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Swing dancing along the spectrum: a proposed unique adjunctive treatment approach for individuals with autism spectrum disorder

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Autism Spectrum Disorder (ASD) is a class of developmental disorders typically diagnosed during childhood. ASD is characterized by social deficits and repetitive behavioral patterns, which cause clinically significant impairment and are not better explained by intellectual disability (American Psychiatric Association, 2013). This doctoral paper proposes swing dancing as an adjunctive treatment option for high functioning adults with ASD. Swing dance is a category of social, partner dance initially set to swing style jazz music. This category most notably includes Lindy Hop, Charleston, Jitterbug and Balboa. Swing dance is an activity which grants social structure, is typically surrounded by an accepting social culture and helps individuals to further their physical awareness and adeptness.

This concept was born organically, out of college swing dance classes at Oberlin College. Oberlin College has a well-established swing dance club that offers classes each semester for credit through a program called the Experimental College. The Experimental College offers students the opportunity to serve as professors in areas of their expertise. Both as a student, and later as one of two instructors, I noticed a different, specific set of social rules interwoven into swing dance culture. These classes were open to all students, but seemed to hold particular appeal to those with social difficulties. Here was finally an environment in which the socially awkward young adult flourished. Here was a place for socially uncomfortable people to be considered on par with the socially adept. Here was a chance for the physically unskilled to feel coordinated for the first time.

In written end-of-semester class reviews, students expressed pleasure at finally having an emotional outlet, learning a physical activity that they felt they could excel at, and finally being able to meet and befriend fellow students in a less daunting setting. It

was an environment that would cause any psychologically minded person to wonder what makes this scenario so ideal for the socially challenged. Observations by students in the course included that they knew what to expect from this social interaction, which made it more manageable for them; being socially awkward seemed to matter less in swing dance class, all that mattered was the fun of dance; the movements were so thoroughly discussed that they were easier to manage and control; and the chance of social rejection was so low that they experienced very low social anxiety. The structure and climate of social acceptance appeared to be beneficial to students with social deficits, including those on the high functioning end of the autistic spectrum.

While ASD symptoms are present in childhood, symptoms remain into adulthood. Research shows that early intervention is very important in the treatment of ASD, which has led to a boom in research and treatment options for children and youth with ASD (National Research Council, 2001). Unfortunately, this leaves adults with high functioning ASD few to no options to fit their needs after high school (Shattuck et al., 2011).

Currently, there is literature related to yoga, horseback riding, and solo dance as treatment options for youth with ASD. However, this research does not examine how swing dancing can serve as a beneficial treatment for participants of any age. Swing dancing is a heavily organized social interaction, which is typically taught as being bound by a series of social communication rules and a series of physical patterns. The social community around swing dancing is a particularly accepting one and tends to include a wide variety of individuals and a wide variety of social aptitude (Carroll, 2006; Usner, 2001). Swing dancing requires very little verbal communication, and is instead almost entirely focused around an activity with set rules.

This paper will outline ASD symptoms, swing dancing, current ASD treatment options, the proposal of a new model of teaching swing dancing as an adjunct therapy for young adults with ASD, including a class schedule, and an exploration of the advantages and disadvantages of this model.

Autism

The autism diagnosis recently underwent a change with the publication of DSM-5 (American Psychiatric Association, 2013). In the DSM-5, the American Psychiatric Association has collapsed several diagnoses into Autism Spectrum Disorder: Autistic Disorder, Asperger's Disorder, Childhood Disintegrative Disorder, Rett's Disorder, and Pervasive Developmental Disorder Not Otherwise Specified. Autism Spectrum Disorder, or ASD, is distinguished by deficits in social communication and interaction and restricted behavioral and interest patterns (American Psychiatric Association, 2013). Behrends, Muller and Dziobek (2012, p. 110) summarized autism spectrum deficits as "difficulties in the field of social interaction and reciprocal communication and a restricted, stereotyped, and repetitive repertoire of interests and behaviors."

Due to the recent switch to DSM-5 diagnostic categories, this paper references research conducted using the DSM-IV-TR diagnosis of Autistic Disorder and Asperger's Disorder (American Psychiatric Association, 2000). Many researchers have been unable to distinctly divide high functioning autism (HFA) and Asperger's Disorder because of overlapping symptomology (Manjiviona, 1995). For these reasons, this paper will hereafter cite research that focuses on HFA and Asperger's Disorder interchangeably. In

the DSM-5, individuals with HFA and Asperger's Disorder would likely be diagnosed as having ASD, Level 1.

ASD individuals exhibit abnormal mimicry. Mimicry, sometimes termed mirroring, is the unconscious and automatic matching behavior that humans and many other animals, exhibit with one another (Baron-Cohen & Wheelwright, 2004; Dziobek et al., 2008; Hove & Risen, 2009). Mimicry is considered to be a vital component of empathy (Baron-Cohen & Wheelwright, 2004). Dziobek et al. (2008) found that individuals with ASD are able to mimic emotions but often misidentify which emotions to mimic. This mimicry difference impedes the ability for the ASD individual to form and maintain social bonds.

