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Competencies for Dance Movement Therapists

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Purpose of this document

This document has been developed by the Dance Movement Therapy Association of Australasia to identify competencies expected of contemporary dance movement therapists in Australasia. This enables DMT (dance movement therapy) practitioners, other professionals, clients and potential clients, to know what a DMT professional is expected to be capable of and responsible for.

Background

This document presents the draft competency standards for dance movement therapists in Australasia. Competency standards are an important professional benchmark for dance movement therapy in Australasia, used to assess the skills and knowledge that a professional must demonstrate in the workplace to be seen as competent. These Standards define the requirements for effective workplace performance of dance movement therapists in Australasia and underpin the criteria for Professional Membership of DTAA. They also provide a platform for defining learning outcomes and assessment benchmarks for dance movement therapy training.

This set of standards has been developed out of an earlier version (DTAA, 2000) that set the first standards and guiding principles for dance movement therapists in Australasia. Additionally, the DTAA acknowledges the support of the American Dance Therapy Association in sharing the detail of the *Standards for Education and Clinical Training* (2016) that assisted the development of these Competencies.

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;
- Consultation with practising 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 practising 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.

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Competencies

The Competencies are arranged in seven categories: Dance Movement Therapy Knowledge, Dance Skills, Body in Movement; Therapeutic Knowledge and Skills; Dance Movement Therapy Practice; Fundamental Research Skills; Professional Practice.

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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 dance movement therapy as a profession

1.2.2 Identifies the pioneers of dance movement therapy and their theoretical contributions

1.2.3 Describes the beginnings of dance movement therapy 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 full range of available movement across all 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 Bartenieff Fundamentals to enhance movement functionality
- 3.1.2 Utilises Patterns of Connectivity to enhance movement functionality
- 3.1.3 Utilises Body Mind Centering to enhance movement capacity

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

- 3.2.1 Explains the mechanics of human movement
- 3.2.2 Describes key musculo-skeletal landmarks, anatomical features, and physiological processes
- 3.2.3 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 body patterns
- 3.4.2 Uses LBMS to document and describe relational movement patterns

4. Therapeutic knowledge and skills

4.1.1 Utilises theories of cognitive and psycho-social development to underpin dance movement therapy practice

- 4.1.2 Explains key theories of development across the lifespan, including ideas of Piaget, Erikson, Winnicott, Bowlby and Stern, appropriately to support DMT practice

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- 4.1.3 Describes stages of cognitive development and its manifestation in the movement repertoire
- 4.1.4 Explains theory of mind as it informs understanding of self in relation to others
- 4.1.5 Identifies and discusses the relationship between movement, memory, symbolic thought, and narratives

4.2 Applies neuro-scientific theories and concepts in DMT practice

- 4.2.1 Demonstrates an understanding of neuro-plasticity and how it informs dance movement therapy interventions
- 4.2.2 Demonstrates knowledge of Mirror Neuron Systems (MNS) and their role in dance movement therapy
- 4.2.3 Applies knowledge of the stress response in dance movement therapy
- 4.2.4 Uses window of tolerance concepts to advance therapeutic outcomes

4.3 Applies theories relevant to the affective domain to underpin DMT practice

- 4.3.1 Applies affect theory to enhance movement analysis
- 4.3.2 Understands motivational implications of specific affects
- 4.3.3 Uses theory of vitality affects to recognize nuances of non-verbal communication

4.4 Utilises psycho-therapeutic theories to inform DMT practice

- 4.4.1 Uses concepts in major psycho-therapeutic theories to inform understanding of relational dynamics
- 4.4.2 Uses concepts in major psycho-therapeutic theories to inform understanding of non-verbal communication

4.5 Utilises counselling theories to inform DMT practice

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

4.6 Demonstrates knowledge of dance movement therapy theory

- 4.6.1 Understand the role of empathy and attunement in building relationships with clients
- 4.6.2 Understands the theoretical basis for components of a dance movement therapy program and session
- 4.6.3 Describes how shared movement experiences facilitate self-expression and promotes insight and integration
- 4.6.4 Articulates why and how verbal interventions support the integration and meaning-making of nonverbal learning and experiences
- 4.6.5 Describes the theoretical constructs that inform the therapist's role as participant/observer, witness, and leader

5. Dance movement therapy practice

5.1 Promotes a therapeutic relationship using dance and movement

- 5.1.1 Demonstrates ability to initiate and maintain therapeutic relationships
- 5.1.2 Maximises available functional and expressive movement repertoire to kinaesthetically attune to client
- 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 the client to express and explore aspects of self using movement
- 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 Offer 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

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- 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 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 therapeutic plan taking into consideration client's progress
- 5.5.2 Applies formal and informal assessment to monitor client's progress
- 5.5.3 Monitors, reviews and revises movement activities to meet aims and objectives
- 5.5.4 Monitors client's 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's 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 Create 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 Facilitate a themed movement practice that supports clients' meaning making
- 5.6.6 Selects choreographic structures, props, music and other artforms to support client 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 dance movement therapy
- 5.8.2 Applies Laban Bartenieff Movement Systems (LMBS) to identify and describe movement from functional, expressive and developmental perspectives
- 5.8.3 Applies LMBS to identify the relationship between movement, expression and emotions.
- 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

6.0 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 practicing DM therapist
- 6.1.7 Ensures ethical publication or research practice, eg. 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 refers out or seeks supervision as needed
- 7.1.2 Promotes collegiate relationships with other professionals
- 7.1.3 Recognises DMT practice as part of 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

- 7.4.1 Maintains a professional and respectful approach in all client interactions
- 7.4.2 Obtain clients' informed consent prior to commencement of therapy
- 7.4.3 Abides by ethical practice requirements about client privacy and confidentiality
- 7.4.4 Demonstrates comprehensive understanding and knowledge of client rights
- 7.4.5 Ensures a reflective approach to complex ethical issues as they arise in practice
- 7.4.6 Demonstrates effective decision-making processes to address ethical concerns
- 7.4.7 Demonstrates awareness of professional practices that promote access, equity, and success for clients
- 7.4.8 Maintains an ethical and legally responsible practice and implements duty of care principles
- 7.4.9 Abides by reportable conduct and mandatory reporting requirements and other relevant legislation related to safeguarding clients

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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 behavior in the therapeutic process
- 7.5.3 Demonstrates awareness of how own movement preferences influences all aspects of the therapeutic process
- 7.5.4 Displays capacity for self-regulation in difficult situations

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Acronyms

BESS: Body Effort Shape Space elements of movement description

Laban Bartenieff Movement System (LMBS): 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, and phrasing components.

Glossary

Assessment: in this document, we define assessment to be the process of judgement a therapist makes about client's current situation and progress in the therapy context. 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. That is, the client's progress within the program

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 these two terms are often used interchangeably and sometimes have a specific meaning in particular contexts. 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 period of time.

Goals or aims: long term intention for client or program that may never be achieved; the result or achievement toward which effort is directed.

Mandatory Reporting: legislation requires reporting to child protection or police if a child is in need of 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/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

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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.

Objectives: specific, measurable achievable and timely changes sought; a specific result that a person or system aims to achieve within a timeframe and available resources; in this case, the specific result the organisation seeks to achieve towards each of its goals.

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

Tracking: As used in therapy by the sensorimotor people, and by LMBS, tracking is a skill in which changes in the client's posture, movement and expression are noticed and languaged in a developmentally, empathically and appropriately paced manner.

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

References

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