Dyadic Assessment of Naturalistic Caregiver-Child Experiences: DANCE

Integration Pack
(Version 3.1)
DANCE Integration
Supervisor
Pack

The knowledge and skills nurses gained during DANCE Fundamentals is a great start to using the DANCE in practice and to a deeper understanding of caregiver-child interactions. However, DANCE Fundamentals is just the first step in learning to incorporate this new dyadic observation and intervention framework into practice. You, as a supervisor, play a key role in guiding and supporting nurses to fully integrate the DANCE during the six months following DANCE Fundamentals, called the DANCE Integration period.

This pack first provides information and strategies to address the change process necessary to adopt a new behaviour; in this case, the use of the DANCE in FNP practice. It then offers specific team and individual based learning activities that you can use to support nurses as they incorporate the DANCE and DANCE STEPS into practice. The information and the recommended activities included in this pack support mastery of the DANCE and fulsome integration into practice, enabling the nurse to feel comfortable and confident using the tool with clients who have a wide range of parenting styles and skills.

CHANGE THEORY

Kurt Lewin and colleagues (Burke, 2011) developed a theory to explain the process of change that outlines steps and describes factors involved in change. Lewin’s change theory is included in this pack as a framework for explaining how nurses may experience the learning and integration of DANCE in their practice. The suggested DANCE Integration activities were developed with consideration of change theory and in response to learning about the types of support that helped nurses during the DANCE feasibility test to integrate DANCE into their practice.

Unfreezing

Lewin’s three stages or phases of change are Unfreezing, Moving, and Freezing or Refreezing. The first stage involves unfreezing the current behaviour. For this to occur, individuals need to be motivated and ready to change (Kristonis, 2005). To integrate the DANCE into practice individuals need to acknowledge that they are assuming a novice role, even if they have considerable experience observing and working with families. This novice role may cause nurses to feel discomfort as they learn a new tool. This could involve feeling anxious and/or frustrated about the change (Wirth, 2004). Individuals need to see the benefits of the change and work through barriers that may inhibit it. Some nurses may be defensive or resistant to this change, particularly if they are being asked to replace a previously accepted method for observing caregivers and children.

For change to progress during this first stage, you can support your nurses to move past their anxiety and provide opportunities to discuss feelings about the change during supervision and case discussions. During your first supervision after training hand-out and then review your nurses’ completed Preparing to Use the DANCE in FNP Practice worksheets (given out in training and on
FNP online http://familynursepartnership.ning.com/page/dance-1 to reflect on perceived barriers and benefits as well as how your nurses are feeling about integrating the DANCE into their practice. In addition, you can support opportunities for your nurses to review material presented in DANCE Fundamentals. This may involve discussing and problem solving when each nurse is able to complete an individual review of the DANCE manual and coding sheet as well as setting aside time at team meetings to review the DANCE dimensions and behaviours. The learning activity in the second month supports examining the challenges that individual nurses are experiencing in learning and using the DANCE and planning how they will move forward with their knowledge to fully integrate DANCE into their practice.

Moving
The second stage of change involves making the change and moving toward the desired goal. This involves carrying out action steps to support the change (Burke, 2011). Activities during DANCE Fundamentals and DANCE Integration help to guide your nurses through a series of steps (learning, practice, and using opportunities) to prepare for and utilise DANCE and DANCE STEPS.

DANCE and DANCE STEPS are complex practice skills. Learning may be demanding, especially early on, and could involve a series of moving forward, plateauing, and dipping down. Creating time to discuss these experiences with your team will help you to support the learning process. Assess and support each nurse’s level of motivation and persistence. Encourage your nurses to continue to practice, as repeated use of the DANCE in practice facilitates mastery. Look for opportunities to have fun in this process.

As a supervisor, awareness of the full impact of integrating the DANCE into practice will help you to plan and support your nurses during this change. Your nurses will change how they talk about and approach caregiving with clients. Home visit plans will need to accommodate periodic DANCE observations and existing guideline materials may be used in slightly different ways than they were being used prior to DANCE. DANCE creates a framework and provides a new language to use when nurses are sharing client stories with their supervisors. Documentation of caregiver-child interactions will differ from current practice; you and your nurses will need to determine a process to record and keep track of DANCE observations and DANCE STEPS. While these changes are intended to have an overall positive impact on practice, they are unsettling and create disequilibrium during the process of change.

The rate of transition from Unfreezing to Moving is variable among learners (Kristonis, 2005). Nurses vary both in their uptake of the DANCE and how they move along with the change of incorporating the DANCE into practice. Some nurses will become energised and excited to learn and use this new tool and will begin using it right away. These nurses would be considered early adopters. Other nurses, late adopters, may be more reluctant and require more time and resources to get started and move along with the change.

During the second stage of change, you can identify the rate at which your nurses are moving forward in furthering their learning and using the DANCE. Identifying the early and late adopters will help you to provide the appropriate level of support each of your nurses may need to support his/her integration of the DANCE. During the DANCE feasibility tests, many sites identified a “DANCE
Champion.” This was an individual nurse at each site, who was proficient, enthusiastic, and quick to begin using the DANCE in practice – an early adopter. You may identify and approach a nurse at your site who is quickly moving forward using the DANCE to see if s/he may be interested in taking on more of a leadership role with DANCE at your site. This could involve having the nurse assist in leading some of the DANCE Integration activities as well as provide mentoring and peer support for nurses who are slower in their uptake of DANCE.

You can offer other supervisory support to nurses who are more reluctant or slower to begin using the DANCE – late adopters. Talk with these nurses individually to identify their perceived barriers to use and be empathetic to their feelings and experiences. Explore strategies that may reduce these barriers and support these nurses to develop a plan to implement these strategies. This plan should include small, achievable steps that will help to increase your nurses’ comfort and confidence in making the change to using the DANCE. Recognise, acknowledge, and celebrate when your nurses achieve their goals. This reinforces their progress while enhancing confidence and motivation to continue with the change.

There are several things you can implement at your site to support on-going learning and enthusiasm for learning and integrating the DANCE. Here are a few suggestions:

- Occasionally send the nurses a written or verbal note of encouragement or celebration.
- Post frequently asked questions and answers on a bulletin board.
- Have a bias bag/box available at your site for the nurses to add to as biases are recognised.
- Develop a reminder message to tape onto a common space (in the restroom, office wall, supervisor door). Include messages such as:
  - Have you DANCE’d lately?
  - Glance at the DANCE
  - Use a Fresh Lens
- Encourage your nurses to complete a joint home visit where a DANCE observation is completed. Ask them to share their observations and discuss what joint coding revealed.
- Celebrate individual and team milestones such as:
  - 1st, 5th, 10th DANCE completed
  - Used the DANCE STEPS
  - Used the DANCE Cards
  - Used DANCE language during a team meeting, case discussions, or supervision

**Freezing**
The last stage of change, Freezing (or Refreezing), involves the integration and continuation of the change (Burke, 2011). During this stage, the change is relatively stable and homeostasis has been restored to many nurses’ practice (Wirth, 2004). Individual nurses have incorporated the change into their daily work. At this point, you as the supervisor can implement strategies to reinforce the change. Expectations that DANCE is a regular part of FNP practice can be set by including the DANCE and DANCE STEPS when reviewing client cases during supervision and case discussions. Your expectations as supervisor also should include demonstration that DANCE observations are being completed in accord with the recommended schedule. Regular and ongoing use of DANCE reinforces the change, maintains motivation to continue to move forward, and increases mastery.
Explore ways to celebrate milestones as your team moves toward mastery of the DANCE and DANCE STEPS. Create time to reflect on your team’s accomplishments, record and post them in your common office space. Provide your nurses with a certificate of completion for becoming a “DANCE’R.” Plan a breakfast or lunch to celebrate. These small rewards create a sense of accomplishment, enhancing motivation and reinforcement of the change.

Other Supervisory Considerations
The size of supervisors’ client caseloads varies across sites. Your nurses often have larger caseloads, therefore providing more opportunities for them to use the DANCE. As your nurses move forward in deepening their understanding of the DANCE, you may find that some nurses move beyond the knowledge and skills you gained during DANCE Preparation and Fundamentals. Your supervisor role does not have to include being a DANCE expert. It does, however, include offering support to enhance individual learning and facilitate the integration of DANCE into the team process. Utilise your nurses’ skills and knowledge to enrich client case discussions and supervision. Continue to use the DANCE to code when you have the opportunity to further develop your own learning.

As you move through the 6-month DANCE Integration period, a DANCE Trainer could be available to offer you and your site support as well as contacting Ruth Rothman. Ruth will schedule two, three monthly telephone conference calls with you enabling you to focus on your team’s progress in moving forward with the DANCE, as well as answering any questions you or your nurses have.

DANCE Integration Activities
DANCE Fundamentals training was developed to introduce DANCE concepts and behaviours at a novice level. DANCE Integration is a six-month, individual, team-based learning, and support programme designed to advance mastery of the DANCE and integration into practice. The information gained and activities completed during DANCE Integration are designed to deepen understanding of the DANCE, support use of the DANCE in practice, support use of the DANCE STEPS, and move your nurses toward an expert level of DANCE use.

This section provides guidance to support your nurses’ continued learning and use of the DANCE and DANCE STEPS. These activities have been demonstrated to support learning and integration of the DANCE into practice. An overview of the DANCE Integration activities as well as practice and use opportunities are provided. A timeline defines the recommended period for completing the DANCE Integration activities. This timeline may be adjusted according to your teams’ needs and progression through the arc of DANCE learning. For example, if your team quickly moves forward in reviewing and utilising the DANCE, you may elect to skip the Month 2 activity: DANCE is Sometimes a Rocky Road. If your team is slower to translate DANCE findings using the DANCE STEPS, you may choose to complete the Month 4 activity: Developing a DANCE STEPS Plan more than once.

DANCE Integration materials are provided in a separate Appendix (and on FNP online http://familynursepartnership.ning.com/page/dance-1) and include supervisory instructions and a supervisor version of the activity with guidance/responses to specific questions. Nurse activity worksheets will be emailed to you and are completed by nurses according to the guidance provided.
Nurse and supervisor tracking forms are available to help individuals keep track of their progress as they move through the DANCE Integration activities. The nurse version, DANCE Integration Checklist (Nurse Version), is found in Appendix A and the supervisor version, DANCE Integration Checklist (Supervisor Version), in Appendix B. Distribute the nurse version to each of your nurses after you return to your site following DANCE Fundamentals training. Check in with individual nurses during supervision time to determine how they are moving along with integration of the DANCE into practice. Complete and utilise the Supervisor DANCE Integration Checklist as a talking point during your monthly DANCE Trainer support meeting.