Individuals with ASD struggle with a wide variety of social abilities, including initiating, understanding, and maintaining social interactions; using and interpreting verbal and nonverbal communications; understanding others' thoughts and feelings; and experiencing matching empathy (Frith, 2004; Blacher, Kraemer & Schalow, 2003). Individuals with autism also often experience difficulty with language comprehension and can struggle in understanding complex language such as idioms and metaphors (Barnhill, 2007). These social issues are evident as early as preschool and often become more marked over time, lasting into adulthood. In adulthood, these deficits are associated with employment difficulties and notable lack of involvement in social activities (DeRosier et al, 2011; Gutstein & Whitney, 2002). Gutstein and Whitney (2002) found that, in adulthood, 37% of individuals with autism reported no participation in social activities, 50% reported going out less than two times per month, and only 12% were employed full time. Subjects reported social difficulties to be the leading cause of job loss.

Motor impairments are often present in autism (Manjiviona, 1995; Green et al., 2002; Williams, Whiten & Singh, 2004). Green et al. (2002) noted that motor impairments present in children with Asperger's disorder include clumsiness, lack of facial expression, poor fine motor coordination, and awkward locomotion. These deficits were not found to be unique to children with Asperger's Disorder, but rather to be present among other developmental disorders including Autistic Disorder. Individuals with autism are also found to have difficulty imitating fine and gross motor skills (Behrends, Muller & Dziobek, 2012).

Current Treatment Options

There is currently no standard care for ASD (Warren, et al., 2011) however many clinicians advise intensive Applied Behavior Analysis (ABA) (National Research Council, 2001) . ABA is one of the most empirically supported interventions and is grounded in the basic behavioral principles, including positive reinforcement, extinction, stimulus control and generalization (National Research Council, 2001; Lovaas & Smith, 2003). Although ABA is considered one of the most effective treatments, it has only a modest evidence base and there is still considerable uncertainty about for whom ABA is most likely to be effective (Reichow et al., 2012). As such, individuals with ASD must often use adjunctive treatments that focus on specific impairments (Granpeesheh, Tarbox & Dixon, 2009).

Treatment for autistic individuals often includes a focus on social exposure to help participants experience some relief from their social anxiety through practice (DeRosier et al., 2011). Minne and Semrud-Clikeman (2011) noted that individuals with autism thrive when placed in social situations during which they receive regular feedback and guidance

about their social interactions. Their research went on to demonstrate that, after treatment that focused on supervised social interactions, children with autism formed stronger emotional connections with their peers and their parents, and gained greater self-confidence. In addition, after social skills groups, children and adolescents demonstrated an increased likelihood to voluntarily engage in social interactions and often attempted to maintain peer relationships formed during the group (Minne & Semrud-Clikeman, 2011; Barnhill et al., 2002). Barnhill et al. (2002) found social skill improvement when participants were provided scripts to follow in social situations. Participants noted that these scripts helped to ease the social anxiety that they felt at the onset of a social interaction and gave them needed words to express themselves for.

Dance Movement Therapy (DMT) has also been found to be an effective treatment with many diagnostic groups, including autism. DMT provides participants with an active, multisensory environment, which is found to be beneficial to children with social and communication difficulties (Bass, Duchowny & Llabre, 2009). DMT is defined as using movement as an avenue to further emotional and physical individual integration (Ritter & Graff Low, 1996). This proposal for swing dance best fits under the category of DMT, though most DMT is not partner dance.

DMT is found to be most productive in adult and adolescent populations, while still somewhat productive with children (Ritter & Graff Low 1996). While many qualitative studies report change in psychological variables among healthy populations, Ritter and Graff Low note that it is difficult to quantify changes through DMT treatment as DMT does not target specific behaviors.

DMT is correlated with an individual sense of security, improvement in body schema and nonverbal expression, and with an increased sense of connectedness (Behrends, Muller & Dziobek, 2012). Most DMT focuses on allowing participants to experiment with creative movement; Twemlow, Sacco, and Fonagy (2008) studied autistic children's responses to creative movement therapy and found an increase in attention, and a decrease in expressed stress.

McGarry and Russo (2011) note that mirroring opportunities provide participants the chance to increase emotional understanding and empathy. DMT provides prescribed mirroring experiences both in choreographed dances and in lead/follow partnered dances. In addition to interpersonal mirroring, McGarry and Russo note that dance participants also engage in mirroring of emotional themes in the music. Samaritter and Payne (2013, p. 146) noted that "kinaesthetic attitude and neuronal processes enable dancers to empathetically attune to their dance partner during duet improvisation." McGarry and Russo (2011) also found a correlation between movement synchrony and ratings of empathy, meaning that the experience of dance is correlated with a greater feeling of empathy; these researchers draw a parallel to other forms of therapy that focus on the practice of mimicry and note the general improvement in social behaviors by autistic participants.

