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LAUNCH OF MARA 3.0 and OUTCOMES FRAMEWORK FOR DANCE ...

PORTUGUESE VERSION VALIDATION TRIAL AND FUTURE RESEARCH POSSIBILITIES WITH DATA GATHERED BY MARA

LAUNCH OF MARA 3.0 AND OUTCOMES FRAMEWORK FOR DANCE MOVEMENT THERAPY

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Portuguese version validation trial

- Translation of a Portuguese version of the *Framework and MARA*
- Trialling of the *Outcomes Framework and MARA*
- Graphing functions into an excel form to enable it to be used without an iPad
- Using the *Framework and MARA* to create a group profile



BODY, MOVEMENT AND DANCE IN PSYCHOTHERAPY
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Exploring use of the Outcomes Framework for Dance Movement Therapy to establish a group profile and objectives for psychomotor therapy interventions
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ABSTRACT
Fields of psychomotor therapy and dance movement therapy share a common challenge in the under-development of accessible assessment instruments that are easy for practitioners to use and relevant for diverse client groups. This study discusses the application of the Outcomes Framework for Dance Movement Therapy as an assessment tool in a community psychomotor therapy programme for adults with high support needs in Almada, Portugal. The Framework was trialled to create a group profile to support the development of therapeutic objectives for the entire group. 61 participants were observed by four raters across a series of sessions, subgroup profile results were obtained by averaging scores from sub-domains and 59 individual items for each participant, after an internal consistency test found acceptable to good reliability values. Findings indicate the Framework was suitable for use by psychomotor therapists to develop a group profile and set program objectives.

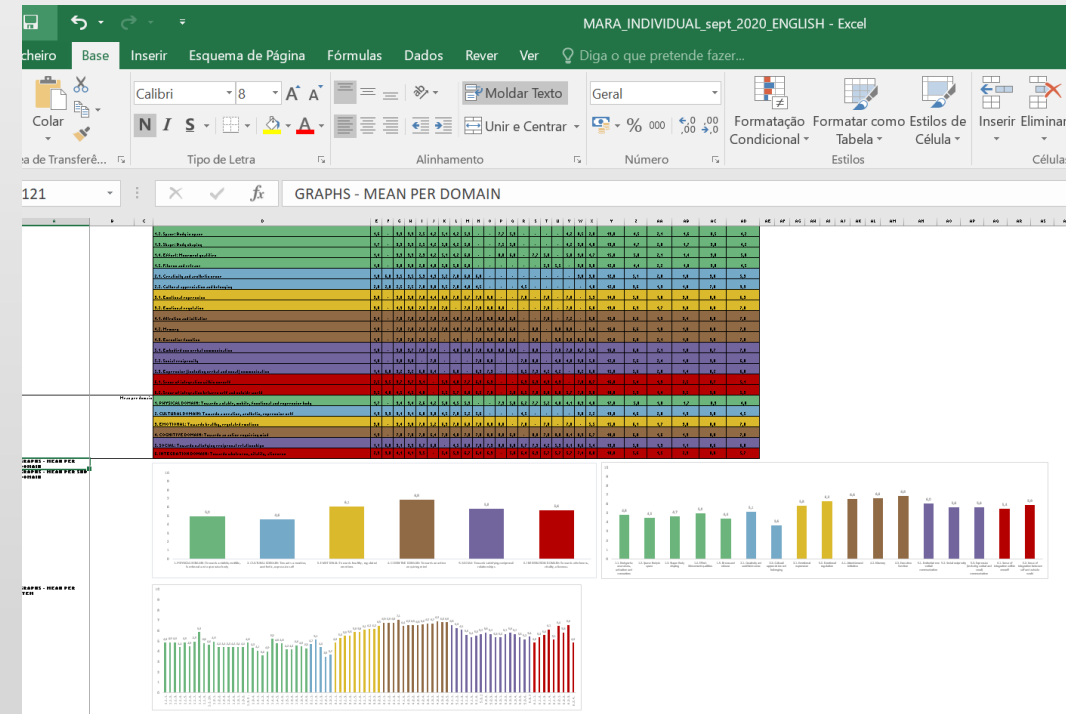
ARTICLE HISTORY Received 30 October 2019; Accepted 28 July 2020

KEYWORDS Psychomotor therapy; dance movement therapy; adults with high support needs; assessment; group profile; program objectives

Introduction
Psychomotor therapy (PMT) is a movement and body-oriented therapy with a plurality of practices and applications (European Forum of Psychomotricity, 2016; Rodriguez, 2007). It uses physical activities to optimise motor, cognitive, affective, and relational aspects of psychomotor functioning, informed by a biopsychosocial model and holistic view of the human being derived from the unity of body and mind (Probst, 2017). Body and movement experiences

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N=61

Table 1. Descriptive statistics – Sub domain/Items (N = 3281).

