



Dance Movement Therapy Association of Australasia

Scope of Practice

2021

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2020 DTAA Board and members

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DTAA recognises, acknowledges, and respects the ancestors, elders, and families of all Indigenous peoples of the lands on which we stand and practice.

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Glossary of Terms

Creative arts therapy - a form of psychotherapy in which a range of art forms, including dance movement, drama, music, and the visual arts, are utilised by professionals to support a person's physical, mental, emotional, spiritual, and social wellbeing

Dance movement therapy - a contemporary discipline within the creative arts therapies profession that is grounded in the function of dance for health and transformation, evident since the beginning of human history, and in the development of Western modern expressive dance in the early twentieth century

Embodied - where bodily experience sourced in the mind and in the physical body becomes integrated with other aspects of being to give a sense of wholeness in the present moment to the person

Evidence informed practice - an approach to practising dance movement therapy which reflects the impact of client characteristics including culture, life experience, and preferences, on program and/or treatment outcomes

Kinaesthetic empathy - the co-created, empathic attunement experienced between the therapist and the client

Telehealth - where health-related services and support are delivered to recipients remotely via the use of technology

Abbreviations

AHPA - Allied Health Professions Australia

AQF/NZQF - Australian Qualifications Framework/New Zealand Qualifications Framework

CPD - continuing professional development

DTAA - Dance Movement Therapy Association of Australasia

dmt - dance movement therapist

DMT - dance movement therapy

EIP - evidence informed practice

PACFA - Psychotherapeutic and Counselling Federation of Australia

Foreword and Statement of Purpose

Welcome to the Dance Movement Therapy Association of Australasia's *Scope of Practice*.

Whilst Dance Movement Therapy is emerging as an effective treatment for many populations, the scope of practice and boundaries have not been sufficiently outlined. An integrative review of literature relating to the scope of practice as well as industry surveys comprise the data used to create this document which contains a framework for the profession of DMT as well as for the dance movement therapist. Additionally, the legislative, professional, and contextual influences on the dance movement therapist were included. For the DMT to become a more significant and influential contributor to Australasia's dynamic healthcare context, a clearly articulated scope of practice is both necessary and overdue.

The purpose of this document is to:

1. inform health care providers, educators, consumers, payers, regulators, and the general public about the profession of dance movement therapy;
2. describe the professional roles and responsibilities of qualified dance movement therapists and the areas in which they may practice;
3. support dance movement therapists in the provision of high-quality, evidence-informed practices with members of the community.

It is intended that this document be used by health care providers, educators, consumers, payers, regulators, and the general public as well as dance movement therapists to provide;

1. a profile of the field of DMT and its practitioners for interested professionals in the community who wish to engage with dance movement therapy practitioners;
2. information for the public to promote confidence in DMT practitioners by client groups;
3. strengthened evidence for Australasian DMT as an embodied form of creative arts therapy;
4. self-regulation within the parameters for which a practitioner has been trained.

This document feeds into, and is informed by, DTAA's DMT competencies, training and education standards, code of professional ethics, and supervision and continuing professional development criteria.

Sandra Kay Lauffenburger

President, DTAA.

July 20, 2021.

Dance Movement Therapy Association of Australasia

The Dance Movement Therapy Association of Australasia (DTAA) is the peak body for dance movement therapy in Australia, New Zealand, and the Asia Pacific region. DTAA is a nationally registered, registrable body in Australia and is incorporated in New Zealand under the Charitable Trusts Act 1957. It has networks throughout Australasia.

The aim of DTAA is to promote the growth, development, and recognition of dance movement therapy in Australasia. DTAA achieves this through the ongoing provision of information, support, resources, and services to its members and to the wider community. This includes setting the standards for training, professional practice, and supervision for its members; providing a means of communication, education, and networking between dance movement therapists, other health professionals, employers, and clients; and liaising with other relevant peak and professional bodies.

DTAA's values include an adherence to transparency, accountability, and ethical governance; efficient and effective operations; and respect for the diversity of human life experience.

DTAA's responsibilities and accountabilities are administered by the Board. This is comprised of the Executive, with Officer roles including President, President-elect, Vice President, Secretary, and Treasurer, and other members. All Board members are Professional members of the association and volunteer their services. The ongoing activities of DTAA are governed by its Constitution (<https://dtaa.org.au/wp-content/uploads/2021/05/210504.DTAA-Constitution-V1-Oct-2018.pdf>) and by-laws and are undertaken by one, or more, of fourteen individual committees which report regularly to the Board and are supported by the Administration team.

