

CREATIVE THERAPIES

INCLUDING DANCE, ART, MUSIC & DRAMA



CASE STUDIES

How we use dance therapy to aid social, emotional and physical development of self.



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OVERVIEW

Dance therapy, also known as dance movement therapy (DMT), is a form of expressive therapy that uses movement and dance as a means of promoting emotional, psychological, and physical well-being. It is based on the premise that the body and mind are interconnected, and by engaging in movement and dance, individuals can access and process emotions, thoughts, and experiences.

PRINCIPLES

Therapist's Role: A trained dance movement therapist leads the sessions. The therapist creates a safe and supportive environment, encourages free movement, and uses various dance and movement techniques to help individuals explore and process emotions and experiences.

Target Populations: Dance therapy can benefit a wide range of individuals, including children, adolescents, adults, and older adults. It is often used to address various mental health concerns, trauma, stress, anxiety, depression, eating disorders, and relationship issues.

Benefits: Dance therapy can help individuals increase self-awareness, improve self-esteem, develop coping skills, enhance body image, reduce stress, and strengthen emotional resilience. It provides a safe outlet for emotional expression and can foster a sense of empowerment and connection.

Adaptability: Dance therapy can be adapted to suit the needs and abilities of different individuals, including those with physical disabilities or limited mobility. It is a flexible therapy that can be integrated with other therapeutic modalities.

Settings: Dance therapy can be conducted in individual or group settings, in schools, mental health clinics, hospitals, community centers, and other environments.



ATTACHMENT DISORDER

CASE STUDY #1

HEALING INSECURE ATTACHMENT IN A YOUNG GIRL IN FOSTER CARE



This case study explores the use of dance therapy as an effective intervention for a young girl with insecure attachment in the foster care system.

The therapy sessions focused on creating a safe and supportive environment to facilitate emotional expression, build trust, and promote healthy attachment relationships.

The case study highlights the progress and challenges faced during the intervention, demonstrating how dance therapy can significantly contribute to the healing process for children in the foster care system.

CLIENT

Name: Ellie (pseudonym)

Age: 8 years old

Gender: Female

Background: Ellie was removed from her biological family due to severe neglect and abuse. She has been in foster care for two years, during which she experienced multiple placements and disruptions. She exhibits symptoms of insecure attachment, such as difficulty in forming close relationships, withdrawal, and emotional dysregulation.



INITIAL ASSESSMENT

Ellie was referred to Dance4u for dance therapy to address her emotional struggles and insecure attachment. In the initial assessment, Ellie presented as a withdrawn and guarded young girl. She displayed signs of anxiety, expressed through reluctance to engage with others and difficulties in verbal communication.

Ellie demonstrated aversion to physical touch, indicating a significant mistrust of adults and fear of forming attachments. Her emotional regulation was impaired, as she often exhibited mood swings and emotional outbursts.



TREATMENT PLAN

The treatment plan aimed to address Ellie's insecure attachment and promote healing through the following objectives:

Establishing safety and trust:

Create a safe, non-judgmental space where Ellie feels comfortable expressing herself.

Emotional expression:

Encourage Ellie to explore and express her emotions through dance and movement.

Building positive attachments:

Foster a positive therapeutic relationship with Therapist to model healthy attachment dynamics.

Social skills:

Facilitate opportunities for Ellie to engage with peers through group dance therapy activities.

Coping strategies:

Introduce coping mechanisms to regulate emotions and navigate stressful situations.

INTERVENTION



Over the course of six months, weekly one-hour dance therapy sessions with Ellie.

“THE SESSIONS INVOLVED A MIX OF STRUCTURED AND IMPROVISED DANCE ACTIVITIES, INCORPORATING MUSIC, PROPS, AND STORYTELLING TO ENGAGE ELLIE'S IMAGINATION.”

The Therapist used mirroring techniques to connect with Ellie non-verbally, allowing her to express herself freely without the pressure of verbal communication.

The initial sessions focused on establishing rapport and building trust. The Therapist respected Ellie's boundaries and consistently reinforced the notion that she was in control of her body and movements during the sessions. Gradually, Ellie began to open up and showed signs of emotional release through dance, using movement to express joy, anger, and sadness.

To address Ellie's difficulty in forming attachments, The Therapist introduced group dance activities that involved cooperative movements with other children in the foster care group. These activities aimed to foster a sense of belonging and shared experience among the children, providing a basis for developing healthy peer relationships.



