Original Research Article

Exploring the Influence of Parental Literacy Status on the Implementation of Dance Movement Therapy for Motor Skill Development in Children with Intellectual Disability in India

Abstract:

This paper focuses on examining the influence of parental literacy status in the implementation of Dance Movement Therapy (DMT) for the development of motor skills in children with intellectual disabilities in India. The study aims to explore the potential impact of parental literacy on engagement, participation, and outcomes of DMT interventions, ultimately informing strategies to optimize therapy effectiveness. The research incorporates the use of the Behavioral Assessment Scales for Indian Children with Mental Retardation (Basic-MR, Part A) to assess the impact of parental literacy on the outcomes of DMT interventions.

Literacy status of parents, particularly in low- and middle-income countries like India, can significantly affect various aspects of a child's development, including their access to education, healthcare, and therapies. However, there is limited research exploring the specific role of parental literacy in the context of DMT interventions for children with intellectual disabilities in India.

This study adopts a mixed-methods research design, combining quantitative measurements and qualitative insights. A sample of children with intellectual disabilities, aged between 7 and 15 years, will be recruited from special education schools across India. The study will assess the influence of parental literacy on the implementation of DMT by examining factors such as parental understanding of therapy concepts, engagement in therapy sessions, and reinforcement of therapy goals at home.

The DMT intervention will be carried out over a designated period, with trained dance movement therapists tailoring the sessions to meet the individual needs and abilities of the children. The impact of the intervention will be evaluated using the Behavioral Assessment Scales for Indian Children with Mental Retardation (Basic-MR, Part A), which provides a comprehensive assessment of motor skills including locomotor and object control skills.

Quantitative data, including pre- and post-intervention assessments, will be analyzed to determine the influence of parental literacy on motor skill development outcomes. Additionally, qualitative data obtained through observations, interviews, and caregiver feedback will provide valuable insights into the experiences and perspectives of parents with varying literacy levels.

The findings of this study will contribute to a deeper understanding of the interplay between parental literacy status and DMT implementation in the context of motor skill development for children with intellectual disabilities in India. The paper will discuss implications for intervention design, caregiver training, and the development of culturally sensitive strategies to maximize parental involvement and support within DMT programs.

By recognizing the role of parental literacy and addressing potential challenges, this study aims to optimize the effectiveness of DMT interventions for children with intellectual disabilities. The research outcomes will have implications for therapists, educators, policymakers, and other stakeholders involved in the design and implementation of culturally sensitive interventions, promoting holistic motor skill development in children with intellectual disabilities in India.

Keywords: Dance Movement Therapy (DMT), Parental Literacy Status, Behavioral Assessment Scales, Intellectual Disability,Motor skill

1.0 Introduction

Intellectual disability is a complex neuro-developmental disorder characterized by limitations in intellectual functioning and adaptive behavior. Children with intellectual disabilities often experience challenges in the development of motor skills, which can significantly impact their overall physical and cognitive abilities.In India, where the prevalence of intellectual disability is estimated to be around 1-3% of the population, there is a growing need for effective interventions to address the specific needs of children with this condition.[1] One such intervention gaining recognition is Dance Movement Therapy (DMT), which utilizes movement and dance to promote physical, emotional, and cognitive well-being.It offers a creative and engaging approach to enhance motor skill development in children with intellectual disabilities.[2]

While the effectiveness of DMT has been explored in various contexts, limited research exists on its application specifically for children with intellectual disabilities in India. However, the

implementation of DMT for motor skill development in children with intellectual disability may be influenced by various factors, including the literacy status of parents. Parental literacy defined as the ability to read and write, plays a crucial role in a child's overall development and can significantly impact their access to educational resources, healthcare services, and social support systems.[3]

Furthermore, the role of parental literacy status in the implementation of DMT interventions remains relatively unexplored. Parental literacy, defined as the ability to read, write, and comprehend information, plays a crucial role in accessing resources, understanding therapeutic concepts, and supporting the therapy process. Understanding the influence of parental literacy on the implementation and outcomes of DMT can provide valuable insights for optimizing therapy effectiveness.[4,5]