DTAA is recognised as a member organisation of the Psychotherapy and Counselling Federation of Australia (PACFA). DTAA values the leadership of PACFA for the wider profession and utilises PACFA's resources, policies, and greater advocacy potential to support the development of DMT in the Australasian region. DTAA is also a member

organisation with the Allied Health Professions Australia (AHPA). Through this membership, DTAA aligns with other creative arts therapy modalities, including visual arts and music, to contribute to, and benefit from, AHPA's recognised national leadership in allied health, including for primary care and preventative health, aged care, and care of those with a disability.

DTAA also enjoys ongoing collaboration with professional associations for dance movement therapy in other parts of the world, particularly with the two longest established, the American Dance Therapy Association (ADTA) and the Association for Dance Movement Psychotherapy UK (ADMPTUK).

Australasian dance movement therapy described

Dance movement therapy (DMT) is one of several creative arts therapy modalities. It is understood as the relational and therapeutic use of dance and movement to further the physical, emotional, cognitive, social, and/or cultural functioning of a person. In this understanding, the aspect of culture aligns with the United Nations Educational, Scientific, and Cultural Organization (UNESCO)'s interpretation to include knowledge, beliefs, arts, morals, laws, customs, and any other capabilities and habits acquired by a person as a member of their society (UNESCO, 1982).

DMT is comprised of four distinct, but inter-related, elements. These include movement and dance, embodiment, creativity, and health and wellbeing.

Movement and dance

DMT has, as its central use, the medium of dance which makes it unique as a therapeutic modality. It draws on the function of dance to support human health and wellbeing as it has been practiced by many civilisations throughout time. DMT utilises a wide variety of dance and dance-informed ways of moving. These include the use of stylised dance, which adheres to predetermined patterns of movement, as well as non-stylised dance which draws attention to the use of natural, improvised gesture and action. DMT acknowledges the importance of placing the dynamic, expressive body in the centre of the therapeutic experience to highlight that the fundamental tool of communication in DMT is the implicit, nonverbal knowledge acquired by, and accrued in, a participant's body.

Embodiment

DMT is based on the empirically evidenced unity of mind and body, where change and growth in one supports the change and growth in the other. DMT engages the body through dance and movement to express experiences and emotions which are otherwise difficult for a client to describe verbally. The focus of DMT is the connection of the client with their holistic or integrated self, where their physical, body-based experiences hold equivalence with their cognitive and emotional experiences to create a feeling of wholeness. This wholeness may be experienced by the client in the present moment within the therapy session, as well as in the days that follow the session, and provides them with a heightened awareness of their level of wellbeing and their capacity to interact with others and their environment.

Creativity

DMT is a creative process that emphasises the inherent need of all humans to explore their inner and outer worlds in novel ways. The creative process values the unique personality and individual experiences of the client as they interact with their surrounds. DMT provides the client with a safe and supportive setting in which their creative connection of physical experience with perceiving, feeling, imagining, and expressing may be promoted.

Health and wellbeing

DMT supports the expression of a client's physical, psychological, and/or emotional states and strives to provide an expressive, nonverbal experience to clarify, develop, and make meaning of these expressions. This leads to the restoration of equilibrium for the client, where they can regain a sense of self and a purpose in their daily life.

Evidence-informed practice

DMT is an evidence-informed practice (EIP). DTAA defines an EIP as an approach that aligns with current theory, empirical research evidence, and expertise from clinical practice, to reflect the impact of client characteristics, including culture, life experience and preferences, on program or treatment outcomes (<https://dtaa.org.au/wp-content/uploads/2021/07/Evidence-Informed-Practice-Statement.pdf>). DTAA uses EIP as it is more compatible with the full breadth of research approaches that are valued in this field, including Indigenous methodologies, inclusive research approaches, and case study research. DTAA is committed to advancing evidence about the effectiveness of DMT and its

use by members in their professional practice and seeks to promote EIP for this purpose through its diverse activities.

Australasian dance movement therapist described

A dance movement therapist (dmt) is recognised by DTAA as a professional who is qualified to practice DMT commensurate with their level of DTAA membership. The levels of practitioner membership offered by DTAA for recognised DMT practice include Associate, Provisional Professional, Professional, and Clinical Professional. These membership levels indicate to the DMT and wider community that the dmt, as a minimum, has attained appropriate training in an Australian Qualifications Framework or New Zealand Qualifications Framework (AQF/NZQF)-recognised DMT course at Level 6 (Associate), Level 7 or 8 (Provisional Professional), and Level 9 or 10 (Professional) (<https://dtaa.org.au/membership-levels/>). The member category of Clinical Professional is endorsed by DTAA as a post-graduate category and is available only to those Professional members who can demonstrate they have attained the required level of comprehensive DMT practice with supervision. All recognised dmts must demonstrate they have accrued the appropriate practice and supervision requirements in DMT commensurate with their level of membership and have actively pursued, and complied annually with, the prescribed Continuing Professional Development (CPD) requirements commensurate with their level of membership.

