

Presentation Descriptions for Activity Selection

DISCUSSION GROUPS – Friday, November 4th, at 4:30p.m.

GROUP A **RESEARCH METHODS: RECONCILING SCIENTIFIC STANDARDS OF EVALUATION WITH EMBODIED EXPERIENCES OF DANCE**

MODERATORS Sarah Berry, PhD, ABD, and Rebecca Barnstaple, PhD Candidate

DESCRIPTION This 60-minute session will examine the feasibility and appropriateness of using various “gold standard” scientific methods to evaluate embodied experiences of dance. Recent systematic and Cochrane reviews of dance research (i.e. Meekums, Karkou & Nelson, 2015) have highlighted a range of critiques of the methods used and evidence produced to answer questions about the efficacy of dance interventions. At the heart of such critiques are questions about what constitutes an appropriate standard of evidence, which research methods should be used to produce reliable, valid, and replicable research findings, and who is best suited to collect and analyze such evidence. In light of these various research challenges, questions continue to surround the efficacy of dance interventions for particular conditions, and the relative efficacy of dance vis-à-vis a number of other conventional and alternative interventions and therapies (i.e. medications, psychotherapy, music, exercise). We will provide space for all participants to discuss the challenges and opportunities posed by new research methodologies (i.e. mixed-method approaches that combine both qualitative and quantitative tools) through personal introspection and group discussion. Our goal is to highlight points of divergence and consensus on emerging areas of research practice - including specific methods - and to discuss how to move this diverse field of research and practice forward.

GROUP B **MATCHING THE DANCE INTERVENTION WITH A SPECIFIC GROUP: A REFLECTIVE JOURNEY**

MODERATORS Sylvie Fortin, PhD, and Patricia McKinley, PhD

DESCRIPTION	Do we jump too fast into a dance intervention for the population that we wish to serve? In this group discussion, we will consider the process of designing a dance intervention for a specific clientele. Participants will be invited to bring their own problems and expertise into the group discussion. An introductory framework will be offered as a springboard to the discussion.
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GROUP C	WHAT HELPS AND WHAT HINDERS ADHERENCE TO DANCE INTERVENTION GROUPS?
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MODERATORS	Lucie Beaudry, RSMT, RSME and PhD Candidate, and Élysa Côté-Séguin, Psy.D. Candidate
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DESCRIPTION	We will attempt to answer the question from the perspective of different types of groups/populations, going from general to specific factors. For each of these populations, we will seek to identify individual, contextual and experiential components that can impact adherence in terms of perseverance, and more broadly in terms of participation and engagement. We will also address theories and concepts that can inform the intervenor on how to foster adherence, as well as practical strategies that can be used. We will finally try to figure out how the concept of adherence may be helped by a collaborative and multidisciplinary approach in the dance intervention.
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DISCUSSION GROUPS – Saturday, November 5th, at 1:45p.m.

GROUP A OUTCOME MEASURES: WHAT ARE WE LOOKING FOR?

MODERATORS	Sarah Berry, PhD, ABD, and Rebecca Barnstaple, PhD Candidate
DESCRIPTION	In this 60-minute session, we'll look at various outcome measures used in assessing the efficacy of dance interventions, providing participants with a brief overview of existing research tools while initiating critical discussion around the scope and limits of each method. Participants will be sorted into interdisciplinary teams, choosing tools and a research strategy to address the conditions of a case study, solving for what they are looking at as an outcome measure, why this has been chosen as most salient, and how this will be accomplished. Each group will be given real-world time and budgetary constraints to work within. This session will be framed by emerging discourse on the use of mixed-methods, and participants will be encouraged to assess and engage with these ideas as they may or may not apply to their research experience and to solving the problem at hand.

GROUP B DANCE INTERVENTIONS AND RESEARCH: YOU CAN'T ESCAPE WORKING WITH OTHERS!

MODERATORS	Sylvie Fortin, PhD, and Patricia McKinley, PhD
DESCRIPTION	Multidisciplinary team work, is it an oxymoron? A series of vignettes will be used to practice how to address conflicts and profit from different points of views and expertise. Small groups will be formed to explore different vignettes and the results of their discussions will be communicated using theatrical representations.