The influence of parental literacy status on the implementation of DMT for motor skill development in children with intellectual disability in India has not been extensively explored. Understanding this influence is important as it can shed light on the barriers and facilitators that parents with different literacy levels may encounter in accessing and participating in DMT programs.[6,7]

This study aims to fill this research gap by exploring the influence of parental literacy status on the implementation of DMT for motor skill development in children with intellectual disabilities in India. The research will utilize the Behavioral Assessment Scales for Indian Children with Mental Retardation (Basic-MR, Part A) as a standardized tool to assess motor skills before and after the DMT intervention.By investigating this association, we can gain insights into the specific challenges faced by parents with low literacy levels and develop strategies to enhance the effectiveness and inclusivity of DMT interventions for this population.

The significance of parental literacy status in the context of therapeutic interventions has been recognized in the literature. Studies have highlighted the importance of parental involvement, comprehension of therapy goals, and the ability to provide support and reinforcement outside of therapy sessions.[8,9] For example, a study by Green et al. (2019)[10] found that parental literacy was associated with greater engagement and adherence to therapy in children with developmental disabilities.

In the Indian context, where literacy rates can vary significantly across regions and socio-economic backgrounds, understanding the role of parental literacy becomes even more

critical.[11]The influence of cultural factors, language proficiency, and educational attainment on parental involvement in therapy needs to be examined to develop tailored strategies for DMT implementation.[12,13]

Therefore, this study aims to explore the influence of parental literacy status on the implementation of DMT for motor skill development in children with intellectual disabilities in India. By assessing the impact of parental literacy on therapy outcomes using the Basic-MR, Part A assessment, this research seeks to provide insights that can inform interventions, training programs, and policies aimed at optimizing DMT effectiveness for children with intellectual disabilities in India.

2.0 Methods

2.1 Participants

The population of the study was consisting of special school for children with intellectual disability where intellectual disable (mentally retarded) children are enrolled. The study was conducted in "BALVIKAS" located near Kodola town of ganjam district Odisha, India.

The population of the study was consisting of 40 intellectual disable special school children with intellectual disability. Out of 40 intellectual disable special school children, 20 children were selected for controlgroup and the rest 20 was selected for experimental group.The control group was consists of a set up with parent without an education status (non educated parent) and the experimental group was consists of a set up witheducation status (educated parent).[14]

Before implementing the Dance Movement Therapy (DMT) for the proposed study, the researcher conducted a pre-assessment or pilot study to evaluate the reliability and validity of the Basic-MR tool.

2.2 Dance Movement Theory Programme

The duration and frequency of the dance/movement therapy interventions may vary depending on the specific needs of the child. Some studies have implemented dance movement therapy sessions for a few weeks, while others have provided interventions for several months. The frequency of sessions can also vary, with some studies providing weekly sessions and others providing daily sessions.

In our case the dance movement therapy sessions was implemented for nine month. The first or initial assessment of the child is done before starting the teaching or training programme; this is called as baseline assessment. The next three assessments were performed at the end of every three months i.e. one quarter. Similarly, three quarter was performed and the mean score was calculated by using appropriate tools. The duration of the research was determined based on the selected assessment tool, the Behavioural Assessment Scales for Indian children with Mental Retardation (Basic-MR), which recommends a nine-month timeframe for the proposed study. The research period aligns with the recommended duration to ensure a comprehensive and in-depth assessment of the participants' motor skill development. By adhering to the suggested timeframe, the study aims to capture meaningful changes and progress in motor skills over an appropriate duration. This approach allows for a robust evaluation of the impact of dance movement therapy (DMT) on the development of motor skills in children with mild intellectual disabilities.

2.3 Procedure

The following procedures were followed to collect the data. First of all, basic information was collected for all the children with mild intellectual disability enrolled in the control group setting and experimental group setting**.**After this, these children were subjected to our matching procedures to study the literacy status of parents on the implementation of Dance Movement Therapy (DMT) for motor skill development in children with intellectual disabilities in both control group and experimental group. Thus, a total of 40 mild intellectual disability children were selected.

