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NATIONAL CENTRE FOR
DANCE THERAPY

Introductory Guide to
Adapted Dance

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Marie-Ève Barbeau, Émilie Barrette, Carol Jones, Tania Lazuk, Suzanne Papineau et
Luca *Lazylegz* Patuelli.

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Les Grands Ballets Canadiens de Montréal
1435, de Bleury Street, suite 500
Montreal, QC, Canada
H3A 2H7
514.849.0269
DanceTherapyCentre.com

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Preface

This guide derives from a certain expertise of the National Centre for Dance Therapy (NCDT), developed over the past seven years of work on the ground.

Its purpose is to provide an introduction to the discipline of adapted dance by offering an overview of different types of interventions possible through the use of dance, as varied as the needs of the targeted clientele.

The content presented in the following pages is based on the model constructed by the National Centre for Dance Therapy, and is not intended as a complete portrait of all the types of intervention possible using dance.

The guide is intended for all professionals and artists in healthcare, social services or education seeking to use adapted dance in the framework of their work. We advise those without experience to receive training before leading artistic interventions in a social or healthcare setting, or that they be supported by professionals in the field.

Furthermore, one of the values that you will discover in the following pages is that of teamwork and cooperation.



Adapted Dance

Adapted dance is a recreational dance practice adjusted for people with specific needs. The teaching of dance movements is done on the basis of the abilities and strengths of each participant, and allows for the development of better mobility and body awareness. It is a friendly and tolerant space, where the pleasure of moving lies at the very heart of the work done.

Adapted dance is just one of the disciplines belonging to the broader spectrum of interventions through dance that includes, among others, cultural mediation via dance and dance therapy. That distinction is important, and makes it necessary to identify the two elements that distinguish adapted dance from other intervention practices:

- 1 The primary goal is **recreation**. While a session of adapted dance may have therapeutic benefits, adapted dance is not a therapy and has a recreational purpose.
- 2 Adapted dance aims at the **direct participation** of a segment of the population, who would not otherwise have access to a dance class tailored to their needs.



Intervention Approaches

The specific goals and structure of an adapted-dance session depend on the needs of session participants, and, depending on the situation, are often determined jointly with the healthcare or social-service providers accompanying the participants. Nevertheless, it is possible to identify certain elements common to all interventions, regardless of the target population segment.

First of all, adapted-dance sessions are always offered by a dyad made up of a dance teacher and a healthcare professional (a dance therapist, for example). The dance teacher has the role of giving the dance class, seeing to it that the artistic objectives are met, and encouraging the students' participation, whereas the healthcare professional is responsible for guaranteeing the safety and well-being of participants, while respecting their needs and limitations and offering them individual support when necessary.

For the goals of an adapted-dance program to be achieved, normally it runs for a minimum of 12 weeks. That way, participants have the time to familiarize themselves with dance and movement, to learn to control their bodies and to work on specific goals, which may range from mastering a certain movement to preparing a choreography. Each session can last from 30 to 90 minutes, according to the needs of participants.

Adapted-dance sessions may be based on any style of dance, depending on the interests of participants and the goals of the intervention. For instance, the decision could be made to focus on urban dance for the entire session, or on ballet or on flamenco. In other situations, experimentation and the merging of different styles may be the focus. It is up to the professionals to adapt each time to the situation and to develop a structure for the session that enables participants to express their potential, to experiment with new movements and to enjoy themselves.

Given the very definition of adapted dance, everyone, whatever their needs or limitations, can take part in a session. Normally, participants in a single group have similar conditions (for example, autism spectrum disorders, physical disability, and so on), but it is also possible, or conceivable, to create mixed groups that include people with no special needs.

Structure

- Dyad of professionals;
- Minimum of 12 weeks;
- 30 to 90 minute sessions;
- Varied dance styles;
- Accessible to all.



