



MOTivating patients to Voluntary physical EXercise



HANDBOOK and Protocol





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Introduction

This manual was developed within the Erasmus+ Sport Project "MOTivating patients to Voluntary physical Exercise" short MOVE, Grant Decision No. 621951-EPP-1-2020-1-AT-SPO-SSCP, which was funded by the European Union. The project lasted from January 2021 to the end of June 2022.

Under the presidency of the Lebenswelten der Barmherzigen Brüder – Steiermark (Kainbach bei Graz/Austria) the following institutions of the Hospitaller Brothers of Saint John of God and the Sisters Hospitallers of the Sacred Heart of Jesus collaborated in the project: Fundação S. João de Deus (Lisbon/Portugal), Club Deportivo Purísima Concepción (Granada/Spain), Istituto San Giovanni di Dio (Genzano di Roma/Italy) and the Hospital San Juan de Dios (Santa Cruz de Tenerife/Spain).

An important goal of the project was to exchange best regional programs and methods on a European level and to combine expertise and competences in order to motivate people with impairments to increase their physical activity.

Sport is healthy. Regular exercise not only makes you physically fit, but also mentally fit, and is important at any age. This is especially true for people with disabilities. Sporting activities promote social inclusion and recognition, increase self-esteem and encourage a healthy lifestyle. However, there is often a lack of knowledge, opportunities or, above all, motivation.

The project partners understand the process of motivation as an interplay of person-centered and situational circumstances. The focus is not only on the participating person. In order to be able to offer and practice sporting activities successfully, good cooperation is required with all those involved, such as parents, coaches, clubs, officials or politicians. With the help of preliminary considerations and a needs analysis, one should get a good picture of the situation and the people involved in advance. Different methods must be used for different target groups. Especially in the case of people with severe impairments, who can articulate their needs only partially or not at all, creative approaches coupled with sound insights and new perspectives are needed in order to still be able to interview them well.

The handbook sheds light on the background and essential factors of motivation in the field of sports. It contains the practical wealth of experience of people who have been working in the sports and health sector for many years, accompanying and supporting people with impairments. These experiences are made visible through concrete examples.



The project partners



Lebenswelten der Barmherzigen Brüder – Steiermark (LBB)

Lebenswelten der Barmherzigen Brüder – Steiermark, established in 1875, is a non-profit organisation run by the Hospitaller Order of Saint John of God. It offers day and residential services for up to 600 people of all ages at six sites in the Styrian Province (Kainbach bei Graz, Graz-Ragnitz, Graz-Seiersberg, Hart bei Graz, Gleisdorf and St. Ruprecht an der Raab). In the headquarters in Kainbach bei Graz, LBB provides group home living in eleven houses (full-time residential care, respite care and 24-hour medical care).

Service users participate in a wide range of sheltered occupational activities, including art and craftwork but are also offered supported employment options. LBB's main focus lies on psychiatric disorders and dual diagnoses, autism, challenging behaviour, people with dementia, persons with disabilities, high-care requirements, deafness and hearing impairment.

Sport and physical exercise play an important role in service users' daily routine. LBB sports pedagogues as part of a multi-professional team (sports, music and theatre) offer a wide range of individual or group activities on many levels (from basal to high athletic level). Different approaches through music, theatre and sport make many projects possible. Numerous sporting activities are offered and new offers are constantly being developed, such as dancing. Thereby the focus lies either on competitions (Special Olympics) or on free group units according to the DanceAbility® method.

At our premises, there is a gym, an indoor swimming pool and a bowling alley. The offer in the gym also includes tennis, sitting football, handball, soccer, volleyball, badminton, table tennis, indoor golf, bowling, archery, and hockey. To favour the social inclusion of the patients, LBB participates in inclusive tennis tournaments organized by the Styrian Tennis Association, in Special Olympics competitions at home and abroad and summer sports and winter sports weeks.

Every year, staff members of the LBB sports team organize two national competitions according to the rules of Special Olympics: the two-day Austrian Tennis Championships, with more than 50 participants and the so-called "Bergturnfest", an athletics competition for around 250 participants, mostly from the Styrian province.

Further information under: www.barmherzige-brueder.at



FUNDAÇÃO
S. JOÃO DE DEUS

Fundação S. João de Deus (FSJD)

The Saint John of God Foundation is an NGO that pursues the goal of supporting people in the special situation of vulnerability caused primarily, but not only, by mental health issues. This support is achieved through health care, rehabilitation, sport and physical activity for social inclusion. FSJD is also committed to promoting education and information on mental health issues, especially towards marginalized people. One of the successful practices developed by FSJD in the sport field is the 'S. João de Deus Golf Team - make a Par on Integration', a sport program for people with mental health problems. S. João de Deus Golf Team is made up of players selected from patients with mild mental illness in Portugal. A group of volunteers, senior golf players, were selected to train this team weekly.

Further information under: www.fundacao-sjd.pt



Istituto San Giovanni di Dio (PRSP)

“Provincia Religiosa di San Pietro dell’Ordine Ospedaliero di San Giovanni di Dio” (PRSP) is a non profit organization, running social, educational and medical services in Rome and Southern Italy. The headquarters of the PRSP are located in Rome from which the educational and medical activities of 5 different centers are coordinated (Rome, Genzano di Roma, Naples, Benevento and Palermo).

Through these facilities PRSP offers both residential and day-time assistance to persons with disabilities, mental health patients and people with mild learning impairments or cognitive disfunctions. The health and social workforce employed at PRSP amounts to 2250 professionals, caring for around 15.000 adults yearly.

The PRSP center involved in the MOVE project is the “Istituto San Giovanni di Dio” St. John of God Institute, a ~250 bed rehabilitation hospital providing specialist inpatient and outpatient rehabilitation care. Located in Genzano di Roma (Rome), the Institute is specialized in neurological, sports medicine, physiatric and psychiatric rehabilitation programs in convention with the Italian National Health Service.

A multi-disciplinary team (physicians, psychologists, nurses, physiotherapists, occupational therapists, professional educators) provides rehabilitation programmes for patients affected by various types of psychiatric illness (dementia, mental retardation, autism, schizophrenia etc.).

Physical activities are an important part of the Institute’s rehabilitation programs. The patients participate in various types of indoor physical/sport activities (individual or group therapy). These activities are implemented in a gym under the guidance of physiotherapists. Specially trained physiotherapists provide individual and team hydrotherapy using an indoor swimming pool. A football pitch and three indoor bocce pitches complete the physical activity/sports facilities for the patients.

The St. John of God Institute also organizes open days to advise and inform citizens on sport practice for mentally ill patients. A particular area of the Institute is dedicated to residential health care for people affected by Alzheimer’s disease and other forms of Dementia: The Experimental Alzheimer Centre (EAC).

Further information under: www.provinciaromanafbf.it



Hermanas Hospitalarias

FUNDACIÓN PURÍSIMA CONCEPCIÓN

The Club Deportivo Purísima Concepción is a sport club that was created in 2014 by the Purísima Concepción Foundation of the Hermanas Hospitalarias in Granada (Spain). This entity was founded in 1964 to assist and rehabilitate people with intellectual disabilities. Recently, the services were extended to people with other disabilities and to immigrants. Currently, the Foundation serves more than 400 users in different facilities, such as a special education college, 3 residences for minors and adults affected by behavioural disorders, 4 day-care units and three sheltered apartments.

The Club Deportivo Purísima Concepción was created to coordinate the sport activities of the Foundation, to participate in official sport competitions and to facilitate the social integration of the athletes with disabilities. The Club Deportivo Purísima Concepción owns an indoor sport hall, a hydrotherapy area, an outdoor pool, a gym, and other sports' fields. It has also a multi-functional gym both for sport school and for competitive sport and agreements with the Nazari ski club, the Granada football club, the Province of Granada and the Department of Sports of the City Council for the use of swimming pools and others facilities. The physical activity and sport programmes offered by the Club Deportivo Purísima Concepción are divided into 3 areas:

✓ Physical Activity and non-competitive sports:

Gym, hydrotherapy, swimming and sport programmes in football, basketball, bocce and badminton.

✓ Competitions

1) Sport School. The Club is the headquarters for the adapted sports programme of the Department of Sports of the City Council of Granada. The Club currently has an offer where our patients can play football, basketball, bocce, yoga and dance;

2) Competitive sport. CDPC trains its athletes with disabilities to participate in tennis, paddle, athletics, swimming, alpine skiing, football, bocce and basketball competitions.

✓ Other activities

CDPC regularly collaborates with other entities (sport club, town hall, etc.) for the organization and implementation of inclusive sport meetings. These events include football camps, skiing championships and running.

Further information under: www.fpurisimaconcepcion.org



Orden Hospitalaria de
San Juan de Dios
Provincia de España

Hospital San Juan de Diós (HSJD)

The Hospital San Juan de Diós is a non-profit healthcare centre based in Santa Cruz de Tenerife. The Hospital operates in agreement with the Canary Islands Health Service and the ownership belongs to the Hospitaller Order of St. John of God, whose presence in Tenerife dates back to 1949. HSJD has currently 135 beds, an intensive care unit, an emergency area, 5 modern surgery rooms, an area of radiology, and a rehabilitation area for the treatment and rehabilitation of sport injuries.