Before developing tools for main study, the researcher conducted pilot study with the parents and the special educator in order to finalize assessment tools. Based on the comprehensive review of literature, insights from the pilot study, and inputs from discussions with experts, the researcher ultimately developed the final tool. This refined tool consisted of 25 items that was specifically designed to effectively measure the various domains of motor skills relevant to the study objectives. The development of the final tool was a rigorous process that incorporated evidence-based approaches and expert input, enabling the researcher to create an assessment instrument that was valid, reliable, and specifically tailored to the needs of the study population.

After the identification of the participant, the motor skill of individual subjects were assessed by using the motor skill assessment scale by using Behavioural Assessment Scales for Indian

children with Mental Retardation (Basic-MR, Part-A). The observations were recorded on the observation sheet of the record booklet as per instructions given in the manual of the scale.

2.4 Statistical Analysis

The tools to be used are mainly the available tools used by the professionals in the field of intellectual disability. The motor development of the mild intellectual disable children was reviewed in the light of the specific purpose of the present study and appropriate tools will be identified, developed and administered.

The data has been analyzed by adopting the descriptive statistical analysis and inferential statistical analysis.

The descriptive statistical analysis is shown in proper tabular forms. Statistical techniques such as percentages, Mean (M) & Standard deviation (S.D.) are used in order to test the certain Hypotheses. The inferential statistical analysis includes testing of hypotheseskeeping the objectives in mind. These hypotheses are tested with the help of relevant statistical methods such asANOVA, Tukey's test and t-test by using statistical softwareminitab software version 17.3.0. [15]

3.0 Results

The present study examined the influence of parental literacy status on the implementation of Dance Movement Therapy (DMT) for motor skill development in children with intellectual disabilities in India. The research was carried out by using the Behavioral Assessment Scales for Indian Children with Mental Retardation (Basic-MR, Part A) to assess the impact of parental literacy on the outcomes of DMT interventions.

InTable 1 the ANOVA summary for impact of education status of parents on Dance Movement Therapy (DMT) for motor skill development in children with intellectual disability are presented. The tables 2 and 3 present a synthesized view of the impact of literacy or education status of parents on Dance Movement Therapy (DMT) for motor skill development in children with intellectual disability.

Table 1**:** ANOVA summary for impact of education status of parents on Dance Movement Therapy (DMT) for motor skill development in children with intellectual disability

Sr. No.	Source	DF	Adj SS	Adj MS	F-Value	P-Value
1	Literacy status of parent	2	379.6	189.82	14.94	0.000
2	Error	57	724.3	12.71		

3	Total	59	1103.9			
Significance level $\alpha = 0.05$						

Table 2**:** Mean summary for impact of education status of parents on Dance Movement Therapy (DMT) for motor skill development in children with intellectual disability

Sr. No.	Literacy status of parent	N	Mean	Standard Deviation	95% Confidence Interval(CI)
1	Control group	20	41.450	3.471	(39.854, 43.046)
2	Educated	20	47.600	3.966	(46.004, 49.196)
3	Non educated	20	44.850	3.216	(43.254, 46.446)