DTAA Competency Standards

DTAA's Competency Standards describe the knowledge, skills, and attitudes required - as a minimum - by dmts to be effective in their professional role. The Standards embrace seven domains of competency, including dance movement therapy knowledge; dance skills; body in movement; therapeutic knowledge skills; dance movement therapy practice; research; and professional practice. These Standards also set down the learning outcomes and assessment benchmarks for relevant dance movement therapy training. See Appendix A for the *Competency Standards for Dance Movement Therapists in Australasia* (2019).

DMT Training

Australasian dmts are trained in accordance with DTAA's Competency Standards along a continuum of gradually advancing expertise. This range of professional working capacity within each competency is reflected by a dmt's membership level and/or their position as

an early career dmt compared with a more senior and experienced dmt. Australasian dmts may also hold other professional credentials pertaining to the field where they may practice DMT, such as in allied health, behavioural sciences, education, nursing, and social work.

DTAA supports the AQF pathways model (Review of the Australian Qualifications Framework Discussion Paper, 2019) for DMT training proficiency. DTAA considers that this approach promotes greater flexibility in skill and knowledge acquisition by members which may be attained via the array of current Australasian and international DMT and DMT-related training opportunities. This pathways model acknowledges the potential for shorter form training credentials to be included in a dmt's training repertoire to augment their traditional DMT training and realise enhanced specialisation/s to meet the needs of their client base.

Framework for Dance Movement Therapy Practice

Alignment with international best practice for health and wellbeing

DTAA aligns with the World Health Organization's two overarching principles of health and wellbeing. These are:

Principle 1. Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Principle 2. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. (World Health Organization, 2005, p. 1).

To support the holistic premise of DMT, DTAA adopts the *International Classification of Functioning, Disability and Health* (WHO, 2001) whereby an interactive, biopsychosocial model of health and wellbeing is proposed. In this model, function and disability are presented as two connected components of health which operate along a continuum of experience comprised of health, environmental, and personal factors. These factors are multidimensional and include a person's:

1. body function, structure, and impairment;
2. individual activities and limitations;
3. social engagement and restrictions; and

4. environmental factors, such as physical, cultural, and/or social supports and barriers. In this model, it is understood that all people may potentially experience function, as well as disability, at some time or stage in their life (WHO, 2001).

DMT as an intervention method

DMT is an inclusive practice that opposes the deficit health model and other forms of oppression, marginalisation, and social exclusion as it embraces processes and strategies that promote high quality health and wellbeing for diverse peoples in all life circumstances. DMT processes and strategies embrace a collaborative approach between the therapist and the client to devise the most appropriate therapeutic support for the client.

DMT is a dynamic, process-based intervention that may be restorative or preventative. It attends to the inner and outer experiences of a client throughout their therapeutic program as well as the goal of their therapeutic program. The therapeutic contract, including program goals, is devised by a dmt in consultation with the client and/or the client's carer.

DMT is suited for use with adults and children, individually or within a group, and is ability and gender neutral. It may be offered to clients in clinical, institutional, community, and private practice settings. It is not necessary for a client to have taken part in dance classes to participate in DMT.

DMT may be practiced as a separate and independent therapeutic modality or as a component of therapeutic support within an interdisciplinary team. Such collaborations may include the use of DMT to augment a range of other health care services offered within a host organisation which is accessed by the public for their health needs.

DMT may be facilitated in a face-to-face setting, where the client/s join with the dmt in a shared room, or in some cases as a component of telehealth resources where the dmt facilitates sessions online for the client using technology. Because of this dual access to DMT services, urban as well as regional and remote clients may be supported.

Whilst DMT is primarily utilised to support clients in counselling and psychotherapy treatment and assessment, it is not limited to these purposes. DMT may also function as a beneficial intervention method in education, supervision, and research.

Therapeutic relationship

The therapeutic relationship in DMT is established by a dmt with their client using dance and movement. This specialised framework sets in place the empathic and creative process that is subsequently shared between the dmt and the client. It also provides them with the means by which they may describe, analyse, and understand their experiences throughout the process. Dance and movement are the central tools with which the client learns to integrate their therapeutic experiences. The dmt assists the client to use their nonverbal language to describe their connection to them self and to others. Subsequently, the focus in the therapeutic relationship is placed on the client languaging their body in movement. This includes their movement range and patterns and the body parts engaged in movement; body systems; the breath used by them to support their body in movement; and their awareness of their body in personal and shared space.

Kinaesthetic empathy

Kinaesthetic empathy is central to the therapeutic process of DMT. It is understood as an experience of attuned interaction that occurs between, and is co-created by, the therapist and client. Kinaesthetic empathy is grounded in the sense of kinaesthesia which generates bodily awareness via sensations and perceptions made in the moving body. This form of bodily knowledge is common to dance and, when combined with other senses, offers the client a highly personalised self-awareness.