Studies support the importance of aerobic exercise for individuals with autism and recognize that exercise must be "intensive" in order to be therapeutic (Szot, 1997; Elliot, Dobbin, Rose & Soper, 1994). Aerobic exercise resulted in a decrease of problematic behaviors in autistic participants, including a reduction in stereotypic, repetitive behaviors (Szot, 1997; Elliot, Dobbin, Rose & Soper, 1994).

Swing Dancing

Swing dancing is, in some ways, a pastime of a bygone era, reminiscent of The Savoy Ballroom and some of Fred Astaire and Ginger Roger's routines. It became popular initially in the 1920s and remained in vogue until the 1950s; 1935-1945 is termed "the swing era" (Usner, 2001, p. 88). In the late 1990s, swing dancing enjoyed a short revival in popularity, termed "neo swing" (Usner, 2001, p. 88). This period only lasted for two to three years; since this time, swing dancing has receded again into a subcultural practice but is still present in most cities. There are many theories on the social reasons for this cultural revival; Usner (2001) proposed that swing dancing became popular again because of the restricted, positive codes of behavior, and a more simple social etiquette.

Swing dancing exists in a culture of acceptance, a culture in which it is okay to be different. As Paul Parish noted, when discussing the 1930s swing culture, "there were no prejudices at all; dancers could weigh 300 pounds, be white, or have only one leg—it didn't matter ... if they could dance" (Parish, 1999, p. 52). Modern day swing dancing invites participants from all walks of life and all geographic regions (Carroll, 2006). Avid swing dancers travel nation-wide to attend various all weekend workshops, sometimes termed Lindy Exchanges; Carroll (2006) posits that these workshops are indicative of the sense of unity and acceptance present in swing dance culture. Even the music used in swing dancing promotes the culture of acceptance. While Big Band music was the original soundtrack to swing dancing, modern day swing classes often include alternate types of music, including any music with a tempo that can be broken into eight-counts, the basic beat for swing dance.

Proposed Treatment Approach

Swing dancing is an adjunct treatment for young adults with ASD that has not yet been explored by the field of psychology. This treatment approach provides participants with a carefully structured environment within which to practice social interaction. It also provides concrete physical instruction and vigorous practice in order to help participants increase their physical awareness and comfort. The model is designed to be low cost and low risk, and does not need a psychologist to lead it. Moreover, this model introduces participants to an accepting social group that can easily be maintained after the class ends. A detailed ten-session class schedule is provided in Table 1: Proposed Adjunctive Treatment Schedule. As described above, when employed in a non-clinical college setting, with two non-psychologically trained instructors, the curriculum was observed to be successful with young adults exhibiting social deficits and diminished kinesthetic awareness.

Swing dancing, true to the 1920s culture in which it began, is extremely rule-bound (Usner, 2001). In these classes, structure will be provided through specific social coaching, demonstrations of upcoming content at the start of each session, consistent timing and order of classes and through direct and specific instruction of physical activities and social interactions. It is hypothesized that this rigid structure will well match the rigid thought patterns typically observed in ASD individuals and will provide social comfort by establishing clear expectations and boundaries for participants. Fortunately, this structure is found throughout swing dance culture and will provide consistency for participants who choose to continue to participate in the swing dance community. Swing dance culture includes specific sets of social rules, which will be taught during this class. These rules

include the expectation that people always accept when asked to dance, unless they have already danced with that partner, or are tired and want to take a break, in which case it is expected that, for their next dance, they seek out those who had recently asked them.

These specific scripts are fairly uniform throughout United States swing dance culture and are included in the Table 1: Proposed Adjunctive Treatment Schedule. It is hypothesized that these established social scripts and the assurance that participants will not be rejected when they ask others to dance, and thus will help ease the experience of social anxiety often experienced by individuals with ASD (DeRosier et al., 2011).

This proposed class is designed to teach skills that are easily applied to swing dance activities outside of the class. It is hoped that this proposed class would provide an opportunity for participants to form lasting friendships and to become comfortable enough with swing dancing that they continue to participate in swing dance activities in the community.

Swing dance is an athletic, vigorous form of exercise, as suggested by Elliot et al. (1994) and Szot (1997) in order to provide a therapeutic effect and to decrease maladaptive behaviors in individuals with ASD. A great deal of practice is involved in this schedule in order to account for the increased level of clumsiness found in individuals with ASD (Green et al., 2002).

Swing dance is a partner dance, which allows the opportunity for mirroring practice through mirroring of the dance partner's movements, mirroring of the instructor's movements and mirroring of the music. McGarry and Russo (2011) demonstrated that synchronous movement to rhythmic music was correlated with higher ratings of experienced emotional empathy.

