



# Scope of Practice

# 2024

[www.dtaa.org.au](http://www.dtaa.org.au)



Psychotherapy and Counselling  
Federation of Australia

DTAA is a member association of the Psychotherapy and Counselling Federation of Australia.



DTAA is a member of the Allied Health Professions Australia.

©DTAA 2024

DTAA Inc. ARBN 679 434 649

**Copyright statement:**

**Document author:** Dr. Sue Mullane

**Contributors to this doc**

2020 DTAA Board and members

**Suggested citation for this document:**

Dance Movement Therapy Association of Australasia. (2021). *Scope of practice*. Melbourne: DTAA.

**ISBN:**

**Doi:**

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

# Table of Contents

<b>Glossary of Terms</b> .....	4
<b>Abbreviations</b> .....	5
<b>Foreword and Statement of Purpose</b> .....	6
<b>Dance Movement Therapy Association of Australasia</b> .....	7
<b>Australasian dance movement therapy described</b> .....	8
<b>Movement and dance</b> .....	8
<b>Embodiment</b> .....	9
<b>Creativity</b> .....	9
<b>Health and wellbeing</b> .....	9
<b>Evidence-informed practice</b> .....	9
<b>Australasian dance movement therapist described</b> .....	10
<b>DTAA Competency Standards</b> .....	10
<b>DMT Training</b> .....	10
<b>Framework for Dance Movement Therapy Practice</b> .....	11
<b>Alignment with international best practice for health and wellbeing</b> .....	11
<b>DMT as an intervention method</b> .....	12
<b>Therapeutic relationship</b> .....	13
<b>Kinaesthetic empathy</b> .....	13
<b>Framework for Dance Movement Therapy Practitioner</b> .....	13
<b>DTAA Code of Ethics and Standards of Professional Practice</b> .....	14
<b>DTAA Supervision</b> .....	15
<b>References</b> .....	16
<b>Australasian dance movement therapy bibliography</b> .....	16
<b>Links</b> .....	18
<b>Appendix A</b> .....	18
<b>Competency Standards for Dance Movement Therapists in Australasia (2019)</b> .....	18

## 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/2021/10/DTAA-Code-of-Ethics-V3.0-October-2021.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/>).

## References

Australian Institute of Health and Welfare. (2002). The international classification of functioning, disability, and health (ICF). *Disability Data Briefing*, 20, 1-5.

Australian Qualifications Framework. (2019). *Review of the Australian Qualifications Framework Final Report 2019*. AQF.

<https://www.dese.gov.au/higher-education-reviews-and-consultations/resources/review-australian-qualifications-framework-final-report-2019>

United Nations Economic, Scientific, and Cultural Organisation. (1982). *Mexico City declaration on cultural policies*. Mexico: UNESCO.

<https://unesdoc.unesco.org/ark:/48223/pf0000039368>

World Health Organization. (2001). *International classification of functioning, disability, and health*. Switzerland: WHO.

<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

World Health Organization. (2005). *Constitution of the World Health Organisation*. Switzerland: WHO.

<https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf?ua=1>

## Australasian dance movement therapy bibliography

Crooks, A., & Mensinga, J. (2021). Body, relationship, space: Dance movement therapy as an intervention in embodied social work with parents and their children. *Australian Social Work*, 74(2), 250-258.

<https://dx.doi.org/10.1080/0312407X.2020.1861315>

Cuming, I., & Hill, H. (2017). Puppetry enhances healing potential in dance movement therapy. *Dance Therapy Collections Number Four* (pp.27-35). Melbourne: DTAA.

Czulak-Riley, J. (2003). *Growing older, dancing on*. Melbourne: COTA.

Denning, S. (2017). The importance of Fred: Dance movement therapy with children with complex trauma. *Dance Therapy Collections Number Four* (pp.67-75). Melbourne: DTAA.