Framework for Dance Movement Therapy Practitioner

A dmt combines the elements of dance, movement systems, creative processes, and psychological and scientific theories to address the specific needs of groups and individuals.

Dmts:

- appreciate the therapeutic value of the aesthetic and artistic experience of dance;
- understand the interrelationship of the physical, emotional, and cognitive dimensions of human behaviour;

- recognise body movement as the basis of human interaction and communication; and
- utilise skills in movement observation and analysis to assess clients and develop and evaluate therapeutic programs.

Dmts put in place a creative, body-oriented therapeutic program that is suited to the age or stage of development of the client and their life needs. Dmts utilise their knowledge of mind-body integration to assist the client to develop more effective ways of functioning in daily life and to flourish in their life choices.

Dmts are independent health practitioners who often work autonomously and as the sole dmt within an organization. For this reason, their professional judgement is crucial to the successful facilitation and management of the therapeutic program. Dmts are required to engage only in those aspects of DMT that are within their professional competence. If the client has additional needs that reside outside the dmt's scope of practice, the dmt is required to make appropriate recommendations for the service delivery of these needs which may include consulting with other professionals to refer the client to services elsewhere.

Dmts may partner with other professions and/or organizations to support a client's needs and so share in the responsibility for assisting them to increase their functional capacity in life. In this regard, dmts may serve as individual case managers, service delivery coordinators, and members of an interdisciplinary intervention team.

DTAA Code of Ethics and Standards of Professional Practice

DTAA requires all practicing dmts to abide by *the DTAA Code of Ethics and Standards of Professional Practice*. The Code and Standards clarifies and communicates the professional values and standards of conduct proposed for Australasian DMT practice; provides a resource that supports dmts in ethical decision-making processes; and provides a reference to standards for use in the processing of ethics complaints. The Code and Standards is grounded on the overarching principles of 1. respect for the dignity and rights of people and

peoples, including justice; informed consent; and privacy and confidentiality; 2. propriety, including competence and responsibility; and 3. integrity, including reputable behaviour and non-exploitation. Adherence to The Code and Standards is intended to offer the assurance of safe and ethical practice by all dmts to the wider community, including employers, funders, clients, colleagues, students, supervisees, and research clients

(<https://dtaa.org.au/wp-content/uploads/2021/05/DTAA-Code-of-Ethics-V2A.0-August-2020.pdf>).

DTAA Supervision

DTAA requires all practicing dmts to undertake regular supervision, irrespective of the number of hours in which they practice. Supervision is viewed as a formal, collaborative arrangement between a dmt and their supervisor. DMT supervisors are expected to have greater therapeutic and supervisory practice than the dmt who seeks supervision. DTAA offers all practicing dmts the opportunity to take up supervision with one of the Professional-member dmts who are registered on the DTAA Clinical Supervisor Register. In the supervision process, the focus is shared between reflecting on and analysing the best possible outcome/s for the participant and the ongoing professional development and self-care of the dmt (<https://dtaa.org.au/membership-levels/supervision-requirement-practicing-members/>).

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Links

Allied Health Professions Australia (AHPA)

<https://ahpa.com.au/>

Psychotherapeutic and Counselling Federation of Australia (PACFA)

<https://www.pacfa.org.au/>

Appendix A

Competency Standards for Dance Movement Therapists in Australasia (2019)



Competency Standards for Dance Movement Therapists in Australasia

Revised October 2019

This document was developed for the DTAA by Competency Standards Committee members:
Dr. Sally Denning (Convenor), Dr. Kim Dunphy and Sandra Lauffenburger.

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Introduction

Purpose

This document has been developed by the Dance Movement Therapy Association of Australasia (DTAA) to identify competencies expected of contemporary dance movement therapists in Australasia.

Competency standards are an important benchmark for all professions, used to assess the skills and knowledge that a professional must demonstrate in the workplace to be deemed competent. These Standards define the requirements for effective workplace performance by dance movement therapists in Australasia and underpin the criteria for Professional Membership of the DTAA. They also provide a platform for defining learning outcomes and assessment benchmarks for dance movement therapy training. Competencies represent 'what' a dance movement therapist is able to do as a result of what they learn; whereas the specific organisation of content and 'how' the learning takes place is the domain of training providers. Thus, specifics of training such as placement, supervision and content for working with specific populations will be individual to the focus and methods of each training program.