**Month 1 Activities**
The DANCE Integration activities during the first month provide an opportunity to review the DANCE while enhancing confidence, knowledge, and skills for implementing the DANCE in practice.

- **Individual DANCE Review**: It is recommended that each nurse and supervisor review the DANCE manual and DANCE coding form on his/her own. Check in with each nurse during supervision time, encouraging them to share his/her questions about the DANCE behaviours and observation requirements. Note common questions that arise and discuss them with the entire team. Seek consultation from Ruth Rothman as needed to respond to them.

- **Team-Based DANCE Review**: As a team, review the DANCE behaviours and encourage your nurses to begin coding as soon as possible. DANCE users during the feasibility tests reported that jumping in and coding right away following DANCE Fundamentals training positively impacted learning and utilisation of the DANCE. It can feel overwhelming to integrate a new tool and practice methods into an already busy practice. However, delaying the review and utilisation of the DANCE causes increased difficulties in recalling knowledge and skills gained in DANCE Fundamentals training. Also, motivation and confidence to incorporate the use of the DANCE into practice decreases as time after DANCE Fundamentals training lengths.

You can lead your team in this review or support your site’s DANCE Champion to do so. Start by reviewing one dimension at a time, reading through the DANCE coding manual for this dimension. After reviewing the behaviours for a dimension, encourage your nurses to use the DANCE tool to code the behaviours from that dimension during a home visit. Create opportunities for them to share their experiences with the team.

- **Code Practice Clips**: Review of the DANCE also may include accessing the DANCE website (http://cittdesign.com/dance/) to code and review practice clips either individually or together as a team. A login and password for each nurse and supervisor to access the website was sent shortly following the completion of DANCE Fundamentals training. Video clips from the DANCE Fundamentals training are posted on the website along with the Gold Standard Codes and clinical version notes of the completed DANCE observations. This provides opportunity to clarify and refine thinking about behaviours as well as to gain a sense of the expectations for documenting DANCE observations. Guidance for facilitating a group review of a videotaped DANCE observation is provided in Appendix C.

- **Learning Activity – Preparing for DANCE Observations**: This activity extends discussions from DANCE Fundamentals training to develop and practice strategies for
setting up a planned caregiver activity during a home visit. Nurses complete this activity individually and then share the outcomes with you after they have implemented their strategies in the home. Refer to the Month 1 tab for detailed instructions to complete this activity.

- **DANCE Observations:** As your nurses begin to code, encourage them to select clients they believe have particular strengths or challenges and see what the tool reveals. Remind nurses to "Glance at the DANCE" before each DANCE visit. Encourage them to continue to code one or more dimensions at a time, with the goal of coding all DANCE behaviours within six weeks from DANCE Fundamentals training.

Encourage all your nurses to share DANCE observations through conversations about clients during case discussions and supervision. Nurses and supervisors from the DANCE feasibility tests reported that doing so provided a framework and a common language to facilitate understanding of clients’ caregiving behaviours.

- **DANCE Trainer Consultation:** Encourage your nurses to share questions, challenges, and insights with you. Record these and share them with Ruth Rothman during your 3 monthly conference call, or more often as needed.

**Month 2 Activities**
The activities for the second month provide opportunities to examine the impact of incorporating a new tool and methodology into practice while helping to build confidence to implement the DANCE.

- **Learning Activity – DANCE is Sometimes a Rocky Road:** This team-based activity provides the opportunity to examine progress and challenges experienced while learning a new tool. This activity includes the development of goals and a plan to support ongoing learning. Refer to Month 2 for detailed instructions to complete this activity.

- **DANCE Observations:** Check in with your nurses during individual supervision to see how they are continuing to use the DANCE tool to code caregiver-child interactions during home visits. Remind them to continue to "Glance at the DANCE" before each DANCE visit. Nurses should be coding a few behaviours or a dimension at a time, with the goal of coding all DANCE behaviours at one time by the end of Month 2. When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.

- **DANCE Observation Client Tracking Form:** Ask the nurses to review pages 6.3-6.4 in the DANCE coding manual, which outlines a schedule for ongoing use of the DANCE with the nurse’s entire caseload throughout the course of the infant and toddler periods of the FNP programme. Instruct nurses to complete the DANCE Observation Client Tracking Form to determine the recommended times to complete a DANCE observation with each client. Discuss the tracking form with each of your nurses this month, preparing them to implement the schedule with their caseload at the beginning of Month 3.

- **DANCE Trainer Consultation:** Nurses are encouraged to continue to share questions, challenges, and insights with you. Record these and share them with Ruth Rothman during
your 3 monthly conference, or more often as needed.

Month 3 Activities
Month 3 activities help nurses prepare to utilise the DANCE with their entire caseload by applying the recommended schedule for completing the DANCE with clients. Month 3 activities also support introduction and discussion of DANCE concepts and behaviours with clients.

- **Learning Activity – Discussing the DANCE with Clients:** This is an individual and team-based activity. It considers factors that influence the selection of DANCE behaviours to target for visit planning and intervention and shares approaches for discussing the DANCE and DANCE STEPS with clients. Refer to Month 3 for detailed instructions to complete this activity.

- **DANCE Observations:** At the beginning of this month, encourage your nurses to review the DANCE Observation Client Tracking Form they completed to determine on which clients they will be carrying out DANCE observations during Month 3. Ask them to review their home visit schedules to determine when they are planning to visit the identified clients and add a DANCE observation to the home visit plan. On a regular basis during team discussions, share how DANCE observations are going for everyone. You may choose to add this item to your team meeting agendas. When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.

- **DANCE Trainer Consultation:** Nurses are encouraged to continue to share questions, challenges, and insights with you. Record these and share them with Ruth Rothman during your 3 monthly conference, or more often as needed.

Month 4 Activities
Month 4 activities support the continued integration of DANCE STEPS into practice to individualise and target interventions within the maternal role domain of the programme.

- **Learning Activity – Developing a DANCE STEPS Plan:** This is a team-based case study that involves reflecting on DANCE findings to develop a home visit plan that will reinforce client strengths and/or support areas for growth within the maternal role domain of the programme. Refer to the Month 4 tab for detailed instructions to complete this activity.

- **DANCE Observations:** Encourage your nurses to continue to review their DANCE Observation Client Tracking Form to determine on which clients they will be completing DANCE observations during Month 4. Ask them to review their home visit schedules to determine when they are planning to visit the identified clients and add a DANCE observation to the home visit plan. Assess the completion of DANCE observations with individual nurses during supervision. You may also choose to review a completed DANCE coding sheet with each nurse to assess the use of DANCE language, including frequency, duration, and intensity words, and to determine how well their narrative comments support their codes. During team discussions, share how DANCE observations are going for everyone on a regular basis. When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.
• **DANCE Trainer Consultation:** Nurses are encouraged to continue to share questions, challenges, and insights with you. Record these and share them with Ruth Rothman during your 3 monthly conferences, or more often as needed.

**Month 5 Activities**

Month 5 activities provide an opportunity to examine relationships between certain DANCE behaviours and to apply them to client observations, supporting a more fine-tuned understanding of the behaviours.

• **Learning Activity – Comparing and Contrasting DANCE Behaviours:** This learning activity is completed with a partner and then nurses’ responses are discussed with the team. This activity provides the opportunity to explore and explain relationships that occur between behaviours included in the DANCE. Refer to the Month 5 tab for detailed instructions to complete this activity.

• **DANCE Observations:** Encourage your nurses to continue to review their DANCE Observation Client Tracking Form to determine on which clients they will be completing DANCE observations during Month 5. Ask them to review their home visit schedules to determine when they are planning to visit the identified clients and add a DANCE observation to the home visit plan. When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.

• **DANCE Trainer Consultation:** Nurses are encouraged to continue to share questions, challenges, and insights with you. Record these and share them with Ruth Rothman during your 3 monthly conference, or more often as needed.

**Month 6 Activities**

Month 6 activities support the continued use of DANCE in practice and provide the opportunity to reflect on completed DANCE observations of the same dyad at different time points.

• **Learning Activity – Comparing DANCE Observations:** This learning activity is completed individually and then individual nurse responses are discussed with you. The purpose of this activity is to compare and contrast two completed DANCE observations from the same dyad at different points in time to explore changes in caregiving behaviour over time. Refer to the Month 6 tab for detailed instructions to complete this activity.

• **DANCE Observations:** Encourage nurses to continue to review their DANCE Observation Client Tracking Form to determine which clients they will be completing DANCE observations for during Month 6. Ask them to review their home visit schedules to determine when they are planning to visit the identified clients and add a DANCE observation to the home visit plan. When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.

• **DANCE Trainer Consultation:** Nurses are encouraged to continue to share questions, challenges, and insights with you. Record these and share them with Ruth Rothman during your 3 monthly conferences, or more often as needed.
After completion of the 6-month DANCE Integration activities, continue to support use of the DANCE at your site. Using the tool on a regular basis helps to sustain competence and promotes competent caregiving for FNP clients. Encourage your nurses to complete DANCE observations during home visits according to the recommended schedule. Follow up to see how they are using findings from the DANCE to target intervention within the maternal role domain of the programme with each of their clients. You, as supervisor, can provide opportunities for them to reflect on DANCE observations as they move along.

Thanks for "DANCE"ing.  
Your dedication and persistence for learning new "STEPS" and offering support is so appreciated!
APPENDIX A:
DANCE Integration Checklist (Nurse Version)

This checklist will help you keep track of and record the completion of the DANCE Integration activities. Place a check in the box when the activity is complete.

Month 1 Activities

- Individual review of the DANCE Coding Manual and DANCE Coding Form.
- Team-based review of DANCE behaviours.
- Code practice clips from the DANCE website individually or as a team.
- Complete the individual learning activity, Supporting Planned Caregiving Activities. Your supervisor will provide guidance for this learning activity.
- Begin DANCE observations in the home, coding one or more dimensions at a time. Share completed DANCE observations during conversations about clients in case discussion and supervision.
- Share questions, challenges, and insights with your team and supervisor.

Month 2 Activities

- Complete the team-based learning activity DANCE is Sometimes a Rocky Road. Your supervisor will provide guidance for this learning activity.
- Continue DANCE observations in the home, coding one or more dimensions at a time with the goal of coding all behaviours at one time by the end of this month. Share completed DANCE observations during conversations about clients in case discussion and supervision.
- Review p6.3-6.4 in the training manual.
- Complete the DANCE Observation Client Tracking Form and share it with your supervisor.

