysis and the Bartenieff Fundamentals into her teaching and clinical work. Joanabbey is co-founder and co-director of the Parkinson's Dance Project (parkinsonenmouvement) which offers specialized dance classes as well as group and individual sessions for people with Parkinson's syndrome.

She has worked closely with the Grands Ballets de Montreal since 2012 and is now Dance Therapy consultant to the National Centre for Dance Therapy. As president of the Dance Movement Therapy Association, she is a representative on the Global committee of the American Dance Therapy Association (ADTA).

Joanabbey is a member of the research team at the Centre for the Arts in Human Development. Current research studies are: The Speech Initiative Research Project (current) and the Parkinsons Dance Project; Perspectives on the why.

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APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Martha Davis Rothstein, Ph. D., Martha Davis, Ph.D., studied movement analysis with Irmgard Bartenieff in the early 1960's and, together with Irmgard and Forrestine Paulay, founded the training program that became the LMA certification program of the Laban/Bartenieff Institute of Movement Studies. With a Ph.D. in clinical psychology, she combined clinical practice with research throughout her career. From intensive study of various methods of observation, she developed the Movement Psychodiagnostic Inventory (MPI) and a coding method for microanalysis of psychotherapy interactions. She has taught nonverbal communication courses in graduate programs in New York and Philadelphia, and published four books and many articles on movement behavior. Before retiring from research and clinical practice in 2003, she completed a study of behavioral cues to stress and deception in videotaped criminal confessions at John Jay College of Criminal Justice, CUNY. She had made several videos to demonstrate her research findings, but did not become a serious filmmaker until 2008 when she began to make documentary films inspired by her experience in forensic psychology and the controversies over the role of health professionals in detainee interrogations. Her films include Interrogation Psychologists (2008), Doctors of the Dark Side (2011), and Expert Witness: Health Professionals on the Frontlines Against Torture (2015).

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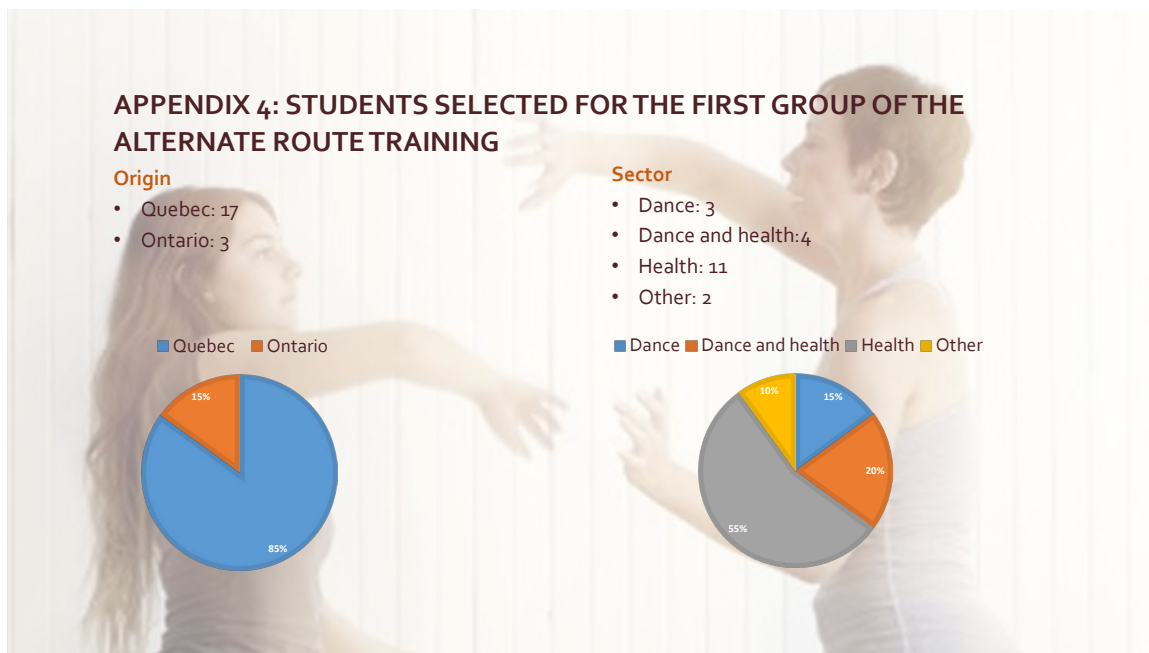
APPENDIX 3: BIOGRAPHIES OF GUEST PROFESSORS (FIRST GROUP)

