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# How Does Dance Movement Therapy Impact Patients With Dementia In A Nursing Care Setting?

*by* Tina Demers

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The Impact of Dance Movement Therapy  
with  
Dementia Patients in a Nursing Care Setting

Capstone Research Paper

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November 18, 2018

Abstract

The purpose of this research is to provide an overview of dance therapy and explore the impact of dance therapy on dementia patients. In 2050 dementia is expected to affect 13 million people as the upward spiral of change continues (Mitchell, 2009), where new research continues to investigate the impact of dancing on dementia, especially in a nursing care setting. The literature explores the effectiveness and impact of dance movement therapy (DMT) on how movement supports cognitive, emotional, physical, and social integration of a person, the challenge continues with the American Dance Association in fighting for an insurance code to bill their services against and to be acknowledged by Medicare/Medicaid services, the primary payer for adults. (Goodill, 2012). Further research is required for DMT on dementia patients in a nursing care setting, which requires increased state awareness and funds made available to nursing care settings for DMT and dementia research.

*Keywords:* Dance/movement therapy, Dementia-Sensory stimulation, Dance/movement therapy - Economics-Insurance Public salience, American Dance Association

### How Does Dance Movement Therapy Impact Patient's With Dementia In A Nursing Care Setting?

The topic of Dance movement Therapy (DMT) has triggered my interest to investigate how DMT can impact patients with dementia in a nursing care setting. Fran Levy (as cited in American Alliance for Health, Physical Education, Recreation, and Dance) research states that Marian Chace was the Grand Dame of dance therapy in the 1930's, she began her own school of dance therapy where she taught individuals how to dance and what she did not know is that some of her pupils were not interested in dance as a performing art, but that the students were slow and presented with learning disabilities. The American Dance Movement Association (ADTA) defines DMT as a psychotherapeutic movement that is used in psychotherapy, which helps with emotional, cognitive, physical and social integration, which is based on the understanding that mind and body are interrelated. The stimulation that dance therapy creates sends a message to the brain and with music our muscles initiate the movement. The brain and kinesiology are studies that are beyond the research that has been investigated for this particular study. There is an importance to the code of ethics and standards of the American Dance Therapy Association (ADTA), which states the purpose for the code of ethics and standards is to communicate and shed light on the professional values, standards of conduct that guide the dance/movement therapy practice, which is an essential resource for ethical decision making ([adta.org](http://adta.org)).

Mitchell (as cited in Goldstein-Levitas, 2016) states that dementia is one of the leading causes of death in the U.S. and is estimated that 13 million people will be affected with some type of dementia by 2050. This supports Goldstein-Levitas research that DMT effectively promotes adaptation to loss of a loved one, compensates for sensory deficits and memory

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impairments. This author continues to support her research where she concludes that further observational studies need to be done, also further studies that are more sufficient and investigated quantitatively would benefit DMT. Strassel, Cherkin, Steuten, Sherman and Vrijhoef (2011) research suggests that dance movement therapy can be an effective tool in decreasing the effects of dementia and is imperative to implement dance into nursing care settings, to incorporate effective and positive changes for people with dementia. Using the randomized controlled trials (RCT's) the hypothesis of this study investigates if therapeutic benefits are effective in dance therapy. The methods using RCT's for this study range from poor to good outcomes but the trials in most cases show there are positive benefits with dance therapy, which are related to the improvements in quality of life, self-esteem, or coping with a disease.

Through research I explore the definition of dementia, what is Dance Movement Therapy (DMT), the effectiveness of DMT, the impact of DMT and what are some of the risks with dance movement therapy. Although, there is no significant evidence of injury with DMT in a nursing care setting, the injuries that occur are minor and are usually with dancing as a competitive profession. Rylatt (2012) eight-week study investigates that the implementation of dancing, drama, music and movement activities, elicits observational outcomes of improved creative self-expression, pleasure, engagement and enjoyment in people with dementia. My intentions as a physical therapist assistant is to implement DMT with my patients and the guidance of the staff in the nursing care setting, to improve the functional mobility of their patients, by continuing to encourage movement with their patients, to improve the patient's quality of life. All research leads to the effects of dementia and the positive outcomes for people with dementia and that further research should continue on the implications of DMT with dementia patients in a nursing care setting.