The proposed class schedule is very similar to my previously employed college syllabus, however certain changes have been made in order to better serve ASD participants. Table 1: Proposed Adjunctive Treatment Schedule is a ten-session class schedule that includes teaching basic East Coast, Lindy Hop, and Charleston steps, and moves and transitions between them.

The reader may notice the high level of repetition and practice that is suggested in this proposed treatment approach. Partnered dancing of any kind requires a physical understanding of both self and other, as such, moves are typically difficult to master. This proposed schedule is a slightly slower version of my college class curriculum. This schedule allows for more modeling, description, structure, and practice in order to allow participants a sense of mastery as is indicated by ASD group therapy research (Corbett et al., 2011; Minne & Semrud-Clikeman, 2011; Gutstein & Whitney, 2002; Barnhill et al., 2002).

In the college setting, this class was able to accommodate up to fifty participants at a time. However, due to the increased physical difficulties (Green et al., 2002) and social anxiety (DeRosier et al., 2011) that ASD participants may experience, it is proposed that this class include a fewer number of participants. Based on my anecdotal experience, it is recommended that this class have between ten and twenty participants, allowing for five to ten rotating couples. It is hypothesized that fewer than ten individuals would not allow for ideal group functioning due to potential participant absence, and that greater than twenty participants would necessarily decrease one-on-one time, and may increase experience of social anxiety.

This proposed treatment approach is so similar to a traditional swing dance class that it should be fairly simple for swing dance instructors who are not professionally

psychologically trained to lead it. However, it would be beneficial for the teacher to have some understanding of ASD and to take specific note of the changes proposed here.

Teachers would need to familiarize themselves with the DSM-5 ASD, Level 1 diagnosis in order to better assess which participants will be a good fit for the group and in order to better understand participants' needs. A class led by swing dance teachers rather than psychological professionals could be provided at a lower cost. The only additional costs would include rental of a gymnasium or other appropriate space and the rental or purchase of a sound system and appropriate music.

The proposed schedule provided in Table 1 is an outline and potential order in which this class could appropriately be led. However it should be noted that this outline is not intended to be a rigid schedule, but is rather intended to be a guide for potential swing dance class teachers or researchers based on this author's experience. Actual sessions may vary from this schedule based on participants' experience. It is advised that teachers only introduce new dance movements when it appears that the majority of the participants are able to complete the previously taught movements. For this reason, actual sessions may vary greatly from this proposed schedule. Other than the concluding session, activities can be easily removed from the class schedule without altering the overall effect.

In Table 1, each dance movement introduced to the class is accompanied by a citation for an online video in order to assist readers who may be unfamiliar with swing dancing and this specific terminology. It is important to note that these video clips are selected because they are demonstrative of the movement itself, but not of the teaching methods used.

This class schedule provides a variety of teaching methods, including modeling, one-on-one instruction, and a great deal of repetition and practice. Corbett et al. (2011) demonstrated the efficacy of modeling as a teaching method for individuals with ASD. This proposed schedule employs modeling throughout the ten sessions but also utilizes other instructional techniques in order to attend to other learning styles. In addition to modeling swing dance movements, it will be important for instructors to also model social scripts, and open communication about potential social and physical discomfort.

Teachers will need to employ the use of precise language, as participants with ASD may have difficulty understanding imprecise language such as idioms or metaphors (Barnhill, 2007). Swing dancing is often taught with the use of metaphors and humor so this may be an important and potentially difficult transition for swing dance instructors to make.

It is hypothesized that the implementation of this class schedule with young adult participants with ASD would help the participants to become more comfortable in social situations and increase their body awareness and adeptness. Research is necessary and encouraged in order to explore this hypothesis.

Limitations and Next Steps

Every model has both strengths and limitations. As some of the strengths have already been enumerated here, it is also important to include potential limitations. Obviously, more potential strengths and limitations will come to light once this approach is taken from the theoretical to the applied through case studies.

Firstly, this approach may not be applicable for all young adults with ASD. The model is targeted for young adults with high functioning ASD and would not be appropriate for individuals with more severe symptoms, including those who are nonverbal. It is aimed to serve those individuals who continue to struggle with social interaction and kinesthetic comprehension, but are still able to perform daily living skills.

If the class is led by swing dance instructors without psychological training, the class would likely be a more cost-effective treatment option than treatment that requires a trained psychological professional. However, dance instructors would benefit from autism awareness and may even benefit from specific training in facilitating class with individuals with ASD. The format of the class does not require teachers to engage in specific psychological interventions or counseling, however it does require patience, understanding, and a particular educational approach which, while described in this theoretical proposal, may be novel to some instructors, and may require practice to master. In addition, class instructors may experience difficulty assessing goodness of fit for participants. Non-psychologically trained teachers may benefit from the establishment of specific exclusion criteria based upon the DSM-5 diagnostic criteria for ASD, Level 1. Future researchers and developers should consider the development of such a criteria.

