



RATIONALE AND GUIDELINES FOR TRAINING **SUPERVISION of DMT**

Supervision is intended to be in service of the client by providing the supervisee with a safe container for honest communication about their clinical practice (Payne, 2008). It is a process of facilitation of the supervisee's capacity to work responsibly, empathically, ethically, and beneficially with the client. It is normally undertaken most intensively throughout one's training and regularly throughout one's career.

Supervision is central to a professional, whereas it is not required of an occupation. A professional differs from an occupation in that;

- Professionals work with greater autonomy of decision making and choice
- Professionals need to make judgements under conditions of significant uncertainty
- Professionals rely on very specialised knowledge that is beyond the base knowledge of the average person

In Australasia most professional are allowed to self-regulate through;

- Setting criteria for membership as a professional within the profession
- Setting standards for ethical conduct
- Providing standards to ensure competency of practice

Health professions in Australasia self-regulate using regulatory boards, professional credentialling, and or program accreditation. Supervision is central to the regulatory focus of each of these as it is supervision that maintains the standards of the profession.

DTAA is a professional credentialling body and as such, certifies competency in Dance Movement Therapy (DMT) above the minimal level necessary to ensure public protection. DTAA and the profession of DMT has accepted supervision as a necessary and integral part of training. Nonetheless, guidelines regarding what constitutes safe and effective supervision do not exist. As a result, there is a lack of consistency across Australasia's training programmes.

A key concern is the management of risk for the profession of Dance Movement Therapy. The current inconsistencies across training programmes have led to murky supervisory situations which put the client, the therapist, the supervisor, and the professional organisation at varying degrees of unacceptable risk.

The intent of this document is to create:

- Consistency across training programmes
- Clarity around training supervision standards
- Criteria for entry into professional membership
- Improvement in treatment outcomes for clients as well as manage professional risk

During the process of becoming a mature practitioner, a person enters a series of training stages which can be described in terms of practitioner characteristics, associated supervision needs and suggested supervision approaches. This developmental progression is described below.

Developmental Level	Characteristics of DMT Practitioner	Supervision Needs	Suggested Approaches	Recommended Ratio of Supervision to Practice
Trainee	Feelings of inadequacy, anxiousness, uncertainty, difficulty with conceptualisation, possible under-developed ethics, misuse of skills or narrowly focused use, difficulties in self-reflectivity	Provide structure, support efforts, acknowledge strengths while addressing weaknesses, connect theory to practice Ensure that the trainee is providing DMT and not therapeutic dance	Regular weekly close monitoring of client contact Very small group or individual supervision	1:4
New Graduate (One to six years Post-graduation)	Increased ability to be client-focused, can over-identify with clients, confusion over complexity of therapeutic work, increase in but still needing support in ethical understanding, still requiring assistance to integrate theory and practice, improvement in self-reflection	Gradually decrease structure provided, encourage increasing autonomy, bring transference/co-trans issues into discussion, confrontation of discrepancies and disjunctions, increased discussion of process and self-reflection	Regular small group or individual supervision tied to frequency of clinical contact Introduction of additional theoretical information and dynamic interpretations	1:6
Mature Practitioner (more than 6 years post graduation)	Clearly client focused without merger or identification, sound integrative thinking and practice, responsible ethical practice	Supervisee directs the content of the supervision session Professional support Personal growth	Group or individual at lesser frequency, clinical presentations, theoretical discussions	1:20

As noted in the table above, training supervision must focus on and address supervision needs and techniques for the TRAINEE level. There are a number of creative and interesting supervision approaches that will support the professional growth of the mature practitioner, however, these are not all appropriate for trainees. Although this proposal will not specify the style of supervision to be used, it is important to keep in mind the characteristics of a trainee, their areas of professional interest and their specific supervision needs.

The Process of Training Supervision

The principle aims of supervision are to ensure client safety, and reflect on and develop the clinician's practice skills. The supervisee remains responsible and accountable for their clinical work. The role of the supervisor is to support the supervisee to develop their clinical practice, and to ensure the welfare of the client through the supervision process.

The process of supervision should ensure that the needs of the client are being addressed, and monitor the effectiveness of therapeutic interventions. It should include

elements of education / learning, function as a form of self-regulation for supervisees, and be both supportive and challenging. And it may be useful to challenge patterns that appear ingrained and help to expand techniques and theoretical knowledge.

