Lesson's Plan for Module 4

1. BASIC INFORMATION

- **MODULE TITLE:** Module 4: Using Music and Dance Activities with People with Cognitive Disabilities
- **PARTNER ORGANISATION:** Bianna Art
- **TARGET GROUP:**
  - [ ] Social workers
  - [X] Art therapists
  - [X] Psychologists
  - [X] Caregivers (Primary Target)
  - [X] VET Trainers
  - [ ] Other professionals in social or socio-medical services
- **EQF level (if applicable):** Level 3 / Level 4 (Contextual to vocational caregiving training)
- **Suggested duration of the lesson:** 6 Hours (360 Minutes) - Can be distributed across multiple sessions or delivered as a full-day intensive workshop.
- **Delivery method:**
  - [ ] Face-to-face
  - [ ] Online
  - [X] Blended (Online theoretical preparation + Face-to-face practical workshops)

2. LEARNING OBJECTIVES (Competence-based)

Knowledge (Participants will understand):

- The therapeutic and neurobiological impact of rhythm, music, and body movement on individuals with cognitive disabilities (e.g., Down syndrome, autism, dementia, Alzheimer's).
- The distinct benefits of four core creative methodologies analyzed in Module 4: Rhythm Exercises, Guided Dance, Singing/Vocalization, and Free Improvisation.
- Safety protocols, space management, and emotional/sensory overstimulation risks when conducting music and dance sessions in care centers.

Skills (Participants will be able to):

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- Design and facilitate structured rhythm and body percussion exercises tailored to varying cognitive and physical functional levels.
- Implement guided dance routines and mirror-movement techniques to enhance spatial awareness and motor coordination in learners.
- Utilize singing and vocal mirroring to stimulate memory, linguistic expression, and emotional release in non-verbal or communicatively limited individuals.
- Facilitate safe, inclusive free movement/improvisation sessions that allow self-expression while maintaining group cohesion.

Attitudes and/or professional competencies (Participants will demonstrate):

- A strict person-centered and empathetic approach, adapting activities dynamically to the energy, mood, and cognitive state of the care-receiver.
- An inclusive and non-judgmental perspective, ensuring every individual participates at their own comfort level regardless of severe cognitive limitations.
- Reflective professional practice, continuously assessing the micro-reactions of participants to optimize psychological safety and joy during artistic tasks.

3. PARTICIPANTS' NEEDS AND SPECIFICITIES

3.1 Previous experience of participants:

- Participants (caregivers, social assistants) should have a foundational background in basic care provision for individuals with cognitive disabilities.
- No prior formal artistic, musical, or dance training is required. The lesson is specifically designed to transform everyday human movements (clapping, humming, swaying) into accessible care tools.

3.2. Accessibility features:

- The training room must be a physical barriers-free environment (wheelchair accessible, clear of sharp objects or trip hazards).
- For participants or care-receivers with sensory sensitivities (common in autism or advanced dementia), adjustable lighting and volume-controlled audio equipment are mandatory.
- Visual cues (pictograms, color-coded floor mats) must be integrated to support individuals with severe speech and language limitations.

3.3. Digital tools used during the training:

- **Learning Management System (LMS) / Online Portal:** For accessing Module 4 theoretical background, video demonstrations, and downloading song sheets/rhythm toolkits prior to the workshop.

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- **Audio-Visual Systems:** High-quality bluetooth speakers, digital metronome applications, and a projector for video analysis.
- **Digital Assessment Tools:** Google Forms or Mentimeter for the post-learning theoretical questionnaire.

4. THE STRUCTURE OF THE LESSON

4.1 Pre-learning

Incorporate short videos, case studies, or self-reflection questions that prepare participants for the content of the lesson.