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The American Dance Association (Goodill, 2017) continues to fight the battle of being acknowledged and one day having the ability to bill for their services. In my review, there was no sufficient evidence against dance therapy or conclusions of a negative impact. Research arguments are focused more towards the effectiveness and benefits of dance movement therapy and the enthusiasm of the Dance Association pushing to be recognized through insurance, specifically the Center for Medicare/Medicaid Services (Goodill, 2017).

### **Literature Review**

Everyone will age no matter how hard we try to prevent it, and everyone is bound to have some sort of memory loss or dementia in their life time. It is a progressive disease that changes a person's quality of life and depending on what type of dementia people have their symptoms can be more severe than others. Dance Movement Therapy (DMT) is an approach that is used with dementia patients as well as other diagnosis. The impact that DMT has on dementia patients is the mind body connection, stimulating the brain with activities that increase sensory stimulation, sounds, sight, interacting with each other, and socialization. The next phase is dancing that initiates the patients to incorporate all the sensory integration and facilitating mind and body with movement. This review will address what dementia is and how it is defined. In addition, Dance Movement Therapy will be defined as well as the application of DMT with dementia patients, finally, the review will look at research into the benefits of DMT with dementia patients.

#### **What is Dementia?**

Dementia is considered a syndrome that is a disease of the brain, which progresses as we age. Some types of dementia are considered to be irreversible or reversible. Alzheimer's disease

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is a form of dementia that is considered to be irreversible and accounts for 60 – 80% of all cases of dementia (Rylatt, 2012). There are different types of dementia with similar symptoms that mimic one another including memory loss, cognitive decline, decreased appetite, difficulties with communication, difficulties with focusing, which are symptoms that are severe enough to interfere with a person's daily life (Miyoshi, 2009). It is important to have a good support system and extended research for people suffering with different types of dementia because it is a disease that will not be going away any time soon, it will grow with us throughout life. Movement is considered to be essential for agility in the elderly, as well as for patients with dementia. It is important to move so our bodies do not get weak and our minds do not drift away, it is considered an important technique that puts stimulation and excitement back into our lives (Rylatt, 2012).

### **What Is Dance Therapy?**

Dance therapy uses psychotherapeutic movement that supports cognitive, emotional and social integration of a person (Strassel and Cherkin, Steuten, Sherman and Vrijhoef (2011). Psychotherapeutic is a Britain term that is derived from psychotherapy (Meekums, 2002) and is defined in the Merriam- Webster Dictionary as "Treatment of mental or emotional disorder or of related bodily ills by psychological means." Dance has been around for thousands of years, a part of therapy that people enjoy doing. Dance therapy as a profession was developed in the 1950's (Goldstein-Levitas, 2016). Dance therapy is the use of movement which is evident as a tool to help with emotional, cognitive, physical and social integration and is based on the understanding that the body and the mind are interrelated (American Dance Therapy Association, 2010).

In the mind-body connection with DMT suggest that there is not enough evidence that supports a cohesive theory in regard to the mind and body and that movement can be subjective



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(Acolin, 2016). This author uses the assumptions that DMT correlates with mind and body and one could agree with Acolin's if the person was a trained therapist in the field but if you are an outsider, it could seem confusing. The DMT theory has not been sufficiently researched as having a connection to the "scientific or empirical data that supports the claim" (Acolin, pg. 31 (2016). Blanche Evan suggests that children express in movement and metaphor what they are unable to express in words (Acolin, p.30, (2016), which correlates with Ruthanna Boris's research that movement begins in the womb and the ability for the infant to dance develops in the outside world. Where both authors agree that movement is the key and essential to the quality of life.

Goldstein-Levitas Dance Movement Therapy (DMT) research begins with dementia patients sitting in a circle, there's music playing in the background from the 1940's, 1950's and 1960's, which creates a sensory stimulating environment for people with dementia. This group consisted of nine patients which ranged in age from 56 to 94 years old, with mild to severe dementia. The uniqueness of DMT is the strategies that dance therapists use before even getting people on their feet, it is the technique of getting patients engaged so they want to participate. An example was the song "We're Having A Party" playing in the back ground, the patients were in groups and they started to tap their feet and clap their hands to the rhythm. This warm up initiated patients to have eye contact with one another, which led into the next phase.