Background

This set of Competency Standards has been developed from an earlier version (DTAA, 2000) that set the first standards and guiding principles for dance movement therapists in Australia. Additionally, the DTAA acknowledges the support of the American Dance Therapy Association in sharing the detail of their *Standards for Education and Clinical Training* (2016). The project team drew upon a range of methods to develop and validate the standards including:

- Literature review of dance movement therapy standards from other countries;
- Literature review of competencies from the public health workforce of Australia;
- Consultation with practicing dance movement therapists across Australasia;
- Functional analysis with DTAA members to determine the broad range of activities undertaken by Australasian dance movement therapists.
- Individual and group movement exploration of draft competencies
- Critical incident interviews with practicing dance movement therapists from beginner to experienced level.

Competency Sub-Committee

This project was led by a Sub-Committee of DTAA Professional Members, working in consultation with the General Committee and members.

- Dr. Sally Denning (Convenor)
- Dr. Kim Dunphy
- Sandra Kay Lauffenburger

Endorsement Process

These competencies were presented and endorsed by the DTAA Committee and membership at the AGM on 28 October 2018. It was agreed at this time that the Competencies would be reviewed at defined intervals to ensure they continue to reflect the requirements of the profession. This 2019 revision is the outcome of industry feedback from practicing dance movement therapists and training providers, that was discussed and approved at the AGM on October 27 2019.

The Competencies

The Competencies are arranged in seven categories:

1. Dance movement therapy knowledge;
2. Dance skills;
3. Body in movement;
4. Therapeutic knowledge and skills;
5. Dance movement therapy practice;
6. Fundamental research skills; and
7. Professional practice.

1 Dance movement therapy knowledge

1.1 Demonstrates knowledge of dance as a therapeutic modality across cultures and throughout history

- 1.1.1 Demonstrates knowledge of historical practices of dance used for health and wellbeing throughout the world
- 1.1.2 Shows awareness of the contemporary use of dance as a therapeutic practice throughout the world
- 1.1.3 Demonstrates awareness of the healing dance practices of Indigenous peoples in Australasia

1.2 Demonstrates knowledge of the emergence of dance movement therapy in the western world as a profession

- 1.2.1 Displays an understanding of the origins and development of DMT as a profession
- 1.2.2 Identifies the pioneers of DMT and their theoretical contributions
- 1.2.3 Describes the beginnings of DMT in Australasia
- 1.2.4 Articulates the historical and theoretical function of improvised movement as a fundamental tool for DMT
- 1.2.5 Articulates the historical connections of dance movement therapy with other therapies and psychotherapies.

2 Dance skills

2.1 Applies technical skills in dance and movement to support therapeutic practice

- 2.1.1 Utilises the full range of available movement across [LBMS](#) ['BESS'](#) (Body Effort Shape Space) components
- 2.1.2 Utilises proficiency in dance style/s to support therapeutic practice
- 2.1.3 Uses skills in movement improvisation to support therapeutic practice
- 2.1.4 Uses dance movement to stimulate creativity and expressivity

3 Body in movement

3.1 Applies movement frameworks in therapeutic practice

- 3.1.1 Applies principles from Bartenieff Fundamentals to enhance movement functionality
- 3.1.2 Utilizes systems of developmental and neurological movement patterns to enhance movement functionality
- 3.1.3 Utilizes somatic practices grounded in body awareness.

3.2 Demonstrates knowledge of anatomy, physiology and bio-mechanics to inform safe and therapeutic practice

- 3.2.3 Explains the mechanics of human movement
- 3.2.4 Describes key musculo-skeletal landmarks, anatomical features, and physiological processes
- 3.2.5 Recognises the interconnection of movement and the nervous system

3.3 Utilises theories of movement development to underpin practice

- 3.3.1 Applies developmental movement theory including ages and stages to underpin movement practice
- 3.3.2 Articulates how family, environment, culture and other systems impact movement preferences

- 3.4 Undertakes movement observation and analysis using LBMS (Laban Bartenieff Movement System)**
 - 3.4.1 Uses LBMS to document, describe and communicate observations of body patterns
 - 3.4.2 Uses LBMS and related movement observation systems to document and describe observations of relational movement patterns