- **Activities:** Participants log into the digital platform to read the Module 4 theoretical background, watch a 10-minute video case study showing a successful music-therapy session in a care home, and complete an initial self-reflection prompt.
- **Self-Reflection Question:** *"Recall a time when a specific song or movement changed your own mood or reduced your anxiety. How can you translate this organic human response into your daily care routine for a resident with cognitive impairment?"*
- **Estimated time of the pre-learning section:** 60 Minutes

Trainer's Activities	**Learner's activities**
• Uploads the Module 4 reader, case study videos, and sets up the online discussion board. • Monitors initial responses and identifies common misconceptions about using arts in care.	• Accesses the online portal independently. • Watches the video case studies. • Submits answers to the self-reflection prompt on the discussion board.

4.2 Core teaching section

Here we include the application of the theoretical module developed by the partner, structured into detailed practical sessions.

- **Estimated time of the learning section:** 240 Minutes (4 Hours)

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Session 1: Theoretical Foundations & Icebreaker (45 Mins)

- **Focus:** Connecting music/dance to cognitive rehabilitation, neural plasticity, and sensory stimulation.

Trainer's Activities	Learner's activities
• Welcomes participants; facilitates a simple musical icebreaker (passing a rhythm around a circle) • Delivers a concise interactive presentation on how music bypasses damaged cognitive pathways (e.g., stimulating memory in Alzheimer's patients through familiar tunes). • Introduces the 4 core methodologies of Module 4.	• Engage actively in the rhythmic circle icebreaker. • Participate in the group discussion, sharing real-life challenges faced when trying to engage residents in active communication. • Take notes on safety indicators and sensory overstimulation signs.

Session 2: Rhythm & Body Percussion Lab (45 Mins)

- **Focus:** Implementing rhythm exercises to improve fine/gross motor skills, attention span, and group synchronization.

Trainer's Activities	Learner's activities

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• Demonstrates basic body percussion (clapping, chest patting, stamping) built around repetitive structures. • Introduces call-and-response rhythm patterns. • Distributes simple percussion instruments (maracas, shakers, tambourines) and demonstrates how to adapt them for people with restricted hand mobility.	• Practice the body percussion structures physically. • Work in pairs: one plays the caregiver facilitating the rhythm, the other acts as a care-receiver with slow processing time. • Learn to use simple percussion instruments to build a collective group tempo.

Session 3: Guided Dance & Movement Coordination (50 Mins)

- **Focus:** Utilizing structured movement to enhance spatial awareness, balance, and physical rehabilitation.

Trainer's Activities	**Learner's activities**
• Demonstrates "Mirroring Techniques" where movements are kept slow, predictable, and highly visible. • Leads a guided choreography using simple props (colorful scarves, ribbons) that expand physical reach. • Showcases adaptations for wheelchair-bound individuals	• Practice mirroring movements with a partner, learning to maintain eye contact and a comforting facial expression. • Execute the prop-based choreography. • Brainstorm modifications to keep movements safe yet physically stimulating for residents prone to falls.

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(focusing entirely on upper-body choreography).	

Session 4: Vocalization & Memory Stimulation (50 Mins)

- **Focus:** Singing as a tool for linguistic recall, emotional expression, and lung capacity improvement.

Trainer's Activities	**Learner's activities**
• Demonstrates vocal warm-ups, breath control, and humming exercises designed to calm the nervous system. • Explains how to select culturally relevant, nostalgic songs to trigger long-term memory retrieval. • Guides a workshop on vocal mirroring for non-verbal individuals (responding to their organic sounds musically).	• Participate in vocalization exercises. • Compile a sample "Nostalgia Playlist" tailored to the specific generation/background of their care-receivers. • Role-play vocal mirroring techniques to practice building connection without relying on formal words.

Session 5: Free Improvisation & Emotional Release (50 Mins)

- **Focus:** Allowing unscripted creative freedom to foster autonomy, self-esteem, and emotional expression.

Trainer's Activities	**Learner's activities**

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• Plays instrumental tracks with varying emotional textures (calm, joyful, energetic). • Demonstrates how to establish a safe boundary where "there are no wrong movements". • Teaches de-escalation strategies if a participant displays distress or emotional overwhelm during free expression.	• Engage in a free movement session using props, learning to move organically to different tempos. • Practice observing group dynamics to step in and support a participant who becomes withdrawn or over-activated. • Debrief the emotional impact of the exercise.