Domain/Subdomain/Item	Number of ratings N(%)	Cronbach alpha α	M	SD	min	max
1. Physical	-	-	-	-	-	-
1.1. Body: Body Use	402(12.3)	.665	5.3	1.8	1	8
1.1.1. Ability to access breath to support movement	43(1.3)		6.0	1.9	2	8
1.1.2. Ability to utilise breath	96(2.9)		4.8	1.6	2	8
1.1.3. Use of body parts – upper	93(2.8)		5.7	1.4	1	8
1.1.4. Use of body parts – lower	91(2.8)		5.0	1.8	1	8
1.1.5. Use of body hemispheres	79(2.4)		5.1	1.9	1	8
1.2. Body organisation and connectivity	361(11.0)	.752	4.9	1.8	1	9
1.2.1. Crossing body mid-line	102(3.1)		5.8	1.6	3	8
1.2.2. Contra-lateral movement	61(1.9)		5.0	1.8	2	8
1.2.3. Control of movement: initiation, sustainment, conclusion	54(1.6)		5.6	1.3	3	8
1.2.4. Sequencing of body parts	40(1.2)		4.1	1.8	2	7
1.2.5. Integration of body parts through movement	33(1.0)		5.6	1.1	3	8
1.2.6. Balance	71(2.2)		3.5	1.8	1	9
1.3. Effort: Access to Movement Qualities	342(10.4)	.764	5.3	1.4	2	8
1.3.1. Time: sudden, sustained	58(1.8)		5.1	1.3	3	7
1.3.2. Space: direct – indirect	91(2.8)		6.0	1.4	3	8
1.3.3. Weight: active (light – strong); Passive (limp – heavy)	122(3.7)		4.9	1.3	2	8
1.3.4. Flow: bound, free	71(2.2)		5.0	1.4	3	8
1.4. Shape: Access to Body Shaping	122(3.7)	.791	5.5	1.4		
1.4.1. Directional shaping	69(2.1)		5.1	1.5	2	8
1.4.2. Space carving	31(0.9)		5.4	1.5	2	8
1.4.3. Shape flow	2(0.1)		5.7	0.7	5	7
1.4.4. Shape qualities(open-close)	20(0.6)		6.7	1.0	5	8
1.5. Space: Use of body in space	252(7.9)	.699	6.1	1.7	1	9
1.5.1. Access to kinaesphere: near, mid, far reach	35(1.1)		5.8	1.5	2	8
1.5.2. Movement across planes	63(1.9)		6.3	1.6	3	8
1.5.3. Spatial intention	40(1.2)		6.5	2.3	1	9
1.5.4. Access to levels in space	57(1.7)		5.9	1.5	8	8
1.5.5. Body boundaries in space	57(1.7)		6.2	1.8	2	9
1.6. Fitness/coordination/1.6.1 Stamina	8(0.2)	-	3.8	1.2	2	5
1.7. Relaxation	259(7.9)	.795	5.2	2.1	1	9
1.7.1. Relaxed stillness	95(2.9)		5.6	1.9	1	8
1.7.2. Deep, slow, regulated breathing	72(2.2)		4.5	2.1	1	9
1.7.3. Release of physical tension	35(1.1)		5.4	2.0	2	9
1.7.4. Release of psychological tension	57(1.7)		5.4	2.0	2	9
1.8. Breathing	145(4.4)	.625	5.0	2.3	1	9
1.8.1. Ability to access breath	49(1.5)		6.2	1.9	1	9
1.8.2. Ability to utilise breath	96(2.9)		3.9	2.1	1	8
2. Cultural	-	-	-	-	-	-
2.1. Fun, Pleasure, Enjoyment	327(10.0)	.945	5.7	1.6	2	8
2.1.1. Level of engagement	65(2.0)		6.2	1.3	2	8
2.1.2. Level of enthusiasm	63(1.9)		5.5	1.6	2	8
2.1.3. Smiling	67(2.0)		5.4	1.6	2	8
2.1.4. Body ease	49(1.5)		6.1	1.4	2	8
2.1.5. Verbal, vocal and non-vocal communication indicating enjoyment	23(0.7)		5.5	1.8	2	8
2.1.6. Playfulness	60(1.7)		5.7	1.9	2	9
2.2. Creativity and aesthetic sense	158(4.8)	.763	4.5	1.2	1	8
2.2.1. Connection between body sensations, feelings, thoughts and imagination	27(1.1)		5.0	1.7	1	8
2.2.2. Creativity inspired or expressed	60(1.8)		4.4	1.8	1	8
2.2.3. Experience of aesthetic enrichment	30(0.9)		4.1	2.6	1	7
2.2.4. Making an aesthetic decision	31(0.9)		4.4	1.9	1	7