In 2011 HSJD created a Sports Care Unit with four objectives:

1. pre-participation evaluation of professional and amateur sport,
2. prevention and treatment of sports injuries,
3. sport conditioning and
4. physical exercise prescription for chronic diseases.

The HSJD's sport staff include medical specialists (rehabilitation, traumatology, family medicine, internal medicine, cardiology, endocrinology, etc.) and other professionals like physiotherapists, sports specialists or nutritionists.

The HSJD's Sport Unit offers to patients programmes for the recovery of sport activity after an injury and programmes to improve the quality of life with patients with some chronic diseases. The sports team offers individual or group activities on many levels (from basic to high-athletic level). HSJD also works with athletes with disabilities, reviewing their health status and improving their fitness in order to allow them to obtain better results in different competitions.

In the gym, we offer injury prevention training, physical exercise for patients, functional, therapeutic and pregnancy training, iso-inertial training and strength training.

Further information under: www.sjd.es/tenerife



**Hospitaller Order of Saint John of God,
Sisters Hospitallers of the Sacred Heart of Jesus
European office**

The HOSPITALITY EUROPE office represents the hospitals and social/welfare facilities of the Hospitaller Order of Saint John of God and of the Sisters Hospitallers of the Sacred Heart of Jesus and is connected with the institutions of the European Union.

The idea behind this was the desire shared by all the European Provinces of both orders not only to improve and step up exchanges and cooperation between their centers, but also to equip themselves with their own “channel of information” on the work and programmes being promoted and supported by the EU institutions.

The intention is to use the Brussels Office as another facility of both orders, which are present in 14 member states of the European Union, offering an effective system for handling relations with the EU institutions in their respective areas of competence.

The HOSPITALITY EUROPE office’s mission also includes organizing cooperative ventures between the hospitals and social/welfare facilities in different European countries and promoting the image and mission of the Hospitaller Order of Saint John of God and of the Sisters Hospitallers in Europe and in the rest of the world.

Further information under www.hospitality-europe.eu



Our values

As employees of the Brothers of Saint John of God and the Sisters Hospitallers of the Sacred Heart of Jesus, we share common values that we carry with us in our daily work and which have a significant influence on our dealings with other people.

Hospitality

is our core value, as embodied and expressed in our four guiding values of quality, respect, responsibility and spirituality. Hospitality can be defined as the unreserved and unconditional attention to the person seeking help, at a high professional level.

Quality

We offer professional help at a high technical and human level. Our professional know-how is up to date. We want to be visionaries and pioneers in our fields and develop a sense for how technical achievements and professional developments can be useful in our work.

Respect

For us, respect means: We respect the dignity of every human being! We meet each other at eye level. We perceive everyone in their uniqueness. We show appreciation, openness and trust to the people we support and accompany. We support each person to develop fully as a human being. In this sense, we encourage people to take responsibility for themselves and their own lives.

Responsibility

For us, responsibility means: We make ourselves responsible!

We do not pass by our fellow human beings carelessly, but perceive their needs and help them. In a special way, we take care of those people who get no help and have no one. We fulfil our tasks conscientiously and with personal responsibility, give feedback on our actions, gratefully accept suggestions for improvement and contribute to the team with words and deeds.

Responsibility can also mean responsibility towards the environment, society or the fair distribution of resources.

Spirituality

The founder of the Order, St. John of God, was a spiritual person who placed great value on his personal relationship with God. We promote the religious dimension of the human being by living as people who are open to God and by making sure that everyone has the opportunity to cultivate their personal relationship with God.



Theoretical Background

Why a person acts one way and not another is not always easy to explain. Motivation is a complex process and there are many reasons why an action is purposefully set in motion and driven forward. Many theories try to explain and describe this process.

What drives people to do something? Why is one person motivated to do sport and another not? What conditions must be met for motivated action?

Motivation theories

Motivation can be traced back to the Latin word "movere" (to move, drive) ¹

Different approaches to motivation theories can be distinguished.

Some approaches put the acting persons in the foreground. In this person-centred view, the motives and needs of the persons are examined more closely. The aspect of self-determination as a motivational category is important here.

Other theories try to show that motivation is mainly determined by situational circumstances. The behavioural and learning theories emphasise the importance of the environment. Reacting to certain circumstances is examined more closely.

A holistic interpretation of human behaviour points to the interaction of person and environment. These interactionist approaches emphasise the importance of the respective overall psychological situation, the so-called living space².

The MOVE project understands motivation as a process in which the focus is on the acting persons, on the situational circumstances and on the interaction between person and environment.

¹vgl. Dorsch: Lexikon der Psychologie (Stand: 01.09.2022) <https://dorsch.hogrefe.com/stichwort/motivation> [2007]

² vgl. Hascher, Tina 2020: Motivationstheorien im schulischen Kontext, S. 175-186.



Need theories

In addition to abilities and interests, every person also has numerous needs, desires and goals that play a major role in motivation. These needs, which are not always consciously accessible to us, guide our motivation and our actions.

In order to be able to grasp the process of motivation well, it is helpful to look at the underlying needs of the persons involved. A large number of theories deal with the driving forces or the needs of people. The best-known model is Maslow's pyramid of needs, which is based on a hierarchy of needs.³

Among many other theories, the model of "human needs" by Manfred Max-Neef should be highlighted. Needs are defined that are to be regarded as basic needs. These are not hierarchically ordered, but are all interlinked and connected and are to be regarded as equally important.⁴

Intrinsic and extrinsic motivation

Human behaviour can be intrinsically or extrinsically motivated.

Borrowed from Latin, the term "intrinsic" means that something comes "from within" or "belongs to it internally". Intrinsic behaviour means that someone is motivated to do something out of themselves.

Intrinsic incentives can be the pleasure and fun of the thing, as well as one's own values or simply interest in and meaningfulness of the activity. The opposite term "extrinsic", on the other hand, means that something is external or happens "from the outside".

With extrinsic motivation, external incentives are needed to control behaviour. These incentives can be a reward, recognition and/or the avoidance of disadvantages.⁵

³ vgl. Osemeke, M/Adegboyega, S.: Critical Review and Comparism between Maslow, Herzberg and Mc Clelland's Theory of needs (Stand 1.09.2022) <https://www.fujabf.org/wp-content/uploads/2018/01/Critical-Review-and-Comparism-between-Maslow-Herzberg-and-McClellands-Theory-of-Needs.pdf>

⁴ vgl. Renoldner, Christa: Magazin. Globales Lernen. Zugänge (Stand 1.09.2022) https://erwachsenenbildung.at/magazin/12-16/meb12-16_10_renoldner.pdf [2012]

⁵ Vgl. Deci, R. /Ryan, M. R.: Die Selbstbestimmungstheorie der Motivation und ihre Bedeutung für die Pädagogik. In: Zeitschrift für Pädagogik (1993), S. 223-239.



Accordingly, a person's motivation is controlled and influenced by intrinsic and extrinsic factors. Intrinsic motivation can be supported by extrinsic factors. If someone enjoys doing sport (intrinsic motivation) and is also rewarded for it in certain situations (extrinsic motivation), then in some cases the motivation can increase and the person concerned will engage in sport even more intensively.

If the reward for an activity predominates and seems to happen for no reason and/or you get a lot of recognition, then it could be that only the reward and recognition for the sports activity are predominant.

The motivational psychologist Sprenger also speaks of the "5 B's of motivation": threatening, punishing, bribing, rewarding and praising. These motivational strategies are only effective in the short term and can be classified as manipulative techniques.⁶

Effects of intrinsic motivation

Intrinsic motivation is the best possible form of motivation, but it is not always easy to achieve.

When a person is intrinsically motivated to do something then he or she has an interest in achieving something. The right to choose for oneself and to decide freely is another important criterion for intrinsic motivation.

Furthermore, the appreciative attitude of the environment plays a major role. It is important that a suitable environment is available which promotes autonomy, enables an experience of competence and also strengthens social integration.⁷

When all these conditions are ideally present and one experiences oneself in harmony with one's current activity and goals, a feeling of happiness can be experienced. This flow experience is present when one is completely absorbed in an activity and the activity and one's own attention merge in the moment.⁸

⁶ Vgl. Rieger, L (2020): „Mythos Motivation“ von Reinhard K. Sprenger. Eine Zusammenfassung, S. 3-23.

⁷ vgl. Deci, L. Edward/Ryan, M. Richard (1993): Die Selbstbestimmungstheorie der Motivation und ihre Bedeutung für die Pädagogik, S. 227-236.

⁸ vgl. Flow erleben: Theorie von Csikszentmihalyi (Stand 01.09.2022)

<https://wpgs.de/fachtexte/motivation/flow-erleben-theorie-csikszentmihalyi/>



MOVE Practical application

After dealing with some theories and after some common reflections on how to capture and implement the process of motivation for sports activities well, the project partners agreed on the following approach.