Month 3 Activities

- Complete the individual and team-based learning activity Discussing the DANCE with Clients. Your supervisor will provide guidance for this learning activity.
- Use your completed DANCE Observation Client Tracking Form to determine which clients to complete DANCE observations for this month. Share completed DANCE observations during conversations about clients in case discussion and supervision.
APPENDIX A: DANCE Integration Checklist (Nurse Version)  
continued

Month 4 Activities

☐ Complete the team-based learning activity Developing a DANCE STEPS Plan. Your supervisor will provide guidance for this learning activity.

☐ Continue to use your completed DANCE Observation Client Tracking Form to determine which clients to complete DANCE observations for this month. Share completed DANCE observations during conversations about clients in case discussion and supervision.

☐ When possible, complete a DANCE observation with your supervisor or peers and share your codes.

Month 5 Activities

☐ Complete the partner and team-based learning activity Comparing and Contrasting DANCE Behaviours. Your supervisor will provide guidance for this learning activity.

☐ Continue to use your completed DANCE Observation Client Tracking Form to determine which clients to complete DANCE observations for this month. Share completed DANCE observations during conversations about clients in case discussions and supervision.

☐ When possible, complete a DANCE observation with your supervisor or peers and share your codes.

Month 6 Activities

☐ Complete the individual learning activity Comparing DANCE Observations. Your supervisor will provide guidance for this learning activity.

☐ Continue to use your completed DANCE Observation Client Tracking Form to determine which clients to complete DANCE observations for this month. Share completed DANCE observations during conversations about clients in case discussions and supervision.
APPENDIX B:
DANCE Integration Checklist (Supervisor Version)

This checklist will help you keep track of and record the completion of the DANCE Integration activities. Place a check in the box when the activity is complete.

Month 1 Activities

☐ Follow-up with each nurse regarding their individual review of the DANCE Coding Manual and DANCE Coding Form.

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☐ Team-based review of DANCE behaviours, by dimension:
  o Emotional Quality
  o Sensitivity and Responsivity
  o Support of Behavioural and Emotional Regulation
  o Promotion of Developmental Growth

☐ Team-based coding of practice clips from the DANCE website.

☐ Follow-up with each nurse during supervision regarding the completion of the individual learning activity Supporting Planned Caregiving Activities.

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☐ Encourage your nurses to begin to complete DANCE observations in the home coding one or more dimensions at a time. Ask them to share completed DANCE observations during conversations about clients in case discussions and supervision.

☐ Encourage your nurses to share questions, challenges, and insights. Record these and share them with the DANCE trainer during your monthly support call, or more often as needed.
APPENDIX B:  
DANCE Integration Checklist (Supervisor Version)  
continued

Month 2 Activities

☐ Support completion of the team-based learning activity DANCE is Sometimes a Rocky Road.

☐ Encourage your nurses to begin to complete DANCE observations in the home, coding one or more dimensions at a time. Ask them to share their completed DANCE observations during conversations about clients in case discussion and supervision. When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.

☐ Follow-up with each nurse regarding the completion of the DANCE Observation Client Tracking Form.

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☐ Encourage nurses to share questions, challenges, and insights. Record these and share them with the DANCE trainer during your monthly support call, or more often as needed.

Month 3 Activities

☐ Support completion of the individual and team-based learning activity Discussing the DANCE with Clients.

☐ Review the completed DANCE Observation Client Tracking Form with each nurse to determine which clients they will be completing DANCE observations for this month.

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☐ Encourage nurses to share questions, challenges, and insights. Record these and share them with the DANCE trainer during your monthly support meeting, or more often as needed.
APPENDIX B:
DANCE Integration Checklist (Supervisor Version)
continued

Month 4 Activities

☐ Support completion of the team-based learning activity Developing a DANCE STEPS Plan.

☐ Continue to follow-up with each nurse during supervision, reviewing their completed DANCE Observation Client Tracking Forms to determine which clients they are planning to complete DANCE observations for this month. Encourage them to share completed DANCE observations during conversations about clients in case discussion and supervision.

☐ You may also choose to review a completed DANCE coding sheet with each nurse to assess the use of DANCE language, including frequency, duration, and intensity words, and to determine how well their narrative comments supports their codes.

☐ When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.

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☐ Encourage nurses to share questions, challenges, and insights. Record these and share them with the DANCE trainer during your monthly support call, or more often as needed.
APPENDIX B:
DANCE Integration Checklist (Supervisor Version)

Month 5 Activities

☐ Support completion of the partner and team-based learning activity *Comparing and Contrasting DANCE Behaviours*.

☐ Continue to follow-up with each nurse during supervision, reviewing their completed *DANCE Observation Client Tracking Forms* to determine which clients they are planning to complete DANCE observations for this month. Encourage them to share completed DANCE observations during conversations about clients in case discussion and supervision.

☐ When possible, plan joint home visits with your nurses, coding the DANCE independently and then sharing and discussing your codes.

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☐ Encourage your nurses to share questions, challenges, and insights. Record these and share them with the DANCE trainer during your monthly support call, or more often as needed.

Month 6 Activities

☐ Follow-up with each of your nurses regarding completion of the individual learning activity *Comparing DANCE Observations*.

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☐ Continue to follow-up with each nurse during supervision, reviewing their completed *DANCE Observation Client Tracking Forms* to determine which clients they are planning to complete DANCE observations for this month. Encourage them to share completed DANCE observations during conversations about clients in case discussion and supervision.

☐ Encourage nurses to share questions, challenges, and insights. Record these and share them with the DANCE trainer during your monthly support call, or more often as needed.
DANCE Observation Client Tracking Form

***SAMPLE***

This form facilitates planning for and completion of DANCE observations visits. In the first column, list all your client and children’s names along with the children’s birth dates. The second column lists the recommended time (child’s age) along with the recommended range (one month on either side) for completion of the DANCE. Use the birth dates to calculate the child’s age, and list the range of recommended dates to complete the DANCE in the third column. In the fourth column, list the date that the DANCE observation was completed.

<table>
<thead>
<tr>
<th>Client’s Name</th>
<th>Recommended Time to Complete DANCE (range in months)</th>
<th>Times to complete DANCE Observations</th>
<th>Completion of DANCE Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susie Example</td>
<td>2 months (1-3)</td>
<td>01/01/12-03/01/12</td>
<td>Completed: 01/18/12</td>
</tr>
<tr>
<td></td>
<td>9 months (8-10)</td>
<td>08/01/12-10/01/12</td>
<td>Completed: / /</td>
</tr>
<tr>
<td></td>
<td>16 months (15-17)</td>
<td>03/01/13-05/01/13</td>
<td>Completed: / /</td>
</tr>
<tr>
<td></td>
<td>22 months (21-23)</td>
<td>09/01/13-11/01/13</td>
<td>Completed: / /</td>
</tr>
<tr>
<td>Amy Tree</td>
<td>2 months (1-3)</td>
<td>09/12/11-11/12/11</td>
<td>Completed: 10/18/12</td>
</tr>
<tr>
<td></td>
<td>9 months (8-10)</td>
<td>04/12/12-06/12/12</td>
<td>Completed: / /</td>
</tr>
<tr>
<td></td>
<td>16 months (15-17)</td>
<td>11/12/12-01/12/13</td>
<td>Completed: / /</td>
</tr>
<tr>
<td></td>
<td>22 months (21-23)</td>
<td>05/12/13-07/12/13</td>
<td>Completed: / /</td>
</tr>
<tr>
<td>Veronica Sky</td>
<td>2 months (1-3)</td>
<td>06/10/10-08/10/10</td>
<td>Completed: 08/02/10</td>
</tr>
<tr>
<td></td>
<td>9 months (8-10)</td>
<td>01/10/11-03/10/11</td>
<td>Completed: 01/31/11</td>
</tr>
<tr>
<td></td>
<td>16 months (15-17)</td>
<td>08/10/11-10/10/11</td>
<td>Completed: 09/10/11</td>
</tr>
<tr>
<td></td>
<td>22 months (21-23)</td>
<td>02/10/12-04/12/12</td>
<td>Completed: / /</td>
</tr>
<tr>
<td>Joe Sky</td>
<td>2 months (1-3)</td>
<td>/ / - / /</td>
<td>Completed: / /</td>
</tr>
<tr>
<td></td>
<td>9 months (8-10)</td>
<td>/ / - / /</td>
<td>Completed: / /</td>
</tr>
<tr>
<td></td>
<td>16 months (15-17)</td>
<td>/ / - / /</td>
<td>Completed: / /</td>
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<tr>
<td></td>
<td>22 months (21-23)</td>
<td>/ / - / /</td>
<td>Completed: / /</td>
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<tr>
<td></td>
<td>2 months (1-3)</td>
<td>/ / - / /</td>
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<td>9 months (8-10)</td>
<td>/ / - / /</td>
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<td>16 months (15-17)</td>
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<td>22 months (21-23)</td>
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<td>2 months (1-3)</td>
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<td>9 months (8-10)</td>
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<td>16 months (15-17)</td>
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<tr>
<td></td>
<td>22 months (21-23)</td>
<td>/ / - / /</td>
<td>Completed: / /</td>
</tr>
</tbody>
</table>

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Dyadic Assessment of Naturalistic Caregiver-child Experiences (DANCE) Integration Pack – Version 3.1 (10/2013)  

B.5
APPENDIX C:
Facilitating Team-Based Review of a Videotaped DANCE Observation

Supervisors or DANCE Champions can support learning through a process of group discussion and reflection of each behaviour coded using the DANCE measure for a specific video. To facilitate this discussion, a Gold Standard (GS) code and narrative is provided on the DANCE website. First, your team should view the video two times and complete an individual DANCE coding sheet. Then discuss the nurses’ codes, comparing them to the GS code, reflecting on where there are differences between the two codes. As necessary to support learning, watch segments or the entire video again for parts the nurses may have missed or saw things differently than the GS coders did.

The GS is available to all DANCE website users, so encourage your colleagues to view the video and complete their coding sheets before reviewing the Gold Standard codes. It does not support learning to review the GS codes before coding.

Ask all coders to write down on a sheet of paper and simultaneously share their DANCE code (percentage or frequency) for the behaviour you are reviewing. For each DANCE behaviour coded:

1) The code review facilitator quickly reviews all codes and determines:
   a. How close the codes are to the GS code
   b. The range of codes,:
   c. Any "invalid" or unusual values (a percentage for a frequency code, etc.).