We suggest that mean scores of participants' achievement on sub-domains and items can be utilised for program planning. If we assume that higher scores are indicative of higher performance of participants on these aspects, then we might choose to focus future planning on areas in which participants had lower scores, in this case Body use, Body organisation and connectivity, Effort, Shape, Fitness, and coordination, Relaxation, Breathing (P) and Creativity and aesthetic sense (C). We might offer activities that are

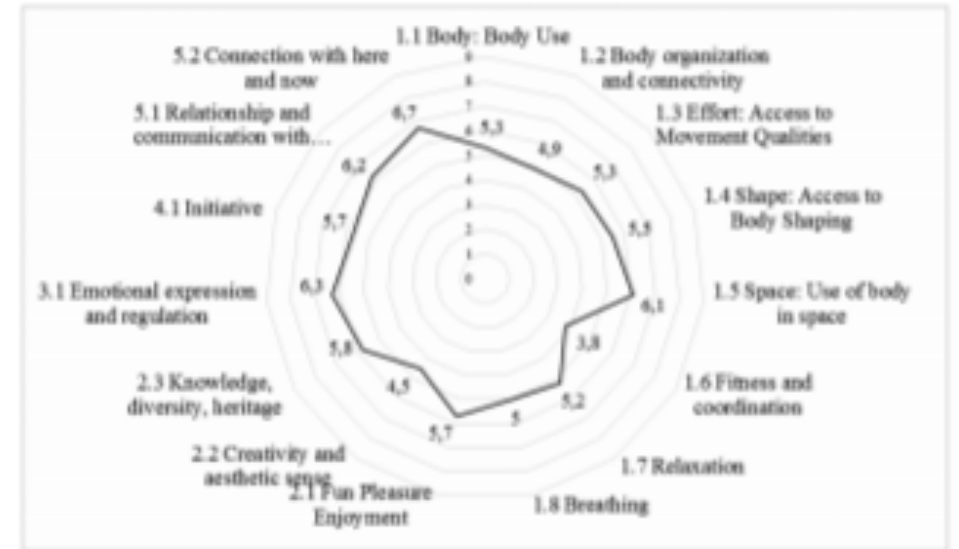


Figure 1. Group Profile – Outcomes Framework for Dance Movement Therapy V. 46 (Dunphy & Mullane, 2018).