4.3. Post-learning assignment

This section includes the link towards evaluation and practical field testing.

- **Activities:** Caregivers are required to implement **at least one** 15-minute music or dance activity learned today in their actual workplace with their care-receivers. They must fill out a structured reflection log detailing: (1) Chosen methodology, (2) Observed reactions of the care-receiver, (3) Unexpected challenges, and (4) Adaptation made.
- **Theoretical Assessment:** A 15-question online multiple-choice quiz testing knowledge on safety, methodologies, and cognitive benefits based on the Module 4 textbook.
- **Estimated time of the assessment section:** 60 Minutes

Trainer's Activities	**Learner's activities**
• Distributes the Digital Reflection Log template and opens the online examination module. • Reviews submitted reflection logs, providing individualized feedback and professional guidance on care-planning.	• Completes the 15-question online knowledge quiz. • Conducts the practical activity in their respective care facilities.

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	• Fills out and uploads the Workplace Reflection Log within two weeks.

5. GENERAL RECOMMENDATIONS on how to adapt the lessons plans to national contexts

How to adapt the lessons to the profile of social or medical services in the country:

- **Institutional vs. Home Care:** In countries where home-based care dominates, trainers must instruct caregivers on how to minimize clutter in residential living rooms and utilize everyday household items (e.g., kitchen spoons as rhythm sticks). In institutional care settings, focus should shift to large group mechanics, spatial boundaries, and social cohesion.
- **Medicalized Frameworks:** If the national VET practice treats care strictly under a clinical/medical lens, emphasize the measurable neurological data (cortisol reduction, motor-cortex stimulation) provided in the Module 4 reader to justify the clinical validity of creative arts.

How to structure the duration of the lessons, in compliance with the specificity of medical or social workplaces and with the working times of learners:

- **Modular Delivery:** Acknowledge that caregivers often work intensive shifts with high burnout rates. If a continuous 6-hour training block is impossible due to staffing shortages in care homes, this lesson plan can be split cleanly into four independent 1.5-hour weekly modules (Theory, Rhythm, Dance, Singing/Improvisation) delivered during shift overlaps.

How to manage emotional responses and cultural sensitivity elements:

- **Musical Nostalgia:** Music is deeply intertwined with national, regional, and religious identities. Trainers must ensure caregivers select folk music, traditional lullabies, or historic popular tunes that evoke positive cultural familiarity for the specific local demographics of their elderly or disabled populations.
- **Trauma-Informed Triggers:** Melodies can occasionally unlock repressed trauma or difficult memories (particularly in dementia care). Caregivers must be strictly trained to read micro-expressions (jaw-clenching, tearing up,

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sudden freezing) and seamlessly transition to a grounding, neutral rhythmic exercise if a song triggers psychological distress.

6. VALIDATION OF COMPETENCE

Assessment instruments for Face-to-Face and Online/Blended tracks:

1. **Formative Observation (Face-to-Face Workshop):** The VET trainer utilizes a standardized skills checklist during Sessions 2, 3, and 4 to verify that the caregiver can physically demonstrate mirroring, maintain safe proximity, and lead a simple rhythm sequence correctly.
2. **Summative Knowledge Check (Online):** Achieving a minimum score of 75% on the automated 15-question post-learning digital questionnaire.
3. **Portfolio Evidence (Workplace Reflection Log):** Direct validation via the submitted real-world application log, serving as documented proof of competence transfer from class to work.

Linking post-learning assessment with national credentials and validation practices:

- **ECVET/VET Integration:** This lesson plan aligns with learning outcomes regarding "Communication", "Occupational Health & Safety", and "Activity Planning for Vulnerable Groups" found in standard European Caregiver Curricula.
- **Formal Certification:** Partners should submit this comprehensive lesson plan to their respective National Agencies for Vocational Training or Ministries of Social Policy. By proving that the training includes rigorous pre-learning, documented physical workshop hours, and an evaluated workplace assignment, caregivers can receive official professional development credits (CPD) or formal continuous vocational certifications recognized nationally.

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