Hedda Lausberg, Ph. D., 1983-1985 Training as dance therapist, Dietrich Langen - Institut Monheim, 1986 BVT-Diploma in dance therapy. 1985-1993 Medical School, University of Hamburg. 1993 Training in the Analysis of Nonverbal Behaviour, N.Y. State Psychiatric Institute and Clinical Behaviour Research Unit at Downstate Medical Center. 1993 – 2005 Physician at the Charité Berlin. 1995 PhD, Medical University of Lübeck (Topic: Movement behaviour in patients with eating disorders and inflammatory bowel disease. A controlled study). 1997 Clinical Internship, Dept. of Cognitive Neuroscience, Montreal Neurological Institute and Hospital, Canada. 1998 Specialisation in Analytic Psychotherapy. 1998 Specialisation in Psychiatry. 1999-2000 Research Fellow, Dept. of Cognitive Neuroscience, Montreal Neurological Institute and Hospital, Canada and Dept. of Psychology, University of California Los Angeles, USA. 2000–2002 Research Fellow, Max Planck Institute for Psycholinguistics, Nijmegen, Niederlande. 2003 Specialisation in Neurology. Foundation of the Berlin Gesture Center in cooperation with C. Müller and E. Fricke. 2004 Habilitation in Neurology, Charité Berlin (Topic: Hemispheric specialisation in gesture production. A controlled study on split-brain patients), 2004 – 2007 Associate Professor for Neurology at the Charité. 2006 – 2007 Physician and Assistant medical director at the University Hospital Carl Gustav Carus, Technical University of Dresden. 2007 Specialisation in Psychosomatic Medicine and Psychotherapy. 2007-2009 Full Professor W 2 for Psychosomatic Medicine at the Friedrich-Schiller-Universität Jena. Since 2009 Full Professor W 3 of Neurology, Psychosomatic Medicine, Psychiatry at the German Sport University.

Grants of the German Research Association (DFG), the Volkswagenstiftung, the Excellence-Cluster „Languages of Emotion“, and the Bundesministerium für Forschungs und Bildung (BMBF) for research projects on the neuropsychology of gesture (based on split-brain research and neuroimaging) and alterations of movement behaviour associated with mental and neurological disease.

Appendix 4

Students Selected for First Alternative Route Training (*Grands Ballets* “Template ENG JULY”)



Appendix 5

Email from Codarts University (Kleinlooch and Wentholt)

De:
Envoyé: 10 septembre 2014 09:35
À: Christian Senechal; Alain Dancyger
Cc:
Objet: Foundation of Codarts' Arts for Health - Master in Dance Therapy Codarts Rotterdam

Dear Christian and Alain,

With the opening of the 'Worlds first Dance Therapy Centre in Montreal' you inspired us greatly and in may 2013 Nicki and I had a very pleasant skype-meeting with both of you. You were so generous in sharing your thoughts and experiences and encouraged us to go forward with the idea of a Dutch DT Centre.

So now, we are happy to announce that we have just recently officially founded a Dutch version of your Montreal DT Centre.

After a year of brainstorming and preparation Codarts' Arts for Health is official !

It still takes a lot of time, effort and smart and creative 'interventions' but it is energizing and worthwhile and colleagues in the DMT field highly support our initiative.

We chose for 'Arts for Health' instead of 'Dance for Health' as in the near future, besides the Master in Dance Therapy also a Master in Music Therapy will start at Codarts strongly connected to the curriculum of the DT Master Program.

At this moment we are busy with the PR, setting out DT pilots combined with research and raising funds and sponsors. Our intention is to create working opportunities for dance therapists (professionals and interns), space for sustainable data collection for research and to contribute to society by using the power of dance. Partners are enthusiastic as our projects will sustain over time because of the input of interns; our DT students who already have a profession as a dancer, dance teacher, choreographer, psychotherapist, physiotherapist etc.

We often refer to your Centre as the source of our inspiration and drive and again thank you for that ! In the future we will keep you updated once in a while !

Hope that your new DT Education is successful with the guidance of Mimi and Judith ! If any support is needed please contact us.

In November Nicki and I will attend the ADTA Conference in Chicago.