Portuguese version validation trial- Content validity

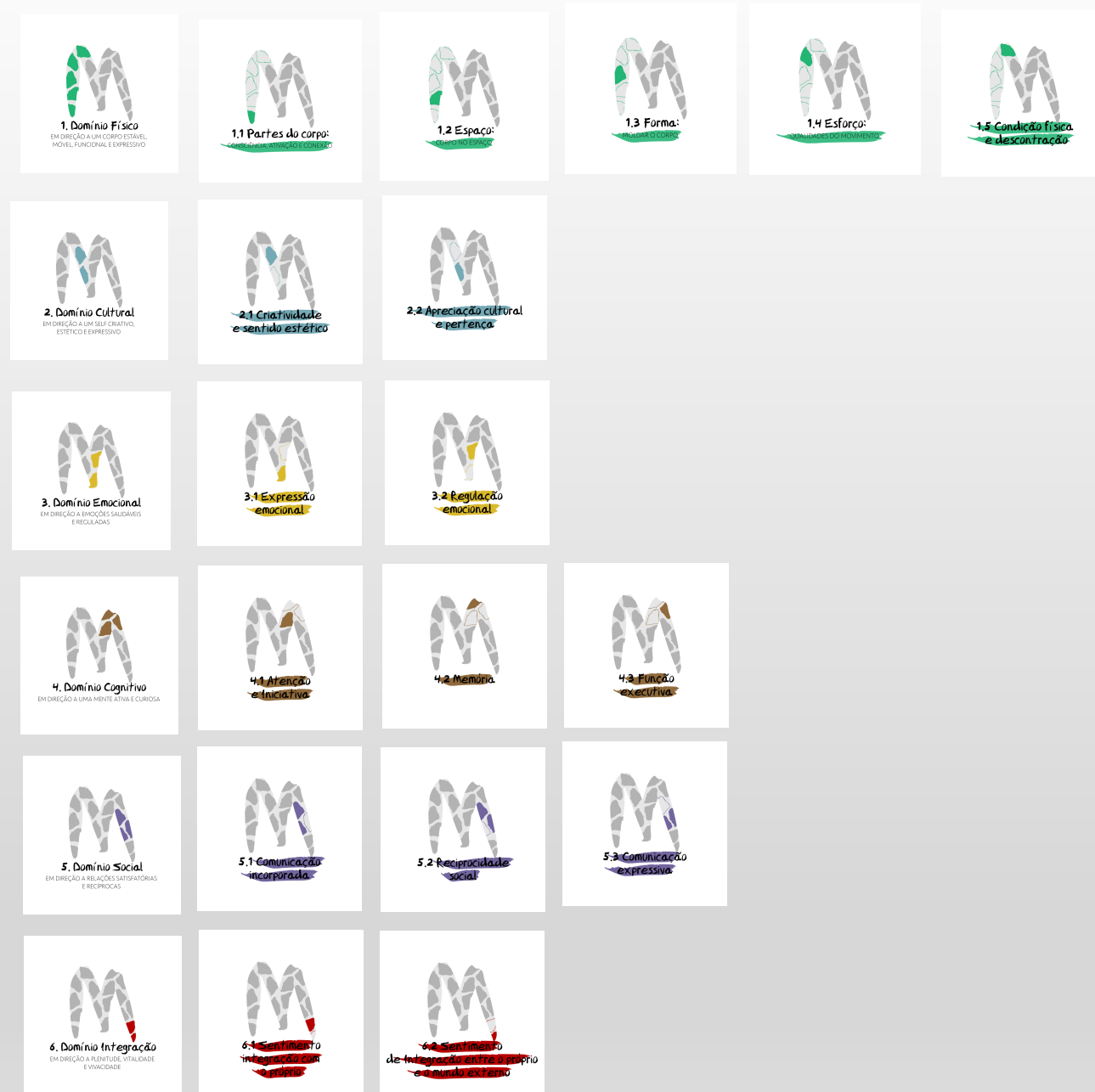
(Caridade, Lebre & Dunphy, 2020)

N=6

Content Validity Index (CVI)

Item-level (I-CVI) between .69 to
.94 moderate to high

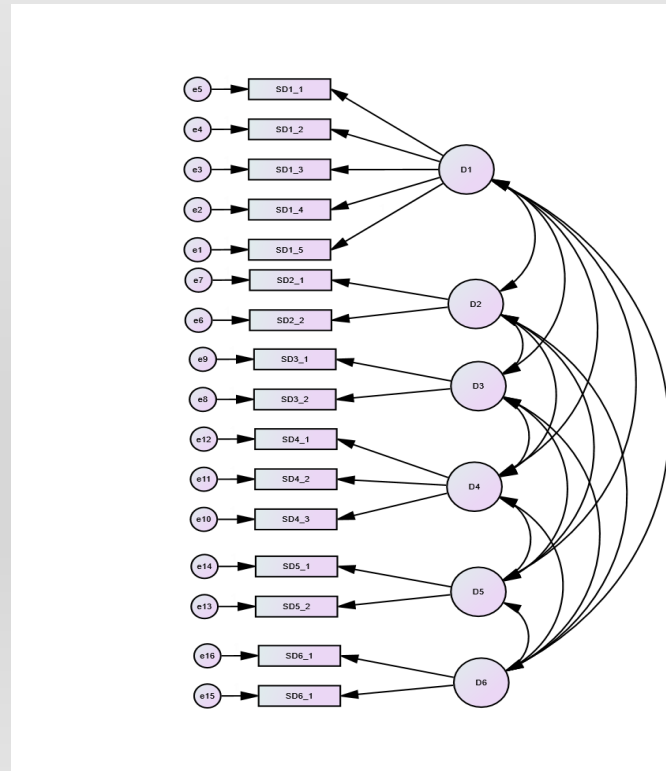
Scale-level CVI (S-CVI) between .82
to .95 – high