4 Therapeutic knowledge and skills

- 4.1 Demonstrates knowledge of dance movement therapy theory**
 - 4.1.1 Understands the role of empathy and attunement in building relationships with clients
 - 4.1.2 Understands the theoretical basis for components of a DMT program and session
 - 4.1.3 Describes how shared movement experiences facilitate self-expression and promote insight and integration
 - 4.1.4 Articulates why and how verbal interventions support the integration and meaning-making of nonverbal learning and experiences
 - 4.1.5 Describes the theoretical constructs that inform the therapist's role as participant/observer, witness, and leader
- 4.2 Utilises theories of cognitive and psycho-social development to underpin dance movement therapy practice**
 - 4.2.1 Explains key theories of development across the lifespan appropriately to support DMT practice
 - 4.2.2 Describes stages of cognitive development and its manifestation in the movement repertoire
 - 4.2.3 Explains embodied social cognition theories as it informs an understanding of the development of the self in relation to others
 - 4.2.4 Identifies and discusses the relationship between movement, memory, symbolic thought, and narratives
- 4.3 Applies neuro-scientific theories and concepts in dance movement therapy practice**
 - 4.3.1 Demonstrates an understanding of neuro-plasticity and how it informs DMT interventions
 - 4.3.2 Demonstrates knowledge of current neuroscientific theory and its application to DMT
 - 4.3.3 Incorporates knowledge of the stress response in DMT planning and facilitation
 - 4.3.4 Uses trauma-informed practice concepts to advance therapeutic outcomes
- 4.4 Applies theories relevant to the affective domain to underpin dance movement therapy practice**
 - 4.4.1 Applies affect theory to enhance understanding of movement observation and analysis
 - 4.4.2 Understands motivational implications of affects
 - 4.4.3 Uses current theoretical understanding of affect theories to recognize and evaluate nuances of non-verbal communication
- 4.5 Utilises psychotherapeutic theories to inform dance movement therapy practice**
 - 4.5.1 Uses concepts in major psychotherapeutic theories to inform understanding of non-verbal communication
 - 4.5.2 Uses concepts in major psychotherapeutic theories to inform understanding of relational dynamics

4.6 Utilises counselling theories to inform dance movement therapy practice

- 4.6.1 Demonstrates awareness of concepts of choice, family systems and group dynamics theories
- 4.6.2 Utilises principles from child- and person-centred approaches
- 4.6.3 Demonstrates understanding of a range of counselling techniques to promote a positive therapeutic relationship

5 Dance Movement Therapy Practice

5.1 Promotes a therapeutic relationship using dance and movement

- 5.1.1 Demonstrates the ability to initiate and maintain therapeutic relationships
- 5.1.2 Maximises available functional and expressive movement repertoire to kinaesthetically attune to clients
- 5.1.3 Adopts principles of inclusivity and respect to foster a therapeutic relationship
- 5.1.4 Promotes safety and trust in the therapeutic relationship

5.2 Employs dance as an expressive medium to extend clients' movement capacity

- 5.2.1 Creates an environment that invites clients to use movement to express and explore aspects of self
- 5.2.2 Draws upon a range of dance skills to enhance clients' engagement in the therapeutic process
- 5.2.3 Offers sensory movement experiences and imagery to enrich clients' expressive movement capacity
- 5.2.4 Offers aesthetically enriching experiences

5.3 Assess client to identify initial and ongoing needs

- 5.3.1 Utilises awareness of aspects of human diversity (including gender, sexuality, age, ability, socio-economic status, cultural background, religious affiliation and aboriginality) for effective assessment
- 5.3.2 Completes a preliminary assessment of client background, including any potential contra-indications, to inform DMT implementation
- 5.3.3 Applies systematic and comprehensive assessment to guide treatment planning and interventions
- 5.3.4 Creates, reviews, and revises movement and corresponding bio-psycho-social-cognitive goals and objectives informed by formal and informal ongoing assessment

5.4 Develop client dance movement therapy plans

- 5.4.1 Considers elements of human diversity (including gender, sexuality, age, ability, socio-economic status, cultural background, religious affiliation and Indigenous identification) for effective planning and evaluation
- 5.4.2 Utilises assessment data to inform clients' goals and objectives
- 5.4.3 Develops evidenced-informed long and short-term movement goals and objectives including case conceptualization (formulation)
- 5.4.4 Ensures intended outcomes are appropriate for the client population and context
- 5.4.5 Communicates the plan and rationale for dance movement therapy implementation

5.5 Monitors and reviews clients' progress against DMT plan

- 5.5.1 Regularly reviews the therapeutic plan taking into consideration client progress
- 5.5.2 Applies formal and informal assessment to monitor client progress
- 5.5.3 Monitors, reviews and revises movement activities to meet aims and objectives
- 5.5.4 Monitors client progress against the plan using outcome-based measures where possible
- 5.5.5 Reviews treatment planning with allied professionals where appropriate and possible
- 5.5.6 Undertakes reflective discussions and seeks input about client progress with the client, treatment team, and family or significant others for whom informed consent has been provided
- 5.5.7 Develops and implements termination plan

5.6 Implements dance movement therapy interventions

- 5.6.1 Creates developmentally appropriate interventions
- 5.6.2 Facilitates use of symbols, imagery, and metaphor in movement
- 5.6.3 Facilitates improvisation, spontaneity, and creativity to enhance self-expression
- 5.6.4 Promotes movement that supports clients' emotional expression, communication and wellbeing
- 5.6.5 Facilitates a themed movement practice that supports clients' meaning making
- 5.6.6 Selects choreographic structures, props, music and other art forms to support clients' strengths and needs
- 5.6.7 Maintains the flow of a session including smooth and timely transitions, and a clear beginning, middle and end