RESULTS



After several months of dance therapy, significant improvements were observed in Ellie's **emotional well-being and attachment behaviour**. She exhibited a greater willingness to engage with The Dance Therapist and participate in group activities. Ellie's emotional regulation also improved as she started using dance as a coping mechanism to process challenging emotions.

During the therapy sessions, Ellie began to **initiate physical contact** with The Therapist through hugs and hand-holding, indicating a growing sense of trust and attachment. Furthermore, she started **forming friendships** with some of the other children in the group, indicating progress in overcoming her social challenges.



Dance therapy proved to be a valuable intervention for Ellie, a young girl with insecure attachment in the foster care system. By providing a safe and expressive outlet, **dance therapy facilitated emotional healing and helped Ellie build trust and positive relationships with both her therapist and peers**. The case study highlights the potential of dance therapy as an effective approach to addressing attachment-related issues in children within the foster care system.

However, it is essential to acknowledge that each child's journey is unique, and ongoing support and therapeutic interventions are vital for sustained progress.

ENHANCING SOCIAL COMMUNICATION AND
EXPRESSION IN A GROUP OF YOUNG
CHILDREN WITH AUTISM



This case study examines the application of dance therapy in a group of young children diagnosed with Autism Spectrum Disorder (ASD), collaborating with the organisation "Resources for Autism."

The therapy sessions aimed to foster social communication, emotional expression, and overall well-being through creative movement and dance. The study highlights the progress, challenges, and potential benefits of dance therapy for children with ASD within a group setting.

CLIENT

Organisation: Resources for Autism

Participants: Five children aged 6-9 years with varying degrees of Autism Spectrum Disorder.

Background: Each child had challenges in social communication, expression, and regulating emotions. The group was selected based on shared therapeutic goals and compatible dynamics



INITIAL ASSESSMENT

The children were assessed for their individual needs, sensory sensitivities, and communication styles. The initial assessment revealed common difficulties in initiating and maintaining social interactions, limited non-verbal communication, and challenges in emotional expression.



TREATMENT PLAN

The treatment plan aimed to address Children with Autism and their social and emotional regulation.

Enhancing Social Interaction:

Encouraging interaction and communication between participants through dance and movement activities.

Emotional expression:

Providing a safe outlet for emotional expression and fostering emotional regulation.

Sensory Integration:

Utilising sensory-friendly movement experiences to accommodate sensory sensitivities.

Group Cohesion:

Cultivating a supportive group environment to enhance a sense of belonging and shared experience.

INTERVENTION



Over a span of twelve weeks, Dance4u therapists conducted weekly hour-long sessions in collaboration with Resources for Autism. The sessions were designed to be engaging and structured while allowing flexibility to accommodate individual preferences and needs.

Activities included mirroring exercises, group dances, movement stories, and improvisation. Therapists used visual supports, simple instructions, and consistent routines to create a predictable and comfortable environment. They respected each child's boundaries while gently encouraging them to explore new movements and engage with peers.



1. **Mirroring:** Children imitated each other's moves to connect and communicate without words.
2. **Group Dances:** Children danced together, sharing movements and cooperating.
3. **Movement Stories:** Therapists told stories with movements, letting kids act out characters.
4. **Improvisation:** Children freely expressed themselves through spontaneous dancing.
5. **Visuals:** Pictures helped kids understand and anticipate activities.
6. **Simple Directions:** Clear, easy instructions guided their movements.
7. **Routine:** Consistent patterns made them feel safe and relaxed.
8. **Respect:** Therapists respected personal space and choices.
9. **Exploration:** Kids tried new moves with gentle encouragement.
10. **Peer Interaction:** Activities promoted sharing and taking turns.

RESULTS



By the end of the twelve-week intervention, several positive outcomes were observed:

Improved Social Interaction: Participants began to initiate interactions, share movements, and respond to their peers' cues during group activities.

Increased Emotional Expression: Children used movement to express emotions like joy, frustration, and excitement, providing a non-verbal means of communication.

Enhanced Body Awareness: Children developed greater awareness of their bodies and personal space, improving their self-regulation.

Group Cohesion: A sense of camaraderie and mutual support developed among the children, fostering a positive group dynamic.

Challenges: Despite the progress, certain challenges were encountered:

Sensory Sensitivities: Some children experienced difficulties with sensory stimulation, requiring careful adaptation of activities.