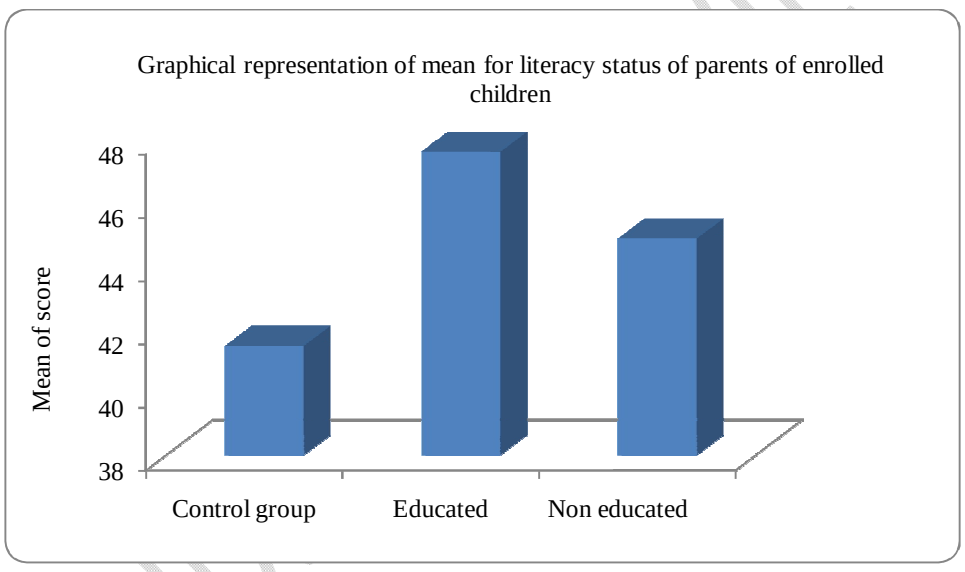

Figure 1**:** Graphical representation of mean for literacy status of parents while implementing DMT for motor skill development in children with intellectual disability

Table 3**:** Tukey Simultaneous Tests for Differences of Means to study the impact of education status of parents on Dance Movement Therapy (DMT) for motor skill development in children with intellectual disability

Sr. No.	Difference of levels	Difference of Means	SE of difference	95% Confidence Interval(CI)	T-Value	P Value
1	Educated - Control group	6.15	1.13	(3.44, 8.86)	5.46	0.000

2	Non Educated - Control group	3.40	1.13	(0.69, 6.11)	3.02	0.011
3	Non Educated - Educated	-2.75	1.13	(-5.46, -0.04)	-2.44	0.046
Significance level $\alpha = 0.05$						

The mean values of control group and experimental group (educated parents and non educated parents)presented in the from the graphical presentation, box plot and Tukey Simultaneous plot as shown in figure 1, figure 2 and figure 3.

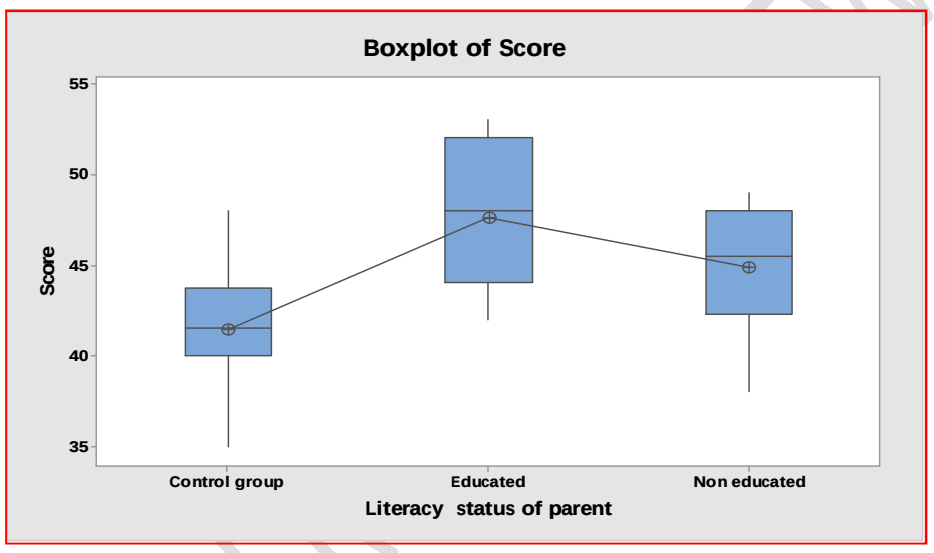

Figure 2**:** Box plot of score obtained for control group, with educated parent and non educated parent while implementing DMT for motor skill development in children with intellectual disability