5.7 Facilitates dance movement therapy groups

- 5.7.1 Builds empathic connection with and between clients through group work
- 5.7.2 Facilitates physical and emotional warm-up to establish group cohesion
- 5.7.3 Facilitates cooperation, mutual support and trust between clients
- 5.7.4 Develops themes to enhance group process
- 5.7.5 Demonstrates understanding of group dynamics and group process
- 5.7.6 Addresses differing needs of clients within the group
- 5.7.7 Facilitates group closure and integration of experiences/insights

5.8 Demonstrates application of systems and tools for movement observation, analysis and assessment

- 5.8.1 Describes key historical and theoretical contributors to the field of movement observation and analysis and the application of their work to DMT
- 5.8.2 Applies Laban Bartenieff Movement Systems (LBMS) to identify and describe movement from functional, expressive and developmental perspectives
- 5.8.3 Applies LMBS to identify the relationship between movement, expression and emotion
- 5.8.4 Utilises LMBS to create effective interventions
- 5.8.5 Reflects on own movement preferences and socio-cultural background and its influence on own ability for accurate movement observation and assessment

6 Fundamental research skills

- 6.1.1 Demonstrates understanding of the role of research in DMT practice
- 6.1.2 Utilises published evidence to inform practice
- 6.1.3 Demonstrates basic knowledge of literature search principles and citation standards to locate and attribute research findings

- 6.1.4 Demonstrates basic understanding of research methods (quantitative and qualitative) and their implications for application to theory and populations
- 6.1.5 Demonstrates ability to interpret and apply knowledge from current relevant research literature to enhance client care and professional development
- 6.1.6 Displays ability to apply research methods appropriate to a practising dance movement therapist
- 6.1.7 Ensures ethical publication or research practice, e.g., informed consent, data security and management, risk-based thinking

7 Professional practice

7.1 Implements professionalism in practice

- 7.1.1 Demonstrates understanding of own clinical limitations and seeks supervision or refers out as needed
- 7.1.2 Promotes collegial relationships with other professionals
- 7.1.3 Recognises DMT practice as part of a wider system/s, and advocates for its application
- 7.1.4 Communicates clearly the function and benefits of DMT to other stakeholders and professionals

7.2 Manages information and records

- 7.2.1 Maintains clinical practice records appropriate for context and ethical requirements
- 7.2.2 Implements data and record keeping that comply with legislative and reimbursement requirements
- 7.2.3 Stores clinical notes and records, both hard copy and electronic data, securely and confidentially.

7.3 Maximises client safety in the physical environment

- 7.3.1 Adheres to workplace health and safety legislation and local requirements
- 7.3.2 Completes a pre-program safety scan of environment to support safe practice
- 7.3.3 Performs an environmental scan and risk assessment prior to commencement of program
- 7.3.4 Works with client to complete personal risk assessment to ensure safe movement
- 7.3.5 Understands potential risks in activities and techniques, including issues specific to certain client populations
- 7.3.6 Demonstrates knowledge of Safedance principles
- 7.3.7 Facilitates adequate warm-up and cool-down
- 7.3.8 Ensures access to first aid support and awareness of emergency procedures

7.4 Undertakes ethical practice as a dance movement therapist

- 7.4.1 Operates within DMT professional bodies' Code of Ethics and Rules of Professional Conduct
- 7.4.2 Maintains a professional and respectful approach in all client interactions
- 7.4.3 Obtains clients' informed consent prior to commencement of therapy
- 7.4.4 Demonstrates knowledge of requirements for client privacy and confidentiality
- 7.4.5 Demonstrates comprehensive understanding and knowledge of client rights
- 7.4.6 Ensures a reflective approach to complex ethical issues as they arise in practice
- 7.4.7 Demonstrates effective decision-making processes to address ethical concerns
- 7.4.8 Demonstrates awareness of professional practices that promote access, equity, and success for clients
- 7.4.9 Maintains an ethical and legally responsible practice and implements duty of care principles

- 7.4.10 Demonstrates understanding of requirements for regular clinical supervision as appropriate to workplace guidelines and DTAA's Supervision Guidelines
- 7.4.11 Demonstrates understanding of reportable conduct and mandatory reporting requirements and other relevant legislation related to safeguarding clients

7.5 Demonstrates mindful and self-aware practice

- 7.5.1 Applies effective self-care practices and strategies
- 7.5.2 Shows a reflective understanding of self and behaviour in the therapeutic process
- 7.5.3 Demonstrates awareness of how own movement preferences influence all aspects of the therapeutic process
- 7.5.4 Displays capacity for self-regulation in difficult situations

Glossary

Assessment: in this document, we define assessment to be the process of judgement a therapist makes about a client's current situation and progress in the therapy context and/or within a program. This may occur prior to commencement of therapy and at any stage during the therapeutic process. It can be used to determine the right time to complete therapy.

