



## Evidence-Informed Practice Statement

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### **Purpose of this statement**

This statement has been developed to support the professionalism of the DTAA, by positioning the organisation and its members in the contemporary paradigm of professional practice that is underpinned by evidence. It informs potential funders and employers about DTAA's position with respect to evidence use amongst dance movement therapists and advises members of DTAA's recommendations for their practice.

### **Definition of Evidence-Informed Practice**

DTAA defines Evidence-Informed Practice as an approach to practising dance movement therapy that is informed by current theory, empirical research evidence and expertise from clinical practice, which reflects the impact of client characteristics, including culture, life experience and preferences, on program or treatment outcomes .

### **DTAA's commitment to Evidence-Informed Practice**

The DTAA is committed to advancing evidence about the effectiveness of dance movement therapy and its use in professional practice. Through its diverse activities, from Continuing Professional Development (CPD) to publication of the its journal *Moving On* and *Dance Therapy Collections* series, the DTAA seeks to promote evidence-informed practice. The DTAA also encourages all of its members to prioritise evidence-informed practice, both organisations and individuals who offer training or CPD, supervision and practitioners.

### **Background to this statement**

Evidence-Informed Practice is a term increasingly applied to approaches that draw from evidence from both scientific research and quality reflective practice (Dodd & Savage, 2016). While development of the evidence base for dance movement therapy and wider professions of psychotherapy and counselling has earlier been influenced by the science-practitioner model of clinical psychology, more recently, Common Factors (CF) research has altered the landscape in supporting the integration of the science-practitioner with reflective-practitioner models (Day, 2015). These Common Factors can be categorized broadly as client factors and extra therapeutic events, relationship factors, expectancy and placebo effects and technique/model factors, with the latter contributing only 15% of impact (Asay & Lambert, 1999; Wampold, 2015).

Common Factors in creative arts therapy are also increasingly being explicated. Koch (2017) posits that these encompass aesthetics, hedonism, non-verbal communication/metaphor, enactive transitional support and generativity, with aesthetics, including beauty and authentic expression, considered to be the most specific arts therapy factor.

DTAA acknowledges that a current lack or under-development of empirical evidence for any specific dance movement therapy approach or intervention does not necessarily mean that it is ineffective or inappropriate. The increasing evidence on common factors from psychotherapy, counselling and creative arts therapy fields overrides past reliance on technique or modality as major factors in therapeutic effectiveness. Rather, the evidence showing equivalence of effect justifies an assumption of effectiveness for 'bona-fide' approaches (Wampold, 1997) as a starting point.

The DTAA has chosen to use the term Evidence-Informed Practice for these reasons and because it is considered to be more compatible with the full breadth of research approaches that are valued in the field, including Indigenous methodologies, inclusive and case study research.

## References

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*This statement draws from PACFA's Evidence Informed Practice Statement and was further developed for the DTAA by DTAA's Research Committee, led by Dr. Kim Dunphy with input from the Board and members.*