2) If all the codes are close to the GS (within 15-20% or the same frequency #), then ask one or two coders to share their comments. As coders share their comments, ask the following:
   a. How well did the narrative comments support the code?
   b. Did the coder use DANCE language as well as frequency, duration, and intensity language?
   c. Did you hear any statements that are subjective or would suggest a bias?
   d. Did anyone else observe anything different?

   After the discussion is completed, share the GS code and narrative comment and see if there are any additional comments or questions.

3) If there are a range of codes (greater than 20% from the GS or a different frequency), then ask a couple of coders who were high or low to share their comments. Reflect on the comments of those who saw the interaction differently (from each other or from the GS).
   a. How well did the narrative comments support the code?
   b. Did the coder see something different or interpret something different than the GS?
   c. Did the coder calculate the percentages correctly based on their comments?

   As necessary, refer to the DANCE Coding Manual for clarification. After the discussion is completed, share the GS code and narrative comment and see if there are any additional comments or questions.
APPENDIX D: SUGGESTED DANCE INTEGRATION LEARNING ACTIVITIES
Month 1
DANCE Integration
Activity
Preparing for DANCE
Observation

SUPERVISOR INSTRUCTIONS

Purpose
The purpose of this learning activity is for learners to consider factors that hinder and support observation in the home, identify strategies that support the occurrence of caregiving activities during home visits, and identify clients who would be good candidates for conducting initial DANCE observations.

Preparation and Supplies
• Copies of Preparing for DANCE Observation Worksheet (one/nurse). Electronic versions are available on FNP online (http://familynursepartnership.ning.com/page/dance-1).

Steps
• This activity involves each nurse in structured preparation for a discussion with you during individual supervision time.

• Distribute the Preparing for DANCE Observation Worksheet to each nurse and schedule a time to review it with them after they have had the opportunity to complete it. Encourage them to complete it within a relatively short time frame (1-2 weeks) as this activity supports initial steps for using the DANCE in practice.

• Guidance for each question is provided in blue ink in the Preparing for DANCE Observation Supervisor Guide.

• Follow-up with the nurse after s/he has completed DANCE observations with the three clients she identified through this activity to consider how things went.
DANCE Integration Activity
Preparing for DANCE
Observation Supervisor Guide

As you prepare to jump in and start using the DANCE in your practice, take a few moments to reflect on your current caseloads. During DANCE Fundamentals, you may have been thinking about specific clients as discussions of the DANCE behaviours were occurring. Since DANCE Fundamentals, you may be thinking about how some clients will code on the various DANCE behaviours. Be mindful that the most objective observation, and the one that will most benefit your clients, occurs when you are able to set aside biases and observe with “Fresh Eyes,” as if you are viewing the dyad for the first time.

Another consideration as you prepare to complete DANCE observations is facilitating a planned caregiving activity, lasting at least 5 minutes, during the home visit. Caregivers have a dual role during the course of the home visit to care for their child as well as visit with their nurse. Many times a caregiving activity occurs naturally during a home visit. At other times, nurses may need to offer support for a caregiving activity to occur.

This learning activity focuses on things to consider as you prepare to complete DANCE observations in the home. The purpose of this activity is to: 1) consider factors that hinder and support observation in the home; 2) identify strategies to support the occurrence of caregiving activities during home visits; and 3) identify clients for initial DANCE observations.

Review and respond to the following questions individually in preparation for a discussion with your supervisor during your individual supervision time.
### Section 1: Reflecting on Your Caseload

a. Complete the table below. In the first column, list the names of clients that you think will be easy to complete a DANCE observation with during a home visit. In the second column, list the reason(s) you selected this client.

<table>
<thead>
<tr>
<th>Client’s Name</th>
<th>Rationale for why it may be easy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Nurses may identify the following reasons as to why it may be easy to complete the DANCE with some clients:
- The client is often home for their scheduled home visits
- The client interacts with her child often during their visits
- The nurse usually visits at a time the child is awake
- The child is usually available to the caregiver during the home visit
- The client rarely experiences stressors or a crisis that is shared with the family nurse
- The home environment is usually quiet and calm
- The nurse and client have established a strong therapeutic relationship
- The nurse feels the client has a lot of caregiving strengths
b. Now complete a second list, this time identifying clients that you think will be challenging to complete a DANCE observation for during a home visit. In the first column, list the name of the clients you have identified, in the second column list the reason(s) you selected this client.

c. After completing the first two columns, in the third column list strategies that may address the identified challenges and facilitate completion of a DANCE observation in the home.

<table>
<thead>
<tr>
<th>Client’s Name</th>
<th>Rationale for why it may be challenging to complete the DANCE</th>
<th>Strategies to address the identified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale for why it may be challenging to complete the DANCE</td>
<td>Strategies to address the identified challenges</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>--------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>The following is a partial list of issues nurses may identify as to why it may be <strong>challenging</strong> to complete the DANCE with some clients:</td>
<td>The following strategies could address some of the identified challenges:</td>
<td></td>
</tr>
<tr>
<td>The client misses many of their scheduled home visits.</td>
<td>Plan to complete a DANCE observation at every scheduled visit time with this client (until one is complete) to be prepared for a time when the client is home.</td>
<td></td>
</tr>
<tr>
<td>The client rarely interacts with her child during their visits.</td>
<td>Consider the age-appropriate caregiving activities that were suggested during training. Offer the client a choice of activities in preparation for DANCE observation to be completed at the subsequent visit. Another option is to come prepared with materials that may facilitate a caregiving activity during the current visit (e.g., age-appropriate toy, book, caregiving facilitators/handouts).</td>
<td></td>
</tr>
<tr>
<td>The nurse usually visits at a time the child is sleeping.</td>
<td>Express a need (e.g., weighing the baby, bringing a play activity for the caregiver and child, observing a feeding, completing an ASQ) to arrange a visit time that increases the chance the child will be awake during your home visit.</td>
<td></td>
</tr>
<tr>
<td>The child is not usually available to the caregiver during the home visit and is being cared for by others during this time.</td>
<td>Express a need (e.g., weighing the baby, bringing a play activity for the caregiver and child, observing a feeding, completing an ASQ) to arrange a visit time that increases the chance the child will be present for your home visit. Remind the client the day before the visit about these arrangements.</td>
<td></td>
</tr>
<tr>
<td>The client often experiences stressors or a crisis that they spend a lot of time discussing during the visits.</td>
<td>Establish a boundary with the client that in the current visit you will spend a certain amount of time discussing her current experiences and then move onto other items in your home visit plan, increasing the likelihood a DANCE observation may occur. Remember that one of the observational requirements for completing a DANCE is that the caregiver or child should not be experiencing any unusual acute social or medical issues. If the client experiences chronic social or medical issues, then these do not always have to be discussed at length and do not preclude from a DANCE observation.</td>
<td></td>
</tr>
<tr>
<td>The home environment is usually noisy and chaotic.</td>
<td>Assess if there is a quieter area in the home where the visit may take place. If this is a regular occurrence, complete the DANCE observation, as this is the dyad’s typical environment.</td>
<td></td>
</tr>
<tr>
<td>The nurse feels the client has many caregiving challenges.</td>
<td>Be open and curious to see what can be discovered by completing a DANCE observation. The DANCE is strengths-based and often while the caregiver may have areas for growth or enhancement, she will also have areas of strength. Additionally, identifying what the specific caregiving challenges are for a client allows the nurse to develop a clinical plan to offer targeted support to enhance caregiving behaviours.</td>
<td></td>
</tr>
<tr>
<td>The client often gives the child to the nurse during the home visit for the nurse to hold and play/engage with.</td>
<td>Respect the client’s request by accepting to hold the child for a while. Plan for and discuss that you need to have both hands free to be able to complete some paperwork with the client. Give the child to the caregiver, encouraging the client to hold the child for a while. Offer comments highlighting the child’s positive responses to the caregiver.</td>
<td></td>
</tr>
</tbody>
</table>

d. What will you say to clients who do not typically interact with their children during home visits to facilitate a planned caregiving activity? Consider the ideas shared during DANCE Fundamentals training as well as previous statements you have used that clients responded to in a positive manner.

It would be ideal at the time of enrolment to discuss that one of your roles in the programme involves helping the client understand how her child communicates, what the child needs, and how to respond to these as a caregiver. Share that you do this in talking with the client as well as watching the client and her baby together during home visits. Another opportune time to have a conversation about your role in supporting the client in the maternal role domain of the programme is late pregnancy and early infancy. As you prepare for and discuss the baby’s arrival, provide information on recognising and responding to infant communication. These conversations provide a foundation for observing dyads during home visits and offering supportive feedback and guidance using the DANCE STEPS.

Some clients may be resistant and/or refuse to interact with their children when you suggest a caregiving activity. Ensure you are offering the caregiver activities choices rather than making the client feel that you are telling her to do something. Here are a few options for things the nurse could say to the client:

- “It would be great to see how Johnny is communicating and responding to you. Do you think Johnny would enjoy eating, playing, or being held right now?”
- “It would be great to see how Johnny is communicating and responding to you now that he’s months old. Do you think Johnny would enjoy eating, playing or being read to? Which of these would you like to do at our next visit?”
- “I brought a few new toys for you to try with Johnny. Which of these do you think he would enjoy? Let's take a few moments to find out.”

In addition, placing focus on the child, rather than the caregiver, may decrease the client’s resistance. For example:

- "I would really like to see what new things Johnny is able to do. Let's take a few moments and you can show me some of these things."
Section 2: Next Steps
a. Identify 3 clients you plan to complete a DANCE observation with and list them in the first column of table below.
b. In the second column, indicate why you selected these clients.
c. Reflect on the ideas/beliefs about the clients’ caregiving that you need to set aside to be able to view the dyad with “Fresh Eyes,” enhancing objective observation. List these in the third column.

<table>
<thead>
<tr>
<th>Clients to first complete DANCE</th>
<th>Reasons these clients were selected</th>
<th>Ideas/Beliefs about the clients to set aside in preparation for objective observation</th>
</tr>
</thead>
</table>
|                                 | These reasons may vary and are dependent on the individual nurse. Some nurses may select clients they feel have many caregiving strengths while others may select clients with caregiving challenges that the nurse would like to support. | • Encourage the nurse to reflect on biases and set them aside for the observation.  
• Encourage the nurse to approach the observation with “Fresh Eyes,” and a curiosity to be open to what she can discover.  
• Follow up with the nurse to see what she found after completing a DANCE observation, discussing what new things she discovered as well as what surprised her. |
Month 2
DANCE Integration
Activity
DANCE Is Sometimes a Rocky Road

SUPERVISOR INSTRUCTIONS

Purpose
The purpose of this activity is for nurses to reflect on progress made and challenges experienced while integrating the DANCE into FNP practice. This activity includes the development of goals and a plan to support ongoing learning.