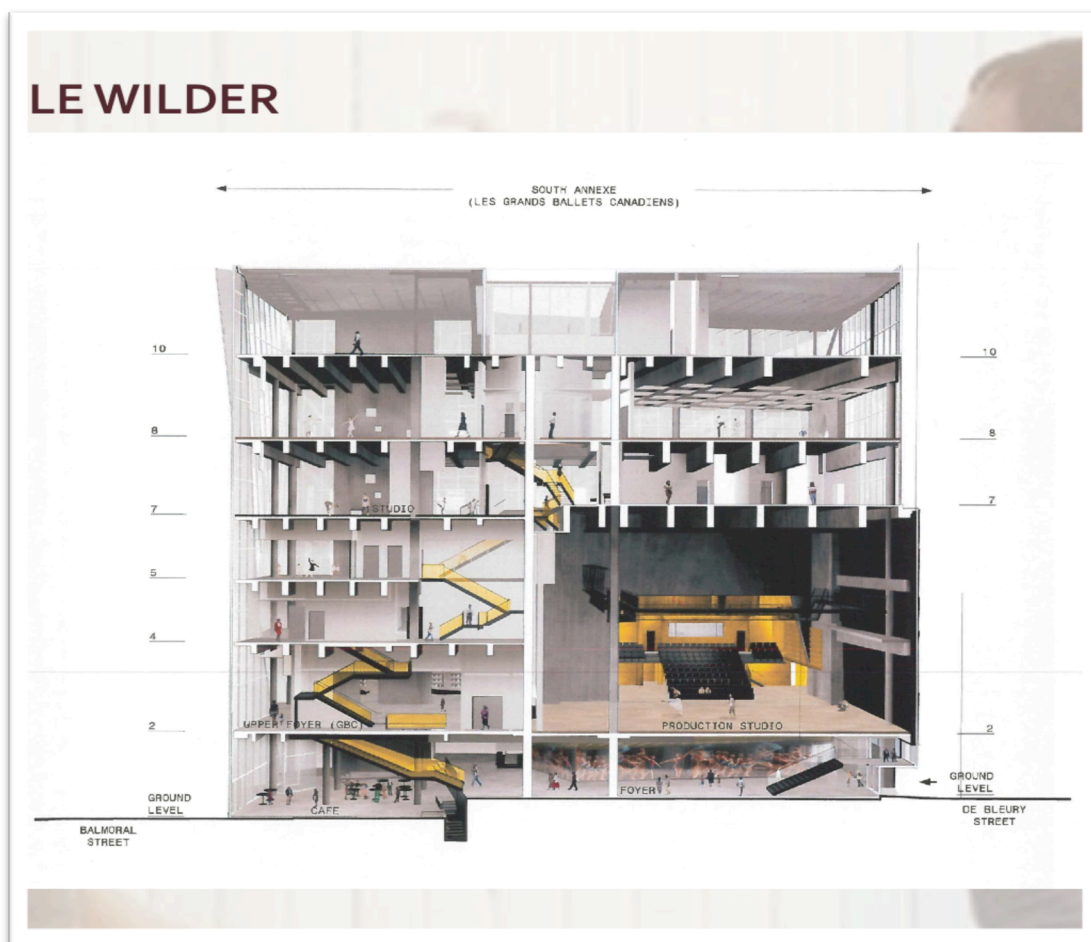
Nicki will be on the International Panel (on education) and I will present together with Zvika Frank on DMT in China. Hope to meet you then !

Warm regards,

Simone Kleinlooch & Nicki Wentholt

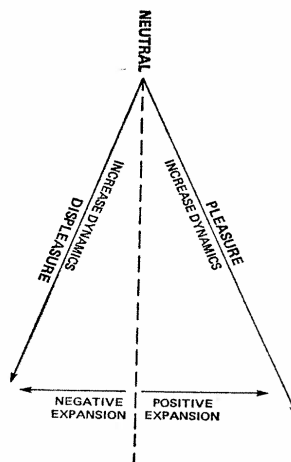
Appendix 6

Layout of new Centre “Le Wilder” (*Grands Ballets “Template ENG JULY”*)



Appendix 7

Movement Observation Scale and Movement Diagnosis Scale (Espenak 60-61)



60

Dance Therapy

MOVEMENT DIAGNOSIS TESTS

NAME _____ DATE OF TESTS _____
 ADDRESS _____ AGE _____
 TELEPHONE _____ REFERRAL _____
 Prev. Exp. with Dance or Exercises: Where: _____
 Operations or Physical Weaknesses: When: _____

SCORE _____

(Ideas) Real

(25) 1. Degree of Dynamic Drive: _____
 1. Push chair _____ 2. Push table _____
 3. (Stand back against wall) Push wall _____
 4. (Bend knees) Push floor away _____ Jump in air _____