Transitions: Moving from one activity to another could be challenging for a few participants, necessitating the use of visual schedules and transition cues.

This case study demonstrates the potential of dance therapy as a valuable intervention for children with Autism Spectrum Disorder. Through the Dance4u therapy sessions, participants from Resources for Autism exhibited improvements in social communication, emotional expression, and group cohesion. The use of movement and dance in a structured yet flexible manner provides a creative and effective approach to addressing the unique needs of children with ASD within a group setting. Ongoing research and collaboration between dance therapists and organizations like Resources for Autism hold promise for further advancing the field of dance therapy for individuals with ASD.

DEPRESSION & ANXIETY

FOSTERING RESILIENCE AND EMOTIONAL WELL-BEING IN A PRE-TEEN BOY WITH ANXIETY AND DEPRESSION



CASE STUDY #3

This case study examines the application of art therapy as an effective intervention for a pre-teen boy struggling with anxiety and depression.

The therapy sessions aimed to provide a creative outlet for emotional expression, enhance coping skills, and promote overall psychological well-being.

The study highlights the progress, challenges, and potential benefits of art therapy in addressing the emotional challenges faced by young individuals.

CLIENT

Name: Alex (pseudonym)

Age: 12 years old

Background: Alex presented with symptoms of anxiety and depression, including frequent episodes of sadness, withdrawal from social activities, and academic difficulties. He was referred to art therapy to explore non-verbal ways of expressing his emotions and improving his emotional resilience.



INITIAL ASSESSMENT

In the initial assessment, Alex displayed signs of emotional distress, including difficulty in articulating his feelings verbally. He often exhibited nervous behaviours, such as fidgeting and avoiding eye contact. The assessment revealed a need for a safe and creative means of emotional expression to address his anxiety and depression.



TREATMENT PLAN

The art therapy treatment plan was designed to achieve the following objectives:

Enhancing Social Interaction:

Encourage Alex to express his emotions and thoughts through various art mediums and techniques.

Coping Skills:

Introduce and practice coping strategies to manage anxiety and depression.

Self-Exploration:

Facilitate opportunities for Alex to explore his sense of self, strengths, and personal narratives.

Social Engagement:

Incorporate group art activities to promote social interaction and a sense of belonging.



INTERVENTION

Over a period of ten weeks, the Therapist conducted weekly one-hour art therapy sessions with Alex. These sessions provided a structured yet flexible environment for creative expression and emotional exploration.



Activities included free-form drawing, painting, collage-making, and sculpting. The Therapist encouraged Alex to choose art materials that resonated with him, allowing him to communicate non-verbally. She provided open-ended prompts to spark conversations and offered gentle guidance when needed.



RESULTS



By the end of the intervention, several positive outcomes were observed:

Emotional Expression: Alex used art to express a wide range of emotions, including sadness, frustration, and moments of joy.

Coping Skills: He learned and practiced grounding techniques, deep breathing, and visualisation to manage anxiety and depressive symptoms.

Self-Discovery: Through his artwork, Alex explored his interests, strengths, and areas of personal growth, fostering a sense of self-awareness and empowerment.

Social Interaction: Group art activities helped Alex interact with peers, share ideas, and collaborate on creative projects, reducing social isolation.

Challenges: Despite the progress, certain challenges were encountered:

Resistance: Alex occasionally felt frustrated when he couldn't convey his emotions exactly as he wanted through art. Therapist support and encouragement helped him navigate these moments.

Verbalisation: Translating his artistic expressions into verbal communication remained a challenge. The Therapist continued to support him in finding words to describe his artwork's significance.

This case study demonstrates the potential of art therapy as a valuable intervention for a pre-teen boy grappling with anxiety and depression. By using art as a medium for emotional expression, Alex experienced improvements in emotional regulation, coping skills, and self-awareness. The creative and non-invasive nature of art therapy offers a promising approach to addressing emotional challenges in young individuals, helping them build resilience and emotional well-being. Ongoing research and collaboration in the field of art therapy hold promise for further enhancing its efficacy in supporting mental health in children and adolescents.

THE ELDERLY

ENHANCING EMOTIONAL WELL-BEING AND SOCIAL CONNECTION IN A GROUP OF ELDERLY INDIVIDUALS



CASE STUDY #4

This case study explores the application of reminiscence therapy as a means to promote emotional well-being and social connection among a group of elderly individuals.