Preparation and Supplies
- Handout #168, *Rocks In My Road*, from the PIPE manual (2 copies, rocks cut out)
- Copies of the *Dancing Along* worksheet (one/nurse). Electronic copies will be sent to you via email
- Rocks or Play-Doh (optional)
- Rocky Road Ice Cream, bowls, spoons

Steps
- Instructions for this learning activity are described on the following two pages.
DANCE Integration
Activity
DANCE Is Sometimes a Rocky Road

**Topic overview:**
DANCE is sometimes a rocky road. Learning new things and incorporating them into nursing practice can be difficult. There are challenges along the way. Change creates feelings of ambivalence and frustration. It is important to recognise these feelings as a normal part of change. Exploring challenges, as well as reflecting on progress, can strengthen commitment to change.

**Purpose:**
- The purpose of this learning activity is to support nurses' continued use of the DANCE. This activity creates the opportunity to explore "rocks in the road" or challenges experienced when learning and using a new tool. The activity also provides opportunity to discuss how the DANCE has positively impacted nursing practice and client-child interactions.

**Handouts:**
- #168, *Rocks In My Road* (2 copies, rocks cut out)
- *Dancing Along* (attached)

**Supplies:**
- Rocks or Play-Doh (optional)
- Rocky Road Ice Cream, bowls, spoons

**STEP 1: Presentation of Concepts**

- **Change sometimes creates a "rocky road"**
  - First, explore the positive impact that learning and using the DANCE has on practice, listing these on the *Dancing Along* handout.
  - Discuss how changes at times will be a "rocky road." Point out that driving on a rocky road requires slowing down, driving around big rocks, or driving slowly over small ones. We have the option to stop, although we will never get where we are going if we do.
  - Discuss that the DANCE can be a rocky road. It causes us to go outside our comfort zone. It challenges our current practice and makes us examine our past and current observations and assessments of our clients and ourselves. It can highlight our biases and bring up things that we may/may not be aware of.
  - Have the nurses identify those things that are "rocks in the road" for them as they are learning and using the DANCE. Use *Rocks in My Road* handout (cutout paper rocks) to write down their challenges and stick them to rocks or Play-Doh. Some possible challenges are listed on the *Dancing Along* handout.
  - Discuss feelings and moods that can occur because of these challenges. Discuss how these challenges affect our motivation.
**STEP 1: Presentation of Concepts continued**

- **Tolerance and perseverance help to move beyond challenging times.**
  - Explore and affirm how the nurses have successfully handled some DANCE "rocks in the road."
  - Develop team and/or individual goals for using the DANCE in practice (e.g., completing 2-3 DANCE observations per week, using the DANCE STEPS one time a week to develop a home visit plan to target one DANCE behaviour, using one new PIPE lesson with 3 clients this month to support a specific DANCE behaviour). Transfer these commitments to the handout Dancing Along (see attachment).
  - Ask each nurse to develop a plan listing a couple of things they can do to address their identified challenges and support their continued learning and use of the DANCE in practice.

**STEP 2: Celebration**

- Celebrate the nurses' commitment to the DANCE by enjoying some Rocky Road ice cream!

**STEP 3: Suggested Follow-up**

- Check in individually with nurses during supervision to see how the DANCE is going within their practice, following up on their identified challenges and the solutions to address these.
- Incorporate completed DANCE coding sheets into discussions of clients during supervision.
- When feasible, complete a joint home visit with individual nurses and both complete a DANCE observation during the visit. This provides the opportunity to share and reflect on observations.
- Ask nurses to share completed DANCE observations with the team during case discussions.
- Follow-up with the DANCE trainers as needed to answer questions or follow up with concerns.
DANCING ALONG

Dancing is just discovery, discovery, discovery.
~Martha Graham

A lot can be discovered when you dance. What have you discovered is going well as you learn about and use the DANCE tool in practice?

In which of the following areas are you experiencing challenges as you learn about and use the DANCE tool in practice?

- Understanding specific DANCE behaviours. Specify:
- Setting up a caregiving activity during a home visit
- Using the DANCE when observing caregiver-child interactions in the home
- Coding all 18 DANCE behaviours at the same time
- Objectively observing and removing all biases
- Documenting observations using the DANCE tool
- Talking about DANCE concepts and behaviours with clients
- Other:
- Other:

Reflect on how you are currently refining your learning of the DANCE and using it in practice. Where do you want to go from here?

List a couple of things you can do to address the identified challenges and support your continued learning and use of the DANCE in practice:
Month 3
DANCE Integration
Activity
Discussing the DANCE with Clients

SUPERVISOR INSTRUCTIONS

Purpose
The purpose of this activity is for learners to consider factors that influence the selection of DANCE behaviours to target for visit planning and intervention and to develop strategies for discussing the DANCE and DANCE STEPS with clients.

Preparation and Supplies
• Copies of completed DANCE Coding Sheet (one/case discussion attendee).
• Copies of the Discussing the DANCE with Clients Worksheet (one/case discussion attendee). Electronic copies will be emailed to you.
• Each case discussion attendee brings his/her DANCE STEPS manual.

Steps
• This activity involves individual reflection as well as a case presentation of a completed DANCE Coding Sheet.
• Identify one nurse on your team to volunteer to present a completed DANCE Coding Sheet during a case discussion meeting. Ask the nurse to make copies of the DANCE Coding Sheet she has completed and plans to share for the case discussion presentation. One copy is needed for each team member at the case discussion.
• Identify a facilitator for the case discussion, typically the supervisor or DANCE Champion. The facilitator will guide the team through the case discussion and learning activity. This individual should review the entire learning activity prior to the case discussion meeting.
• Ask each nurse to bring their DANCE STEPS manual to the case discussion.
• There are two attachments for this activity.
  o The first one titled, Discussing the DANCE with Clients: Instructions for the nurse presenting a completed DANCE Coding Sheet, should be given to the nurse prior to the case presentation to help prepare her for the questions she may need to answer during the case discussion.
  o The second, Discussing the DANCE with Clients Worksheet, is to be reviewed by the facilitator and shared with the entire team before the time of the activity so they can complete Section 1. Therefore, the facilitator will need to make a copy for each team member and distribute it a few days before the scheduled meeting.
• Guidance for each question is provided in blue ink in the Preparing for DANCE Observation Supervisor Guide.
• Refer to your DANCE STEPS Handbooks (pages 1.1-1.7) as necessary.
DANCE Integration
Activity
Discussing the DANCE with Clients

Instructions for the nurse presenting a completed DANCE Coding Sheet.

The purpose of this activity is to: 1) consider factors that influence the selection of DANCE behaviours to target for visit planning and intervention; and 2) share approaches for discussing the DANCE and DANCE STEPS with clients.

Thanks for volunteering to share a completed DANCE observation with your team. For the first section, review and respond to the questions individually in preparation for a group discussion. As a team, you will review the coding sheet you selected, prioritise behaviours to focus on in DANCE STEPS, and brainstorm options for introducing the DANCE behaviours and discussing a DANCE STEPS visit plan with the client.

In preparation for this activity, please copy your selected DANCE Coding Sheet to ensure each team member (including your supervisor) will have a copy to review during the case discussion. Your team will start by asking you the questions following “item a” below. There could be other questions they develop to support their understanding of the dyad and observed interaction. Review these questions before the case discussion, thinking about your responses.

Reflect on DANCE findings and develop a plan for discussing the DANCE STEPS

a. For this first question, your team has been guided to ask you questions that may help them understand the interaction/dyad. Some questions may include the following:

Was this a typical interaction?

Were there other distractions during the observation?

What was the caregiving interaction and how long did it last?

How old is the client and how old is the child?

Is this the first DANCE observation you have completed for this client?

Others?

The rest of the questions for this activity focus on selecting behaviours to target and sharing approaches for discussing the DANCE STEPS. You and your team will work on these questions together; there is nothing to prepare ahead of time.
DANCE Integration Activity
Discussing the DANCE with
Clients Supervisor Guide

The purpose of this activity is to: 1) consider factors that influence the selection of DANCE behaviours to target for visit planning and intervention; and 2) share approaches for discussing the DANCE and DANCE STEPS with clients.

For the first section, review and respond to the questions individually in preparation for a group discussion. For the second section, one nurse on your team has agreed to share a completed DANCE Coding Sheet based on an observation with one of her clients. As a team, all will review the coding sheet, prioritise behaviours to focus on in DANCE STEPS, and brainstorm options for introducing the DANCE behaviours and discussing a DANCE STEPS visit plan with the client.

Before your team meeting, review the questions in Section 1 and record your responses. During the team discussion, you and your colleagues will share your responses. The group facilitator (either the supervisor or DANCE champion) will help to guide the discussion.

Section 1: Introducing the DANCE and DANCE STEPS to clients
a. With how many clients have you talked about the DANCE (including DANCE behaviours, observation, DANCE STEPS, etc.)?

b. What have you said? (Consider how you have introduced a DANCE behaviour or concept, talked about caregiver-child interaction, talked about your role as an observer, discussed DANCE STEPS, etc.)

c. What materials, if any, have you used to support this discussion (e.g., DANCE Cards, guideline materials, PIPE handouts)?

d. What factors influence your decision to discuss the DANCE with clients?
   - Age of child
   - Child characteristics (temperament, developmental abilities)
   - Relationship with client (trust)
   - Client’s engagement with programme and parenting topics
   - Client’s self-esteem
   - Client’s current life situation
   - Client’s own early childhood experiences
   - Client’s current needs/priorities
   - Others?
Section 2: Reflect on DANCE findings and develop a plan for discussing the DANCE STEPS

For the second section, review the completed DANCE coding sheet provided by one of your colleagues. Then, complete the following questions as a team. Your supervisor will lead your discussions.

a. Ask the nurse who completed and shared the coding sheet any questions that may help you understand the interaction/dyad.
   - Was this a typical interaction?
   - Were there other distractions during the observation?
   - What was the caregiving interaction and how long did it last?
   - How old is the client and how old is the child?
   - Is this the first DANCE observation you have completed for this client?
   - Others?

b. Refer to the completed DANCE Coding Sheet to identify Areas of Strength (Level 3 codes) and circle them. Put a check mark beside the behaviours that are Areas for Growth and Enhancement (Levels 1 and 2).

c. As a team, select 3 behaviours to target with DANCE STEPS. As you work through the possibilities, think about what factors you are using to inform your decision and how the behaviours were selected based on these factors?
   - The behaviour poses a safety risk for the child.
   - The number of client strengths versus areas for growth or enhancement. Balancing goals so that you are working on some reinforcement (if possible) and some areas for growth.
   - A change in the selected behaviour(s) could positively affect others.
   - Is this a behaviour you have seen the client use on occasion and would like to see more frequently (reinforcement)?
   - The client has asked about this behaviour previously or has asked how to support her child (e.g., fussy baby, oppositional child, child learning language) and this behaviour would address those desires.
d. List the selected behaviours below and indicate what the goal is for each behaviour. Describe the factors that supported your decision to reinforce a behaviour versus target it as an area for improvement. How did you use percentages/frequencies in this process?