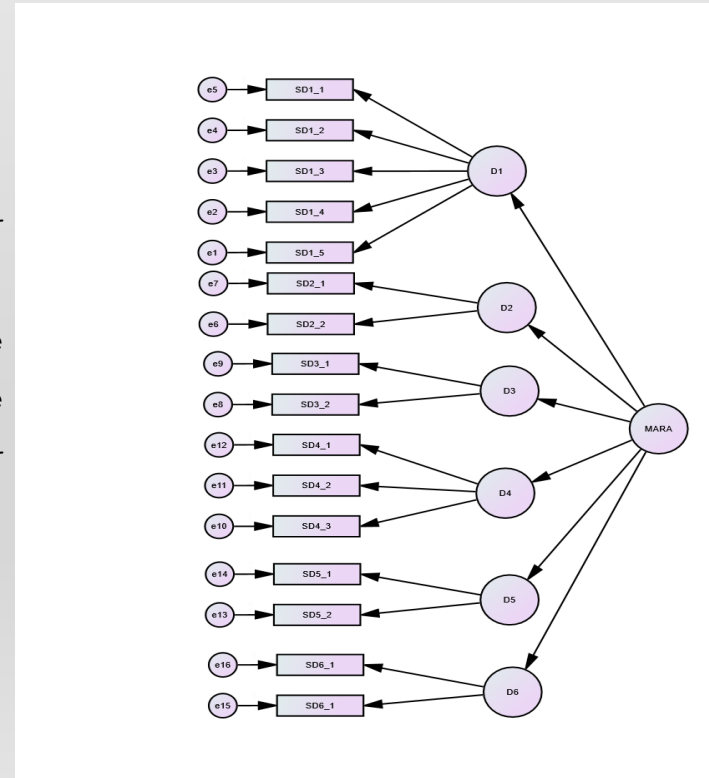
FUTURE RESEARCH POSSIBILITIES WITH DATA GATHERED BY MARA

- **Content validation** experts scoring on of the *Framework's* assessment elements: relevance, clarity, simplicity, ambiguity
- **Test-retest, Inter-rater reliability and intra-rater agreement of scores:** How much agreement is there in the scores of different DM therapists? people in different professions (DM therapist, psychomotor therapists, student, untrained assistant)?
- **Exploratory factor analysis (EFA)**
- **Confirmatory factor analysis (CFA)**

1 First order six factor model-multidimensional construct composed of six intercorrelated factors



2 Second order single factor model - factors are distinct, but be accounted for by one common underlying an higher order construct.



FUTURE RESEARCH POSSIBILITIES WITH DATA GATHERED BY MARA

- **Non-norm referenced scoring:** MARA's assessment process requires the therapists to estimate what the client's potential is on every element includes the possibility of changing the scale of clients' maximum capacity over period of time. Is this a reasonable consideration?
- **Length of observations needed:** how long should observations and /or video used for assessment observations be? MARA currently enables video clips of 15 seconds.
- **Developing client perspective in assessment:** can MARA also be used to stimulate clients' engagement and agency in the therapeutic process?
- **For clients who have communication preferences that are non-verbal** and may not involve reading and writing, how can media options of photos, videos and drawings potentially support their engagement in assessment of their own progress?
- **Assessment findings:**
- What are outcomes of DMT programs for various client groups, as assessed using MARA and the *Framework*, tested in an RCT?
- **Reporting:**
- What would a report from MARA look like that was useful for funders, host agency and clients and families of DMT programs? How would reporting using data such as gathered through MARA, impact agencies' understanding and valuing of DMT programs?
- **Training of therapists:**
- What are the implications of the use of such an instrument on student learning?
- What does a process of assessing using a formal tool such as MARA contribute to students' capacity: for observation, for planning, for sensitive leadership?
- **Other languages**
- Translation of the *Outcomes Framework* and MARA into other languages including Korean and Chinese, including validity testing of the translation.
- **Cross profession use of the tools**
- Trialling of the *Outcomes Framework* and MARA app as assessment tools that could be useful for other therapy professions: drama therapy, art therapy, music therapy, physiotherapy, occupational therapy, psychomotor therapy, psychotherapists and counsellors, special educators, dance educators.
- **The tools on other technology platforms**
- Development of MARA on other platforms: tablets, computers, phones.
- **Client videos**
- Development of a library of videos of clients, offering examples of assessment scoring, to help improved therapists assessment capacity and inter-rater reliability.
- **Literature bank:**
- Development of a bank of literature to substantiate all the elements in the *Framework*
- **Bank of activities:**
- Development of a bank of data about activities that therapists can use to support participants to progress towards specific outcomes.
- **Transferability of outcomes from DMT:** How could outcomes of DMT evidenced in sessions, as assessed by MARA, transfer into everyday life? What can a therapist do to advance transference?