1. Social Context

Adapted Dance as a Tool for Prevention

The various clienteles targeted under this heading can usually be reached through public or community organizations offering them a variety of services tailored to their life experience. Thus, adapted dance may take its place in a broader framework of recreational activities and psychosocial interventions. In that case it becomes essential for adapted-dance course professionals to work jointly with the team of the organization where the course is taking place by offering them a preliminary meeting and by soliciting the participation of an educator already known to the participants who will support the teacher and ensure supervision.

Varied Clienteles Experiencing Psychosocial Difficulties

- Students at risk of dropping out of school;
- Adolescents living in rehabilitation centers under Youth Protection;
- Immigrants or refugees;
- Homeless people or those experiencing social isolation
- People identifying with a minority group;
- Young women who are pregnant or who have very young children;
- Prisoners.

Goals

- 1 Respite: a place where day-to-day difficulties are temporarily set aside.
- 2 Developing creativity: an opportunity to try new things.
- 3 Development of personal strengths: an opportunity to experience a feeling of success, to assert oneself and to boost one's self-esteem.
- 4 Cooperation: an opportunity to transform the spirit of competition into a spirit of collaboration.
- 5 Leadership: development of skills allowing for positive leadership and team spirit.

Class Structure

After a warmup directed by the teacher, the central part of the course may be a moment of creation where participants are invited to craft their own choreography, alone or in teams. The choreographies can be presented to the rest of the group, and may be continued or not from one session to the next. The class normally ends with a return to calm and with stretching.

Intervention Tools

In the various exercises offered, the use of accessories (balls, scarves, hoops, chairs, elastic bands, etc.) can be useful in stimulating student participation. It is also possible to

suggest that participants name the music they would like to use for subsequent sessions, and that way adapt to their tastes and interests.

To Bear in Mind

Clienteles experiencing psychosocial difficulties notice or often confront negative judgments coming from their immediate entourage or society in general. It therefore becomes all the more important to welcome them without judging. Thus, any proposal respectful of the self and others must be received with openness.

2. Autism

Dance Adapted to the Needs of Autistic People

As the term indicates, individuals with an ASD find themselves on a very broad spectrum that comprises a varied range of behaviors: trouble assimilating norms of communication, search for or avoidance of sensory stimulations, self-regulation behaviors, a tendency to be “in their bubble.” Thus, according to the severity of the problem, the person will have more or less difficulty adapting to the various social situations he or she encounters.

A dance class in a group of neurotypical children (that is, without an ASD) may therefore prove to be a major challenge for a child with an ASD.

In this context, adapted dance makes it possible to respond to the specific needs of all participants with an ASD as they arise and in so doing provide them with a good time rather than asking them to adapt to a setting not suited to them.

Autism Spectrum Disorders (ASD)

- Deficits in communication and social interactions;
- Restricted or repetitive behaviors or interests.

Appears during the child's development.

Participants are regularly reminded of the instructions on an individual basis. In addition, the use of pictograms (schematic figurative drawings) makes matters easier to understand, visual analysis generally being a strength among people with ASD.

Intervention Tools (Accessories and Exercises)

Accessories (balls, scarves, parachutes, ribbons, percussion instruments, hoops) and objects making it possible

Goals

- 1 Recreation: a context of enjoyment in an adapted and safe environment.
- 2 Coordination, motor function and rhythm: improvement of motor skills thanks to targeted exercises at the appropriate developmental stage.
- 3 Development of creativity: an opportunity to learn new things and to get in the game.
- 4 Understanding emotions: exploration of emotions through music, facial expressions, body movements.
- 5 Improvement in interpersonal relations: individual exercises, in pairs or as a group, adult modeling.
- 6 Respite for parents: some time off while their children enjoy themselves.

Class Structure

Routine and predictability are important for people with ASD. An adapted-dance course must therefore conform to a clear structure that repeats from one class to the next. That structure is presented to participants through a social scenario (“social story”) displayed in class.

to mark off space (lines on the ground, chairs, floor mats) are used in order to offer participants anchorage, concrete elements to work with. The exercises proposed also conjure up images: moving around like different animals, standing like a tree, imitating the movement of waves...