(15) 2. Control of Dynamic Drive: _____
 1. Responses to speed _____ 2. Simple Rhythmic patterns _____
 3. Relaxation - - test _____ "Espenak Wheel"
 Observation #here? _____

(20) 3. Coordination: _____
 1. Walking and on all fours _____
 2. Count coordinated with _____
 movement _____
 3. Sideways walk _____
 4. Armswings (to walk) _____

(10) 4. Attention Span (Endurance) _____
 1. Hop and count _____ 2. Driving movement _____

(10) 5. Physical Courage: _____
 1. Walk backward _____ 2. Roll back on floor
 (Somersault) _____

(35) 6. Eye Images: _____
 1. Lift on toes _____ 2. Stand on toes _____ 3. Walk on toes _____
 4. Lift arms up _____ 5. Open arms out _____ 6. Lift head _____
 7. Walk on toes, head up, arms _____

(15) 7. Emotional State and Propensity: _____
 Music stimulus _____ Mental status _____ Creative responses _____

(150) Total _____

Signed _____
 Liljan Espenak, DTR

For additional notes use back page

Figure 3-7.

Appendix 8

The American Dance Therapy Association: Standards for Dance/Movement Therapy

Master's Programs (ADTA)



AMERICAN DANCE THERAPY ASSOCIATION STANDARDS FOR DANCE/MOVEMENT THERAPY MASTER'S PROGRAMS

A. PREAMBLE

The activities of the dance/movement therapist directly affect the public. Therefore, the profession has a responsibility to protect both the consumer of dance/movement therapy services and the student of dance/movement therapy academic programs through the development of standards that will ensure the quality of education received by the practitioner. All approved graduate dance/movement therapy master's programs shall reflect and uphold the American Dance Therapy Association Code of Ethical Practice (see Code of Ethical Practice).

B. PROGRAM PHILOSOPHY

The dance/movement therapy master's program shall be guided by a philosophy from which the theoretical framework is derived and which leads to an integrated learning experience.

C. PROGRAM OBJECTIVES

Dance/movement therapy master's education shall be designed to provide students with the following:

1. The basic principles, concepts and techniques necessary for the practice of dance/movement therapy.
2. The skills, knowledge and values basic to dance/movement therapy as a profession.
3. Knowledge of dance/movement therapy as a mental health profession within the broader context of society.
4. Knowledge of professional and ethical practice in the field of dance/movement therapy.
5. Methods for expanding knowledge in the field and improving the quality of practice.

D. STUDENT COMPETENCIES

Upon completion of their graduate education, dance/movement therapy students will have the following competencies:

1. The ability to integrate knowledge and clinical skills generic to the theory and practice of dance/movement therapy.
2. Knowledge and skills in the art of dance and other related movement modalities.
3. A systematized approach to movement assessment, evaluation and observation.
4. Knowledge of the human body and its processes.
5. The capacity to work with a variety of clinical populations and an understanding of assessment, treatment planning and methods of treatment within a clinical setting.
6. The capacity to engage in therapeutic relationships informed by self awareness, an understanding of cultural context, recognition and respect for diversity, and a commitment to social justice.
7. Knowledge of individual, family and group psychodynamics and processes.
8. Skills in research design and methodology.
9. The ability to assume one's professional roles and responsibilities within various settings.
10. The ability to evaluate one's work and to seek continuous improvement of competency.

E. THE EDUCATIONAL PROGRAM

The educational objective of master's programs shall be the preparation of students for dance/movement therapy practice. The educational program shall provide both the range and depth of skills and knowledge necessary for a professional dance/movement therapist. The course of study shall be integrated and sequentially ordered in such a way that it contributes to the development of the desired competencies. These guidelines leave open the possibility of cooperation between dance/movement therapy programs and other affiliated graduate programs.

1. The program shall grant a Master's degree in dance/movement therapy (that is, an MA or an MS). An equivalent master's degree will be accepted upon committee review.
2. Course descriptions and the specific degree offered shall be stated in the institution's catalogue or its equivalent.

3. The program shall offer theoretical perspectives that are specifically germane to dance/movement therapy practice.
4. The program shall offer curricular content that provides students with direct experiences in which a variety of dance/movement practices are taught.
5. The program shall offer experiential classes that maintain a student-to-teacher ratio which guarantees faculty responsibility to individual students.
6. In cases where dance/movement therapy programs are allied with other programs, the dance/movement therapy program must maintain its discrete identity in terms of content.

