



Section 8. Specialized branches of pedagogy

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INNOVATIVE METHOD FOR DANCE-CHOREOGRAPHIC THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER: STRUCTURED CHOREOGRAPHY AS A THERAPEUTIC TOOL

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Abstract

Autism spectrum disorder (ASD) is one of the fastest-growing neurodevelopmental conditions: according to CDC data, in the United States today 1 in 36 children is diagnosed with ASD. Traditional approaches – applied behavior analysis (ABA), speech therapy and occupational therapy – do not fully meet the need for additional body-based methods that operate through movement and emotional engagement. This article presents an innovative method of dance-choreographic therapy for children with ASD based on using elements of folk choreography as a structured therapeutic tool. The method is built on a synthesis of three fields of knowledge: academic choreography, Ukrainian folk dance, and an understanding of sensory processing characteristics in ASD. A four-component structure – rhythmic foundation, spatial navigation, emotional expression, and sensory regulation – is implemented in 25–30-minute group sessions with a predictable six-phase structure. The method relies on current scientific literature in the field of dance/movement therapy (DMT) and was empirically piloted at the EIFC and Ahead with Autism organizations (California, 2024–2025) on a sample of five children. Preliminary clinical observations show positive changes in social interaction, communication, motor development, emotional regulation, and behavior. Plans for formalizing results foresee the use of standardized assessment tools (ABLLS-R, VB-MAPP, Vineland-3, CARS-2, SRS-2, ABC) within a controlled pilot study.

Keywords: *autism spectrum disorder, dance/movement therapy, folk choreography, structured movement, rhythmic therapy, child psychology, special education, sensory regulation, social interaction*

Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by difficulties in social interaction, communication, and repetitive patterns of behavior. According to the U.S. Centers for Disease Control and Prevention (CDC, 2023), approximately 1 in 36 children in the United States has an ASD diagnosis, a significant increase from the 1 in 150 in 2000. Rising prevalence alongside persistent shortages of therapeutic resources creates an urgent need for effective, scalable, and culturally adaptive supplementary approaches.

Existing therapeutic interventions – applied behavior analysis (ABA), speech therapy, occupational therapy – are primary tools for working with children with ASD. However, research literature and practitioner experience point to the need for approaches that work through the body, movement, and emotional engagement rather than solely through cognitive-behavioral models (Aithal et al., 2021; Fang et al., 2025).

Dance/movement therapy (DMT) exists as a recognized form of therapy, but most existing DMT approaches are based on free improvisation and psychotherapeutic movement analysis. The present method fundamentally differs from traditional DMT in that it uses structured choreography rooted in folk dance elements as the primary therapeutic instrument. The aim of this article is to present the theoretical basis, component structure, and practical implementation of this method, and to outline prospects for its formal evaluation.

Theoretical foundation

The methodology is based on a synthesis of three areas of knowledge. The first is professional choreography and dance pedagogy, which ensures a systematic structure of lessons, taking into account consistency, repetition, and a gradual increase in complexity of the material. The second is Ukrainian folk choreography, which possesses a number of characteristics particularly valuable in working with children with ASD: a clear rhythmic structure, group formations (round dances, paired formations), a vivid visual component, and strong emotional expressiveness. The third is a modern understanding of the char-

acteristics of sensory processing in ASD, including hyper- and hyposensitivity to various stimuli and the need for sensory regulation.

The scientific validity of the method is supported by the current literature in the field of DMT and ASD. A study by Fang et al. (2025) on a sample of 28 children with autism demonstrated a significant decrease in the level of stereotypical behavior and an increase in social skills on the ABC, RBS-R, SRS, and SCQ scales after 11 months of DMT intervention. Millman et al. (2021) in a literature review, showed that the rhythmic structures of folk dances – including the Balkan tradition – improved the communication and social skills of children with ASD. A pilot study by Aithal et al. (2021) confirmed the suitability of the group DMT format for the social and emotional well-being of children with ASD, regardless of verbal or nonverbal communication. Wang et al. (2022) in a controlled trial of a mixed program of music therapy and DMT (CARS and ATEC scales) recorded a significant improvement in social communication in the experimental group.