To Bear in Mind

Given the sensorial particularities of most children with ASD, it is advisable to control the different environmental parameters (light, temperature, noise and music, decoration) according to participant needs. More often than not, it is recommended that these parameters be as understated as possible and remain the same from class to class. Stimuli that are too intense and too variable require new information processing for people with ASD.



3. Intellectual Disability

Dance Adapted to the Needs of Intellectually Disabled People

Intellectual disability is described on the basis of the importance of limitations in terms of adaptive behavior (mild, moderate, severe or profound ID). Those limitations have an impact on the functioning of the person in his or her day-to-day activities, including recreation. Thus, it becomes pertinent to offer children and adults with ID recreation opportunities tailored to their needs and their intellectual and adaptive skills, including adapted-dance classes. Those classes could fit into the offer of service of organizations devoted to people with ID, and at the same time into other workshops and seminars focusing on the acquisition of various skills.

Intellectual Disability (ID)

- Limitations in terms of intellectual functioning;
- Limitations in terms of adaptive behavior (communication, conceptual, social and practical skills).

Appears before adulthood.
Is often accompanied by another psychological or physical diagnosis (ASD, mental health condition, Down syndrome, for example).

Goals

- 1 Recreation: a context of enjoyment in an adapted and safe environment.
- 2 Coordination, motor function and rhythm: improvement of motor skills thanks to targeted exercises.
- 3 Understanding emotions: exploration of emotions through music and body movements.
- 4 Development of personal strengths: an opportunity to enjoy a sense of uniqueness, to assert oneself, to improve self-confidence and to surpass oneself.
- 5 Improvement in communication skills: putting into practice communication norms like listening, taking one's turn to speak and the employment of verbal and non-verbal language appropriate to the context, and respect for limits.
- 6 Mutual trust: development of bonds of trust among participants allowing for more natural and spontaneous exchanges.

Class Structure

After participants have been invited to express in words and gestures how they are doing at the start of the class, a warmup routine is proposed by the teacher, using the same movements from one week to the next. Dance exercises (typical of the dance style involved) then take place along with rhythm exercises and periods of freer, more creative movements. Classes end with participants once again being invited to express in words and gestures how they feel and to take note of a possible evolution as compared with the start of class.

Intervention Tools (Accessories and Exercises)

Accessories (scarves, percussion instruments) and material specific to the dance style involved (ballet bars or other) are used in order to offer participants a normative context. Throughout the get-together, participants are invited to do exercises in pairs and to present their movement ideas to the group. Also, they can propose music that they like for certain exercises.

To Bear in Mind

Those with ID are often treated as if they were small children by the people they run into from day to day or whom they see in the places where they spend time. It therefore becomes important for professionals to establish a context that encourages participants to use their full potential and the skills that they have continued to develop throughout their lives. The material and language used must therefore be normative to avoid useless regressions.



4. Mental Health Problems

Adapted Dance for Feeling Good

Symptoms of mental health difficulties differ according to the problem and the person affected by it. As symptoms influence a number of spheres of functioning (thoughts, emotions, behaviors and interpersonal relations), they can have an impact on the needs of participants in a dance class. Certain adaptations may therefore be necessary, and a course intended specifically for people living with a mental health problem offers them a space where their lived experience can be standardized.

Mental Health Problems

- Symptoms or diagnoses relating to problems of mental health;
- Anxiety disorders, mood disorders, schizophrenia, etc.;
- Causing significant distress and affecting day-to-day functioning;
- Changes that can be seen by those in the person's circle.

Goals

- 1 Recreation: a context of enjoyment in an adapted and safe environment.
- 2 Regularity: planned activity that fits the participant's schedule.
- 3 Motivation to get out: an opportunity for a change of scene, to take action.
- 4 Skill development focusing on wellbeing: relaxation and movements that do the body and head good and are capable of being reproduced at home.
- 5 Discovery of new activities: the possibility of expanding one's repertoire of actions and movements.
- 6 Socialization: the opportunity to meet people, to break down the sense of loneliness.
- 7 Support group: the sense of being understood and not being alone in experiencing one's difficulties

Class Structure

During warmup, the teacher may propose exercises affecting all parts of the body in order to improve participants' body awareness. The class may unfold by alternating periods of movements directed by the teacher and periods when participants are free to create sequences of movements based on their emotional state. Dance passages among participants are proposed, in pairs or in a large group. At the end of the class, it is essential to ensure that participants take their leave in a stable condition.