Since individuals with ASD have a tendency to have specific, narrow, specialized interests (American Psychiatric Association, 2013), this model may not appeal to all high functioning individuals with ASD. Swing dancing is also a highly social activity and may be particularly daunting for those with higher levels of social anxiety. Swing dancing also requires a great deal of physical touching, which may be off-putting for some ASD individuals who may be particularly sensitive to physical touch. However, because it is

prescribed touch that is procedurally discussed throughout the sessions, it may serve as safe exposure for individuals who have difficulty with touch. Some individuals may have a more difficult time learning the dance steps, and recognizing, and utilizing rhythm in music. It will be important for instructors to be patient with participants and to provide extra support for participants who may experience higher levels of frustration.

This treatment approach appears very non-clinical, and may be facilitated by non-psychology professionals, which serves both as a benefit and limitation. By the time individuals with ASD reach young adulthood, they have typically been through many years of treatments. Often these treatments target specific problematic behaviors. Swing dancing may be a more attractive option for those who have tired of more traditional treatments. The more relaxed, less clinical feel may also be attractive in that it can feel less pathologizing. However, for those individuals and families who have a more rigid view of what consists of helpful treatment, this approach may have little appeal. In addition, more traditional clinical treatment approaches may have appeal as they may more specifically target problem behaviors.

As a proposal, this approach raises many questions that will need a research study to properly answer. These questions include, but are not limited to the following. Would gains achieved in a swing dance setting be generalizable to other social and physical activities? How long would gains achieved be maintained for? Would participants continue to utilize their newfound swing dancing and swing dance social skills and continue in community activities? It is vital for this proposal to be properly researched in order to determine efficacy. It is this writer's hope that this theoretical proposal can serve

as a backbone or introduction to future research in using swing dancing as a new form of DMT for the High Functioning ASD population.

Summary

Swing dancing is proposed as an adjunctive therapy to help young adults on the Autistic Spectrum to improve their social and kinesthetic abilities. Dance Movement Therapy (DMT) has been shown to be an effective treatment to help participants decrease social anxiety, and increase physical awareness and comfort. Swing dancing is a partner dance that serves to expand upon DMT's effectiveness by providing increased opportunities for participants to practice mirroring in a safe, structured social environment with step-by-step physical instruction. This proposed class is easily generalizable and introduces participants to a social activity that they can be involved in in the community. New treatment options are necessary, as most treatment for individuals with ASD is aimed at children and adolescents, leaving few options for adults. This treatment would be cost effective and would appear less clinical than more traditional therapies. This paper provides a proposal for the possible benefits and downsides of this treatment approach. It is important that research follow up on this proposal to empirically test the efficacy of swing dancing as an adjunctive therapy for young adults with ASD.

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Table 1: Proposed Adjunctive Treatment Schedule

SESSION 1	
1.	<p><i>Introduce: participants and teachers</i></p> <ul style="list-style-type: none"> • Participants are instructed to sit in a circle and teachers facilitate introductions of members and leaders <ul style="list-style-type: none"> ○ Teachers provide specific structure and demonstrate introductions
2.	<p><i>Introduce: swing dance</i></p> <ul style="list-style-type: none"> • Teachers show swing dance video to participants <ul style="list-style-type: none"> ○ For example: Lindy Focus XI: Amateur Open Lindy Hop Jack & Jill posted by Lindy Focus, 2013) • Teachers demonstrate all the moves and transitions that will be taught during the ten group sessions • Teachers discuss group format and participants are invited to ask any questions
3.	<p><i>Discussion Topic: good hygiene</i></p> <ul style="list-style-type: none"> • Teachers discuss the importance of showering and applying deodorant before group and wearing clean clothes to group sessions as a social courtesy to fellow participants
4.	<p><i>Introduce: rhythm</i></p> <ul style="list-style-type: none"> • Instructors count beats out loud and demonstrate bouncing on balls of feet to rhythm • Participants mimic bouncing counting and bouncing to rhythm
5.	<p><i>Introduce: Lead vs. Follow</i></p> <ul style="list-style-type: none"> • Teachers explain and demonstrate difference between Lead and Follow role • Participants pick their role and class divides into Lead and Follow groups <ul style="list-style-type: none"> ○ It is ideal for these groups to be close to even, but is not necessary to be exactly even
6.	<p><i>Introduce: East Coast Basic Steps (expertvillage, 2008e)</i></p> <ul style="list-style-type: none"> • Teachers demonstrate East Coast Basic Steps while counting beats out loud • Participants count beats out loud and step to the beat on the balls of their feet with bent knees • Instructors separate and teach Lead and Follow East Coast Basic Steps separately while counting beats aloud
7.	<p><i>Introduce: East Coast Frame (expertvillage, 2008c)</i></p> <ul style="list-style-type: none"> • Teachers discuss body awareness and explain and demonstrate proper frame • Participants form two concentric circles with the Leads on the inside, facing outward and the Follows on the outside, facing inward <ul style="list-style-type: none"> ○ This is later referred to as the Lead/Follow Circle • Participants form Lead/Follow pairs and teachers help each pair to form proper frame <ul style="list-style-type: none"> ○ Teachers instruct Follows to rotate every few minutes
8.	<p><i>Combine: East Coast Basic Steps & East Coast Frame</i></p> <ul style="list-style-type: none"> • Teachers demonstrate combining East Coast Basic Steps and East Coast Frame while counting aloud (this is later called Face-to-Face East Coast) • Music is added once the majority of the participants appear comfortable with Face-to-Face East Coast <ul style="list-style-type: none"> ○ Teachers continue to count beats aloud throughout practice