Template INITIATION OF AN OFFER - Preliminary considerations

Before a project is implemented, some preliminary considerations are important. The focus is on all the people and systems that play a role in the success of the project. Good interaction between the participant, the provider and the social environment requires some information about individual needs, structural backgrounds and social conditions. With the right preliminary information, difficulties can be eliminated in advance and the focus can be on the best possible implementation with motivated participants.

Here are some preliminary considerations that the MOVE partners have made together:

Preliminary considerations from the perspective of the participant
Who can participate?
Does the person have physical, psychological and material resources of their own?
Is a conversation possible or do you need aided communication? Which kind of aided communication?
Does the participant have confidence in the success of the program?
Preliminary considerations from the perspective of the social environment
Heterogeneous or homogenous group in terms of age, physical resources, psychological resources, cultural habits, gender and ability beginner or advanced)
Who has a say in the matter (parents and other relatives, caregivers, friends, employer...)
Preliminary considerations from the perspective of the provider
What is the target group?
How does the contact come about? (referral, the participants come themselves)
Who are the funders?
Which role do I have? What is expected from me (also informally)? Do I have the necessary competence to deal with the target group or do I need specific training?
Which professional groups do I work with?
How many persons can take part?
Definition of the offer: Method and approach
What is included in the offer?
What qualifications does the staff have? Is the training sufficient or does the staff need specific training?
Personal interest of the employee



Accessibility
Infrastructure (is there a swimming pool, gym...)
How much time can you devote to the activity? (how many hours per week?)
What means of transport are there to get to external sports facilities
Is there enough time/are there enough resources to get to external sports facilities?
Is there a clear agreement according to initiating the sport program between the medical team and the sport team?

7 Needs

After the preliminary considerations, it is important for a successful implementation of an offer that the needs of the participants come into focus.

Needs and their satisfaction are the driving force for physical activity and crucial for the successful implementation of a physical activity programme. Some needs are consciously accessible and can be clearly communicated, while others are unconsciously effective and determine activities and motivation for different activities.

The MOVE project is based on the assumption that the better a person's needs are met, the more motivated he or she is. This also applies to sport and exercise. The better a sport offer is adapted to the individual needs of the participants, the more motivated they are.

The individual needs analysis is important for understanding the personal situation of the participants. With the knowledge of the needs of the persons, it is possible in the best case to adapt the respective offer to these needs and to design it in such a way that everyone feels addressed and motivation is thus increased.

As already explained in the theory section, we base our needs model on Max-Neef and his model of "human needs" (cf. theory section). The project partners agreed on seven needs that can be relevant in the field of sport and physical activity and thus also for the MOVE project. These needs are listed and explained in more detail below.



1 The need for health and exercise

This is understood as the desire to be physically and mentally healthy, to be in balance with oneself and also to have a suitable living environment.

2 The need for structure and security

The need for structure and security means that it is important to feel safe, to have certain structures in life, to have a safe environment and social security, to be financially secure and to have rights.

3 The need for belonging, affection, attention, participation

In this need, social relationships, partnership, family and friendship are important. One's own self-esteem and the examination of one's own identity are in the foreground. Being together with others or being alone are relevant. Appreciation for oneself and others as well as the expression of feelings play a major role in this need.

4 The need for appreciation and recognition

In this need, it is important to get recognition, success, prestige, status, attention as well as respect from others.

5 The need for autonomy, self-determination, leisure time

The feeling of being able to decide about oneself, to experience autonomy as well as to have enough free time is important.

6 The need for development and learning

This need is about the desire for personal development and learning. The underlying attitude is curiosity and open-mindedness. Exploration, learning and experimentation are desired.

7 The need for self-realization

This need is about creating or inventing something, using one's own potential and abilities, being productive and creative.



Conducting the needs analysis

The needs assessment is an important next step.

How can these needs be identified? Are there specific methods and approaches for the respective target groups within the Move project? What methods can be used to find out the conscious as well as unconscious needs of the participants?

The main target groups of the project team were people with disabilities and mental disorders, Alzheimer's patients and people in rehabilitation recovering from cardiovascular diseases or cancer.

Methods of the needs analysis

Adapted to the target group, the needs are elicited. Adapted means that you have to consider which form of communication is suitable. How can you get in touch with the people? Can they understand causal connections? Which approaches do I have to use to get an insight into their life reality? What difficulties do I have to expect? Is the needs assessment with the person alone possible or does the person need a supporter?

Some selected methods for a needs analysis are:

- ✓ Personal interview: On the basis of the needs categories, a joint interview is conducted.
- ✓ Interviewing experts: People who are in the participants' immediate environment can be interviewed about their assessments.
- ✓ Participatory observation: Building relationships - observation protocols and personal reflections provide information about the behaviour of the participants.
- ✓ Trial and error: By doing hands-on activities in individual and group settings, you can identify people's preferences and interests.
- ✓ Pictograms, pictures, AAC: Needs are presented and elicited with the help of pictures, pictograms and other AAC tools.
- ✓ Use of creative methods: Needs are 'translated' and enquired about using creative methods, making them understandable for some participants. The need for structure and security for instance can be easily elicited with the help of a role play or other body-oriented techniques.

A needs assessment is an initial inventory that can and should change. There are needs that one is aware of and needs that one is not aware of. There are needs that can override other needs.



Experience of the Move project team

Through the needs analysis the following was found out:

- ✓ Each target group needs different approaches and methods of needs analysis.
- ✓ Looking at needs is important in every phase of the project and is important for motivation and relationship building.
- ✓ Needs can change depending on the situation.
- ✓ Recognising needs in others and in oneself is an ongoing process.
- ✓ It is helpful to look at the needs of the participants as well as at all systems involved (participants, social environment, providers, etc.), as these are in a mutual exchange and are mutually dependent.
- ✓ The needs analysis requires a lot of relationship work as personal access is only built up through trust.
- ✓ When communicating with people with severe disabilities, it sometimes seems impossible to find out what their needs are. However, this does not mean that they do not have needs. It is up to the professionals to figure out how to find out at least something about their wishes and needs with the help of creative ways and new approaches
- ✓ It is impossible to always address all the needs in the group. In addition to an individual profile, one can also create a group profile (where are there commonalities, not under- or over-challenging anyone, lowest common denominator, finding out if something is prevalent).



Needs analysis based on the example of the Lebenswelten der Barmherzigen Brüder – Steiermark

In the Lebenswelten der Barmherzigen Brüder – Steiermark people with high care requirements, challenging behaviour, age-related illnesses, psychiatric disorders or mental or multiple impairments are accompanied and cared for.

Two best practices were selected for the Move project - two dance programmes for different groups of people.

The basal dance group consisted of people who had difficulty or no way of making themselves understood in the conventional way. The dancers depend on non-verbal language, on sounds, facial expressions and gestures or, if that is not possible either, on muscle tension or on the most elementary means of expression: the rhythm of breathing.

The dance programme inspired by DanceAbility® was aimed at an inclusive group where verbal communication was largely possible. This group was very heterogeneous (multiple disabilities, dual diagnoses, psychiatric disorders and challenging behaviour).

For these two groups we tried to design an adequate needs analysis, which is presented below as an example.

Needs analysis basal dance group

The initial contact with the participants of the basal dance group was made through the staff of the individual residential groups, who suggested some people to us who they thought would be interested. In the needs assessment for the basal dance group, we thus had to rely in the beginning on information from close people who told us a little about the preferences, interests and needs of the participants. (Methods used: interviewing experts). During these interviews it was important for us to clarify basic questions like: What is important to know? Is there information that is important for my offer? Which communication channels can I fall back on? Are there special touches, sounds or scents that the person likes or dislikes?

The following dance sessions were designed in such a way that a relationship with our counterpart was slowly built up at the beginning. This phase needed a lot of time, perseverance and a close look at any reactions. By getting to know each other, we were able to recognise individual reactions that said something about the emotional state of the person.



Based on small physical and/or linguistic reactions, we recognised whether a person liked a movement impulse or not. The communication ranged from basal communication to support through pictures, pictograms. (methods used: participant observation, trial and error, augmentative and alternative communication).

Basal communication provides means of communication at a level for which conventional means of communication no longer apply. Through touch, observation of the breathing rhythm, recognition of states of tension and relaxation, one tries to understand the reality of the person's life to some extent.

Through a slow approach, one enters into a mutual exchange that requires not only patience, but also empathy and good powers of observation.

It is important to understand the needs on a physical and emotional level and to translate them into the world of the respective counterpart.

What did we find out?

The need for health and exercise and the desire to move were clearly noticeable. Structure and safety in some cases meant that people needed certain spatial and situational conditions to be able to relax. Sometimes it was just a certain song that triggered relaxation and well-being.

The need for belonging and attention was also clearly noticeable. An appreciative attitude and undivided attention were strongly demanded by some.

The need for autonomy and self-determination was so pronounced that we recognised relatively quickly whether impulses corresponded to the person's will or not.

Experimenting and trying out new movements and impulses was welcomed by some with joy, openness and sounds, while others clearly showed the limits of their openness and reacted with negative physical and verbal expressions.

In the case of the last need for self-realisation and creativity, a lot of time was needed to give space to development and one's own impulses and to be able to recognise them.