Intervention Tools (Accessories and Exercises)

Various accessories can be used to facilitate student participation, based on their strengths and their limitations: scarves, ghost body socks, exercise balls, elastic bands and others. Different exercises revolving around the two poles of movement continuums (for example, in speed, strength, direction) are relevant, leading participants to move differently from one class to the next. The mirror exercise where each participant reflects the movements of a partner is also useful in

developing peer support, and can be revisited each week. Group exercises are generally done in a circle to enhance the sense of community in the class.

To Bear in Mind

Given the psychological distress experienced by people with a mental health difficulty, it becomes necessary to ensure that participants in the adapted-dance course also have access to a therapeutic space appropriate to their situation. True, the adapted-dance course cannot fill that role, but it can serve as a gateway to guide them towards specialized resources. Indeed, as many psychological issues manifest themselves in physical terms as well, a physical activity like dance may conjure up vulnerabilities.

5. Hospitalized Patients

Adapted Dance to Deal with Illness and Aid in Healing

The medical conditions necessitating hospitalization are extremely varied. In a hospitalization context, patients are admitted and discharged at different times and present variable physical conditions based on treatments received. Thus, it is more realistic to offer dance classes to an open group that participants join when they are physically available.

Furthermore, medical interventions may prevent participants from attending dance class. The schedule for it could be flexible enough to accommodate patients interested in taking part from one session to the next. Ideally, a number of classes per week should be offered depending on the size of the hospital in order to reach as many patients as possible.

Goals

- 1 Recreation: a context of enjoyment in an adapted and safe environment.
- 2 Well-being and decreased pain: physical activity allowing for the production of endorphins.
- 3 Improvement in bodily function and in functional skills: physical movements facilitating the functioning of the human body's various systems (circulatory, respiratory, skeletal, muscular, nervous).
- 4 Relaxation: reduction in tensions and in chronic fatigue.
- 5 Self-awareness: positive use of the body with the goal of doing oneself good and of being in action.
- 6 Expression of emotions: use of movement to release the stress and the negative emotions connected with hospitalization and with the illness.
- 7 Increase in the range of movements: use of the body to its fullest extent depending on the physical condition of each patient.

Hospitalization

- Hospital stay of varying duration depending on the medical condition (acute or chronic) and the care required.

Psychological difficulties may also be experienced in confronting the medical condition and the hospitalization itself.

Class Structure

Classes generally start with a warmup for all parts of the body, tailored to the current physical condition of each participant. Next, the teacher may propose practicing specific movements connected to a choreography learned from one class to the next and making it possible to give the body more of a workout. The dance class ends with a return to calm. Each section of the class is guided so as to allow participants to connect positively with their bodies and to regain control over them.

Intervention Tools (Accessories and Exercises)

Accessories making it possible to amplify small movements (scarves, balls, ribbons, percussive instruments) may be used to facilitate each person's participation, whatever their energy level. In this context, other forms of expression may also be proposed (writing, drawing, modeling, collage). Care must be taken to carefully supervise the group movements so as to prevent undesired physical contact in light of the invasive nature of the medical procedures received on a daily basis by participants.

To Bear in Mind

Hospitalized patients, because of an acute or chronic medical condition, generally present physical limitations. Moreover, numerous psychological difficulties may have been experienced by patients in connection with their medical condition or their hospitalization. It can therefore sometimes prove to be difficult to distinguish a real physical limitation from a state of emotional lethargy. Consequently, it is advisable to consult the attending physician to determine the ability of a patient regarding a physical activity. It may also be relevant for the teacher to have access to part of the medical file to be sure of not proposing exercises that may be harmful to the health of patients in remission or awaiting treatment.