The next phase is the preparation of DMT which introduced the phrase "It looks like we're getting things ready for a party! This was a very creative way to stimulate patient's memory to think about and then verbalize what they are bringing to the party. The DMT comes into play as they are facilitating movements needed to remove ingredients from the shelf to make and bring to the party. The dance movements that patients created were moving their arms in

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different directions to reach things off a shelf (imaginary) then to create something to bring to the party. These different movements can be in multidirectional dance movements, where the importance of the DMT was movement and engaging in stimulating activities. Goldstein-Levitas, Rylatt, and DeWeerd researches agree that DMT has a positive effect on people with dementia and that DMT for this population has not been sufficiently investigated quantitatively. Although Gordon agrees with the other three theorists, she concludes that the subject of dance has not emerged immensely in research and theory. Therefore, her studies implications were to contribute to make just a small impact to the body of DMT research that assists practitioners in helping clients increase what is desirable, as in positive effect in support of mental health. Gordon continues in her research that dance/movement therapist's intentions are to address the positive affects with the implementation of DMT, but it is not at this time reflected well in research and theory.

**How does dance become therapy.** Ruthanna Boris (2001) suggested as the infant develops in the womb, this is when their ability of movement begins. It is not until the infant enters the outside world, that their ability to dance begins. As a human we develop the conception of space, awareness of gravity, muscle strength, crawling and walking to developing the urges in life (Boris, 2001). This theory correlates with the hypothesis that possibly dance therapy, mind and body could be interrelated. A person's brain tells their limbs what to do, and where music is auditory the message goes to the brain and then movement and/or dance occurs. DMT supports the positive affects because that is what they practice, but it does not reflect in the research and theory. The DMT group presented with increased emotions, decreased depression and feelings confidence with psychiatric patients that had depression, which proved that DMT had a positive effect on patients with depression (Gordon, 2014). The above conclusion

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correlates with similar symptoms of patients with dementia, with the possibility that patients with dementia can benefit from the positive effects of DMT. In Dance Movement Therapy (DMT) there has not been numerous investigated quantitative researches involving people with dementia (Goldstein-Levitas, 2016).

Dance therapy has a host of benefits, that movement helps elderly people with arthritis and dementia (Goldstein -Levitas, 2016). The social and interaction piece of the dance increases the persons self-esteem and social awareness. Dance therapy is a great tool for decreasing the process of dementia, increasing body awareness, and patients connecting to where their bodies are in space. Dementia is progressing more and more as the baby boomers age; therefore, it is not a disease that will disappear soon or in the near future. The effectiveness of dance therapy has proven to have a positive effect for people with dementia, to decrease the risk for falling and improving functional capacity (Boris, 2001). The conclusion of DMT from what is understood is that dance therapy is enjoyable, which can be effective for keeping the elderly and people with dementia moving more, healthier longer, and help to improve their quality of life .

### **Can Creative Therapy Benefit People with Dementia?**

It is evident that every state/country has increased numbers of people living with dementia, an example is the UK which is estimated with 750,000 people living with dementia and will most likely double in the next 30 years (Rylatt, 2012). Stimulation is the key component for people with dementia, using multisensory stimulation as with music and dance, which decreasing the challenges of agitated behaviors that can occur with dementia patients. There are positive benefits of the involvement with the arts on mental health, specifically self-esteem, wellbeing, recovery and perception of pain. Rylatt (2012) continues her study where creative therapy benefits people with dementia, including the implementation of drama, music and

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movement. The study was conducted with two community places within one large NHS organization, which provided day treatment and inpatient services for people with dementia. A dance therapist instructed a one-day training workshop which gave the staff the opportunity to visualize and experience how research supports the use of dance, drama, music and movement in a healthcare setting. The eight-week study included the tools used in the training which consisted of music, bright colored ribbons, hats, feathers, scarves, balloons, elastic circles and the staff engaging in the activity. Activities were chosen for all sessions, as in singing, breathing exercises and social dancing. The data was collected by two staff members from each community, where data was collected during and after the sessions. The two staff members were also supported by a facilitator to help and support them with their observations. The interactions with light stretching creates movement then leads into dance, which starts out as simple movements of moving body parts around that can lead into a tai chi type of dancing or even ball room dancing. The dance sessions are set with appropriate lighting so not to over stimulate the patients, initiating the follow my leader in dance, social dance and mirroring in pairs. The dance group gets together three times a week for eight weeks for 30 minutes, where dementia patients are engaged with stimulation, movement, pleasure and dance with music. The outcomes demonstrated that 97% of patients in unit A and 99%-unit B showed some marked levels of pleasure and enjoyment. Unit B had 79% engagement where unit A showed 95% general engagement (Rylatt, 2012). The eight-week study identified the highest participants in both groups but unfortunately it was difficult to assess the changes in observational outcomes. The limitations were due to the skill mixture of staff, different diagnoses of dementia and the needs of patients were not considered.