All in all, it must be stated that the survey of these needs represents an initial actual state. During the offer, these needs are evaluated again and again and answered accordingly. Since the quality of the relationship plays a major role in this type of access, it is important to carry out one's own reflections and also to question other people in the immediate environment in order to be able to perceive oneself and the other person from different perspectives.

The need for autonomy and self-determination was so clearly evident that we recognised relatively quickly whether impulses corresponded to the person's will or not.

Experimenting and trying out new movements and impulses was greeted with joy, openness and sounds by some, while others clearly showed the limits of their openness and reacted with negative physical and verbal expressions.



Needs assessment: Inclusive dance offer inspired by DanceAbility®

The participants for the DanceAbility® inspired dance offer were interested people who wanted to participate either through information from us, from other staff* or through word of mouth from people they knew. We had some interested people with whom verbal communication was largely possible. The offer was aimed at clients, residents and staff.

For the needs assessment, we had an inclusive group that was very heterogeneous (multiple disabilities, dual diagnoses, psychiatric disorders and challenging behaviour).

After the preliminary considerations, where conversations took place and people expressed their interest in the offer, we tried to find out the needs of the interested people. We conducted an initial needs assessment with each person. For this purpose, we designed a room in which we offered a "station" for each need. (Method: personal conversation, trial and error, pictograms, pictures, AAC, participatory observation).

It was important to us that this first survey was only to be seen as an orientation guide for the further offer, and that each dance unit in the broader sense served as an additional needs assessment (method trial and error).



Needs analysis inclusive dance programme inspired by DanceAbility®

The participants for the DanceAbility® inspired dance programme were interested people who wanted to participate either through information from us, from other staff or through word of mouth from people they knew. We had some interested people with whom verbal communication was largely possible. The offer was aimed at clients, residents and staff. For the needs assessment, we had an inclusive group that was very heterogeneous (multiple disabilities, dual diagnoses, psychiatric disorders and challenging behaviour).

After the preliminary considerations, where conversations took place and people expressed their interest in the offer, we tried to find out the needs of the interested people. We conducted an initial needs assessment with each person. For this purpose, we designed a room in which we offered a "station" for each need. (Method: personal conversation, trial and error, pictograms, pictures, AAC, participatory observation). It was important to us that this first survey was only to be seen as an orientation guide for the further offer, and that each dance unit in the broader sense served as an additional needs assessment (method trial and error).

Analysis of the need for health and exercise

After the interested person entered the room, the Move project was explained. Everyone could then choose a prepared hoop and find a place in the room, say their name and stay there. Smileys were shown with 3 different emotions on them.

How does the person react? Which place does she choose? Which hoop does she choose? Does she say her name loudly or softly? Can she recognise and assess the pictures of the three emotional states?

Subsequently, a box with materials was placed in the room. The person chose an object - according to their preferences and interests - and described it.



Questionnaire



1. I like to move
 much moderately little
 ☹️☹️☹️ ☹️☹️☹️ ☹️☹️☹️
2. I like to listen to music
 ☹️☹️☹️
3. I like to make music
 ☹️☹️☹️
4. I like to dance
 ☹️☹️☹️
5. What kind of dancing do you like?
 Couple dance Free dancing Formations
 ☹️☹️☹️ ☹️☹️☹️ ☹️☹️☹️
6. I like theater
 I like to play and slip into other roles
 ☹️☹️☹️
- Have you ever acted before?
 7. I like to watch
 ☹️☹️☹️



Analysis of the need for structure and security

With this need, we tried to find out what security and structure meant to the person. We did this not only by asking questions, but also by observing.



1. If I know a room
☹️☹️☹️
2. If I know people
☹️☹️☹️
3. If I have a schedule
☹️☹️☹️
4. I like to experience new things
☹️☹️☹️

Analysis of the need for belonging, affection, attention and participation

To get a better understanding of comfort zone, safety and self-decision, we did an exercise: one person and the participant face each other with distance.

Exercise 1: One person moves towards the participant, the participant decides and says "stop" when he feels that the distance to the other person is good and he feels comfortable.

Exercise 2: The participant moves towards the person and decides when to stop.



1. What do you prefer?
to be alone ☹️☹️☹️
to be in a group ☹️☹️☹️
2. I contact you
☹️☹️☹️
3. You contact me
☹️☹️☹️



Analysis of the need for appreciation and recognition

In order to find out this need, we paid attention to how the participant behaved when he got applause. For this purpose, the participant said his name and performed a certain movement to it. Everyone else applauded and the reaction to the applause was observed and then talked about.



1. I have done something well and need applause from many
2. I have done something well and praise from one person is enough for me
3. I have done something well and do not need to hear it from others

Analysis of the need for autonomy, self-determination and leisure time

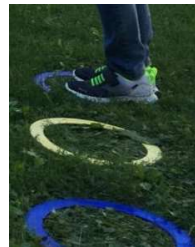
In conversation and with pictures, the circumstances were determined - what the participant likes to do in his free time and whether he is allowed to decide for himself.



1. Do you organize your leisure time by yourself?
2. What do you do in your leisure time and with whom?

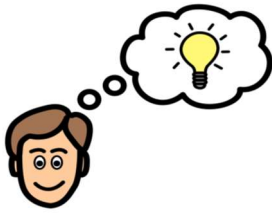
Analysis of the need for development and learning

Needs were identified using smileys, joint conversations and an exercise. Exercise learning dance steps by explaining, footprints on the floor or imitating.



Analysis of the need for self-realization and creativity

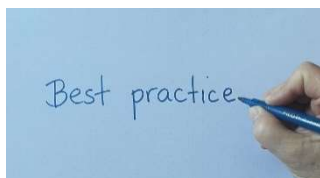
The participants could choose their favourite music and were completely free to show their own dance steps. They could decide whether they wanted to dance alone or preferred to dance in a group. At the end, the dance was presented – In this way we could see whether the participant liked it or not!



dance moves
alone
feel comfortable
group
presentation
without music
with music
completely free



Best practices



Golf

Institution: Fundação São João de Deus/ Funchal Psychiatric Hospital (Madeira)

Why was this offer chosen as best practice?

Golf is a very popular sport worldwide. Golf provides a stimulating mental challenge combined with a healthy walk in pleasant surroundings and can be played by people of all abilities and ages.

Golf is a low-impact activity, i.e. it puts minimal strain on joints and muscles. It helps to reduce stress and promotes the ability to concentrate.

Golf can be played on your own or in a team. It may be a casual pastime or a competitive activity.

Golf is an inclusive programme. Our clients train together with other golfers on the local golf course. They take pride in playing a prestigious sport and thus get a sense of community connectedness.

Besides that, FSJD initiative aims also at reducing social discrimination that people with mental health problems face in their daily life, giving to each participant the most important and prestigious role in a selective sport and space, at the golf course: being a skilled and performing player. FSJD believes, in fact, that it is important to educate citizens about conditions and behaviours that increase the risk of developing mental disorders, offering the opportunity to meet and familiarize with our Golf Team participants. Sharing the same space, participating in our golf tournaments, and facing the same challenges and obstacles with the S. João de Deus players, other golf players and people can naturally socialize with them and fully accept people with mental health issues in their communities, companies and sport clubs. The initiative is already running in several locations in Portugal: Lisbon, Funchal (Madeira Island), Braga and, more recently, in Ponta Delgada and Angra do Heroísmo (Azores Islands), for a total of 80 participants.



Description of the best practice

Golf is a project promoted by the São João de Deus Foundation at the Funchal Psychiatric Hospital as a means of social interaction and overall integration of the institutionalized patients with mental health issues. A multidisciplinary team is part of this project (Psychologist, Social Worker, Physical Education Teachers and Occupational Therapist). As the institution does not have golf professionals nor a golf court, the provider's staff members support the Foundation and the patients in this project. Our institution is expected not only to manage the relationship with providers and volunteers, but mainly to continuously encourage users and their families.

For this activity in particular, we work with a golf professional teacher, volunteers and psychologists.

How often/ how long?

2 hours, once a week.

Where?

Local golf course

Target group:

People that live in institutions with mental health issues such as psychosis

How many persons can take part?

A total of seven, because of transportation options (car's capacity).

Experience reflection

Golf can be a great way to keep in touch with friends and to meet new people. The active engagement with a challenging movement task can promote various self-competences, such as self-confidence, flexibility, setting goals or sticking to a task. The constant ups and downs between experiences of success and failure require some frustration tolerance.



Walking in nature

Institution: Fundação São João de Deus/ Funchal Psychiatric Hospital

Why was this offer chosen as best practice?

This is a more general activity that enables almost all users to participate. It is done close to nature and at the pace that each person can do. As it is a non-competitive sport, it is the choice of many of our users. It is a very healthy way of fighting stress because walking provides an interaction with nature.

According to a study by the University of Michigan, in the USA, walking in the open air is actually capable of improving mental health. The research pointed out that people who regularly walked in contact with nature were less stressed and prone to depression.

Even those who would have experienced mental vulnerability were able to improve their mood and cultivate well-being.

Description of the best practice

It is without doubt the simplest and most accessible sport there is. It is run in small groups (10 to 15 people) and begins with some basic stretching to prepare muscular resistance. It is done once a week and all users have the possibility to participate since the paths are simple and safe.