Clinical supervision may include discussion and analysis of the following:

- Movement material
- Emotional and psychological worlds of the client and therapist/supervisee including conscious and unconscious processes
- The relationship between the client and the therapist and
- The impact of all these on the therapy

It may also include exploration of the dynamic between the supervisee and the supervisor where this reflects or parallels aspects of the clinical work, and between the supervision process and the organisational / clinical context of the work.

Clinical supervision is primarily a clinical resource and benefits from an environment of trust, where the supervisee is free to explore challenges and difficulties, including the emotional impact of the work, in a supportive and contained environment.

Who can provide Clinical Supervision for DMT Trainees and New Graduates

For training programmes a Clinical Supervisor will be:

- An accredited Clinical or Professional practitioner in the field of DMT. Accreditation can be by DTAA or an international equivalent.
- They should be familiar with the concept of clinical supervision as it is understood and practiced within DMT and other psychological therapies, and
- Be competent to provide supervision within the aims discussed previously
- A Clinical Supervisor should be aware of any statutory / legal issues pertaining to the client group and/or the setting of the clinical work

A supervisor may work within the same institution as the supervisee or may be an external professional brought in to conduct sessions or seen privately (e.g. a freelance therapist).

Basic Responsibilities of Supervisor and Supervisee

The basic responsibilities of a supervisor include:

- Ensuring that their own arrangements for supervision are appropriate in order to support and evaluate their supervision work
- Ensuring that their own practice meets relevant standards of proficiency, CPD (continuing professional development) and codes of conduct and ethics
- Ensure that the trainee is providing Dance Movement Therapy, rather than therapeutic dance
- Informing the supervisee where appropriate, about their own training, qualifications, theoretical models of supervision
- Arranging, negotiating and managing practical issues such as length / frequency of sessions, setting of fees, absence or cancellation protocols, notice periods, providing or securing an appropriate venue for sessions, etc.; depending on individual circumstances;
- Holding professional indemnity insurance as appropriate (private practice).
- **The supervisor must attend regular individual supervision a minimum of once monthly.**

The basic responsibilities of a supervisee are listed below:

- Identifying issues that have arisen during practice and bring to the supervisor for discussion
- Preparing material to present to the supervisor as appropriate;
- Ensuring they receive supervision across the range of their caseload, as appropriate;
- Being willing to process challenges and difficulties that have been identified in clinical work, or in various relationships in the process;
- Ensuring that relevant information is shared appropriately;
- Meeting the practical arrangements as agreed with the supervisor.
- Upholding ethical guidelines and professional code of conduct and standards

DTAA Specific Training Supervision Requirements and Strong Recommendations

The standards contained in this section are specifically devised to reduce/minimise the risk to the client, the supervisee, the supervisor, the training institution and the profession. The standards are divided into two groups:

Group One

DTAA Requirements – these are standards that MUST be met within the supervision process as part of the training programme in order for the trainee to ultimately meet membership criteria

Group Two

DTAA Strong Recommendations – these are standards to which adherence is HIGHLY recommended by DTAA in order to ensure that the trainee, the client(s), the supervisor and the training organisation are at acceptably reduced risk

DTAA Requirements for Training Supervision:

1. Trainees must have some clinical supervision PRIOR to beginning a DMT placement. This supervision should examine ethical, logistical, and managerial concerns, as well as building therapeutic alliances, and understanding observations of mature practitioners.
 - a. Even though supervision must start prior to any placement occurring, these hours will NOT count toward DTAA membership. The only supervision hours that will count are those occurring simultaneously with the actual placement
 - b. The Placement Coordinator (or equivalent) for each specific training organization will ensure that a THERAPEUTIC CONTRACT is in place as well as ensuring other requirements listed in this document are met
2. Trainees cannot be paid for a DMT placement. If they use their current worksite for the placement the following must occur:
 - a. the worksite must release the trainee from workplace obligations and expectations during the time of the DMT placement OR
 - b. the DMT placement occurs OUTSIDE of normal workhours
 - c. THERAPEUTIC CONTRACT specific to the DMT placement (and possibly different from the workplace obligations) must be in place before the placement can begin. This contract is developed between the workplace, the training organisation, the Clinical Supervisor and the trainee.