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The staff 's observational data was collected data, which did not include any self-reporting from the participants. There may have been a concern of the possibility of a lack of inter- rater reliability between the four staff members who recorded the observational outcomes. The research for this study correlates with my question of how dance therapy impacts people with dementia in a nursing care setting because the study not only evaluates the benefits of creative therapy which includes dance movement, but it also shows how the implementation of dance therapy as a positive effect on dementia patients. The study has also conquered that by implementing dance and music in the nursing care settings, dance therapy gives the patients the opportunity to engage in creative self-expression, enhances their communication, provides them with enjoyment and engagement with others.

DeWeerd research on "Activity is the best medicine" states that dancing helps to improve social relationships and it helps to stave off dementia. Authors have several opinions on dance movement therapy and that DMT would benefit from continued research studies of how it affects people with dementia in a nursing care setting. Dance movement therapy (DMT) does not require pharmaceuticals because it's a holistic approach. Since research has predicted the ability to look into the future and predict by 2050 the increase of dementia, it remains a mystery of what the possibilities of DMT could look like if implemented in helping to deter dementia and improve the quality of life, where the result would mean extended research. Dance movement therapy promotes adaptation to loss and grief for elders with dementia, compensates for sensory deficits and memory impairment (Goldstein-Levitas, 2015). Dance movement therapy initiates sensory stimulation for people with dementia and a calming component for people experiencing increased anxiety and/or depression. As dementia progresses the individual will lose the ability to process sensory stimuli (as mentioned previously), to engage in activities and to adapt to the

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environment autonomously (Goldstein - Levitas, 2014). Humans are unique as our brains are dynamic which is the primary center of operation. Therefore, it is a very important part of our body that people should not let waste away, where studies have shown that people would benefit by consistently stimulating their brains (DeWeerd, 2011).

The research from Parland, Cutler and Innes (2017) state the challenges of trying to evaluate and deliver the project pilot of music and intervention for people with dementia within two weeks, which is not uncommon in universities. Where DeWeerd, Goldstein-Levitas and Rylatt recognize the rights of people living with dementia to actively access socially engaging events. Parland et al.(2017) embarks on there are people with dementia that have limited opportunity to participate in physical or social events that promote pleasure and well-being . The pilot was facilitated by a dance therapist with intentions to implement movement and music as an opportunity for patients (dementia) to benefit from social interaction, peer support with active engagement, as well as participation. The challenges that occurred in the pilot program were due to the limited time to prepare, there was no detailed histories of the participants prior to the pilot study and the practitioners did not have enough time to get to know their participants to determine what their needs were. The practitioner also did not have the experience working with dementia patients, where it would have benefited the pilot study to have accurate and knowledgeable people with dementia participants.

The participants with dementia had difficulty understanding directions, which required the practitioner to repeat the directions several times. It was clear that the sessions success relied on the persons participation and the guidance of their care giver. The music in the background was a distraction, where in other studies it was a motivator. In this study the music may have started out as a distraction because the participants were not familiar of their surroundings but

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once the physical activity started the participants and their caregivers started to move to the music. It started out with simple movement of the arms and hands sitting in the chair and then moved into formal dance steps. There was less success encouraging the communication piece due to some patients having difficulty with verbal communication. The pilot may have had a better chance of success if the practitioner had more time to plan the program and took the time to introduce the group, which is a crucial part of social integration. The take home from this pilot is that if you are going to do a pilot evaluation in such a short period of time, especially about people affected by dementia you will face challenges of limited time, resources, money and the sessions success was limited in encouraging communication by means of music and movement may have been difficulty for the participants that have difficulties with verbal communication. In comparison to DeWeerd, Goldstein-Levitas and Rylatt their research had ample time for research which yielded better outcomes, Parland et al.(2017) may have had better outcomes if their pilot study could have been completed with ample amount of time.