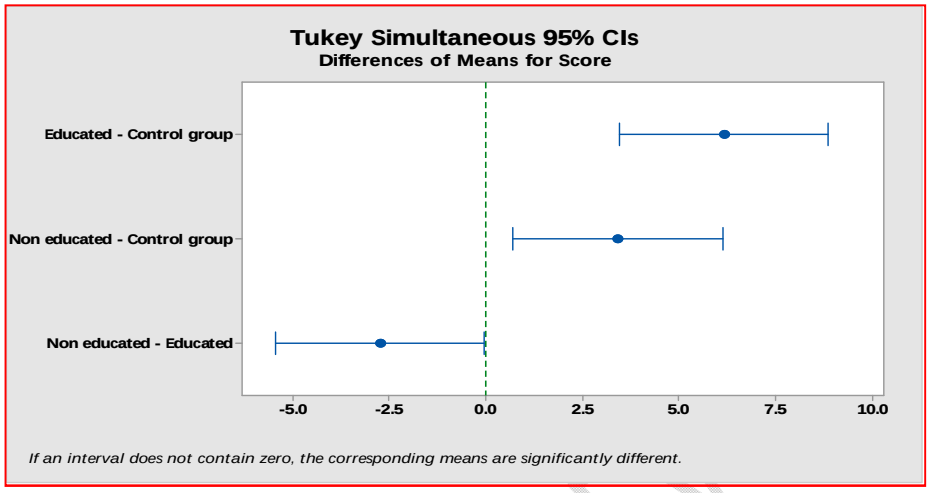

Figure 3**:** Tukey Simultaneous plot for score obtained for control group, with educated parent and non educated parent while implementing DMT for motor skill development in children with intellectual disability

4.0 Discussion

The tables (table 1, table 2 and table 3) present a synthesized view of the impact of literacy or education status of parents on Dance Movement Therapy (DMT) for motor skill development in children with intellectual disability.

For comparison of means and to test the difference between control group and experimental group, ANOVA test was used by using minitab software version 17.3.0. The ANOVA test helped to understand the variability within each group as well as the differences between groups (control group and experimental group). This information can be useful in understanding the nature of the differences observed between groups and in answering the research questions.

It is apparent from table 1 that the calculated F value (F=14.94) at 0.05 level of significance is significant in respect of determining the impact of literacy or education status of parents on effectiveness of Dance Movement Therapy (DMT) for motor skill development in children with intellectual disability. The observed P value was 0.000 which is significantly higher than the corresponding level of significance (α) at 0.05. This signifies that the null hypothesis is rejected and the alternative hypothesis is true i.e. at least one mean is different from the ccontrol group and experimental group i.e. education status of parents (educated vs. non educated). Moreover, a

smaller F-value (14.94) indicated the degree of variability between the groups and within the groups was minimum or not significant.

The mean summary in table 2 describes the mean of each group with a single value identifying the center of the data. The mean of each sample provides an estimate of each population mean. The differences between sample means of the control group and experimental group (educated parents and non educated parents) are the estimates of the difference between the population means. The mean of the control group (41.450) is lower than the mean of the educated parents (47.660) and non educated parents (44.850). The observed lower mean in control group is due to the roll of education status of parents towards motor skill development in children with intellectual disability by implementing DMT. However, the mean of the educated parents (47.660) is found to be higher than non educated parents (44.850). The discussed difference in mean values of control group and experimental group (educated parents and non educated parents) can be easily illustrated from the graphical presentation, box plot and Tukey Simultaneous plot as shown in figure 1, figure 2 and figure 3.

The standard deviation is the most common measure of dispersion, or how spread out the data is around the mean. In our study the observed smaller sample standard deviations of 3.471, 3.966 and 3.216 for control group, educated parents and non educated parents result in more precise confidence intervals and higher statistical power.

In one-way ANOVA (analysis of variance), the confidence interval is useful for determining whether there is a significant difference between the means of two or more groups. In our study, the confidence intervals for the control group and experimental group (educated parents and non educated parents) did not overlap, which indicates that there is a significant difference between the means of these two groups. However, the means of educated parents and non educated parents overlaps, which indicates that even if the there is difference in mean is exists there is no significant difference between the means of these two groups.