BESS: stands for Body Effort Shape Space; using these four elements, the DMT has a framework for systematically observing, describing and analysing human movement.

Clinical Supervision is a formal, confidential, collaborative and contractual process in which two or more DMT professionals meet to discuss the clinical content and process of the supervisee's work. The principle aim of Clinical supervision is to support DMT practitioners in developing their reflective practice within a professional and ethical framework. Clinical Supervision is not:

- Someone watching whilst you facilitate DMT sessions.
- A discussion between two or more practitioners;
- Discussing personal matters.

Training, personal development and personal therapy are also different from Clinical supervision, although there can be overlaps of some issues being addressed.

Competency: ASQA defines competency as 'the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments (ASQA, 2018).

Case conceptualization: also sometimes called case formulation, is the clinician's collective understanding of the client's problems as viewed through a particular theoretical orientation; as defined by the biological, psychological and social contexts of the client; and as supported by a body of research and practice that links a set of co-occurring symptoms to a diagnosis and ultimately a treatment plan.

Evaluation: in this document, we define evaluation as the judgement of the worth or effectiveness of the therapeutic program. We recognise that the terms assessment and evaluation are often used interchangeably and sometimes have a specific meaning in a particular context. For example, in healthcare, assessment is often understood as a process that happens prior to commencement of therapy but not during the process. In education, assessment happens regularly throughout the program or over a period of time.

Goals or aims: long term intention for the client or program that may or may never be achieved; that towards which focus is directed.

Laban Bartenieff Movement System (LBMS): the movement analysis system originally, and alternatively known as Laban Movement Analysis (LMA). The change in name is to honour the contribution made by Irmgard Bartenieff to LMA, as well as acknowledge the interconnection of the body, effort, shape, space (BESS) and phrasing components of human movement. LBMS is a system and language for understanding, observing, describing and notating all forms of movement.

Mandatory Reporting: legislation requires reporting to child protection or police if a child needs protection from their parents. Reportable Conduct legislation requires reporting to a Commissioner or Ombudsman of child abuse or child-related misconduct by workers and volunteers in an organisation. A person in a relevant position of authority in an organisation who becomes aware of an allegation of reportable conduct involving a worker or volunteer must report to the Commissioner or Ombudsman and ensure appropriate investigation of the allegation regardless of whether child protection or the police are investigating the allegation. The Commissioner or Ombudsman will generally be responsible for: receiving and, where appropriate, investigating reportable conduct reports from organisations; monitoring organisations' responses to misconduct

and abuse involving children; and referring findings to relevant bodies including professional registration bodies and the WWCC Unit for assessment of a person's suitability to work with children. Each jurisdiction has slightly different but overall similar definitions for what should be reported. Essentially it includes ill treatment; neglect or psychological harm to a child including misconduct of a sexual nature.

Objective: a specific, measurable, achievable and timely outcome sought by a client, a dance movement therapist, or the organization in which they work. Objectives are linked to each of the goals of the therapy.

Program: a series of planned therapeutic encounters which might be time-based; for example, a monthly or weekly activity over a ten-week term, or an agreed series of activities that does not necessarily have a pre-determined time period.

Treatment: a process of therapeutic engagement to address an identified issue. This may or may not be time specific but is more likely to be outcome specific.

References

- American Dance Therapy Association (2016). *Standards for education and clinical training*. Maryland: American Dance Therapy Association.
- ASQA (2018). Definitions. <https://www.asqa.gov.au/standards-vac/definitions>.
- Ausdance (2011). *Safe Dance practice*. Canberra: Ausdance. <http://ausdance.org.au/articles/details/safe-dance-practice>
- DTAA (2018). *Competencies for dance movement therapists*. Melbourne: DTAA.
- Nursing and Midwifery Board of Australia (2006). *National competency standards for the registered nurse*. Melbourne: Nursing and Midwifery Board of Australia.
- Public Health Foundation (2014). *Core Competencies for Public Health Professionals Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice*. Available from: www.phf.org/corecompetencies

Important Links

Dance Movement Therapy Association of Australasia (DTAA) www.dtaa.org.au

DTAA Supervision Guidelines <https://dtaa.org.au/membership-levels/supervision-requirement-professional-members/>

DTAA Code of Ethics and Rules of Professional Conduct. <https://dtaa.org.au/about/ethics/>