3. If clinical supervision takes place in a group, there can be up to 5 Trainees and one Professional/Clinical DMT supervisor. The session is suggested to be a minimum of TWO hours in length to allow for all group members to present. Is this number of 5 different to what was previously stated in the document provided to training providers.
4. Clinical Supervision during training must be separate from personal growth experiences. Although growth will occur in clinical supervision, the focus of training supervision must be on the tools of DMT practice, particularly the application of key DMT theories and movement observations systems.
5. During training the ratio of hours of placement (session leading) to clinical supervision hours must approximate a ratio of 4:1 (or 4 hours of practicum to 1 hour of supervision).
6. The use of Authentic Movement during DMT training placements will not be accepted as placement hours. The use of Authentic Movement for supervision will equally no be accepted. However, DTAA accepts that Authentic Movement is appropriate for peer support and learning.
7. Placement hours during training must be comprised of **Dance Movement Therapy** sessions. In some placements, there may be opportunities for trainees to conduct therapeutic dance movement or somatic experiential sessions. However, the purpose of the training is to learn solely about **Dance Movement Therapy** and therefore, other modalities will not be counted as toward practicum hours.
8. Sessions where Dance Movement Therapy trainees are asked to assist other creative therapists such as drama, music and art therapists will NOT be counted as clinical hours unless the trainee plans and leads the entire session(s) and uses Dance Movement Therapy.

DTAA's Strong Recommendations

As stated above, the following items are HIGHLY recommended but are not enforceable by DTAA. Nonetheless, the decision to offer these recommendations has been made in order to point to and hopefully set a standard of safety for the student, ensuring their learning environment is bounded and sufficiently held, and to reduce risk to the client, as well as to the supervisor, as the supervisor is ultimately responsible for the actions and decisions of the supervisee and the resulting effect on the client.

These recommendations also offer current knowledge concerning the amount of time it takes any learner to acquire, integrate, and ultimately master the DTAA competencies. In offering these recommendations, DTAA is making the decision to state what the professional body considers as best practice.

- R1. During a **First Year DMT placement** the following requirements on supervision and placements are highly recommended:
 - a. FREQUENCY of Supervision; clinical supervision should occur WEEKLY
 - b. TRAINEE CLIENT LOAD: a trainee can only take on ONE Individual client and ONE small group per placement. This is the maximum amount of work that can be thoroughly examined, discussed and understood during a one-hour supervision session per week.
 - c. Within a placement session, a client group should not be larger than the ratio of one therapist to five clients. This is the maximum number of clients a trainee can successfully hold and attend to given their level of experience. It is also the limit of clients that can be examined, discussed and understood during a supervision session.

- d. The ratio of 1 therapist to 5 clients takes into account that if a senior DMT may be present and thus the ratio would allow up to 10 clients in the session. A senior practitioner of an allied health profession is acceptable, but it is preferred that they have some knowledge of DMT.
 - e. Some practicums may require or result in open groups, such as in hospitals or nursing homes. DTAA feels this is not ideal and hopes that the Programme Director and Clinical Supervisor can negotiate greater safety for the trainee and the clients. The number of clients attending an open group must have an upper limit.
 - f. Session length is usually 30 to 45 minutes but is adjusted to the needs of the clients.
 - g. Clinical note taking, reflection and record keeping for every session led is absolutely essential and is another reason that a smaller client load is strongly recommended. These activities will not count as part of the supervision hours.
- R2. During a **Second Year DMT placement** the following requirements on supervision and placements are highly recommended:
- a. FREQUENCY of Supervision: clinical supervision should occur WEEKLY.
 - b. TRAINEE CLIENT LOAD: a trainee can only take on TWO Individual clients and TWO small groups per placement. This is the maximum amount of work that can be thoroughly examined, discussed and understood during a one-hour supervision session per week.
 - c. Within a placement session, a client group should not be larger than the ratio of 1 therapist to 5 clients. This is the maximum number of clients a trainee can successfully hold and attend to given their level of experience. It is also the limit of clients that can be examined, discussed, and understood during a supervision session. The ratio of 1:5 takes into account that if a senior DMT may be present and thus the ratio would allow up to 10 clients in the session.
 - d. Some practicums may require or result in open groups, such as in hospitals or nursing homes. DTAA feels this is not ideal and hopes that the Programme Director and Clinical Supervisor can negotiate greater safety for the Trainee and the clients. The number of clients attending an open group must have an upper limit.
 - e. Session length is usually 30 to 45 minutes but is adjusted to the needs of the clients.
 - f. Clinical note taking, reflection, and record keeping for every session led is absolutely essential, and is another reason that a smaller client load is strongly recommended. These activities will not count as part of the supervision hours.
- R3. During each placement, at least ONE onsite visit by the supervisor should occur. This visit can be face to face/in person or by online technology.