During the walks the good communication between all is enhanced and it is also a moment of letting off steam and sharing.

Sometimes it is necessary an extra support from professionals and a greater attention (users with more physical limitations) so that they feel included, safe and motivated.

How often/ how long?

Once a week

Where?

Surroundings of the facility

Target group:

The offer can be used by almost anyone

How many persons can take part?

Small groups (10 to 15 people)

Experience reflection

The group should be small and the users should be prepared to participate in the activities carried out outside the institution.



Biliard

Institution: Fundação São João de Deus/ Funchal Psychiatric Hospital (Madeira)

Why was this offer chosen as best practice?

The practice of this sport is extremely positive as, apart from providing well-being, it promotes socialisation, interaction and companionship with others. This is an excellent aerobic and neurotic exercise since it stimulates and exercises the mind and cognitive functions. It is one of the most coveted sports by the users, since our institution is directed towards males and this is undoubtedly a sport more chosen by men. In our best practice, tournaments are held, where the institution's employees also participate, because in this way, the users feel more included and motivated

Description of the best practice

The games are composed of groups of 2 people, with a total of 50 to 60 users practising this modality. The trainings are free and take place from Monday to Friday from 10:00 a.m. to 4:00 p.m. under the guidance of a professional.

The group is heterogeneous once people with the most varied psychiatric pathologies participate. Currently there are 3 annual tournaments.

Regarding the procedure, it begins with a handshake and good luck is wished to the opponent. The way of playing and the rules are clarified by the referee.

Regarding learning and exercises, various techniques are used so that the users can learn how to play. Each person is an individual being and has a different way of learning.

Sometimes the ways of playing (positioning, grip, ...) have to be adapted to the user and his needs.

Any user has the possibility to participate in championships (there are prizes to motivate them to participate!) is also a very important moment because it reinforces issues such as: social inclusion, interpersonal relationships and self-esteem.

Each group finishes the game the same way it started: with a handshake and congratulating the winning opponent. Compliments between opponents are also encouraged at this stage.

Experience reflection

It should be the most autonomous users (physically) since this game requires this dexterity (forwarding more physically limited users may generate some frustration in them);

Always ask for feedback from the users, this way they feel that we listen to them and have a more active attitude.

Be prepared for the frustration they may have when losing a game (aggressive behaviour, offensive language,..) and know how to deal with it using appropriate techniques.



Activities in nature part 1: Hiking

Institution: Club Deportivo Purísima Concepción (Granada)

Why was this offer chosen as best practice?

Walking has many positive effects on the human body. It strengthens the cardiovascular system, the immune system and the musculoskeletal system and helps to reduce excess weight. In this way, it prevents or contributes to the alleviation and healing of a variety of diseases. People with impairments benefit from physical activity in nature because muscle atrophy is combated and greater endurance is gained.

In many cases, sport also has positive effects on mood and psyche. Hiking reduces stress, strengthens the ability to pay attention and concentrate, reduces mood swings or hyperactivity and promotes cognitive skills and self-esteem.

Description of the best practice

The team is mainly made up of several psychomotor therapists and a physiotherapist, although we also have the support of psychologists, nurses and occupational therapists to complete the multidisciplinary team.

The hiking activity was previously chosen by the users and is both inter-institutional (at least once a month) or autonomously as a residence at weekends.

Physical activities are offered in the natural environment: hiking routes adapted according to the level of physical and cognitive autonomy.

How often/ how long?

The group that participates will always be the same and we will try to have the same dates so that there is a certain routine and adherence to the activity.

One or two activities per month with a duration of approximately 6-8 hours per week are usually carried out. For residential groups the activity also takes place at the weekends.

Where?

Surroundings of the Foundation, rural area and natural park of Granada.

Target group:

People with intellectual and physical disabilities and behavioural disorders, homogeneous groups depending on the degree of difficulty of the route or walk to be undertaken.

How many persons can take part?

Groups with more support needs: 5 people + 4 professionals.

Groups with less support needs: 12 people + 5 professionals.

Groups of different sizes could be formed, but the most common is that groups of 7 users are made together with 2 professionals.



Activities in nature part 2: Skiing

Institution: Club Deportivo Purísima Concepción (Granada)

Why was this offer chosen as best practice?

Skiing can be practised indiscriminately by people with or without disabilities and promotes integration as well as the development of self-esteem. Through contact with nature, skiing offers athletes a sense of autonomy and great freedom.

Skiing is healthy in several ways. Among other things, the sport can improve motor skills, regulate metabolism and lower cholesterol levels.

Description of the best practice

Geographical conditions naturally play a major role in this sport.

In order to be as safe as possible, endurance and leg muscles should be strengthened.

Balance training and strength training are good ways to prepare for the winter season.

The greatest risk of injury when skiing is falling. The most important precautions are the compulsory wearing of a helmet and goggles and responsible behaviour.

Warm up, the accompanying person must keep an eye on the participants and pay attention to physical signs (face, nose, posture,) ask if they are cold, pay attention to temperature, provide warm clothing. Take breaks in good time. Drink enough fluids because a lot of fluid is exhaled. We currently have several complete ski equipment, in addition to the fact that the users themselves have part of this material.

How often/ how long?

Once a month, when the snow season starts, outing for the day

Where?

Sierra Nevada

How many persons can take part?

Between 6 to 10 people from our residence, in the case that we join with other institutions we would be around 12 users per activity carried out, accompanied by at least two professionals.



Activities in Nature Part 3: Urban Hiking

Institution: Club Deportivo Purísima Concepción (Granada)

Why was this offer chosen as best practice?

Urban hiking is a form of hiking which takes place in an urban environment, rather than in nature. While on such a hiking expedition, people may explore points of interest around the city they hike in, find new and interesting places in the region, or stop for food in local eateries.

Description of the best practice

Urban hiking trips to get to know the city of Granada.

How often/ how long?

At regular intervals, the trips last for several hours

Where?

City of Granada

Target group

People with intellectual and physical disabilities and behavioural disorders. The group that participates will always be the same and we try to have the same dates so that there is a certain routine and adherence to the activity.

How many persons can take part?

Between 6 to 10 people from our residence, in the case that we join with other units we would be around 12 users per activity carried out, accompanied by at least two professionals.

Experience reflection

The length of the route can be adjusted to the needs of the participants. Besides the fun factor, urban hiking also enables learning, orientation and social training. You can design the tour according to different themes.



Physical Alzheimer Integrated Therapy (Ph.A.I.Th.)

Institution: Provincia Romana di San Pietro Fatebenefratelli – Istituto San Giovanni di Dio

Why was this offer chosen as best practice?

Dementia is the loss of cognitive functioning - thinking, remembering and reasoning - to such an extent that it interferes with a person's daily life and activities. Dementia ranges in severity from the mildest stage, when it is just beginning to affect a person's functioning, to the most severe stage, when the person must depend completely on others for basic activities of living. Alzheimer's disease is the most known and common type of Dementia, affecting not only old people, but frequently young ones.

At the moment there is no cure for dementia; available medications can reduce symptoms and improve quality of life in some people, but they do not stop the progress of a disease that is becoming a real world health emergency. That's why residential facilities as the EAC (Experimental Alzheimer Centre) are a fundamental resource for people with Dementia. The EAC is a particular area of the Istituto San Giovanni di Dio, a ~250 bed rehabilitation hospital providing specialist inpatient and outpatient rehabilitation care. The EAC is dedicated to residential health care for people affected by Alzheimer's disease and other forms of Dementia.

It specializes in non pharmacological approaches such as ROT, Musictherapy, Occupational therapy, Pet-therapy, 3R therapy, Art therapy, Memofilm, Museum therapy, Alzheimer Garden, Doll therapy and Neuromotor rehabilitation.



Description of the Best Practice

Ph.A.I.Th. is the newest approach we created during COVID-19 emergency in EAC to involve patients with dementia in physical activity.

Motivating patients affected by Alzheimer's disease to movement can be very difficult because of cognitive and behavioural disturbances, that's why we used a multidisciplinary approach combining different professionals usually involved in patients' care (physiotherapist, professional educator, occupational therapist).

Physiotherapy techniques (10-15 minutes each):

- ✓ Active/assisted joint mobility: done by the patient and a helper, the patient performs the desired movements or activity to the best of their ability only requiring the assistance of the helper to complete a full range-of-motion;
- ✓ Multidimensional trunk stability and control: classic trunk exercises such as crunch performed to activate the abdominal and paraspinal muscles
- ✓ Standing: exercises of gluteal squeeze and leg curling;
- ✓ Walking training and steps: assisted walking with canes, walkers and rollators;
- ✓ Proprioception training: one leg test and cone pick ups.

Educational techniques (10-15 minutes each):

- ✓ Validation therapy:
A method of therapeutic communication which can be used to connect with someone who has moderate to late-stage dementia using these simple steps: center yourself taking a deep breath and slowing down / remember what you can do/ express your emotions/ rephrase.
- ✓ Remotivation therapy:
 - Music therapy: simple exercises of listening to songs selected with caregivers help, using simple instruments and trying to sing and to dance as you prefer.
 - Art therapy:
drawing and painting trying to stimulate patients to express their deep emotions.