<table>
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<tr>
<th>Behaviour</th>
<th>Goal</th>
<th>Brief Rationale for behaviour and goal</th>
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e. Think about how you might approach the client to offer choices and input in the selection of behaviours as well as to introduce the behaviours you have selected above.

i. What will you say to the client (considering client’s age, child’s age, client’s interests or concerns regarding the child, client’s self-esteem and own personnel development, etc.)? Encourage nurses to refer to the Theoretical Importance section for each behaviour for guidance on why the behaviour is important (how it can support the caregiver-child relationship as well as the child’s development).

ii. What materials can you use to support this discussion?
   - DANCE Cards
   - Guideline Materials (including Keys to Caregiving)
   - PIPE Topics
   - What my child says... handout
   - Bubble sheets

iii. How would you need to adapt this approach for a client who is 15 years old?
   The most effective approach is one that is individualised to the client's needs and desires. For each adolescent client, adapt the approach according to what you know about the adolescent's typical thinking processes, usual mood, receptiveness to the programme, and discussions about caregiving. The approach developed should consider adolescents' characteristics, which may include need for autonomy, immediacy, and action as well as a focus on themselves and a desire to be a good caregiver.
iv. **What about a client who is 20 years old?**

    Consider the nurse’s relationship with the client as well as the client’s self-esteem, receptivity to programme information and materials, and desires for her role as a parent. The approach should meet the caregiver where they are at and help to advance their experience and understanding a little bit.

v. **What changes would you make if the child was 3-4 months old?**

    Encourage nurses to refer to the developmental considerations section within the Operation Definitions for each DANCE behaviour.

    As an example, a nurse may discuss positioning a young child (0-6 months) as needing to be oriented to the child to hear them. As the child becomes more mobile, a nurse may discuss positioning as being able to see and/or hear the child.

iv. **What about a child who is 18 months old?**

    Encourage nurses to refer to the developmental considerations section within the Operation Definitions for each DANCE behaviour.
Month

4
DANCE Integration
Activity
Developing a DANCE STEPS
Plan

SUPERVISOR INSTRUCTIONS

Purpose
The purpose of this activity is for learners to translate completed DANCE codes into DANCE STEPS, increasing DANCE knowledge and confidence to guide intervention within the maternal role domain of the FNP programme.

Preparation and Supplies
• Copies of a completed DANCE Coding Sheet (one/case discussion attendee)
• Copies of the Developing a DANCE STEPS Plan Worksheet (one/case discussion attendee). Electronic copies will be emailed to you
• Each case discussion attendee brings his/her DANCE STEPS manual.

Steps
• This activity involves a case presentation of a completed DANCE Coding Sheet. Identify one nurse on your team to volunteer to present a completed DANCE Coding Sheet during a case discussion meeting.
• Ask the nurse to make copies of the DANCE Coding Sheet she has completed and plans to share for the case discussion presentation. One copy for each team member is needed to distribute at the case discussion.
• Identify a facilitator for the case discussion, typically the supervisor or DANCE Champion.
• The facilitator will guide the team through the case discussion and learning activity. This individual should review the entire learning activity prior to the case discussion meeting.
• Ask each nurse to bring her DANCE STEPS manual to the case discussion.
• There are two attachments for this activity.
  o The first one titled, Developing a DANCE STEPS Plan: Instructions for the nurse presenting a completed DANCE Coding Sheet, should be given to the nurse prior to the case presentation to help prepare her for the questions she may need to answer during the case discussion.
  o The second, Developing a DANCE STEPS Plan Worksheet, is to be reviewed by the facilitator and shared with the entire team at the time of the activity. Therefore, the facilitator will need to make a copy for each team member.

• No supervisor guidance is provided for this activity, as the responses for each question are dependent on the results of the completed coding sheet. Be sure to discuss the rationale for your teams’ decisions and refer to your DANCE STEPS Handbooks (pages 1.1-1.7) as necessary.
DANCE Integration
Activity
Developing a DANCE STEPS
Plan

Instructions for the nurse presenting a completed DANCE Coding Sheet:

The purpose of this activity is to increase your knowledge and confidence in using the DANCE and DANCE STEPS in the context of a case discussion. As a team, you will reflect on a DANCE observation and develop a home visit plan, within the maternal role domain, based on the findings from the DANCE observation. For this activity, you will need to refer to your DANCE STEPS manual.

Thanks for volunteering to share a completed DANCE observation with your team. In preparation for this activity, please copy your selected DANCE Coding Sheet to ensure each team member (including your supervisor) will have a copy to review during the case discussion. Your team will start by asking you the following questions and there could be other questions they develop to support their understanding of the dyad and observed interaction. Review these questions before the case conferencing, thinking about what your responses will be.

1. Reflect on Objective Observation:
   a. What was the planned caregiving activity?
   b. How did you structure and support the activity so it occurred?
   c. What did you do to prepare to be an objective observer?
   d. Other?

2. Reflect on DANCE findings:
   a. What did you observe during the interaction (based on the completed DANCE Coding Sheet)?
   b. How typical was this interaction for this dyad compared to what you have previously observed? If it was not as typical, explore what is different for the dyad.
   c. What surprised you during this interaction?
      Reflect on what you know about this client (e.g. past relationships, support system, personal history, mental health status, knowledge and beliefs about being a parent).
   d. How do you think these factors influenced this caregiver’s behaviour during the observed interaction?
   e. Other?

Item 3 focuses on identifying Areas for Strength, Enhancement, and Growth. Item 4 guides the development of a home visit plan based on DANCE findings. For these two items, there is nothing you need to prepare ahead of time. You and your team will work on them together.
DANCE Integration
Activity
Developing a DANCE STEPS Plan
Worksheet

The purpose of this activity is to increase your knowledge and confidence in using the DANCE and DANCE STEPS in the context of a case discussion. As a team, you will reflect on a DANCE observation and develop a home visit plan, within the maternal role domain, based on findings from a DANCE observation. For this activity, you will need to refer to your DANCE STEPS manual.

One nurse on your team has agreed to share a completed DANCE Coding Sheet based on an observation with one of her clients. The questions listed in Items 1 and 2 may be used to guide reflection of the observed interaction during the case discussion. Some of the questions are from page 1.4 in the DANCE STEPS Manual. Think about other information that would be helpful to attaining an understanding of this dyad and interaction, adding these questions as appropriate.

1. Reflect on Objective Observation:
   a. What was the planned caregiving activity?
   b. How did you structure and support the activity so it occurred?
   c. What did you do to prepare to be an objective observer?
   d. Other?
2. Reflect on DANCE findings:
   a. What did you observe during the interaction (based on the completed DANCE Coding Sheet)?
   
   b. How typical was this interaction for this dyad compared to what you have previously observed? If it was not as typical, explore what is different for the dyad.
   
   c. What surprised you during this interaction?
   
   d. Reflect on what you know about this client (e.g., past relationships, support system, personal history, mental health, knowledge and beliefs about being a parent). How do you think these factors influenced this caregiver’s behaviour during the observed interaction?
   
   e. Other?
Next, refer to the completed DANCE Coding Sheet to identify Areas of Strength (Level 3) as well as areas for Growth and Enhancement (Levels 1 and 2).

3. **As a team, agenda match DANCE findings with the programme:**

   a. **List the behaviours that are Areas of Strength (Level 3):**
      The caregiver demonstrated these behaviours on a consistent basis throughout the interaction. The goal of highlighting these behaviours is to reinforce them so that the caregiver will continue to demonstrate these on a regular basis, particularly during challenging or stressful times.

   b. **Describe options for supporting the client’s Areas of Strength** and letting the client know what a great job she is doing in these areas:

   c. **List the behaviours that are Areas of Growth or Enhancement (Levels 1 & 2):** Areas of Enhancement (Level 2) are behaviours the caregiver demonstrates at times, although inconsistently or infrequently. Areas of Growth (Level 1) are the behaviours that are never or infrequently present. This can occur if the client does not have awareness or knowledge of the behaviour or does not feel the behaviour is important. The goals of addressing Areas of Enhancement and Growth is to provide information on why the behaviours are important (how they affect the child’s development as well as the caregiver-child relationship) and to explore how the caregiver could begin to demonstrate them during interactions with her child.

   d. **List behaviours that pose a safety concern to the child:**
      These behaviours could be red flag warnings for potential abuse and neglect. The goal of addressing these behaviours is to provide information on how they may affect the child’s development as well as the caregiver-child relationship and to explore options for caregiver behaviours that are more supportive of the child’s needs.
4. **As a team, work together to develop a plan for the next visit:**
   a. Identify the behaviour(s) to target from the Areas of Enhancement, Areas for Growth, or safety concern lists.

   b. Identify the programme materials (PIPE, guidelines, etc.) that support the selected behaviour(s) by referring to Appendix B: *DANCE Behaviour Guide for FNP Programme Materials* in the DANCE STEPS handbook.

   c. Decide what you will say to the client to talk about the DANCE STEPS plan you outlined.
Month
5
DANCE Integration
Activity
Comparing and Contrasting DANCE Behaviours

SUPERVISOR INSTRUCTIONS

Purpose
The purpose of this learning activity is for learners to explore and explain relationships that occur between behaviours included in the DANCE.

Preparation and Supplies
• Copies of Comparing and Contrasting DANCE Behaviours Nurse Worksheet (one copy/nurse). Electronic copies will be emailed to you.
• Copies of Comparing and Contrasting DANCE Behaviours Supervisor Guide (one copy/nurse) to be distributed after the nurses have completed their worksheets. Electronic copies can be found on the DANCE Integration CD or are available through your DANCE trainer.