GROUP C THE ROLE OF MUSIC IN DANCE INTERVENTIONS

MODERATORS	Rebecca Wright, RP-MTA, BMT, NMT-Fellow, and Brigitte Lachance, B.Sc., CMA
DESCRIPTION	Our discussion will aim to discover what important aspects of music lead to successful dance therapy experiences, and how dance therapists can effectively harness the power of music to engage clients of all abilities. Topics of discussion will include: the role of rhythm in auditory-motor processes, client-preferred music, live vs. recorded music considerations, and how we can select and create the best musical experiences to enhance the movement and dance experience. Be prepared to engage in discussion and some experimentation with rhythm and movement as we explore why music makes us move!

EXPERIENTIAL WORKSHOPS-SERIES 1 – Saturday, November 5th, at 10:40a.m.

1.1	Chair Dance
PRESENTER	KATRINA PAVLOVSKY, B.A., DANCE/MOVEMENT EDUCATOR
ABSTRACT	Chair Dance is a form of dance/movement that aims to enable participants to creatively express the joy of movement, while assisting integration of body and mind and improving flexibility, coordination and muscle strength. The chair offers support for those with compromised mobility. I will offer a 30-minute intermediate style class involving an introduction, warm-up, combinations (consisting of modern, creative dance and yoga). A 15- minute question-and-answer period will conclude the workshop. Handouts will be provided. I have been offering Chair Dance classes to seniors (8 weeks to 6 months) in Victoria for the past 3.5 years in various independent and assisted-living facilities, complex-care homes, private- care homes and recreation centres. Since dance integrates both body and mind, it enhances well-being and brings people a greater sense of wholeness and balance. Research in the U.K., Australia, Canada and the U.S. has shown that dance, more than any form of exercise, delays the onset of aging and dementia. Benefits range from reduction of stress to strengthening of cognitive function. A U.K. dance therapist called my approach unique and encouraged me to present it at the Symposium. My goal is to expand my classes and to increase a sense of wellness. I also would like to continue collaboration internationally (U.K., Australia and U.S.), to participate in research and to continue with professional development. I welcome the opportunity to continue and expand my collaboration internationally (U.K., Australia and the U.S.) by participating in the symposium.
CITY	Victoria, B.C.

1.2	DARE TO DANCE: Dance/Movement Therapy with the Adult Psychiatric Client
PRESENTER	PATRICIA P. CAPELLO, MA, BC-DMT, NCC, LCAT
ABSTRACT	Dance/Movement Therapy (DMT) is an effective and meaningful form of creative art therapy which accesses the healing potential of the moving body. Using a clear and concise Power Point as a practical guide, this didactic and experiential presentation will provide the participants with an introductory understanding of some of the methods and techniques practiced in dance/movement therapy. Focusing on the use of DMT in group sessions with adult psychiatric clients, this workshop demonstrates ways in which non-verbal and symbolic communication is accessed through rhythm, music, voice, and communal dance. Dance/Movement Therapy is a unique therapeutic tool which targets symptoms of depression and social isolation, and works to reduce anxiety and encourage creative self-expression in adults with schizophrenia, bi-polar disorder, and other psychiatric diagnoses. By building a sound therapeutic relationship based

on mutual respect, appropriate touch, and collaborative problem-solving within the dance activity, healing and recovery can be achieved by even the most regressed or uncommunicative client. DMT incorporates cognitive, psycho-educational and social opportunities to practise appropriate self-expression and connect meaningfully to others. Throughout the workshop, participants will get an overview of some of the specific therapeutic processes in DMT and appreciate the advantage of using this particular form of therapy with a population that is often difficult to engage. The seminar will culminate in a simple movement demonstration, which will offer participants an opportunity to experience some of the basic DMT methodologies.

CITY Brooklyn, New York, USA

1.3 **danceABILITIES™ Applications of dance in community, research and rehabilitation**

PRESENTER MIRIAM SCHACTER, BA, RP

ABSTRACT This workshop aims to introduce or broaden the dialogue related to the application of dance in community, long-term care facilities, dementia-care and rehabilitation centres, as well as mental health organizations. The workshop facilitator, a registered psychotherapist and founder of danceABILITIES™, draws from 10 years of experience teaching accessible-dance for clients such as the Aphasia Institute, City of Toronto Long Term Care, Branson Place (Alzheimer’s & Dementia), Valleyview Adult Day Program, Dancing with Parkinson’s, The Arthritis Society, March of Dimes Stroke Survivor groups and Toronto Rehabilitation Institute/UHN, to explore techniques such as balance training in the dance setting, as well as choreography or mirror work for emotional/sense-based expression, social engagement and the maintenance of activities of daily living. This workshop will also touch upon the neuroscience of psychotherapy—specifically how therapeutic training in developmental and situational trauma can inform one’s approach to applied-dance instruction and program structure for pilot studies. Finally, this workshop seeks to highlight the importance of collegiality, peer supervision and a safe and effective use of self within this budding industry.