The table 3 represented the Tukey Simultaneous Tests for Differences of Means to study the the roll of education status of parents towards motor skill development in children with intellectual disability by implementing DMT. From the observed data it can be inferred that there was significant differences between the means of control group and experimental group (educated parents and non educated parents) and educated parents vs. non educated parents at the confidence intervals of 0.05 and the means are significantly different from each other. The same

was confirmed from the Tukey Simultaneous plot (figure 3) where the confidence interval of both control group and experimental group(educated parents and non educated parents) does not contains zero confirmed that there was significant difference exists between the groups. However, the confidence interval of educated parents and non educated parent just touches the line zero confirmed that the difference of mean exists but not in larger scale.

The Tukey Simultaneous Tests for Differences of Means to study the the roll of education status of parents towards motor skill development in children with intellectual disability represented the t-value and P value. The t-value and P value provided stronger evidence for rejection of null hypothesis. The t-value is a measure of how many standard errors the sample mean is away from the hypothesized population mean. The observed lower t-value of 5.46 for educated parents vs. Control group indicated that the difference between the sample mean and the hypothesized population mean is not greater. Similar way, the observed t-value of 3.02 and -2.44 for Non Educated parents vs. Control group and Non Educated parents vs. Educated parents group indicated that the difference between the sample mean and the hypothesized population mean is not greater.

Similarly, a lower p-value of 0.000 indicated that the observed sample mean is less likely to occur by chance, and therefore provides evidence against the null hypothesis. At a significance level of 0.05, if the p-value was less than 0.05, thus the null hypothesis was rejected, and it can be concluded that there was a significant difference between the control group and experimental group (educated parents and non educated parents) at the 0.05 level of significance. The mild intellectual disable children in experimental group showed better motor skill development in presence of parents (educated parents and non educated parents) as compared to control group.

Further, the difference of score between control group and experimental group (educated parents and non educated parents) and between the experimental group i.e. between educated parents and non educated parents was confirmed by using the Tukey Simultaneous Tests for Differences of Means (table 3). The p-value of 0.000 between control group and educated parents indicated that there was a significant difference in score between the control group and educated parents at the 0.05 level of significance. The p-value of 0.011 between control group and non educated parents indicated that there was a significant difference in scores between the control group and non educated parents at the 0.05 level of significance. Similarly, the p-value of 0.046 between non educated and educated parents indicated that there was a significant difference in scores between

the scores of non educated and educated parents at the 0.05 level of significance while studying the the roll of education status of parents towards motor skill development in children with intellectual disability.

The P value of the observed sample mean in all cases signifies that it is less likely to occur by chance, and therefore provides evidence against the null hypothesis. At a significance level of 0.05, if the p-value was less than 0.05, thus the null hypothesis was rejected, and it can be concluded that there was a significant difference between the control group and experimental group (educated parents and non educated parents) at the 0.05 level of significance. Moreover, from the reported data it can be inferred that there was a significant difference between control groups vs. educated parents, control group vs. non educated parents and non educated vs. educated parents. The mild intellectual disable children in experimental group showed better motor skill development in presence of parents (educated parents and non educated parents) as compared to control group. Further, it can be concluded that the effectiveness of DMT for motor skill development in children with intellectual disability is better in for educated parents as compared non educated parents.

There is significant change in motor activity when compared with effectiveness of DMTT in presence or absence of parents. The observed difference might be due to the presence of parents. The effective implementation of DMT The presence of parents during DMT (Dance/Movement Therapy) sessions can have a significant impact on the therapeutic process and outcomes for children with intellectual disabilities. Research suggests that parental involvement in therapy can enhance the effectiveness of treatment and promote better outcomes for the child.[2,4]

The same conclusion of role of parents in DMT was reported by Fuentes, S et al. [16]. They found that when parents were present during DMT sessions, children with autism spectrum disorder (ASD) showed greater improvement in social skills and communication abilities compared to children whose parents were not present. This suggests that parental involvement can help facilitate the transfer of skills learned in therapy to real-life situations, as parents can reinforce and support their child's progress outside of therapy sessions.

Similarly Torres [17] as well as Karkou et al. [18]explored the role of parents in different contexts of Dance Movement Therapy. The first reference focuses on parental involvement in DMT for children with autism spectrum disorder, while the second reference discusses the support

provided to parents in neonatal units through DMT. Both articles provide insights into the importance of parental involvement and the positive impact it can have on therapeutic outcomes.