The therapy sessions aimed to evoke positive memories, facilitate group discussions, and foster a sense of belonging.

The study highlights the outcomes, challenges, and potential benefits of using reminiscence therapy to address emotional and social needs in the elderly population.

CLIENT

Participants: Four elderly individuals aged 75-85 from a local senior community centre.

Background: Participants experienced feelings of isolation, mild depression, and a desire for meaningful social interactions.



INITIAL ASSESSMENT

The initial assessment revealed that participants had a wealth of life experiences and memories, but often lacked opportunities to share and connect with others. The assessment identified a need for a structured platform to encourage meaningful conversations and emotional expression.



TREATMENT PLAN

The reminiscence therapy treatment plan aimed to achieve the following goals:

Memory Activation:

Evoke positive memories through prompts, photographs, and sensory cues.

Social Interaction:

Facilitate group discussions to foster social connections and mutual support.

Emotional Expression:

Provide a safe environment for participants to express their feelings and reflections.

Validation Empowerment:

Enhance self-esteem by acknowledging the value of each participant's life story.



INTERVENTION

Over a span of eight weeks, The Therapist conducted bi-weekly one-hour reminiscence therapy sessions at the senior community centre. Sessions included a combination of guided discussions, sensory stimuli, and creative activities.



Activities included sharing personal photographs, creating memory collages, and guided storytelling. The Therapist used open-ended prompts to encourage participants to reflect on different life stages, significant events, and cherished memories. The group format encouraged active listening, empathy, and the exchange of experiences among participants.

RESULTS



Several positive outcomes were observed at the conclusion of the eight-week intervention:

Social Connection: Participants developed a sense of camaraderie and friendship within the group, leading to increased social interaction beyond therapy sessions.

Emotional Well-being: Sharing positive memories and stories contributed to improved mood and reduced feelings of isolation.

Self-Empowerment: Participants gained a sense of validation and pride in recounting their life experiences, enhancing their self-esteem.

Communication Skills: Participants demonstrated enhanced communication skills, actively listening and engaging in meaningful conversations.

Challenges:

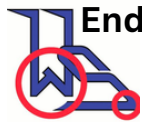
Cognitive Variability: Participants had varying cognitive abilities, requiring flexible facilitation to accommodate different levels of memory recall.

Sensitive Topics: Discussions occasionally touched on challenging life events, necessitating a supportive and empathetic approach.

This case study illustrates the potential of reminiscence therapy as a valuable intervention for enhancing emotional well-being and social connection in elderly individuals. By providing a structured platform for sharing memories and experiences, participants experienced improved mood, social engagement, and self-esteem. Reminiscence therapy offers a promising approach to addressing emotional and social needs among the elderly population, promoting a sense of purpose and connection in their later years. Ongoing research and collaboration in geriatric care continue to refine and expand the application of reminiscence therapy for the well-being of older adults.



REPORT EXAMPLES



End of Therapy Report for Music and Dance Movement Therapy

Wilson Stuart Special Needs School

Background

S participated in a group music and dance/movement therapy group from January 2016 until end of May 2016. These sessions took place on a weekly basis with three other members of sixth form. The sessions were ran by a music therapist and a dance movement psychotherapist. These sessions lasted for around 45 minutes. S was referred for group sessions as it was felt that she may benefit from an additional place to express her emotions, particularly in relation to the fact that she was soon to leave Wilson Stuart School.

Aims for therapy

- To encourage expression through a creative outlet, using music and movement.
- To encourage confidence
- To encourage independence and autonomy
- To develop a more cohesive sense of self
- To provide a positive group experience
- To encourage recognition and acceptance of others, particularly when working in a group

Comments- Music Therapist

From the onset S showed a keen interest in music and throughout our sessions the music encouraged S to participate and engage. As the weeks progressed S became more confident when using and exploring the instruments, she would choose a wider variety of instruments and was happy to play with a beater or her hands. Through the continual use of instruments S's decision making skills were encouraged and developed. S also became more confident when using her voice. She was happier to be heard in sessions and would talk more in front of or to her peers. S also became much more flexible with her voice and would use it as a form of expression during improvisations. S showed developing independence skills as our sessions progressed and she also began to interact with others more frequently and by choice.