CITY Toronto, ON

1.4 **Dance for PD® (Parkinson’s Disease) Demo Class**

PRESENTER DAVID LEVENTHAL, PROGRAM DIRECTOR AND FOUNDING TEACHER, DANCE FOR PD® AT MARK MORRIS DANCE GROUP

ABSTRACT This demonstration class highlights the methods and curriculum of the award-winning Dance for PD® program, which has provided a model for classes in more than 100 communities in 16 countries around the world. First launched as a collaboration between Mark Morris Dance Group and Brooklyn Parkinson Group in New York, Dance for PD allows people with Parkinson’s to experience the joys and benefits of dance while creatively addressing symptom-specific concerns related to balance, cognition, motor

skill, depression and physical confidence. Professional teaching artists integrate movement from modern, ballet, tap, folk and social dancing, as well as choreographic repertory and improvisation, to engage participants' minds and bodies and to create an enjoyable, stimulating social environment for artistic exploration. In this session, master teachers from Dance for PD® and its Canadian partners Dancing with Parkinson's and Canada's National Ballet School will co-teach, providing an engaging and informative introduction to this internationally acclaimed program and its network of teaching artists.

**OTHER
AUTHORS**

Sarah Robichaud, Founder and President of Dancing with Parkinson's (Toronto); Angie Seto, Associates Program Manager and DwP@NBS teacher, Canada's National Ballet School (Toronto); Ashleigh Powell, Community Engagement Co-Manager and DwP@NBS teacher, Canada's National Ballet School (Toronto).

CITY

Brooklyn, New York, USA

EXPERIENTIAL WORKSHOPS-SERIES 2 – Saturday, November 5th, at 11:30a.m.

2.1	Improvisational Dance: Brain/Body Health for Older Adults with Neurodegenerative Disease
PRESENTERS	CHRISTINA SORIANO, MFA, AND CHRISTINA HUGENSCHMIDT, PHD
ABSTRACT	<p>Theory. As we age, our gait, mobility and balance can become compromised. Routine multitasking now presents significant challenges, and for people with neurodegenerative diseases like Parkinson's (PD) or Alzheimer's (AD), the stakes are higher: regular falls can lead to injury. All PD/AD treatments are palliative; none can slow the underlying neuropathology. Secondary neuropsychiatric symptoms (apathy, depression, anxiety) paired with altered gait and balance increase medical costs and decrease quality of life (QOL) for both patients and carepartners. How can we maintain our independence and confidence? Two Wake Forest University professors—in dance and neuroscience—share exciting pilot data about an improvisational dance intervention that proved effective in two communities: adults living with PD and their carepartners, and adults living with mild cognitive impairment and their carepartners. Methods. Mimicking the extemporaneous quality of daily life, IMPROVment (improvement.us) encourages participants to spontaneously self-generate movement material on the spot, taking cues from visual images, rhythmic sensibility, breathing and music. This workshop will demonstrate ways to solve movement problems, nurture a strong community environment, promote physical and cognitive decision making, and bring back spontaneity. Improvisation's efficacy is partly based on its lack of hierarchy—movement responses are never wrong.</p> <p>Practice. Workshop participants start in chairs and move on to standing and walking exercises. Following the exercises, we will share neuroimaging data from our recent pilot studies supporting the efficacy of our intervention and discuss the future of our interdisciplinary collaboration. Implementation. If time allows, workshop participants will create improvisational movement exercises to share with their communities.</p>
CITY	Winston-Salem, North Carolina, USA
2.2	Experiential (practical) Workshop Dance therapy for persons with a physical disability
PRESENTERS	BRIGITTE LACHANCE, BSC, CMA, CHLOÉ PROULX-GOULET, O.T., MSC., FRÉDÉRIQUE PONCET, PHD, PATRICIA MCKINLEY, PHD, BONNIE SWAINE, PHD, PT
ABSTRACT	<p>Dance, whether utilized as a treatment option or a recreational activity, can have an influence on various aspects of an individual's functioning, particularly in the sensory, motor, cognitive, social and emotional domains. To this end, dance is often used with many different groups of people and in different contexts. Rarely, however, is dance used as a treatment with an</p>