### **Summary**

In summarizing the literature reviewed, research has stated that Dance Movement Therapy can make an impact on people with dementia, as well as with other diagnoses. The literature from Parland et al. (2017) states the importance of taking the time to prepare the dance sessions, so they fit the needs of the patients and another important factor is having dance therapists that have some experience with dementia patients, if you want a successful outcome. Goldstein-Levitas (2016) estimates by 2050 there will be an increase of people who will be affected by dementia, which leads to the importance of implementing Dance Movement Therapy (DMT). The effectiveness of dance therapy is captured by Strassel et al. (2011), which refers to

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psychotherapeutic movement that has been around for thousands of years. Acolin (2016) research suggests that the use of movement enhances the emotional, cognitive, physical and social integration of the patient, which is “based on the understanding that the body and mind are interrelated” (pg. 313). The brain is so complex, but we rely on it to initiate our bodies to move. Dance movement therapy enhances the movement of the body to move in directions it may have had difficulty moving before, or with dementia the body forgot how to move. It is encouraged to elicit more controlled studies of dance movement therapy with longer trials and larger sample sizes, to assure better outcomes. The only adverse effect was an injury of a broken finger which was related to the dance intervention.

Rylatt (2012) states the importance of inter-rater reliability in conducting studies that involve patients with dementia and dance. The results are more accurate because you have the same testers and they all test the same way with the same questions and rules. Rylatt (2012) continues to state that people with dementia need to be stimulated using multisensory stimulation by using music and dance, which can help with socializing and calming to decrease anxiety. There was no available research that argues against dance movement therapy, where research has shown the opposite where dance/movement can be the best medicine. DeWeerd (2011) states that an Australian dance has a perfect blend that helps stave off dementia. A symptom of dementia is when a person starts to drift from socialization, relationships and activities and forgetting things consistently. It is difficult to measure social engagement from others and it is hard to set random trials to investigate it. Socialization is important because people get engaged in conversations, they listen to others talk and they take notes in their minds and track ideas.

Dance movement therapy can be benefited by most disabilities/ diagnoses, if you have the ability to understand the directions or movements being taught. Some patients may not be verbal,



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but they can mimic what you are trying to show them and with music of their generation, it helps to motivate them. The next challenge is to be recognized by insurance companies, especially Medicaid and Medicare, so that dance therapists can bill for the sessions covered by insurance as their own identity.

### **Framework for Analysis**

The research question sought to address “how does dance movement therapy impact patient’s with dementia in a nursing care setting,” which has guided the research towards numerous articles, consisting of qualitative and quantitative research. This led me to research the keywords dementia, dance therapy, Dance Movement Therapy, dancing and dementia, qualitative and quantitative research on the impact of dance therapy and arguments against dance therapy. The bulk of the research was conducted using Granite State College and EBSCO HOST, Sage, Google Scholar and the UNH data base. Some of the information needed to research in EBSCO seemed to be either unavailable or required payment to download and certain articles were available at UNH college and peer-reviewed articles from Google Scholar were also assessed. The information that is relevant to my research question has been dated back more than five years, although I’ve found some article of interest within the past five to six years. The research that I have encountered covers small parts of dementia and dance but goes into depth about what dance movement therapy is and what the benefits are.

### **Discussion**

How does dance movement therapy impact people with dementia in a nursing care setting? Let’s start by breaking the question down and then pull it altogether. Dementia is a disease of the brain which affects us as we age, there are other types of dementia that are more

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sever but I will keep it simple. The researched that I have reviewed show that dementia is one of the leading causes of death in the U.S. where this possess a concern because sooner or later, we will age, so what can we do to stave off dementia? Dance movement therapy as been researched as an effective tool to stave off dementia. Where dance movement therapy is instructed by a dance therapist with movements as in ti chi, ball room dancing, tango etc., and the impact of dance therapy with people of dementia improved cognition, emotions, improvements physically and socially. Where the mind and the body are interrelated, they work together with dance therapy to improve movement of people with dementia, whereas they may have forgotten how to move. The studies have shown that diet and exercise, intellectual activity and social integration leads to lower the risk of dementia.

Goldstein-Levitas (2014) research dictates how their study impacts patients with dementia by implementing dance and music as a combination to initiate sensory stimulation, social integration and movement. They used a unique technique of playing a popular song that everyone in the group would be familiar with “We’re having a party,” and what this elicited for people with dementia was social interaction, moving their arms, legs and core to the music. Dance has been around for thousands of years, where research has dictated that movement begins in the womb, but dance is initiated in the outside world. Strassel, Cherkin, Steuten, Sherman and Vrijhoef had a similar view on the effectiveness of dance therapy. They share thoughts with other theorists mentioned (in this discussion) about the effects of dance on people with dementia, but what separates Strassel et al. (2011) from the others is that they believe dance therapy should be considered as a potential to an add on therapy for conditions that do not respond well to conventional medical treatments. The authors do agree that dance movement can improve the range of movement, free up total body movements, improve patients’ moods and

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self-esteem. The randomized controlled trials (RCTs) concluded that dance movement therapy did improve interaction among patients with dementia. Strassel et al. stand by their theory that dance therapy may have a range of benefits that increase body awareness, relaxation, where range of motion was maintained, or improved as well as agility.