Steps
• This activity involves nurses working in pairs to compare and contrast a set of DANCE behaviours and then present their findings to the team.
• Ask nurses to identify a partner to complete the assignment with. Provide each nurse with a copy of the worksheet.
• Then have each pair of nurses select at least one set of DANCE behaviours. Nurses on teams comprised of less than eight home visitors may need to select more than one set of behaviours:
  o Expressed Positive Affect and Caregiver’s Affect Complements the Child’s Affect
  o Non-Intrusiveness and Responsiveness
  o Supports Exploration and Scaffolding
  o Verbal Quality and Verbal Connectedness
• Provide 1-2 weeks for each pair of nurses to complete the assignment and then schedule a team meeting to discuss the findings.
• This assignment does require access to the DANCE website to view a video-taped interaction. The address for the DANCE website is http://cittdesign.com/dance/
• Follow-up with each pair of nurses to determine when they have completed their worksheets. After they have done so, provide each pair with the supervisor guide for their assigned behaviours so that they can compare their responses to the guidance provided (in blue ink) in preparation to lead the team discussion. There is no guidance for Question 5 because it is based on individual experience and will vary across nurses and sites.
• If possible, it would benefit the team discussion to have access to the DANCE website during the meeting so nurses could show a specific clip from their assigned video-taped interactions to further illustrate the relationship between the behaviours.
DANCE Integration Activity
Comparing and Contrasting DANCE Behaviours
Supervisor Guide

My partner for this activity is: ____________________________________________

Our assigned set(s) of DANCE behaviours is (please circle):
   • Expressed Positive Affect and Caregiver’s Affect Complements the Child’s Affect
   • Non-Intrusiveness and Responsiveness
   • Supports Exploration and Scaffolding
   • Verbal Quality and Verbal Connectedness

This learning activity provides the opportunity to explore and explain relationships that occur between behaviours included in the DANCE. There are logical associations among some of the DANCE behaviours. In addition, there are some behaviours that share similarities but also are clearly distinct. This activity allows these relationships to be explored and will enhance overall understanding of the DANCE.

After completion of this learning activity, you will be able to:
   1. Describe relationships between various DANCE behaviours, and
   2. Provide examples of DANCE behaviours.

Instructions

This learning activity requires family nurses to work with a partner to complete the worksheet before coming together as a team for discussion. With your partner, please write statements that describe similarities and differences between your assigned set(s) of DANCE behaviours. You should refer to your DANCE manual as needed. You then will review selected videotaped interactions on the DANCE website (http://cittdesign.com/dance/) to further support the similarities and differences between the DANCE behaviours. As you are watching the videos, note if there is a particular time during an interaction that illustrates the relationship between the behaviours. You may decide that you would like to show this interaction during the team discussion. Your team will meet as a group to discuss everyone’s responses and additional thoughts.
Expressed Positive Affect and Caregiver’s Affect Complements Child’s Affect:

1. Similarities:
   a. Both behaviours can be found in the Emotional Quality Dimension and provide support for the child’s social and emotional development.
   b. Both behaviours are to be observed for the portion that the caregiver and child are engaged in the planned caregiving activity.
   c. Both behaviours consider the caregiver’s expressed affect.

2. Differences:
   a. Expressed positive affect is concerned with the amount of positive affect the caregiver expresses. Caregiver’s affect complements the child’s affect is not concerned with just the caregiver’s expressed positive affect but with how her affect supports the child’s emotional regulation. For example, when a child is expressing positive affect, the caregiver affect should be positive and support the child’s emotional engagement. If the child becomes overly excited, the caregiver may move to a less excited or more neutral affective state in an attempt to calm or down regulate the child. If the child becomes distressed, the caregiver’s affect should be an expression of empathy in an attempt to soothe or down regulate the child. If the child’s affect is neutral to low positive, the caregiver may express higher intensity of positive affect in an attempt to up-regulate the child.
   b. The caregiver’s expressed positive affect supports the child’s ability to frequently express his/her own positive affect. This is done through mirroring, creating mutually enjoyable experiences for the caregiver and child. The behaviour of caregiver’s affect complements child’s affect focuses on expressed positive affect and also examines how caregivers use their own affective states to help regulate the child’s emotional and behavioural responses.
   c. Expressed positive affect has no developmental considerations. We expect caregivers to express positive affect, regardless of the child’s age. From a developmental perspective, caregiver’s affect complements child’s affect considers the child’s abilities to express and regulate emotions. For example, ignoring a toddler who is crying because he did not get his way is complementary, supporting the child in learning to regulate his own emotions. However, ignoring a crying 3-month old is not supportive and therefore not considered complementary.

3. Go to the DANCE website and review the video **VL8C_21M_1**. How is the caregiver’s affect complementing the child’s affect, even beyond the caregiver’s expressed positive affect?
   The caregiver’s affect is well matched to the child’s during most of the interaction. She uses her affect to complement, by raising and lowering the intensity of the child’s affective responses during the tickling game and then the clapping game. The caregiver’s affect when reprimanding the child for hitting was complementary of his regulation.
   • Expressed Positive Affect Gold Standard Code: 95%
   • Caregiver’s Affect Complements Child’s Affect Gold Standard Code: 96%

4. Go to the DANCE website and review the video **1996_24M_1**. Explain why the caregiver’s affect is not complementing the child’s affect at times.
   The caregiver is really under (very low intensity) the child most of the time and the child could use more positive affect to support the play interaction. The caregiver’s affect is not complementing the child’s affect during these times.
   • Expressed Positive Affect Gold Standard Code: 40%
   • Caregiver’s Affect Complements Child’s Affect Gold Standard Code: 20%
Non-Intrusiveness and Responsiveness:

1. Similarities:
   a. Both behaviours are found in the Sensitivity and Responsivity Dimension, focusing on the caregiver’s sensitive responses to the child’s needs.
   b. Both of these caregiver behaviours require the caregiver to let the child lead, respecting the child’s interests, needs, and communications.
   c. These two behaviours are highly related. In fact, intrusiveness can be considered a type of non-responsive caregiving. For example, a caregiver who is intrusive, by definition, is not being responsive to her child because she is not letting the child lead. However, a caregiver who is highly responsive would demonstrate little to no intrusive behaviours.
      A caregiver who is non-responsive (i.e., caregiver does not respond to child or is disengaged) would also be considered non-intrusive (i.e., if I am not interacting with my child, I cannot be intrusive).

2. Differences:
   a. A caregiver who is non-intrusive may or may not be responsive. Responsiveness involves more than non-intrusiveness. It also involves responding to the child’s states, interests, and communications in a manner that is predictable, consistent, non-intrusive, and demonstrates awareness of the child’s needs. For example, during a nappy change a caregiver who ignores a child’s vocalisations and doesn’t make eye contact with the child would be considered non-responsive but would not be considered intrusive.
   b. Responsiveness is to be observed for the portion of the home visit when the child is present, whereas non-intrusiveness is to be observed for the portion that the caregiver and child are engaged in the planned caregiving activity.

3. Go to the DANCE website and review the video VL5A_3M_1. Explain the relationship between Non-Intrusiveness and Responsiveness for this interaction.
   
   The caregiver’s responsiveness was limited by a small amount of intrusiveness. She was intrusive when she shook the child’s arm when he was hold the rattle and when she poked him briefly a couple times. Otherwise, the caregiver was not intrusive during the interaction. Overall, the caregiver was very responsive to the child and read his cues well. She let him lead the activity and responded to his vocalisations. She recognised his accomplishments and when she moved the mirror too close she read his disengagement cues and moved it back. She was not responsive when she was being intrusive (e.g., when she moved the child’s arm with the rattle, poking the child, etc.)
   - Non-Intrusiveness Gold Standard Code: 90%
   - Responsiveness Gold Standard Code: 90%

4. Go to the DANCE website and review the video 1996_12M_1. Explain the relationship between Non-Intrusiveness and Responsiveness for this interaction.
   
   The caregiver demonstrated no intrusive behaviours throughout the entire interaction largely because she was unresponsive. The caregiver was not very responsive to this 12 month old. She almost never spoke to him, smiled at him, supported his play, etc. She did have a few fleeting moments when she was responsive to the child, saying he really liked a toy to the research assistant (5 seconds @ 2:35), stoking him (2 seconds @ 1:59), and returning to play space and re-engaging him in play twice.
   - Non-Intrusiveness Gold Standard Code: 100%
   - Responsiveness Gold Standard Code: 10%
**Supports Exploration and Scaffolding:**

1. **Similarities:**
   a. Both behaviours can be found in the Promotion of Developmental Growth Dimension, fostering the cognitive and social development of the child.
   b. Both behaviours require caregiver knowledge and skill to recognise and support the child where he/she is at developmentally.

2. **Differences:**
   a. Scaffolding requires the caregiver to start where the child is at developmentally and actively move the child one-step further. Supports exploration does not require this expansion of the activity or task. For example, a caregiver who places developmentally appropriate toys within reach of a child sitting on the floor and allows the child to explore the toys would be supporting the child’s exploration. By introducing a new way to use the toy that expands the child’s play in a manner that goes beyond what the child typically would be able to do on his own, the caregiver provides scaffolding (and supports exploration). A caregiver who moves away from the child to sit on the sofa, letting the child play on his/her own may continue to support the child’s exploration but would no longer be scaffolding the child’s play.
   b. The behaviour of supports exploration focuses on the provision of an environment that is safe, stimulating, and developmentally appropriate to foster cognitive and social development.
   c. Supports exploration is observed for the portion of the home visit when the child is present, whereas scaffolding is observed during the planned caregiving activity.

3. Go to the DANCE website and review the video **1996_24M_1**. Explain the relationship between Supports Exploration and Scaffolding for this interaction.

   The caregiver fully supports the child’s exploration by letting the child explore toys around him and freely move about the play space that is safe. The caregiver does support exploration by providing an environment that is safe, stimulating, and developmentally appropriate. However, there was no expansion of activities and tasks and the caregiver did not support moving the child beyond what he typically would be able to do on his own. The caregiver did not have any scaffolding attempts. Labelling of the pig was not considered scaffolding because it didn’t really extend a 24 month olds’ play to use a single word label for one animal.
   - Supports Exploration Gold Standard Code: 100%
   - Scaffolding Gold Standard Code: 0 scaffolding attempts

**Verbal Quality and Verbal Connectedness:**

1. **Similarities:**
   a. Both behaviours are concerned with the caregiver’s verbal communication.
   b. Both behaviours are to be observed for the portion of the home visit that the caregiver and child are engaged in the planned caregiving activity.
   c. Both behaviours focus on the use of caregiver’s communications to provide warm, nurturing environments in order for interactions to be initiated and maintained as well as to support development.

2. **Differences:**
   a. Verbal quality focuses on quality of the caregiver communications and does not consider quantity. If the caregiver vocalises one or more times throughout the interaction, this behaviour is coded. Verbal connectedness is concerned with both quality and quantity of the caregiver’s communications.
   b. Verbal quality does not have developmental considerations. We expect caregivers to use a kind, cheerful, respectful tone, regardless of the child’s age. From a
developmental perspective, verbal connectedness considers how caregivers support and expand the child’s language development as children begin to acquire words and sentences.