Patients alternate individual activities with group activities.

Ph.A.I.Th. is part of the rehabilitation offer for patients undergoing a standard program in the Experimental Alzheimer Centre (60 days). The program is free as part of Italian National Sanitary Service.

How often/ how long?

2 hours twice a week, in the morning between breakfast and lunch

Where?

Gym of the Experimental Alzheimer Centre

Target group:

Patients with mild/moderate dementia

How many persons can take part?

Groups of 5-10 patients

Experience reflection

The lack of motivation can become clear in our patients in a direct and indirect way:

Direct way:

The patients lose attention during the therapy and/or behave inadequately.

Indirect way:

The patients' behavioural disturbances worsen during the day or the night independently from the approach (usually this disturbance affects eating and/or sleep).

If you need to implement motivation in demented patients it is highly recommended to use the so called Gentle Care.



Gentle-Care

Gentle Care is a prosthetic model of dementia care developed by the geriatrist Moyra Jones in the 90s, based on the premise of accurately defining the deficit the person is experiencing, and organizing the macro-environment, people, programs and physical space into a prosthesis to compensate for the deficits in functioning, to support existing or residual function and to maximize the quality of life. Gentle Care derives from the belief that the person with dementia is experiencing devastating problems and deserves support with life challenges. Gentle Care is more than attitude, it is a comprehensive program designed to prepare professional careers and families for caring for the person with dementia.

It can be summarized as follows:

- ✓ evaluate the functional deficits and strengths of the patient
- ✓ modify/integrate environment and your behaviour to fit them
- ✓ re-evaluate if necessary

The Psychobiographical Care Model devised by Prof. Erwin Böhm

In long-term care, and especially in gerontological psychiatry, the psychobiographical care model has proven to be a good tool for improving the mental well-being of residents. The staff in the Lebenswelten der Barmherzigen Brüder - Steiermark have been working according to the Psychobiographical Care Model devised by Prof. Erwin Böhm (born in 1940 in Austria) since 2000.

Through the intensive examination of the biography of each individual, the behavior of the person being cared for becomes comprehensible and enables professional, empathic access to their emotional level.

Former occupation, housing and living situation, formative events and experiences, especially of the first 25 years of the life of the person in care, are recorded and taken into account in the planning and design of their care. It is crucial to know and restore the psychobiographical normality of each person. What was and what is "normal" for him?

Example:

A woman who has always worn only skirts in her youth will not be able to cope with pants on the toilet (incontinence) when she mentally declines, but with skirts very well.

The psycho-biographical care model assumes that symptoms such as confusion, aggressiveness or depression, which can occur as a result of age-related deterioration, can very well be positively influenced by means of targeted impulse setting derived from a person's respective biography and imprinting history.

The success of the work can be evaluated and thus proven by means of the so-called psycho-geriatric assessment form.

Visually, the residential groups are characterized by furniture and accessories from the imprinting period of the residents.

www.enpp-boehm.com



Museotherapy for patients with Alzheimer's disease and other forms of dementia

Institution: Provincia Romana di San Pietro Fatebenefratelli – Istituto San Giovanni di Dio

Why was this offer chosen as best practice?

The potential of stimulating people with dementia by using works of art has been known for some time, but the possibility of doing so by using specially designed pathways in museum facilities, as a combination of movement and art is recent evidence.

The first institution to support an experiment in this field was the Museum of Modern Art (MoMA) in New York, which in 2006, with the support of the MetLife Foundation and in collaboration with the Psychosocial Research and Support Program of the New York University Centre of Excellence for Brain Ageing and Dementia, organised a guided tour programme (Meet at MoMA) within its premises, aimed at encouraging expression and creativity in Alzheimer's patients and dementia sufferers in general.

On October 21st, 2010, two members of the Educational Department of the American Museum presented the project at the National Gallery of Modern and Contemporary Art in Rome, which subsequently started this activity with the collaboration of, among others, the San Giovanni di Dio - Fatebenefratelli Institute.

This project took the name 'The Memory of Beauty' and was presented and discussed at numerous national and international congresses/workshops.

Description of the best practice

Museum tours for dementia patients obviously do not have the characteristics of the canonical guided tours, in which there is a lot of didactic information about the authors, artistic currents and exhibition criteria, but are real rehabilitation tours specifically designed with the intention of fostering and increasing psychophysical well-being. The patient may be accompanied by a family member.

The courses involve viewing/commenting on 4 or 5 works of art (pictorial and/or sculptural works) linked by a "common thread", a common theme (e.g.: the mother, war, colour, etc.), with the precaution of choosing works that are well lit and exhibited in environments that are not excessively noisy to encourage attention and communication.

Both museum and health workers have been specifically trained to conduct this approach.

How often/ how long?

Visits are weekly and last approximately one and a half hours.

Where?

Local museums

**Target group:**

Patients with mild/moderate dementia

How many persons can take part?

The groups are of maximum 7 patients with a patient-caregiver ratio of at least 2 to 1.

Experience reflection

This activity has proven over the years to have potential benefits on both the cognitive functions and behaviour of sufferers and is currently being studied.

Art and creativity as well as movement belong ancestrally to the collective heritage of mankind, and for centuries we have known of their positive effects on those who enjoy them and how much they facilitate the expression of emotions and intelligence.

It is probable that in the not too distant future, the museum, a place of 'beauty' par excellence, could definitively become a place of cure and well-being for many people afflicted by this unstoppable pathology.

**An individualized sports programme for people with different diseases**

Institution: Hospital San Juan de Dios Tenerife in cooperation with Sanaya and Health Space

Why was this offer chosen as best practice?

In 2011 the **Hospital San Juan de Dios Tenerife (HSJD)** created a Sports Care Unit with four objectives:

1. pre-participation evaluation of professional and amateur sport
2. prevention and treatment of sports injuries
3. sport conditioning and
4. physical exercise prescription for chronic diseases.

The HSJD's Sport Unit offers to patients programmes for the recovery of sport activity after an injury and programmes to improve the quality of life with patients with some chronic diseases. HSJD works as well with athletes with disabilities, reviewing their health status and improving their fitness in order to allow them to obtain better results in different competitions.

www.sjd.es/tenerife



Health Space is a company dedicated to the improvement of physical health through personalised training programmes by highly qualified professionals.

The importance of colours, smells, cleanliness, spaces, light, people or technology are aspects that they have always wanted to take care of in detail. For example: selection of brand colours in whites and greens looking for tranquillity, cleanliness, analogy with medicine and health, but also with the protection of the environment using organic materials such as wood together with the latest technology. They use olfactory marketing to differentiate spaces according to the sensations they want to evoke in each of them. The end user experience is very important to them as they understand their work from a holistic point of view where the prevention of the disease as well as the improvement of the prognosis of the disease being suffered are affected from multiple directions.

<https://healthspacept.com>

Sanaya represents "health" from an integral and multidisciplinary point of view.

They guide people's recovery from the injury/surgical intervention to the recovery of their normal pre-injury activity. This process is individually programmed and supervised by professionals with extensive experience in pathology and therapeutic exercise. People will train in a safe environment, with highly qualified professionals who will focus on training in an individualised way, oriented to people's goals. They have highly qualified physiotherapy professionals and the most advanced technology to offer appropriate solutions for each pathology.

<https://sanayatenerife.com>

Description of the best practice

Method and approach:

- ✓ Medical and sport protocolization (key point)
- ✓ Preparticipation physical evaluation
- ✓ Individualized sport program
- ✓ Training methods that are easy to learn and to apply but very efficient. They are integrated into an evidence-based exercise protocol, based on variable resistance training methods with a vectorial approach.
- ✓ The intensity and duration of the training must be increased gradually.
- ✓ Monitoring and reassessment (key point)



At Health Space they use physical exercise as a backbone tool for the recovery of a general state of health, facilitating access to a better quality of life for their patients and clients.

In this service, trainers and physiotherapists specialised in Therapeutic Physical Exercise, manage people with various disorders such as cancer survivors, chronic processes such as heart disease or diabetes, non-severe transitory mental disorders, various postoperative conditions or osteo-muscular injuries.

There are already many scientific studies that corroborate the positive influence of strength training on people suffering from these and other acute or chronic health problems. Here they rely on the best scientific evidence to provide a service that is based on the best knowledge currently available.

How often/how long?

At least 2 hours a week of supervised work (preferably 3 or more).

At least 3 months of programmed work.

Where?

Hospital SJD: Medical offices. Rehabilitation area

Health Space and Sanaya: training rooms, training devices and monitoring tests

Target group:

Patients affected with different diseases capable of improving with an individualized sports program, cardiometabolic diseases, neurodegenerative diseases.

Cancer.

How many persons can take part?

Groups of (maximum) 4 people at the beginning of the program. Experienced participants can participate in larger group training sessions

Experience reflection

The programme could be heterogeneous, but it should be applied in groups of similar conditions (age and type of clinical condition), to allow people to feel comfortable during the program.

We propose a sport program based on the following principles:

1- It should be secure: the exercise program has to be adapted to the participant's conditions to avoid negative consequences.