Comments- Dance Therapist

S's health issues have an effect on her capacity for movement. Although she is aware of her limitations, she does not let this affect her experience in the group sessions. This is evidenced by her enthusiasm and willingness to participate. Upon observing S during sessions, I have noticed that she presents withheld parts including the head, neck and torso; meaning she demonstrates "bound flow" within these areas of the body. Active parts, where she demonstrates more freeing flow, include the arms, hips and legs. Her repertoire of movement has increased over time through participating in activities in the group. Through her participation in the sessions, I have observed increased range of flow, allowing her to become expressive in movements overall. S demonstrates movements performed mainly in the sagittal region (forward and backwards). This represents the connection she has from core to limbs, and the confidence she holds within the space. She indulges in the time as evidenced by the way her movements are performed.



REPORT

EXAMPLES



Dance Movement Therapy Oasis Short Heath Academy

14.12.2018 Dance Therapy 1.15pm-2.15pm

THINGS TO NOTE

- Before session began I had been informed by a senior leader member in school that C's Brother and Sister would no longer attend the School after Christmas
- Both Brother and Sister are with different foster parents
- Session was in a different room because the usual one was being used, different environment, distractions around the room and as a result possibility of further disruption
- C entered the session quite excited and keen to move, she picked up the scarfs and began to dance, this demonstrated her level of motivation in wanting to express herself and trust in myself and the session enough to know she would not be judged.
- C did not wait for my instructions and 'wanted to see me dance', this highlights her need for control and boundaries
- I placed feeling cards out on the floor and suggested we both have a look at them, We read them out and C said she was struggling to say the word 'Afraid' I wonder if this word is difficult for her to say because this is how she is currently feeling
- I invited C to place one coloured scarf next to each emotion card and choose one or two to represent how she was feeling today
- Sad:** Because her Brother would be leaving the School on Wednesday and she had been crying for some part of the week because this upset her.
- Loved:** Because although she was sad about her brother leaving the School she was aware of how much she loved him and vice versa
- Movement/ Action- Spinning fast on the spot.** This may represent a need to self sooth, to shut out reality
- Shortly after this activity during a moment of processing, a senior leader (whom had informed me previously about the information she was giving to C) entered the room to deliver the news that her Sister would no longer be attending the School in January
- C handled this information perhaps the only way she knows how, by putting on a brave face
- She was reassured that Dance would still be on and the School would still look after her
- It was made aware that she has trusted safe spaces she is able to express her thoughts and actions in/towards others
- C said that she wouldn't be able to come to school herself if she hurt herself or broke a bone, I ensured her that it wouldn't be a good idea to do this on purpose as this may make her even more upset.
- I suggested C create a dance using the emotion cards she had chosen for inspiration



REPORT EXAMPLES



Dance Movement Therapy Oasis Short Heath Academy

14.12.2018 Dance Therapy 1.15pm-2.15pm

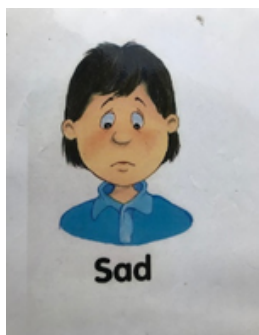
Dancing positions

Loved and Sad

- C started by standing and blowing kisses in the air
- She chose a sad action of tracing a tear on her face
- She performed three spins (possibly to represent the love for herself and two siblings)
- She waved her hands up and down in the air for sad (this highlighted how much of her kinesphere was used in relation to her need for emotional comfort)
- She lay on her back and waved her legs in the air for loved, this may have represented her vulnerability and losing contact with her loved ones
- C finished with 3 spins

C asked for me to replay her dance choreography back to her although she was quick to correct me. This highlights her confidence and assurance in regards to how she currently feel and which emotions she is willing to convey to others

- She encouraged me also to use facial expressions and then showed me how to link in facial expressions with different movement.



It is clear to witness that C is becoming more emotionally connected and invested as she has no trouble in communicating her true feelings. This is also demonstrating that C is building more autonomy as she is taking ownership of her thoughts, feelings and actions. This is shown through both movements and verbal communication.

Whilst she doesn't go into too much detail about her biological family, I believe she trusts the therapy space enough to express her thoughts about current affairs.

C is also begging to understand boundaries a bit more, as she will remind herself to refer back to our list of dance rules. The more consistent sessions are the more trust will be built and the more processing will take place.