In the effectiveness of dance therapy research concludes that further studies need to be continued with the dementia patients in a nursing care setting, which nursing care settings also need to allow for the training in the budget. Along with expanding the budget for training, the budget also needs to allow for more staff to complete and initiate dance therapy for their patients with dementia. Another concern, will the staff be committed to learning and implementing dance movement therapy, will they have a designated leader to make sure the dance therapy sessions continue with staff and will they continue to be involved in learning with the patients. The studies lack research of staff commitment to implement or learn dance therapy, even though the outcome can improve their patient's movement for their activities of daily living.

(Boris, 2001). So, with dementia patients it's about connecting the dots (difficult task) remembering how to move again and knowing where your body is in space.

### **Recommendations**

In order for people with deficits/ disabilities to benefit from Dance Movement Therapy (DMT), The Center for Medicare/Medicaid and other insurances need to except DMT as an intervention, which will allow dance therapists to code and bill for their services. Dance movement therapy research reflected how dance movement therapy impacts people with dementia. Although the studies are weak with DMT for people with dementia in a nursing care setting, I would

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recommend implementation to expose people with dementia with the great benefits of DMT as an activity. Exposure is part of the key to success, people need to be aware that DMT is available and that it can do good things for dementia patients, as well as for other disabilities. When piloting studies for DMT, the observers/ testers need to have inter-reliability, that is they need to be consistent for the best outcome and when implementing a study for DMT with patients that have behavioral deficits, decreased sensory awareness and deficits that enable them to participate the way other patients can participate, it may elicit more success using smaller groups with a one-on-one approach and then social integration, which gives the patients relaxation time and then they may be able to participate in the group (Capello, 2017).

My plans would be to bring this capstone forward and present it to senior management in the organization that I work at. I would start the presentation by selling them the idea of dance movement therapy, reminding them that their organization will already gain competition by hiring highly skilled therapists versus minimal skilled therapists with DMT experience because that leaves the organization open to losing their competitive advantage. The presentation continues to enhance the impact that dance therapy has on patients with dementia and other diagnoses, for instance it improves their balance, increases self-awareness, knowing where their body is in space so prevent falls. My recommendations and research for the healthcare organization that I work for were not necessarily mentioned in this study but can be found in the reference section. In working with dementia patients, they not only have memory loss with decreased cognition, self-awareness, decreased social integration and decreased communication but their movements can also be altered, which again increases fall risk and changes their activities of daily living. This program can be implemented by a physical therapist, where we may only need a short training on dance movement therapy because as therapists we are already

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trained in movement and what muscles should do to create the movement a patient with dementia needs.

I would not involve just my immediate supervisor, I would also involve the area manager because there's less red tape to go through and this way I know that both managers are present for the same presentation. I would prepare a slide show of what DMT is, what the benefits are and what the outcomes were from the studies that I have researched about DMT on people with dementia. I recommend the approach of my supervisors to implement my research to senior management, using the strongest conviction that it would benefit the company being more competitive, therapists are already skilled and the implementation training maybe at a minimal cost because the therapists already work with the organization. The strongest take home conviction would be that it is a program that will decrease fall risk and therapists can implement within the exercises we do every day. The bonus conviction is that as licensed therapists we can bill Medicare/Medicaid because it can be billed as therapeutic exercise, as long as the therapists are addressing the patient's goals within the implementation of DMT.

### **Conclusion**

In summarizing the overall findings of dance movement therapy for people with dementia, there is insufficient research concerning dementia patients and dance movement therapy in a nursing care setting. The information that is available for dance therapy for people with dementia in a nursing setting is not well researched, it lacks inter-rater liability and, in some cases, not enough staff to continue the sessions after the staff has been trained. Although the significance of this study was to show how dance movement therapy does have an impact on

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people with dementia and how dance can improve their daily lives. The impact that the research homes in on that movement occurs, self-awareness, engagement, where patients are interacting with each other, socializing again where one of the signs of dementia is decreasing from socialization. We now know what dance movement therapy is about and what the predictions are for dementia in the future, so why can't we predict what DMT can do not to only stave off dementia but to improve it as we age? How can this be implemented in our daily lives or in the lives of our patients who have the beginning signs of dementia? How can DMT take us into the future?

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