



Competency Standards for Dance Movement Therapists in Australasia

Revised January 2025

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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 Standards 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 competency standards 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.

The 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 2024 revision is to amend the DTAA ABN and logo. The 2025 version is to amend the links to relevant documents.

The Competency Standards

The competency standards include units of competency, elements of competency and performance criteria.

There are seven units of competency:

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.

For each unit of competency there are a number of defined elements which identify the significant function and task to be addressed in the unit of competency.

For each element there are a set of performance criteria which identify the specific tasks, skills and applied knowledge required for competent performance.

When aligning or mapping to the Dance-Movement Therapy competency statements it is important to look at not only the units of competency, but also review the elements and performance criteria to ensure a full understanding of the Standards are taken into consideration during the mapping or alignment process.

The next section uses a numbering system to outline the units of competency, elements and performance criteria.

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 Use 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.

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Important Links

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

DTAA Supervision [DTAAs-Members-Supervision-Policy-2024](#)

Ethics and Rules of Professional Conduct - [code of ethics](#)

Moving forward with competence: Developing Industry competency standards for dance movement therapists across Australasia - <https://dtaa.org.au/wp-content/uploads/Competencies-published-article.pdf>