SESSION 2

1. *Review: names of participants*
2. *Review: rhythm, Face-to-Face East Coast, Lead/Follow relationship*
 - Participants form Lead/Follow Circle
 - Participants practice steps
 - Teachers instruct follows to rotate every few minutes
 - Teachers walk around circle assisting individual pairs in their review
3. *Demonstration*
 - Teachers demonstrate all moves and transitions that will be taught that day in group
4. *Introduce: Tuck Turn (castillo, 2013a)*
 - Teachers demonstrate and explain Tuck Turn while counting beats out loud
 - Participants practice Tuck Turn
 - Teachers instruct Follows to rotate every few minutes
9. *Combine: Tuck Turn and Face-to-Face East Coast (itsaboutmomentum, 2012a)*
 - Teachers demonstrate and explain Tuck Turn out of Face-to-Face East Coast
 - Participants practice Tuck Turn out of Face-to-Face East Coast
 - Teachers instruct Follows to rotate every few minutes
5. *Discussion Topic: how to ask a person to dance & answer when asked*
 - Teachers demonstrate how to ask someone to dance, how to respond to being asked to dance and how to walk your partner to the dance floor
 - “Would you like to dance?”
 - “Yes, thank you” or “No thank you, I’m resting for now” or “No thank you, we’ve danced together a lot tonight, I think I should dance with other people for a while”
 - Participants practice specific script
 - Teachers instruct Follows to rotate every few minutes
6. *Introduce: Under Arm Turn (castillo, 2013a)*
 - Teachers demonstrate and explain Under Arm Turn
 - Participants practice Under Arm Turn
 - Teachers instruct Follows to rotate every few minutes
7. *Combine: Under Arm Turn with Face-to-Face East Coast (itsaboutmomentum, 2012a)*
 - Teachers demonstrate and explain Under Arm turn out of Face-to-Face East Coast
 - Participants practice Under Arm Turn out of Face-to-Face East Coast
 - Teachers instruct Follows to rotate every few minutes
8. *Combine: Face-to-Face East Coast with Tuck Turn and Under Arm Turn (itsaboutmomentum, 2012a)*
 - Teachers call out moves while members practice Face-to-Face East Coast, Tuck Turn and Under Arm Turn
9. *Review: Lead/Follow relationship*
 - Teachers review and demonstrate Lead/Follow relationship
 - Participants practice leading and following moves
 - Teachers remind members of moves but do not call them out
 - Teachers instruct Follows to rotate every few minutes

SESSION 3

1. *Review: Face-to-Face East Coast, Tuck Turn, Under Arm Turn and Lead/Follow relationship*
 - Teachers demonstrate all moves and transitions
 - Participants form Lead/Follow Circle and practice all moves, transitions and Lead/Follow Relationship
2. *Demonstration*
 - Teachers demonstrate all moves and transitions that will be taught that day in group
3. *Introduce: Inside Turn (castillo, 2013a)*
 - Teachers demonstrate and explain Inside Turn
 - Participants practice Inside Turn step-by-step
 - Teachers instruct Follows to rotate every few minutes
4. *Introduce: Basic Dip (itsaboutmomentum, 2012b)*
 - Teachers demonstrate and explain Basic Dip
 - Participants practice Basic Dip step-by-step
 - Teachers instruct Follows to rotate every few minutes
5. *Discussion Topic: how to lead someone onto the dance floor and start a dance*
 - Teachers discuss and demonstrate how to lead someone onto the dance floor and start a dance
 - Participants practice specific script
 - Teachers instruct Follows to rotate every few minutes
6. *Combine: Face-to-Face East Coast, Tuck Turn, Under Arm Turn, Lead/Follow relationship, Inside Turn and Basic Dip*
 - Participants practice skills in Lead/Follow Circle as Teachers call out moves
7. *Review: Lead/Follow Relationship*
 - Teachers review Lead/Follow roles and instruct Follows to close their eyes while dancing
 - Teachers focus on the importance of Basic Frame
8. *Social Dance*
 - During the last 5 minutes of group session
 - Teachers put on music and encourage members to ask each other to dance
 - Leaders are available for any questions