3. Go to the DANCE website and review the video 1996_12M_1. Explain the relationship between Verbal Quality and Verbal Connectedness for this interaction.

The caregiver rarely spoke (she had three utterances). However, all utterances were positive and kind when she did speak. The first was quiet, although came up in intonation at the end (@0:20 “Lots of toys, huh,” @3:23 “Come here, come here, come here,” and @3:25 “Come here Reggie”). The caregiver’s limited vocalisations during the interaction often did not facilitate a connection. She did provide a connection when commenting about the toys in the first minute of the interaction and on two other occasions (both in the 4th minute) she made brief comments to the child.

- Verbal Quality Gold Standard Code: 100%
- Verbal Connectedness Gold Standard Code: 10%

4. Go to the DANCE website and review the video VL5A_3M_1. Explain the relationship between Verbal Quality and Verbal Connectedness for this interaction.

All of the caregiver’s verbalisations had good verbal quality, as the tone and content were positive throughout. The caregiver talked frequently and maintained a verbal connection throughout the interaction. She narrated what the child was doing, explained the objects he was playing with, recognised his accomplishments, encouraged him, talked about his feelings, etc. She did interrupt the child a couple of times by talking when he was “talking.”

- Verbal Quality Gold Standard Code: 100%
- Verbal Connectedness Gold Standard Code: 95%
Month 6
DANCE Integration
Activity
Comparing DANCE
Observations

SUPERVISOR INSTRUCTIONS

Purpose
The purpose of this learning activity is for learners to compare DANCE observations of the same dyad completed at different points in time and to reflect on changes in caregiving behaviour over time.

Preparation and Supplies
- Copies of Comparing DANCE Observations Worksheet (one copy/nurse). Electronic copies will be emailed to you.
- Copies of Guide for Comparing DANCE Observations (one copy/nurse). This document can be found at the end of the electronic version of the Comparing DANCE Observations Worksheet.

Steps
- Each nurse completes this activity individually and then discusses it with you, as the supervisor.
- Distribute the Comparing DANCE Observations Worksheet and Guide for Comparing DANCE Observations to each nurse and schedule a time to review it. Allow a few weeks for the nurses to complete this activity, as they have to complete a second DANCE observation with a family as well as the activity worksheet.
- The supervisor version also includes some guidance (in blue text) to support discussion for the compare section.
DANCE Integration Activity  
Comparing DANCE  
Observations Supervisor  
Guide  

Completing DANCE observations of the same dyad at different points in time offers the opportunity to explore changes in caregiving behaviour. For this learning activity, you will complete a DANCE observation of a dyad that you had previously observed during the DANCE feasibility test. You then compare both DANCE observations using guidance outlined in this activity and then reflect with your supervisor about your observations and experience. The purpose of this activity is to 1) compare two completed DANCE observations from the same dyad, and 2) reflect on the process of continuing to observe dyads utilising the DANCE.

Section 1: Complete a DANCE observation with a dyad you have previously observed.  
You are guided to use the Recommendations for Continued Use of the DANCE in FNP Practice to determine the schedule for completing DANCE observations with clients. Review your completed DANCE Observation Client Tracking Form to determine the clients you have previously coded. Select one of these clients and complete a second DANCE observation.  
As you prepare to complete a second DANCE observation of a dyad, consider the principles of Objective Observation. The goal of objective observation is to remain as neutral and objective as possible. Approach the interaction with a fresh lens, capturing what you observe in the moment while not being influenced by previous observations. Do not review the first completed DANCE coding sheet until after you have fully completed the second one.

Section 2: Compare two completed DANCE observations.  
a) For the second section of this activity, you will need copies of both completed coding sheets, for the same dyad. Use the Guide for Comparing DANCE Observations (included as the last page of this learning activity) to compare the two DANCE coding sheets. List the codes (percentages or frequencies) for the first completed DANCE observation in the column titled “1st Code” and then the codes (percentages or frequencies) for the second completed DANCE observation in the column titled “2nd Code.”  
b) Next, examine how each DANCE behaviour has changed from the first to the second DANCE observation. You will indicate when the DANCE behaviour codes have increased or decreased. This will facilitate prioritising behaviours to select for future intervention.

For the DANCE behaviours that are coded as a percentage, increase or decrease is defined as a change of 15% or greater on the second observation compared to the first. For example, if the first code for the behaviour Verbal Quality was 65% and the second code was 85%, place a check in the column “Increase” as the change was ≥15%. As another example, if the first code for the behaviour Pacing was 85% and the second code was 80%, the difference is less than 15% and nothing is checked for this behaviour in the increase/decrease columns. The increase or decrease of 15% or greater was selected as the threshold for change between DANCE observations for a few reasons. First, as you may recall from training, a score within 15% is considered to be a representation of the same quality of the behaviour. Second, we anticipate that a change of 15% or greater
represents a true shift in caregiving behaviours and not a reflection of the variability we might expect when a client or child is having a “good” or “bad” day. In other words, 15% is a reflection of change.

For the DANCE behaviours that are scored as a frequency, increase or decrease is defined as a change that moves the behaviour to the next coding level (Level 1, 2, or 3). For example, if the behaviour Scaffolding occurred in the first observation one time and then two times in the second observation, the coding level for both observations is Level 2 (Area of Enhancement) and nothing is checked for this behaviour in the increase/decrease columns. As another example, if the behaviour Praise occurred 3 times in the first observation (Level 3 Code: Area of Strength) and once in the second observation (Level 2 Code: Area of Enhancement), then the column “Decreased” would be checked as the behaviour moved from a Level 3 to Level 2 from the first to second observation.

In preparation for sharing your findings with your supervisor, review and reflect on the questions in Section 3.

Section 3: Reflect on the DANCE Observations with your supervisor

a) For the third section of this activity, use the questions below to reflect on your DANCE observation with your supervisor.
   i. Why did you select this dyad to complete a second DANCE observation? What were you hoping to learn?

   ii. What do the two DANCE observations suggest to you about developmental shifts in the child (reflect on both the scores and the narrative comments) and the caregiver’s response to those changes?
      • As a basis for discussion, use reflections from the nurse as well as refer to the Operation Definitions for behaviours in the DANCE manual to review the Developmental Considerations section for selected behaviours.

   iii. What do the two DANCE observations suggest about the client with regard to her relationship with her child as well as her ability to support the child’s development (reflect on both the scores and the narrative comments)?
      • As a basis for discussion, use reflections from the nurse as well as reference to the Operation Definitions for behaviours in the DANCE manual to review the Theoretical Importance section for selected behaviours.
      • If there are decreases in a caregiving behaviour, what may be occurring with the caregiver or child that might provide some insight into these changes?
        o Caregiver’s knowledge and expectation of child’s development
        o Increased stress in the home
        o Caregiver factors such as stress, psychological well-being, influence of other caregivers, etc.
      • If there are increases in a caregiving behaviour, what may be occurring with the caregiver or child that might provide insight into these changes?
o Caregiver has responded to visit materials that targeted a behaviour for improvement
o Caregiver’s knowledge and expectations of child’s development
o Decreased stress or changes in life circumstances
o Caregiver factors such as support, psychological well-being, etc.

b) Now consider what the experience of recoding the same dyad was like for you:

i. How did it go to utilise principles of Objective Observation, viewing the dyad the second time with a "fresh lens"?
   • Consider what worked well, as well as challenges that may have existed for the nurse (nurse’s relationship with the client, biases, etc.).

ii. How has your skill as a DANCE observer helped or hindered completing subsequent DANCE observations?
   • Consider what worked well, as well as challenges that may have existed for the nurse (confidence level in using the DANCE, comfort level in observing and calculating percentages, knowledge level of certain DANCE behaviours, etc.).
   • Consider how the nurse has progressed in her DANCE learning.

iii. When comparing the two DANCE observations, what surprised you about the behaviours that increased, decreased, or stayed the same?
   • What was not typical (as observed at previous home visits) in either observation?
   • Which behaviours has the family nurse previously supported in home visits?
   • How is the nurse feeling about the impact she/he has made with the client:
     o When behaviours have increased?
     o When she has supported behaviours that have stayed the same or decreased?
     o When behaviours have decreased?
   • If no change has occurred or a significant decrease in some codes occurred, a nurse may feel frustrated or disappointed. Support the nurse to know she is doing the best job possible to support the dyad and explore the possible reasons why this may have occurred. Possible reasons may include:
     o Caregiver knowledge deficit
     o Caregiver has not applied recommendations/discussions from home visit
     o Caregiver is receiving conflicting information from others within her support system
     o Caregiver stress
     o There has been a developmental shift to which the caregiver has not adjusted
     o Others:
iv. What are the next steps you plan for this family within the maternal role domain? How might you share the information you have learned from these observations with your client?

- Encourage the nurse to think about the DANCE STEPS options available including:
  - Continuing with the content outlined in the guidelines
  - Reviewing content with the client
  - Introducing some new topics/presenting some new materials
Guide for Comparing DANCE Observations

<table>
<thead>
<tr>
<th>Behaviour</th>
<th>1st Code</th>
<th>2nd Code</th>
<th>DANCE Behaviour Change</th>
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<tbody>
<tr>
<td><strong>Emotional Quality</strong></td>
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<tr>
<td>Expressed Positive Affect</td>
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<tr>
<td>Caregiver’s Affect Complements Child’s Affect</td>
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<td>Verbal Quality</td>
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<tr>
<td>Response to Distress</td>
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<tr>
<td>Negative Comments About the Child to Others</td>
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<td><strong>Sensitivity and Responsivity</strong></td>
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<td>Positioning</td>
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<td>Visual Engagement</td>
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<td>Pacing</td>
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<td>Negative Touch</td>
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<td>Non-Intrusiveness</td>
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<td>Responsiveness</td>
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<td><strong>Regulation</strong></td>
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<td>Limit Setting</td>
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<td>Completes Interactions</td>
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<td><strong>Promotion of Development</strong></td>
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<td>Supports Exploration</td>
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<td>Praise</td>
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<td>Negative Verbal Content</td>
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*For behaviours coded as percentages: an increase is a change of ≥15%, a decrease is ≤15%
*For behaviours coded as a frequency: an increase is a change that moves up to the next coding level (from Level 1 to 2 or Level 2 to 3), a decrease is a change that moves down a coding level (from Level 3 to 2 or Level 2 to 1)
References