Other Considerations

Peer support groups are encouraged. However, peer supervision groups are not appropriate for trainees or new graduates. Any supervision done in a peer process will not be counted toward the DTAA membership criteria including the supervision hours.

DTAA is happy for workplace/managerial supervision to occur as it helps a trainee better understand the needs and demands of a workplace. However, Workplace or Managerial supervision that occurs during a DMT placement will not count toward DTAA membership criteria, nor will it count toward placement hours.

DTAA's Recommendations for applying for a Student Membership

DTAA asks DMT trainees to become part of the association. Students will gain a fuller picture of the professional DMT world by becoming part of the DTAA and will have a smooth transition to the professional world once they are qualified.

DTAA will consider offering students

- A welcome package for students
- A video message from the current President
- Member discounts for CPD events
- Seminars held exclusively for trainees regularly

Respectfully submitted,

Task Force:

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Definitions

TRAINEE – a person who is enrolled in a DMT training program and has not yet graduated

NEW GRADUATE – a person who has graduated from a DMT training program within the past 3 years and is in the process of working toward Professional membership in DTAA

CLINICAL SUPERVISOR – a person holding either DTAA Professional Registration or DTAA Clinical Supervisor Registration, or an international equivalent membership, who is hired either by the training organization or the trainee/new graduate to provide Clinical Supervision

CLINICAL Training Supervision – this is a non-managerial form of supervision and defined as a “formal, confidential, and collaborative process in which a Professional DMT meets to discuss the clinical content and process of the supervisee’s work”. This can occur on a one on one basis or within a small training group led by the Professional DMT.

INDIVIDUAL Clinical Training Supervision

Individual supervision refers to Clinical supervision undertaken by an individual supervisee with an appropriately qualified/experienced Supervisor.

GROUP Clinical Supervision

Group supervision is an organised and structured session with an appropriately qualified/experienced supervisor, who simultaneously provides supervision and facilitates the group supervision process. Additionally, it is an integral component of all training programs.

Group supervision involves taking turns to present case material for discussion, facilitated by the supervisor. Group supervision has the advantage that supervisees may learn through the rich variety of experiences of their peers.

Management Supervision /Workplace Supervision/ Line management

It is important to be able to differentiate clinical supervision from management/workplace supervision which has a different purpose.

Management/workplace supervision is usually carried out by the therapist’s manager and is concerned with the job performance of the therapist.

It may cover issues including:

- Caseload management
- Wider aspects of the job description
- Appraisal of job performance
- Training and development needs
- Routine matters such as sickness and absence

There may be some discussion of clinical content where it overlaps with the above, but broadly this type of supervision will be concerned with the overall management of workload and the needs and responsibilities of the employee, rather than with clinical material for the purposes of Clinical Supervision.

Management/workplace supervision is determined through the workplace hierarchy and will not necessarily be from the same, or even a similar, discipline to the therapist. The DTAA recommends

that members who find themselves receiving supervision in their workplace, seek out external supervision from an appropriately qualified/experienced DMT supervisor.

Peer Trainee Support Group – this involves two or more therapists of similar experience meeting as equals to discuss their clinical work and other student issues. There is no formal arrangement to this process but it is conducted in good faith with a good heart.

PEER Supervision - Peer clinical supervision involves two or more therapists of similar experience meeting as equals to discuss their clinical work. This is still a formal arrangement, with appropriate boundaries, but does not involve payment. Peer supervision is not suitable as clinical supervision of trainees or new graduates.