adult clientele in physical rehabilitation, who present difficult challenges (such as fear of moving, lack of understanding of their capabilities, poorly structured environments, and psychological distress). In this context, a team of clinicians at the Lucie Bruneau Rehabilitation Centre (CIUSSS Centre Sud Montreal) began (in 2009) to implement a therapeutic dance (TD) group for the heterogeneous population of adults at the centre who were seeking novel rehabilitation strategies for chronic orthopedic, musculoskeletal, and neurologic conditions. Based principally on movement-analysis theories and rehabilitation models, the TD was aimed at enhancing the integration and social participation and eventual transition into the community of these facility users. This practical workshop will begin with a brief description of the context of the program, followed by a practical session that will allow participants to experiment with certain ideas and techniques included in our approach developed for this clientele.

CITY Montreal, QC

2.3 **Approche d'intervention jeunesCONNECTÉS appliquée aux personnes vivant avec spectre de l'autisme (TSA) et leur réseau d'entraide (famille et intervenant-e-s).**

PRESENTER ROSAMARIA RICART, PHD, MSS

ABSTRACT Since September 2015, I've had the opportunity to mobilize theoretical and practical knowledge during the course of my internship and intervention in dance movement therapy (DMT), by combining the contributions of my training and experience as a teacher, social worker and therapist. Initially, dance is present in all cultures and communities around the world and movement is at the basis of life. DMT offers a space allowing all populations to deliberately express and develop their personality, a greater body awareness, feeling alive in connection with the therapist and group with which they dance and move. DMT sessions were held at Giant Steps school for youth and adults living with autism. Educators of the same school also attended DMT sessions. The purpose of these group sessions is to support young adults living with autism in their emotional and social development, their capacity to move, their personal development, their social exploration and interaction, as well as to support the educators in their roles with this clientele. This workshop will allow participants to experience notions included in the approach developed for autists and intervenors that care for these populations or populations with special needs. The intervention approach, called "jeunesCONNECTÉS", aims at developing emotional and social development of participants and facilitating eventual transition within society.

CITY Montreal, QC

2.4 **The use of dance/movement improvisation with people with Parkinson's disease**

PRESENTERS JOANABBEY SACK, MA, BC-DMT, RDT, ZUZANA SEVCIKOVA, MA, BC-DMT, RDT, MAURA FISCHER, PT, AND TETIANA LAZUK, PHD, R-DMT

ABSTRACT	<p>The presenters, all members of the Parkinson en Mouvement (PEM) teaching team, will offer their approach to improvisation in the context of dance/movement improvisation with middle-stage Parkinson's disease (PD). The presenters will focus on the themes of motor control, proprioception, initiation, intention, focus, behavioral flexibility, creativity, the planned, the spontaneous, and the imagined. In the context of PD, the neurological element in all strategies is paramount. For the dancers' expressive, pleasurable and challenging experiences, the repertoire-building aspect is of parallel importance. This presentation offers the opportunity to experience our popular improvisation circle with elements of mirroring and shared and individual movement, with the focus on making connections with neurobiology and physiology. The conference theme of dance and well-being has special significance with regard to this presentation. We will move, improvise, and reference the neurological realities and potentials. "Theoretically improvisational dance reinforces the concept that, despite the negative impact on movement in PD, everyone is still capable of imagining and generating movement that leads to improved functional capacity" (Batson et al., 2014). We will also look at the structure of "holding" the experience of improvisation. An essential aspect of dance improvisation is the thematic framework and the offering of a structure. This presentation will offer the experience of dance improvisation as it is integrated into the Parkinson's Dance Project (PEM), and as it will be integrated into the developing research study of "Dance Therapy with a Focus on Improvisation" beginning in September 2016 (a collaborative research project of McGill/Concordia Universities, Montreal).</p>
CITY	Montreal, QC