6. Physical Disabilities

Adapted Dance to Assert Their Strengths

Physical disabilities are also as different from one person to the next as their personalities may be. Hence, an adapted-dance class for people presenting a physical disability demands great flexibility on the part of teachers in adjusting movements to the specific condition of each student. The individuality of each one is thereby encouraged, the movements presented being more in the nature of concepts that can be exemplified differently by each one.

Physical Disabilities

- Physical or neurological difficulties that may affect motor function and aspects of everyday life;
- May be owing to a medical condition acquired or genetic, or the result of an accident;
- May be stable over time or present a cyclical or degenerative pattern.

Psychological difficulties may also be present at the same time as the physical disability or in consequence of it (depressed mood, low self-esteem, loneliness).

Goals

- 1 Recreation: a context of enjoyment in an adapted and safe environment.
- 2 Reaching a new level in terms of dance: potential of certain students to carry on professionally.
- 3 Surpassing oneself: developing new physical skills on the basis of natural strengths.
- 4 Letting go: muscle loosening, relaxation, tension release.
- 5 Development of personal strengths: recognition of the strengths of each one, use of the special features related to the physical disability to turn them into strengths, increase in self-esteem.
- 6 Mutual assistance: teamwork, development of a feeling of belonging, of being part of a family.

Class Structure

The dance class allows participants to exert themselves physically with cardiovascular and muscular training. The choreography created by the teacher comes into being as the classes progress, depending on the students and on their strengths and variables in motor skills. Hinging on the profile of participants, the class may end with dynamic exercises that enable them to release all their energy, or else with a period of relaxation to channel that energy in calmer fashion. In addition, part of the class could be used to discuss students' experiences, and how they feel when they arrive at dance class.

Intervention Tools (Accessories and Exercises)

Some people with a physical disability use a piece of equipment on a daily basis to adapt their mobility to that incapacity: wheelchair (manual, electric or with assistance), walker or crutches. These are integrated into the choreographic composition to ensure that everyone can participate and that individual and group movements go smoothly, as well as to enrich the dance created. Certain accessories can be used, such as costume components or other objects that can be handled by participants. As students' physical condition may vary from one class to another, it becomes pertinent to have leeway in movements

from one week to the next and to offer support roles to students who may be more tired (taking care of the music list, making constructive comments after observing the others dance, and so on). The choice of music is at the teacher's discretion, but it is always possible for participants to make their suggestions.

To Bear in Mind

People presenting a physical disability live with it from day to day, and that is often seen as being an important functional limitation. For that reason, the adapted-dance course must allow that physical particularity to be turned into a strength, even into a "superpower." All participants present ways of moving that are peculiar to them, which becomes the raw material for building a choreography. Teachers must demonstrate great humility when dealing with these students, showing them their own limitations and helping them accept theirs.



7. Seniors

Adapted Dance for Fulfilling Potential

When the aging process begins to make itself felt on the body, individuals sometimes tend to regret the abilities they previously possessed. Thus, it can become difficult to find the motivation to take dance classes offered to the adult population in general. An adapted-dance class makes it possible to offer a space where seniors regain control over their changing bodies.

Aging

- A normal process happening with age and bringing functional modifications in individuals;
- Generally entails a gradual decrease in physical fitness and cognitive abilities;
- Certain physical illnesses or cognitive impairments are found more among older people (hearing loss, cataracts, hypertension, arthrosis, diabetes, some cancers, cardiovascular disorders, dementia, Alzheimer's, etc.).

The pace at which aging takes place and the systems affected by it vary from person to person, influencing their day-to-day lives differently.

Goals

- 1 Recreation: a context of enjoyment in an adapted and safe environment.
- 2 Slowdown in physical losses: flexibility, balance, coordination, endurance and mobility exercises, muscle and bone mass strengthening, improvement in cardiovascular functions, decrease in the risk of falling.
- 3 Slowdown in cognitive losses: improvisation exercises stimulating creativity, learning of choreographic sequences calling for concentration and memory.
- 4 Self-confidence: an opportunity to explore one's new strengths and limitations in a non-judgmental space.
- 5 Socialization: sharing of an activity with people at the same stage in their lives, a feeling of belonging.