F. ACADEMIC CONTENT

Coursework in the dance/movement therapy program shall encompass the following content:

1. Dance/movement therapy theory.
2. The interrelationships between physiological, psychological and socio-cultural factors and their effects on human growth, development and behavior.
3. Knowledge of the developmental, multicultural, expressive and communicative aspects of verbal and non-verbal behavior.
4. Methods for observation, analysis and assessment.
5. Theoretical information and practical application relating to individuals, families and groups in their psychosocial and cultural contexts, including knowledge of group processes.
6. Clinical applications of dance/movement and related psychological theories.
7. Human anatomy and kinesiology.
8. Research in dance/movement therapy and human behavior.
9. Knowledge of psychopathology, and diagnostic skills.
10. Basic knowledge of neuroscience as it relates to the theory and practice of dance/movement therapy.
11. Elective content and additional study in areas that enhance the students' skills or adds to their knowledge of mental and physical health, and human behavior.

G. CLINICAL FIELDWORK AND CLINICAL INTERNSHIP

Fieldwork and internships are required, and shall both be under the administrative and educational direction of the college faculty. Close liaison shall be maintained between the school and each agency with clearly defined methods for communication and evaluation. A contract between the school and each agency shall state the expectations and responsibilities of both parties.

Fieldwork and internship differ in the amount of time spent in an agency, and in the level of responsibility of the student/intern.

1. Clinical Fieldwork
Hours earned in Clinical Fieldwork cannot be applied to the Clinical Internship. Fieldwork shall provide the beginning student with:
 - a. Direct exposure to dance/movement therapy practice within a clinical setting.
 - b. An orientation to health and educational systems.
 - c. An understanding of the role and function of the dance/movement therapist within the system.
2. Clinical Internship
Internship shall provide the student with the opportunity to integrate dance/movement therapy skills and theory within an intensive, supervised practicum experience. It is expected that by the completion of the internship, the student will be ready to assume the role of a beginning clinician.
 - a. The internship shall be a minimum of six months full time or a 700-hour course of study, following the first year of graduate education. This shall include a minimum of 350 hours of direct client contact, all of which must be related to the development of skills required of a dance/movement therapist.
 - b. Standards for entrance to, and completion of, the internship shall be clearly established by the d/mt academic program. These standards shall be written in the institutional catalogue, its equivalent, or in an internship manual.
 - c. The Internship shall be concurrent with, or subsequent to, the graduate dance/movement therapy coursework.
 - d. The 70 hours of BC-DMT supervision shall include a minimum of five (5) hours of onsite observation of student led sessions accompanied by five (5) hours of supervisory discussion. In circumstances in which live observation is absolutely not possible, the BC-DMT credentialed supervisor shall observe five (5) hours of video recorded on-site student led sessions accompanied by five (5) hours supervisory discussion.
 - e. Facilities shall be selected on the basis of firm commitment to

dance/movement therapy education and the ability to provide students with professionally trained dance/movement therapy supervisors capable of integrating and applying academic knowledge to practice.

- f. Facilities shall be licensed, accredited or therapeutic settings, which provide clinical experience and in-service education as it applies to criteria for Fieldwork and Internship sites.

H. FACULTY

1. There shall be a full-time director in the academic dance/movement therapy department who is a BC-DMT with extensive teaching, clinical and administrative experience.
2. The dance/movement therapy program director shall have a full-time appointment in the institution, with primary responsibility to the dance/movement therapy program.
3. In addition, there shall be at least one BC-DMT appointed full-time to the program, or more than one to constitute one full-time equivalent.
4. Faculty shall teach only the subject area in which they are qualified. Teaching of dance/movement practice and theory content shall be limited to BC-DMTs. Teaching of observation and assessment of movement content requires documented evidence of additional and advanced training beyond what is required for master's approved programs.

I. ADMINISTRATION

1. The program's parent institution shall be accredited by its regional accreditation association.
2. A program in dance/movement therapy shall be under administrative auspices that assure and support its philosophy, objectives, purposes and goals through:
 - a. Adequate financial support.
 - b. Allocation to DMT faculty of responsibility and authority for the program's governance in all respects within the policies and procedures of the parent institution.
 - c. Assignment of faculty workloads that reflect the need for release time for functions basic to the operation of a professional degree program, and commensurate with workloads in other professional degree programs of the institution.
 - d. Criteria and procedures for appointment, promotion and the granting of tenure for faculty in the program which are consonant with those of the program's parent institution.