The key principles of the method are: (1) predictability through structure, which reduces anxiety in children with ASD; (2) repetition with variation, which develops cognitive flexibility; (3) movement as non-verbal communication for children with speech difficulties; (4) cultural context as a motivator; (5) adaptability to the individual capabilities of the child; (6) inclusiveness, which provides for joint activities of children with ASD and neurotypical children.

Four-component structure of the method

Component 1: Rhythmic foundation. Use of rhythmic patterns from folk choreography as the organizing structure for movement. A clear repeating rhythm acts as an external “organizer,” helping the child to sequence bodily movements. This includes stomps, claps, turns, hops, rhythmic slaps, alternation of fast and slow movements, repeating motor combinations of 2–3 actions, synchronization with music, and stops on cue.

Component 2: Spatial Navigation. The use of spatial formations of folk dance to develop spatial orientation and social interaction. The circle dance creates safe physical

contact, the need to coordinate actions with the group, and a sense of belonging. Specific formations include a simple circle dance, a “snake,” a “gate,” a “star,” a “spiral,” a “cross,” “diagonals,” and division into an inner and outer circle.

Component 3: Emotional expression through gesture and image. Using the figurative system of folk dance to develop emotional intelligence and nonverbal communication. Pantomime elements – imitation of actions, depiction of natural phenomena, and the expression of emotional states – become a tool for teaching the recognition and expression of emotions. This program includes the “Mirror” exercise, short movement games set to music (“Wheels,” “Chicken Pi,” “Travel”), working with props (ribbons, handkerchiefs), conveying basic emotions through gestures and facial expressions, “Animal Image,” “Weather,” and “Show and Guess.”

Component 4: Sensory Regulation through Movement. Different types of movement influence different sensory systems: spinning and twirling provide vestibular stimulation, stomping and jumping stimulate proprioception, smooth arm movements develop kinesthetic perception, and changes in tempo foster self-regulation. Specific elements include Carousel, Tree in the Wind, Cossack, Heavy Steps, Light Steps, Hand Waves, Level Change, and Spring.

Practical implementation

Session format: duration 25–30 minutes, frequency 1–2 times per week, group size 2–3 children, age 4–12 years, three skill levels (beginner, intermediate, advanced). The presence of an assistant depends on the level of support children require.

The structure of a one session consists of six phases: (1) greeting ritual (1–2 min) to provide predictability and reduce anxiety; (2) a warm-up/rhythmic preparation (3–5 min); (3) floor gymnastics (5–6 min); (4) the main part – dance elements (10–12 min), including practicing one- and two-step instructions through movement and simple spatial constructions; (5) free movement with direction (5–6 min); (6) closing ritual (5 min) to ensure a smooth transition to the next activity.

The Progression across levels follows this schedule. Beginner level (months 1–3) focuses on habituation to session structure, simple rhythmic patterns of 2–3 movements, minimal tactile contact, and short formations. Intermediate level (months 3–6) introduces more complex patterns of 4–6 movements, paired work, more complex formations (snake, gate), and use of props. Advanced level (6+ months) includes learning short dance combinations, group formations with partner changes, dance stories with multiple “acts,” and preparation for demonstration performances.

Preliminary clinical observations

The observations below were obtained while working with five children with ASD at two therapeutic organizations – EIFC and Ahead with Autism (California, USA, 2024–2025). The author acknowledges that this sample size is limited and insufficient for statistically significant conclusions about the method’s effectiveness in a wider population. The presented cases should be regarded solely as preliminary clinical observations characteristic of an early development stage of a new therapeutic approach. Small sample sizes at initial stages are typical in developing new therapeutic methods. Written informed consent from parents or legal guardians was obtained prior to work with each child; to comply with HIPAA requirements, identifying data is not provided.

