



DANCE-BASED INTERVENTIONS IN 6 QUESTIONS

Dance-based interventions provide a therapeutic use of dance and movement. Dance is a complete activity with physical, cognitive, psychological and social stimulation. Whether practiced alone, as a couple or in a group, dance is a source of pleasure and well-being.

1

For whom and why?

Dance-based interventions are aimed at all people with dementia. These interventions are indicated for:

- Motor rehabilitation: work on balance, gait and risk of falls.
- Cognitive rehabilitation: work on memory, attention, gestures, executive functioning (organisation, planning, selection of information).
- Psychological rehabilitation: reducing anxiety and depression, improving quality of life and stimulating social interaction.

2

How is the intervention conducted?

A programme usually lasts 12 weeks with 2 sessions of 30 to 60 minutes per week. The sessions are conducted individually or in group of 8 to 10 participants and follow a similar pattern: welcome and introduction of participants; warm-up; exercises; free dance time; stretching and relaxation; and participants feedbacks. In the free dance moments, the movements must remain free without any obligation of coordination.

Equipment such as balloons, scarves, bells can be used. Regular refreshment breaks should be provided.

Recreational events can also be organised just for the pleasure of dancing and are open to all (patients, family, friends, care staff).

3

What are the benefits?

Observed effects are improvement in balance, gait, cognition, quality of life and social interactions; and a decreased of risk of fall and behavioural and psychological symptoms (agitation, anxiety, depression, etc.).



4

How does it work?

Dance-based interventions target and involve 4 areas:

- Physical: balance, gait, movements coordination, motor skills, physical and sensory capabilities.
- Cognitive: concentration to follow the rhythm, learning of movements, organisation of movements, management of space, stimulation of the senses, creativity.
- Psychological: body image, verbal and non-verbal self-expression, self-awareness, relaxation, expression of feelings and emotions.
- Social: social interactions and social inclusion.

Cultural aspects are considered in the choice of dance and music: for example, salsa in Latin culture or waltz in European culture.

5

When is it contraindicated?

Dance-based interventions are not recommended if the person has a fragile state of health or in the case of medical advice not to exercise. Agitation or wandering may interfere with the course of the sessions. People with balance difficulties can do some of the exercises while sitting on a chair.

In all cases, it is necessary to discuss it beforehand with professionals.

6

Who can provide dance-based interventions?

Dance-based interventions are provided by dance therapists or any professional trained in dance therapy. Care staff can assist therapist during sessions. Knowledge of psychomotor therapy, occupational therapy and cognitive disorders is recommended.



Do not forget your glasses and/or hearing aids if you need them.



Your participation in the sessions is free. You will always be asked if you wish to participate.

This sheet is adapted from a chapter in the guide *Psychosocial interventions and dementia: understanding, knowing, implementing* which presents 10 psychosocial interventions.