2- It should be effective: we have to demonstrate (at least) positive changes in quality of life and ideally positive changes in functional capacity.

3- It should be attractive and motivating: the program has to obtain a good adherence and promote the self-application of the participants.



Inclusive Dance programme inspired by DanceAbility®

Institution: Lebenswelten der Barmherzigen Brüder - Steiermark

Why was this offer chosen as best practice?

The offer is provided by the PTT (the pedagogical-therapeutical team) that combines the fields of sport, music and theatre.

The members of our team have the following qualifications: DanceAbility®Teacher, Wheelchair Dance, Movement Education, Sports Science, Music Education, Music Therapy, Elementary Education, Theatre Education, Jeux Dramatiques, Meditative Techniques and Augmentative and Alternative Communication.

A wide range of approaches is available. Above all these approaches is the social ability to open up to the other person and to be able to engage in a successful relationship.

Dancing as movement to music is a good approach to reach and address as many people and their needs as possible. The possibilities range from low-threshold access, in which people with severe impairments can also participate, to the development of choreographies that are rehearsed over a longer period of time to participation in Special Olympics dance competitions.

Everyone can move to music and thus dance. Dancing as a holistic approach supports self-awareness and promotes individual expression. Furthermore, through dancing the aspect of social togetherness can be tested, promoted and learned in a playful way. By dancing with other people, the participants can get in touch with each other in their own way and experience themselves through other people.

In our best practice we used, among other things, parts of the DanceAbility® method.

DanceAbility® provides inclusive access and development opportunities for our residents.



Description of the best practice Inclusive Dance programme inspired by DanceAbility® /Group A

About the group:

The original plan had been to assemble an inclusive group consisting of participants from the Lebenswelten as well as other interested people from the community. Due to the Corona pandemic, these plans had to be changed. It was only possible to put together a group made up of participants from the Lebenswelten and some of their caregivers and to provide dancing once a week for 1 1/2 hours. The group is very heterogeneous (multiple disabilities, dual diagnoses, psychiatric disorders and challenging behaviour) and is characterised by different needs profiles.

Procedure

The structure of each dance session is the same:

- ✓ Welcome

After a welcoming ritual - everyone is welcomed with a handshake or a welcoming gesture - the attunement circle begins. Here, the course of the session and the rules are introduced, the needs of the participants are clarified and wishes can be expressed.

- ✓ Warm up

The group is then prepared for the session, e.g. through meditative techniques or playful exercises. These are based on the "common denominator", i.e. we start with what everyone can do and everyone understands. Clear and simple language characterises each session and its thematic priority. This approach is especially helpful for people with autistic traits. A basis of trust is created playfully and a group feeling is generated for the participants.

- ✓ Learning and creativity phase, exercises, improvisation

The main part consists of the playful development of different contents and focuses on improvisation techniques.

During the unit, it is important to link up with the preferences and needs of the individual participants. This is done permanently through non-judgemental and attentive observation of the performers (body postures, interaction with others, expressions and other reactions of the persons).

Depending on the needs of the group, there are exercises with/without physical contact, partner exercises, group exercises, simple choreographies. The focus is on the variety of methods to keep the motivation up.



- ✓ Presentation phase (optional)

Afterwards there is the possibility of a presentation within the group. This moment of "showing oneself" in front of others is very important for some participants.

- ✓ Conclusion and reflection

Each unit ends with a closing circle, where again the needs of the participants are clarified and one gets the opportunity to comment on the current unit or to make a wish for the next time.

- ✓ Follow-up

After the session, the events are documented and then discussed in the team.

How often/how long?

Once a week for 1 1/2 hours

Where?

Any room that can accommodate the appropriate number of people dancing, sometimes even outdoors

Target group:

The group is very heterogeneous (multiple disabilities, dual diagnoses, psychiatric disorders and challenging behaviour)

How many persons can take part?

8 participants or more

Experience reflection

In the preparation it is necessary to consider: What disturbances could there be?

Indoors, it is important to have a space that can only be used by the group.

Outdoors, you have to be prepared for various distractions such as ambient noise.

The advantage of heterogeneous groups is that they increase group energy and offer more diversity, the challenge is that you need more resources to be able to respond to the participants. Furthermore, a good internal communication flow within your own team as well as with the environment (e.g. caregivers, family) is very important.

It is good to have a plan B in case of unforeseen events. That means to think about several exercises and offers beforehand in order to be able to react flexibly to different moods or situations (depending on the energy in the group, calmer or more energetic offers can be set)



Description of the best practice Inclusive Dance programme inspired by DanceAbility®/Group B

About the group:

This basal dance offer is aimed at people with severe multiple impairments. Some of them are in wheelchairs, not all of them can move it themselves.

The participants in this group need a lot of support. Since many of them communicate only non-verbally, basal communication channels and means (such as touch, music, materials, pictures) are important. All senses are included. The prerequisite for successful communication is continuous and good relationship work.

Procedure

Each unit has the same structure. Methodically, we combine elements from movement pedagogy, music pedagogy and theatre pedagogy, basal stimulation and meditative techniques with augmentative and alternative communication. Rhythm also plays a big role.

- ✓ Welcome

After the first welcoming gesture and a first getting to know each other in the first unit, we can roughly assess the developmental level of the person, the understanding of interrelationships and the needs and potentials we can address.

- ✓ Warm up

We start with an initial circle to clarify the process of the session and the needs of the participants.

- ✓ Learning and creativity phase, exercises, improvisation

Then, through touch and physical impulses, interest in movement and music is awakened. Through a gentle approach, trust is built and developed.

In this basal work, it is necessary for the dance partners to engage in the process of moving together, which is characterized by clarity, improvisation and intuition. It is about finding ways to connect with each other and how to get into dancing with each other.



The goal is that the impulse to move, no matter how small, comes from the person himself and is executed with joy. It is also possible to lead your dance partner with eye movements alone. This gives a person with limited movement enormous freedom of action.

- ✓ Presentation phase (optional)

Depending on the interest of the participants, there is the possibility of presenting to the others some movements and dances that have been found and worked out together.

- ✓ Conclusion and reflection

Each unit ends with a closing circle, where again the needs of the participants are clarified and one gets the opportunity to comment on the current unit or to make a wish for the next time.

- ✓ Follow-up

After the session, the events are documented and discussed in the team.

How often/how long?

One hour once a week

Where?

Any room that can accommodate the appropriate number of people dancing.

Target group: people with severe multiple impairments

How many persons can take part?

2 - 4 persons

Experience reflection

In the preparation it is necessary to consider: What disturbances could there be?
It is important to have a space that can only be used by the group.

It is good to have a plan B in case of unforeseen events. That means to think about several exercises and offers beforehand in order to be able to react flexibly to different moods or situations (depending on the energy in the group, calmer or more energetic offers can be set)



The DanceAbility® method

The award-winning and world-renowned DanceAbility® Method is a unique way of dancing that is open to all people, experienced and less experienced dancers, people with and without impairments.

The DanceAbility® method was created in 1987 by Alito Alessi and Karen Nelson and is now taught all over the world. In DanceAbility®, people with all their differences and histories come together to dance, have fun and, starting from their own body awareness, playfully develop a common language of movement.

DanceAbility is to be understood as an improvisational dance practice that embraces the entire spectrum of humanity. Through this method it is possible to move in a community, to explore one's own body awareness, and to be part of an artistic expression. Through concrete exercises, each participant has the opportunity to move and dance him/herself. Even the smallest movement is important here. Everyone decides for themselves when and how to participate.

When dancing with people with and without disabilities, people have the opportunity to see each other through different eyes and to learn from each other.

A major goal of DanceAbility is to overcome isolation between people.⁹

DanceAbility is a dance form that does not use predefined figures.

Through dance improvisations that follow one's own intuition, the interests and needs of all are taken into account. The dancers meet each other as equals and enter into a dialogue that is characterised by playfully discovering one's own and common forms of movement.

Basically, 4 elements of improvisation are distinguished, which also determine the course of the units: The body perception, The relationship, The time dimension and the design. Attention to one's own body with its sensations is at the beginning of the units. Afterwards, the focus is directed to the aspect of relationship. How we make contact with others influences us when we dance. The quality of time, doing something slowly or quickly is an element that is crucial in dancing. The element of design is the connection of these elements and the design in space. The focus is now on the group and on the design of dancing together in space.¹⁰

The result is an inclusive and artistic expression in which the joy of movement and the uniqueness of the moment are in the foreground. In this way, a dance is created in which people with different possibilities of movement discover a common basis of artistic expression. <https://www.danceability.com/>

⁹ Stein, J. (2019): On DanceAbility: Talking Mixed-Abilities Dance with Connie Vandarakis (Stand 01.09.2022) <https://thinkingdance.net/articles/2019/02/06/On-DanceAbility-Talking-Mixed-Abilities-Dance-with-Connie-Vandarakis>

¹⁰ Holzer, D. (2010): DanceAbility. Methodik und Philosophie des inklusiven tanzpädagogischen Ansatzes (Stand 01.09.2022) <http://bidok.uibk.ac.at/library/holzer-dance-dipl.html#idm898>

Motivational strategies

After the implementation of the best practices, the project partners collected those strategies that were important and relevant for the motivation for sporting activity. The focus is on the one hand on the clients and on the other hand on the trainers and implementers of the sports activities.