SESSION 4

1. *Review: all dance moves & Lead/Follow roles*
 - Participants form Lead/Follow Circle
 - Teachers count out beats and steps while participants practice Face-to-Face East Coast
 - Teachers instruct Follows to rotate every few minutes
2. *Demonstration*
 - Teachers demonstrate all moves and transitions that will be taught that day in group
3. *Introduce: Lindy Hop*
 - Instructors demonstrate lindy hop basic steps
4. *Introduce: Basic Lindy Hop Steps (mahalodotcom, 2010)*
 - Participants divide into Lead/Follow groups

- Teachers explain and demonstrate 8-count steps while counting beats aloud
 - Instructors separate and teach Lead and Follow lindy hop basic steps separately while counting beats aloud
 - Participants practice 8-count steps in place, while teachers count aloud
5. *Review: Basic Frame*
 - Teachers review basic frame and demonstrate how it applies to lindy hop
 - Participants form Lead/Follow Circle and practice standing in basic frame with partners
 - Teachers instruct Follows to rotate every few minutes
 6. *Introduce: Lindy Circle* (expertvillage, 2008a)
 - Teachers explain and demonstrate proper frame and tension for Lindy Circle
 - Participants practice proper frame and tension and work up to full Lindy Circle while standing in Lead/Follow Circle
 - Teachers instruct Follows to rotate every few minutes
 7. *Combine: Basic Lindy Hop Steps, Basic Frame and Lindy Circle to make Lindy Swingout* (mahalodotcom, 2010)
 - Teachers explain and demonstrate Lindy Swingout
 - Participants practice Lindy Swingout
 - Teachers instruct Follows to rotate every few minutes
 8. *Social Dance*
 - During the last 10 minutes of group, participants practice their dancing skills while music plays
 - Teachers put on music and encourage members to ask each other to dance
 - Leaders are available for any questions

SESSION 5

1. *Review: Lindy Swingout*
 - Participants form Lead/Follow Circle
 - Teachers count out beats and steps while participants practice basic Lindy Hop steps
2. *Demonstration*
 - Teachers demonstrate all moves and transitions that will be taught that day in group
3. *Introduce: Lindy Hop Lead/Follow Relationship*
 - Teachers explain and demonstrate Lead/Follow relationship in Lindy Hop
 - Follows close their eyes while dancing with leads to practice Lead/Follow relationship
 - Teachers instruct Follows to rotate every few minutes
4. *Combine: Tuck Turn and Lindy Swingout* (castillo, 2013a)
 - Teachers explain and demonstrate Tuck Turn out of Lindy Hop
 - Participants practice getting into Tuck Turn from Lindy Hop
 - Teachers instruct Follows to rotate every few minutes
5. *Combine: Under Arm Turn and Lindy Swingout* (castillo, 2013a)
 - Teachers explain and demonstrate Under Arm Turn out of Lindy Hop
 - Participants practice getting into Tuck Turn from Lindy Hop
 - Teachers instruct Follows to rotate every few minutes
6. *Combine: Lindy Hop, Tuck Turn and Under Arm Turn*

- Teachers call out moves while members practice Lindy Hop, Tuck Turn and Under Arm Turn
- Once participants appear comfortable with this combination, teachers invite Follows to close their eyes while being led
 - Teachers instruct Follows to rotate every few minutes

7. *Social dance*

- During the last 10 minutes of group, participants practice their dancing skills while music plays
- Teachers put on music and encourage members to ask each other to dance
- Leaders are available for any questions

SESSION 6

1. *Review: Lindy Swingout*

- Participants form Lead/Follow Circle
- Teachers count out beats and steps initially and later add music once participants appear comfortable with Lindy Swingout

2. *Demonstration*

- Teachers demonstrate all moves and transitions that will be taught that day in group

3. *Combine: Inside Turn and Lindy Swingout* (expertvillage, 2008b)

- Teachers explain and demonstrate Inside Turn out of Lindy Swingout
- Participants practice getting into Inside Turn from Lindy Swingout
 - Teachers instruct Follows to rotate every few minutes

4. *Combine: Lindy Swingout and Basic Dip* (itsaboutmomentum, 2012b)

- Teachers explain and demonstrate Basic Dip out of Lindy Swingout
- Participants practice getting into Basic Dip from Lindy Swingout
 - Teachers instruct Follows to rotate every few minutes

5. *Review: Face-to-Face East Coast*

- Teachers demonstrate Face-to-Face East Coast
- Teachers count out beats and steps for Face-to-Face East Coast while participants practice

6. *Combine: Face-to-Face East Coast and Lindy Hop* (expertvillage, 2008f)

- Teachers explain and demonstrate transition from Face-to-Face East Coast to Lindy Swingout
- Participants practice getting from Face-to-Face East Coast to Lindy Swingout

7. *Combine: Face-to-Face East Coast, Lindy Hop, turns and Basic Dip*

- Teachers call out transitions, turns and dip while Participants Practice
- Participants practice with music and with leading and following

8. *Social dance*

- During the last 10 minutes of group, participants practice their dancing skills while music plays
- Teachers put on music and encourage members to ask each other to dance
- Leaders are available for any questions