Dunphy, K., & Hens, T. (2018). Outcome-focussed dance movement therapy assessment enhanced by iPad app MARA. *Frontiers in Psychology*. 9:2067.

<https://dx.doi.org/10.3389/fpsyg.2018.02067>

Dunphy, K., Mullane, S., & Guthrie, J. (2016). Dance movement therapy as a specialized form of counselling and psychotherapy in Australia: The emergence of theory and practice. In C. Noble & E. Day (Eds.), *Psychotherapy and counselling: Reflections on practice* (pp. 173-188). London: Oxford University Press.



Dunphy, K., Mullane, S., & Jacobsson, M. (2014). Effectiveness of creative arts therapies: A review of the literature. *Psychotherapy and Counselling Journal of Australia*, 2(1).  
<http://pacja.org.au/?p=1439>

Dunphy, K., & Scott, J. (2003). *Freedom to move: Movement and dance for people with intellectual disabilities*. Sydney: Elsevier.

Exiner, J., & Kelynack, D. (1994). *Dance therapy redefined*. Illinois: Charles C. Thomas.

Hens, T., & Dunphy, K. (2020). Planning a dance movement therapy program for clients with intellectual disability: Considering the National Disability Insurance Scheme, host agency, and dance movement therapy priorities. *Moving On*, 17(1), 1-18.

Hill, H. (2009). Dancing with hope: Dance therapy with people with dementia. In S. Chaiklin & H. Wengrower (Eds.), *The art and science of dance/movement therapy: Life is dance* (pp. 181-194). New York/London: Routledge.

Jacobsson, M. (2018). Exploring creative arts therapy and dance movement therapy approaches for women's wellbeing in Timor Leste. *Moving On*, 15(1-2), 13-23.

Jung-Hsu Wan, J. (2019). From the development of an iPad app assessment framework to the investigation of transferability of dance therapy. *Moving On*, 16(1-2), 33-36.

Kelly, E. C. (2016). Using props in dance movement therapy (DMT): The hula hoop. *Moving On*, 13(1-2), 25-28.

Kelly, E. C., & Harvey, S. (2019). An investigation into the shadow dance used in Physical Storytelling. *Moving On*, 16(1-2), 2-16.

Lauffenburger, S. (2016). Moving beyond embodiment to 'animation'-based psychotherapy and counselling. In C. Noble & E. Day (Eds.), *Psychotherapy and counselling: Reflections on practice* (pp. 216-230). London: Oxford University Press.

Lauffenburger, S. (2020). 'Something more': The unique features of dance movement therapy/psychotherapy. *American Journal of Dance Therapy*, 42, 16-32.  
<https://dx.doi.org/10.1007/s10465-020-09321-y>

Loughlin, E. (2009). Intuitive mothering: Developing and evaluating a dance therapy model for mothers with postnatal depression and their vulnerable infants. *Dance Therapy Collections Number Three* (pp.70-85). Melbourne: DTAA.

Loughlin, E. (2017). The arts, the liminal space, and the visible outcomes. *Dance Therapy Collections Number Four* (pp.12-26). Melbourne: DTAA.

Mullane, S., & Dunphy, K. (2017). Dance movement therapy and student learning and well-being in special education. In V. Karkou, S. Oliver, & S. Lycouris (Eds.), *The handbook of dance and wellbeing* (pp. 493-515). London: Oxford University Press.

Price, R. (2009). Moving on: A dance/movement therapy approach to the treatment of anxiety. *Dance Therapy Collections Number Three* (pp.98-105). Melbourne: DTAA.

Puls, B. (2017). Dance movement psychotherapy as influenced by Daniel Stern. *Dance Therapy Collections Number Four* (pp.91-103). Melbourne: DTAA.

Woods, V. (2009). Dance movement therapy in an inpatient eating disorders program. *Dance Therapy Collections Number Three* (pp.106-117). Melbourne: DTAA.

## 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 \(2019\)](#)