Class Structure

Following a warmup for all parts of the body, rhythm exercises and choreographic sequences are conducted by the teacher. Throughout the class, that teacher uses participants' suggestions for movements so that students are led to take an active part in the session. The group is often invited to dance as a single body, but certain moments could be devoted to exercises in sub-groups. The class ends with a return to calm where participants are invited to become aware of their present body experience and emotional state. Whenever possible, it is desirable to wind up the class with a socialization activity so as to break down seniors' feeling of loneliness.

Intervention Tools (Accessories and Exercises)

To facilitate the participation of everyone there, gentle movements are usually proposed. Alternatives using chairs may be presented, so that participants can rest.

Depending on the participants in the class, it is also possible to increase the intensity by inviting them to keep pace with livelier music. The music can moreover be chosen both from a current pop repertoire and from music that the students listened to when younger.

To Bear in Mind

Since aging entails its share of disappointment and loss, participants may bring negatively tinted emotional baggage to the class. Although adapted dance is not a therapy, it is important to explore themes that evoke difficulties for all participants. They then become a support for one another and can benefit from the teachers' attentive listening. Sometimes it may be necessary to guide participants towards more targeted resources.



8. Parkinson's Disease

Adapted Dance to Reclaim One's Movements

Given the physical characteristics specific to Parkinson's, a dance-course model adapted to this clientele has been developed. It is thus possible to offer people with the illness a safe context through which they can reclaim their movements and rediscover the creative power of their bodies. With the symptoms of this disorder capable of being more or less severe, it is recommended that participants in the same group present a relatively uniform level of impairment.

Parkinson's Disease

- Slowly evolving neurodegenerative illness affecting the cerebral zones involved in posture, changes in postures and the nervous regulation of voluntary movements;
- Presence of tremors, muscle stiffness and motor atypia (slowness of movement, reduction in range of and difficulty in initiating movement);
- Increase in prevalence with age (average age of onset of earliest symptoms being in the sixties).

At a later age Parkinson's disease is observed in the presence of other neurodegenerative disorders, such as dementia.

Goals

- 1 Recreation: a context of enjoyment in an adapted and safe environment to encourage a weekly commitment.
- 2 Maintenance of physical skills (including walking): exercises fostering improvement in posture, balance, suppleness, motor coordination, flexibility and endurance (decrease in the risk of falling, clarification of the direction of voluntary movements).
- 3 Slowing of the progression of the symptoms of Parkinson's: exercises targeting reduction in tremors, muscle stiffness and motor atypia.

Class Structure

A warmup, often while sitting down, is proposed at the start of class to lead participants to undertake more and more sweeping movements. After that, exercises in connection with a chosen dance style are proposed as well as the learning or creation of a choreography tailored to students' motor abilities. Movements bringing muscle relaxation are introduced by the teacher, along with movements leading the limbs to cross the midline of the body. The class normally ends with gentle stretching and a return to calm.

Intervention Tools (Accessories and Exercises)

Specific rhythmic walking exercises are often suggested and participants are also invited to clap their hands while walking. After a number of weeks of classes, more complex movements, in a slow waltz, for example, can be taught.

The music used can be lively (pop music, jazz, African music, etc.) to stimulate the use of broader movements, swinging of the arms and larger stepping motions. Ballet bars and chairs can be used to help participants presenting difficulties with respect to balance. Other accessories like balls, scarves or hoops can be used depending on the exercises suggested by the teacher.

To Bear in Mind

Considering the difficulties in terms of mobility for people with Parkinson's disease, the class must take place in a place with good accessibility (no stairs to climb, presence of a safety rail or a bench in the locker rooms and in the studio, and so on). Moreover, participants must be able to keep their running shoes on during the class if they need them to make their walking easier, but they are free to dance barefoot if they so wish. A water fountain is ideally available to students, the use of certain medications having dry mouth as a side effect.



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