- e. Allocation of sufficient support staff to facilitate the orderly administration of the program.
 - f. Provision of space, equipment, supplies and library/media holdings sufficiently adequate to meet the needs of the program.
3. There shall be established criteria and procedures for the filing and processing of grievances by faculty, staff and students in relation to any aspect of program operation, commensurate with those of the parent institution.

J. ADMISSIONS

- 1. Students shall be selected for admission to the program on the basis of written criteria and a corresponding screening process.
- 2. Admissions criteria shall include the applicant's:
 - a. emotional, physical and intellectual capacity as well as motivation in accordance with the demands of a graduate program in dance/movement therapy
 - b. a broad liberal arts undergraduate background,
 - c. a wide range of dance and movement skills;
 - d. the demonstrated capacity to use dance and movement in their broadest creative and expressive functions.
- 3. Admission requirements shall be stated clearly in the regularly published catalogue or its equivalent in the program's parent institution.

K. EVALUATION

There shall be established explicit criteria and procedures for the evaluation of

- 1. Students in relation to progress in the academic program, fieldwork and internship components of the program.
- 2. Faculty, including a formal feedback system by students.
- 3. The program's academic, fieldwork and internship component.

- L. ~~STUDENT ADVISEMENT~~ Established criteria and procedures for ongoing advisement of students in relation to their academic and clinical studies. All advisement related to dance/movement therapy coursework and practice shall be provided by a trained dance/movement therapist.

6

M. JOB DEVELOPMENT

The program shall participate in the development of employment opportunities for its graduates.

Approved, May, 1974
ADTA Board of Directors Revised, April, 1996

ADTA Board of Directors Revised, April, 1999 (revisions included October, 2006)

Approved, April, 2004
ADTA Board of Directors Revised, April, 2004

Approved, March, 2005
ADTA Board of Directors Revised, March 2005

Approved, March 2006
ADTA Board of Directors Revised, March 2006

Approved, April 2009
ADTA Board of Directors Revised, April 2009

Approved, April 2013
ADTA Board of Directors Revised, April 2013

AMERICAN DANCE THERAPY ASSOCIATION ADDENDUM TO APPLICATION FOR
PROGRAM APPROVAL*

GLOSSARY OF TERMS

*for use in completion of the self-study or program application

Academic Curriculum – all required and elective courses, sequentially organized, that comprise the degree requirements of a program.

Administrative Organization – hierarchical administrative structure of program.

Admission Criteria – academic, personal and dance/movement requirements stipulated by institution to qualify for entry into program.

Advisement – information and consultation on academic, internship or other matters related to educational and professional development.

Clinical Internship – clinical service as a dance/movement therapy intern for a period of six months full-time of a minimum of 700 hours over the course of study which meets all of the criteria listed in ADTA's Standards for Graduate Dance/Movement Therapy Programs.

Clinical Population – term may be appropriately used to draw patient/client distinctions in terms of age, diagnosis, psychosocial and/or developmental issues, and for prevention of problems and disease.

Clinical Supervisor – A BC-DMT who provides supervision in a dance/movement therapy clinical placement.

Course Outline – Form provided by the instructor to student that describes the purpose and objectives of course, content, requirements, methods of evaluation, required readings, and how the course content is to be covered through the semester.

Development – course content that covers the human life span from birth to death.

Faculty – full and part-time instructional personnel affiliated with the program.

Fieldwork – pre-internship dance/movement therapy experiences in a clinical setting, designed to provide students with: a) direct exposure to dance/movement therapy within a clinical setting, b) an orientation to educational and health systems and c) an understanding of the role and function of the dance/movement therapist with the system. Hours earned in Fieldwork cannot be applied to the internship.

Faculty Workload – all activities (teaching, advising, supervisory, administrative, etc.), which comprise a faculty member's total responsibility to the program.

Internship Placement Procedures – how internship policies are implemented regarding the establishment and maintenance of the clinical placement by the program inclusive of forms and contracts used to do so.

Liability Insurance – legal and financial protection against liability of the student while student is placed at a clinical facility.

8

Objectives – broad academic and clinical goals of the program.

Philosophy – fundamental beliefs informing program's educational objectives.

Release Time – time granted to attend conferences and other professional developmental opportunities.

Student Competencies – areas of knowledge and skills students will have upon completion of the program.

Theoretical Framework – the conceptual model, principles and assumptions that guide the academic and clinical components of the program.

December, 1989
Revised, May, 1990
Revised, April, 1991
Revised, October, 2005

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