Strategies for motivation regarding the client

After identifying the needs, we started collecting methods, strategies and actions that our project team uses to meet the needs of its clients and thus motivate them.



The need for health and exercise

- ✓ Awareness raising for the client about the benefits of sport (physical, mental, social, emotional = holistic concept)
- ✓ Enjoying the fresh air (outdoor vs. indoor)
- ✓ Awareness raising for the family about the benefits of sport so that they can reinforce their relatives at home



The need for structure and security

- ✓ Overview through timetables, symbols, pictures, AAC = Augmentative and Alternative Communication, health data
- ✓ Agreeing on achievable goals
- ✓ Fixed sequence of the training/the unit
- ✓ Transparency and information
e.g. tasks to be carried out are explained to the user step by step
- ✓ Designing the environment and premises e.g. through colours, smells and materials
- ✓ Financial incentives e.g. discounts or financial commitments
- ✓ Reliable contact persons
- ✓ Competent trainers



The need for belonging, affection, attention, participation

- ✓ External or internal competitions (e.g. Special Olympics)
- ✓ Offering exercises where being the centre of attention is possible e.g. standing in the middle of a circle, showing something like dance steps, saying something in front of others...
- ✓ Person-centred motivation; Working on the relationship, to create a positive and close connection between the user and the professional. Danger: dependence on the coach
- ✓ Comprehensible language (AAC = Augmentative and Alternative Communication) = speaking the language of the user
- ✓ Exclusive relationship time, 1:1 care
- ✓ Professionalizing the activity, giving importance to it (special clothes, materials etc.)
- ✓ Carrying out the exercise in partnership with the user. Same level in doing something
- ✓ Performances in front of carers, relatives...
- ✓ Outings
- ✓ Support from the group; Danger: the client could take all the attention of the group
- ✓ Open Days, exhibitions, presentations
- ✓ Addressing the client's reality of life = making the client's interests part of the activity
- ✓ Convivial events
- ✓ Using role models to motivate (e.g. famous athletes)
- ✓ Reliable contact persons



The need for appreciation and recognition

- ✓ Verbal or non-verbal positive reinforcers e.g. „well done!“, words of encouragement
- ✓ Inclusive activities
- ✓ Performances in front of carers, relatives...
- ✓ Offering exercises where being the centre of attention is possible e.g. standing in the middle of a circle, showing something like dance steps, saying something in front of others...)
- ✓ Person-centred motivation (affinity with the professional delivering the activity)
- ✓ Open Days, exhibitions, presentations
- ✓ External or internal competitions, e.g. Special Olympics
- ✓ Professionalize the activity, give importance to it (clothes used, materials etc.)
- ✓ Clients participate in the production of videos or radio programmes (publicity)
- ✓ Making success and personal development visible in social media



The need for autonomy, self-determination, leisure time

- ✓ Giving people the ability to choose, to have alternatives, e. g. through films that show the activity or pictures
- ✓ Encouraging the free choice of activities
- ✓ Allowing freedom within the activity, giving time, rest, relaxation
- ✓ Creating ambition through personal challenges



The need for development and learning

- ✓ Showing pictures or videos to create interest
- ✓ Outings (=change of venue, experiencing something new)
- ✓ Variety of methods and approaches within the activity (e.g. games)
- ✓ Words of encouragement and motivation, verbal reinforcement, positive feedback
- ✓ Supporting the learning of the correct sports technique, e.g. reminding the client of the correct body position
- ✓ Finding people who like the activity and tell the group about their experience
- ✓ Knowing the target and showing that there is improvement
- ✓ Interdisciplinary support for overcoming adversities and conflicts
- ✓ The activity should neither over- nor under-challenge. The goal should be based on the person's abilities and change accordingly.



The need for self-realization

- ✓ Outings (new stimuli, breaking routines, unusual situations)
- ✓ Offering exercises where being the centre of attention is possible e.g. standing in the middle of a circle, showing something like dance steps, saying something in front of others...)
- ✓ Open days, exhibitions
- ✓ Competitions, e.g. taking part in Special Olympics dance competitions
- ✓ Convivial events
- ✓ Allowing creativity, individuality within a unit, offer possibilities
- ✓ Enabling a sense of achievement through adaptation of activities

Strategies for motivation regarding the professional

Only a motivated trainer will be able to motivate others. Therefore, we asked the MOVE partners in which way the 7 defined needs are met in their work and in their private life.

Here are their answers.



The need for health and exercise

- ✓ Eat regularly and keep a healthy, balanced diet
- ✓ Constant knowledge expansion on the topics of exercise, nutrition and health
- ✓ Design the units in such a way that you enjoy them
- ✓ Medical check up
- ✓ Regular physical activity, if possible in the open air
- ✓ Going for a walk after work, while listening to motivating music
- ✓ Getting enough sleep
- ✓ Engage with your own inner experience and explore it through hypnosis, dance, yoga, music or meditation
- ✓ Create opportunities for reflection after stressful experiences at work



The need for structure and security

- ✓ A permanent contract would give financial stability to think about a long term future
- ✓ To live in a suitable environment
- ✓ Have the financial resources to buy the right equipment for sports practice
- ✓ Having employment rights and relevant insurance to be able to work in the safest possible way
- ✓ Thanks to my job security I can allow myself to occupy my mind with what I enjoy outside of work
- ✓ Do sport in safe environments
- ✓ To practice sport according to physical level, not to exceed performance limits
- ✓ Have the financial resources to treat possible injuries
- ✓ Good preparation (knowing the needs and challenges of the group, having enough materials, plan B...)
- ✓ Ensure support from others (network)



The need for belonging, affection, attention, participation

- ✓ Participating in the practice of a sport within a group helps me not only to socialise, but also motivates me to participate to a greater extent in the activities that take place around that sport.
- ✓ Being able to get to know the people who are part of the team in more depth, in a context outside of work, helps me to create stronger bonds
- ✓ Through dance I can relate to and get to know a wide range of people
- ✓ Socialising beyond sports practice
- ✓ Participating in groups in which you feel socially identified and included
- ✓ By feeling good about myself, my attitude and behaviour towards others benefits. Sport helps to have a high enough self-esteem to lead a peaceful life.
- ✓ Among the sports that I practice, callisthenics is the one that has helped me the most to have a higher self-esteem and capacity for self-improvement
- ✓ Regular communication with all parties involved (e.g. jour fixe)
- ✓ Using the team, friends and family as a social network/resource



The need for appreciation and recognition

- ✓ Currently, both in my job and in the club where I practice sport privately, I feel highly valued and appreciated, which motivates me to continue with the projects that we carry out, both privately and professionally
- ✓ It is always good to feel valued and that others appreciate the good work you do on a personal, professional and sporting level
- ✓ Being proud of small progress made by clients
- ✓ To have the expertise and getting people to understand why I give a recommendation and for what purpose and to realise that I am right through improvements in the person



The need for autonomy, self-determination, leisure time

- ✓ Having a split working day forces me to organise and plan myself in order to make the most of both my working day and my free time. I plan my training when I leave work, and take advantage of the time between the morning and afternoon shifts to get ahead with my work or to continue my training in the world of sport.



The need for development and learning

- ✓ I take advantage of the information I can get from trainees coming from the University to keep up to date with relevant aspects that are continuously changing
- ✓ I take advantage of new technologies such as ebooks so that I can take my reading with me wherever I go and make the most of the time between morning and afternoon shifts
- ✓ Follow professionals on RRSS to keep up to date with training sessions
- ✓ Maintain a curious attitude towards other approaches and people
- ✓ Search for scientific evidence on a specific topic or look for information on professional social networks to be always up to date
- ✓ I also use social networks by following accounts that upload and share articles with proven evidence, and databases that are useful both for my work and for my physical and mental wellbeing
- ✓ Quality work and satisfactory work



The need for self-realization

- ✓ To transmit enthusiasm and positive energy to the users I work with to encourage them to want to participate in the activities I propose and make them attractive
- ✓ To use my job and my knowledge to develop new projects and make them available to other professionals in the sector
- ✓ Looking for challenges in the short and medium term makes me strive every day and I feel strong and eager to carry them out
- ✓ My interest in each user, looking for and asking them directly about their hobbies and personal likes and dislikes, in order to be able to carry out activities related to their tastes, creating an adherence to physical activity



Summary

Within the framework of the Erasmus+ Sport project "MOtivating patients to Voluntary physical Exercise" (MOVE), Grant Decision No. 621951-EPP-1-2020-1-AT-SPO-SSCP, the project partners examined those aspects that are relevant for motivating people with disabilities to engage in physical activity.

For this purpose, it was important to define motivation as a process that brings all participants into focus. Based on the common basic assumption that motivation is given when the needs of all participants are recognised and subsequently also met, the partners considered methods of identifying and meeting these needs.

The best practices serve as ideas and inspiration for physical activities. The project partners successfully applied the newly gained knowledge to their sports activities. With this handbook, we invite you to look into these approaches and to put some of the ideas into practice with motivation.



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