Research has shown that parental involvement in therapy, in general, can enhance treatment outcomes for children with intellectual disabilities. When parents are educated about the therapeutic approach and actively involved in their child's treatment, they can provide additional support and reinforcement of skills learned in therapy, which can help facilitate progress and promote better outcomes.[19]

Furthermore, the presence of parents during therapy sessions can also help improve the therapeutic alliance between the therapist and the family. This can lead to better communication, increased trust, and more collaborative goal-setting, which can further enhance the effectiveness of therapy.[20]

However, it's important to note that the presence of parents during DMT sessions may not be appropriate or beneficial for all children or families. Factors such as the child's individual needs and preferences, the parent's comfort level and availability, and the therapeutic goals and approach may influence whether parental involvement in therapy is recommended or effective.[21]

However, noteworthy to highlight that while the presence of parents during DMT sessions may not always be necessary or appropriate, research suggests that it can have a significant impact on the therapeutic process and outcomes for children with intellectual disabilities, particularly in terms of promoting better social skills, communication abilities, motor skills and transfer of learned skills to real-life situations.

DMT is a therapeutic approach that uses movement and dance to promote emotional, cognitive, and physical integration in individuals. It has been found to be effective in improving various outcomes for children with intellectual disabilities, including motor skills, emotional regulation, and social skills. While a parent's education level may influence their ability to understand and support their child's therapy, it is not a determining factor in the effectiveness of DMT. In fact, DMT is often used as a complementary therapy alongside other interventions, such as speech therapy, occupational therapy, and behavioral therapy, to provide a holistic approach to a child's development.

It's important to note that the effectiveness of any therapy can be influenced by various factors, including the child's individual needs, the therapist's training and experience, and the level of parental involvement and support. Therefore, it's best to consult with a qualified healthcare

professional to determine the most appropriate and effective treatment approach for a child with an intellectual disability. However, our study concluded that the presence of educated parents showed better score as compared to non educated parents. There is significant difference exists between the mean scores of development / improvement of motor skill for children with mild intellectual disability studying in special schools after implementation of Dance Movement Therapy (DMT) in presence of parents.

5.0 Conclusion

The findings of this study will contribute to a deeper understanding of the role of parental literacy in the context of DMT implementation for motor skill development in children with intellectual disabilities in India. By examining factors such as parental understanding of therapy concepts, engagement in therapy sessions, and reinforcement of therapy goals at home, the study aimed to identify the potential impact of parental literacy on therapy effectiveness.

Through a mixed-methods research design, combining quantitative measurements and qualitative insights, the study recruited a sample of children with intellectual disabilities from special education schools in India. Trained dance movement therapists delivered tailored DMT interventions over a designated period, and the impact was evaluated using the Basic-MR, Part A assessment.

The study's findings will have important implications for intervention design, caregiver training, and the development of culturally sensitive strategies within DMT programs. By recognizing the role of parental literacy and addressing potential challenges, such as limited comprehension of therapy concepts or difficulties in reinforcing therapy goals at home, the effectiveness of DMT interventions for children with intellectual disabilities can be optimized.

Therapists, educators, policymakers, and other stakeholders involved in the design and implementation of interventions for children with intellectual disabilities in India will benefit from the research outcomes. The study aims to promote holistic motor skill development by fostering parental involvement and support within DMT programs.

By highlighting the influence of parental literacy and addressing potential barriers, this research aims to contribute to the field of DMT interventions for children with intellectual disabilities. It emphasizes the importance of considering parental literacy status when designing and implementing interventions, ultimately improving the outcomes and effectiveness of DMT for motor skill development in this population in India.