In the area of social interaction: children who initially avoided physical contact began voluntarily participating in circle formations requiring hand-to-hand contact after 4–6 weeks; increased eye contact during paired exercises; spontaneous initiation toward a dance partner; independently approaching peers and entering the circle without verbal or physical prompting; calm responses to other children’s participation in the activity.

In the area of communication: children with limited speech began using gestures and movements from sessions for communication outside the dance room; increased vocalization during rhythmic exercises; improved understanding of nonverbal cues; faster and more consistent response to their own name and simple instructions; emergence of emotional coloring in sounds and reactions (intonation, laughter, expressions of pleasure).

In the area of motor development: improved movement coordination, sense of rhythm, fine motor skills through work with props, posture, and body control. In emotional regulation: reduced signs of anxiety during sessions, ability to tolerate changes in routine structure after reaching advanced level, expression of joy and pleasure from movement.

In the area of behavior: reduction of stereotyped movements (stimming) during sessions, increased attention span to 8–10 minutes, improved ability to follow instructions, decreased task avoidance and protest behaviors during transitions due to the predictable session structure.

Assessment methodology and prospects for formalization

Observational data are a standard first stage in developing new therapeutic approaches and form the basis for formal research. For subsequent evaluation of the method's effectiveness within a planned controlled pilot study, six standardized instruments are proposed: ABLLS-R (Assessment of Basic Language and Learning Skills – Revised) for assessment of language and learning skills, following instructions and imitation; VB-MAPP (Verbal Behavior Milestones Assessment and Placement Program) for assessment of verbal behavior and social milestones; Vineland Adaptive Behavior Scales (Vineland-3) for adaptive behavior in communication, socialization, and motor domains; CARS-2 (Childhood Autism Rating Scale, Second Edition) as a standardized severity measure for ASD symptoms; SRS-2 (Social Responsiveness Scale, Second Edition) for social responsiveness and communication; ABC (Aberrant Behavior Checklist) for problematic behaviors including stereotypies and aggression.

The planned pilot study includes pre- and post-testing, control and experimental groups, and a fixed intervention protocol. Implementing this protocol will enable translation of the method from practice-based evidence to evidence-based practice consistent with U.S. standards.

Significance and scaling potential

The method fills three significant gaps. First – between choreography and therapy:

professional choreographers typically do not work with children with developmental differences, while dance therapists often lack academic choreographic training. Second – between cultural preservation and therapy: for the growing Ukrainian diaspora in the U.S. (which increased significantly after 2022), as well as for other immigrant communities, the method offers dual value. Third – between group and individual therapy: most approaches for children with ASD are individual, whereas this method proposes a group format that itself serves as a therapeutic tool.

Scaling potential includes adaptation to use elements of other cultural dance traditions (Mexican, Armenian, Indian folk choreography), integration into existing therapeutic organizations' programs, formalization into training curricula for practitioner preparation, and application not only to children with ASD but also to children with ADHD, speech delay, and anxiety disorders. Implementation in U.S. institutions is carried out in partnership with licensed therapeutic organizations (EIFC and Ahead with Autism) and complies with federal legislation requirements (IDEA, ADA, Section 504).

Conclusion

The innovative dance-choreographic therapy method represents a systematic approach that uses structured folk choreography as a therapeutic tool for children with ASD. The method is grounded in a synthesis of academic choreography, folk dance tradition, and contemporary understanding of sensory processing differences in ASD, and aligns with current DMT literature. Preliminary clinical observations in a sample of five children show positive changes in social interaction, communication, motor development, emotional regulation, and behavior.

Further research should include a controlled pilot study using standardized assessment tools to elevate the method to evidence-based practice. The method has significant scaling potential across cultural contexts and groups of children with developmental differences, and could be institutionalized as a training curriculum for specialists at the intersection of choreography and special education.

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