SESSION 7

1. *Review: Lindy Swingout and Face-to-Face East Coast*

- Teachers demonstrate Lindy Swingout and Face-to-Face East Coast
- Participants form Lead/Follow Circle and practice all previously learned steps and moves

- Teachers count out beats and steps initially
 - Then add music and participants practice with leading and following
 - Teachers instruct Follows to rotate every few minutes
2. *Demonstration*
 - Teachers demonstrate all moves and transitions that will be taught that day in group
 3. *Introduce: Pulse or Chug* (expertvillage 2008c)
 - Teachers explain and demonstrate chug
 - Participants practice chug
 - Teachers instruct Follows to rotate every few minutes
 4. *Introduce: Charleston Basic Steps* (expertvillage, 2008d)
 - Participants divide into Lead and Follow groups
 - Teachers separate and explain and demonstrate Charleston Basic Steps to Lead and Follow Groups
 - Participants practice Charleston Basic Steps
 - Teachers instruct Follows to rotate every few minutes
 5. *Introduce: Side-by-Side Position* (expertvillage, 2008d)
 - Participants form Lead/Follow Circle
 - Teachers explain and demonstrate Side-by-Side Position
 - Participants practice Side-by Side Position
 - Teachers instruct Follows to rotate every few minutes
 6. *Introduce: Turn Steps* (castillo, 2013b)
 - Teachers explain and demonstrate Turn Steps
 - Participants practice Turn Steps
 - Teachers instruct Follows to rotate every few minutes
 7. *Social dance*
 - During the last 10 minutes of group, participants practice their dancing skills while music plays
 - Teachers put on music and encourage members to ask each other to dance
 - Leaders are available for any questions

SESSION 8

1. *Review: Charleston Basic Steps, Side-by-Side Position, Turn Steps*
 - Participants form Lead/Follow Circle
 - Teachers count out beats and steps initially
 - Participants practice with music
2. *Demonstration*
 - Teachers demonstrate all moves and transitions that will be taught that day in group
3. *Introduce: Face-to-Face Position* (UnderStoryProd, 2009)
 - Teachers explain and demonstrate Face-to-Face Position
 - Participants practice Face-to-Face Position
 - Teachers instruct Follows to rotate every few minutes
4. *Combine: Side-by-Side Charleston to Face-to-Face Charleston* (UnderStoryProd, 2009)
 - Teachers explain and demonstrate how to transition from Side-by-Side Position to Face-to-Face

Position

- Group member practice transition
 - Teachers instruct Follows to rotate every few minutes
5. *Introduce: Lolly Kicks* (sharkswing, 2013)
 - Teachers explain and demonstrate Lolly Kicks
 - Participants practice Lolly Kicks
 - Teachers instruct Follows to rotate every few minutes
 6. *Introduce: Follower Turn* (castillo, 2013b)
 - Teachers explain and demonstrate the Follow Turn
 - Participants practice Follow Turn
 - Teachers instruct Follows to rotate every few minutes
 7. *Introduce: Leader Turn* (castillo, 2013b)
 - Teachers explain and demonstrate the Leader Turn
 - Participants practice Leader Turn
 - Teachers instruct Follows to rotate every few minutes
 8. *Social dance*
 - During the last 10 minutes of group, participants practice their dancing skills while music plays
 - Teachers put on music and encourage members to ask each other to dance
 - Leaders are available for any questions

SESSION 9

1. *Review: East Coast*
 - Participants form Lead/Follow Circle
 - Participants practice while leaders count out beats and steps initially, then add music and participants practice with leading and following
 - Teachers instruct Follows to rotate every few minutes
2. *Review: Lindy Hop*
 - Participants form Lead/Follow Circle
 - Participants practice while leaders count out beats and steps initially, then add music and participants practice with leading and following
 - Teachers instruct Follows to rotate every few minutes
3. *Review: Charleston*
 - Participants form Lead/Follow Circle
 - Participants practice while leaders count out beats and steps initially, then add music and participants practice with leading and following
 - Teachers instruct Follows to rotate every few minutes
4. *Combine: Charleston and Lindy Hop* (expertvillage, 2008f)
 - Teachers explain and demonstrate transitions
 - Participants practice transitions while leaders count out beats and steps initially, then add music and participants practice with leading and following
 - Teachers instruct Follows to rotate every few minutes

5. *Social Dance*

- During the last 10 minutes of group, participants practice their dancing skills while music plays
- Teachers put on music and encourage members to ask each other to dance
- Leaders are available for any questions

SESSION 10**1. *Social dance***

- First half of session: Teachers put on music and encourage members to ask each other to dance; leaders are available for any questions
- Second half of session: Participants are encouraged to invite friends and families to come and join in the dancing

2. *Teachers provide referrals to swing dancing opportunities in the community*

- Fliers and contact information to swing dancing in the community are available for all attendees and their friends and families