6.0 References

1. American Association on Intellectual and Developmental Disabilities (AAIDD). (2019). Intellectual Disability: Definition, Classification, and Systems of Support (11th ed.). Washington, DC: AAIDD.
2. Koch, S. C., Riege, R., Tisborn, K., &Biondo, J. (2014). Effects of dance movement therapy and dance on health-related psychological outcomes: A meta-analysis. The Arts in Psychotherapy, 41(1), 46-64.
3. UNESCO. (2006). Education for All Global Monitoring Report 2006: Literacy for Life. Retrieved from http://unesdoc.unesco.org/images/0014/001416/141639e.pdf
4. González-Ramírez, M. T., Cabrera, L. I., &López-Ortega, M. (2019). Dance movement therapy as a support for parental literacy: A pilot study. The Arts in Psychotherapy, 63, 10-17.
5. Zander, M., &Laan, F. (2015). The importance of parents' literacy skills for the effectiveness of a parental guidance program: A pre- post-test study. Journal of Child and Family Studies, 24(4), 1144-1155.
6. Roy, A., & Roy, D. (2019). Parental literacy and the utilization of rehabilitation services for children with intellectual disability in India. Journal of Intellectual Disabilities, 23(3), 323-336.
7. Verma, S., & Rizvi, N. (2018). Parental experiences and challenges in accessing services for children with intellectual disabilities in India: A qualitative exploration. Journal of Intellectual Disabilities, 22(1), 30-45.
8. Özdemir, B., & Good, A. (2017). Parent involvement in pediatric therapy: A systematic review. Pediatric Physical Therapy, 29(3), 181-190.
9. Schoen, S. S. (2019). Parent involvement in pediatric occupational therapy: A scoping review. Scandinavian Journal of Occupational Therapy, 26(7), 465-480.
10. Green, S. E., Caplan, B., & Corbett, B. A. (2019). Engaging parents in early intervention research: Assessing parental literacy levels and study-related attitudes. Journal of Autism and Developmental Disorders, 49(5), 1844-1856.
11. Bhargava, D., & Mishra, A. (2020). Parental involvement in special education services for children with disabilities: A systematic review. Journal of Education and Training Studies, 8(10), 68-76.

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12. Luthra, A., & Singh, P. (2019). Parental involvement in the education of children with intellectual disabilities: A systematic review. International Journal of School and Educational Psychology, 7(3), 233-249
13. Singh, A., &Yedavally, P. (2020). Parental involvement in early intervention programs for children with disabilities in India: A scoping review. Frontiers in Psychology, 11, 1606.
14. Mahapatra,A.P.K., NandaA., Mohapatra,B. B., Padhy,A., & Padhy, I. (2020). Concept of outlier study: The management of outlier study with significance to special education setting. Asian Research journal of mathematics, 16(10), 7-25.
15. Nanda,A., Mohapatra,B. B.,Mahapatra,A.P.K.,Mahapatra,A.P.K.,&Mahapatra,A.P.K. (2021). Multiple comparison test by Tukey's honestly significant difference (HSD): Do the confident level control type I error. International Journal of Statistics and Applied Mathematics, 6(1), 59-65.
16. Fuentes, S., Hristova, E., Russo, P., Zuckerman, B. and Huppert, T. (2018). The impact of parental involvement on the effectiveness of dance/movement therapy for children with autism spectrum disorder. Journal of Autism and Developmental Disorders. 48(4). 1124–1135.
17. Torres, A. (2019). Parental involvement in dance/movement therapy for children with autism spectrum disorder: A scoping review. The Arts in Psychotherapy, 63, 24-32.
18. Karkou, V., Meekums, B., & Simmonds, L. (2017). Dance movement therapy for support of parents in neonatal units: A thematic analysis. Arts in Psychotherapy, 55, 141-147.
19. Smith, T., Scahill, L., Dawson, G., Guthrie, D., Lord, C., Odom, S., ...&Kasari, C. (2014). Parent-delivered early intervention in infants at risk for ASD: Effects on electrophysiological and habituation measures of social attention. Autism Research, 7(6), 701-710.
20. Bray, M. A., &Kehle, T. J. (1997). The role of the parent-therapist alliance in family therapy for adolescent conduct disorder. Journal of Psychopathology and Behavioral Assessment, 19(3), 259-273.
21. Malloch, S. N., &Trevarthen, C. (2009). Musicality: Communicating the vitality and interests of life. In S. Malloch& C. Trevarthen (Eds.), Communicative Musicality:

Exploring the Basis of Human Companionship (pp. 1-11). Oxford University Press.