

STANDARDS FOR EDUCATION AND CLINICAL TRAINING



2017

PREAMBLE

American Dance Therapy Association Mission

The purpose of the American Dance Therapy Association (ADTA) is to establish, maintain, and support the highest standards of professional identity and competence among dance/movement therapists. We do this by promoting education, training, practice, and research. The Association offers avenues of communication among dance/movement therapists and those working in related fields, as well as raising public awareness of dance/movement therapy.

Purpose

The purpose of the ADTA Standards for Education and Clinical Training (Standards) within the United States is to ensure that students receive an inclusive and diverse education in a manner that exemplifies best practices in administration, teaching, and *supervision* (see glossary). A globally minded and multi-culturally competent education will prepare dance/movement therapists to be leaders and practitioners who continuously strive to contribute to a more just and equitable society. Such a diverse education is stimulating and encourages synergistic learning that makes best use of the creative range brought by students, faculty, and administration. Embodying respect for the range of diversity that dance/movement therapists encounter in their clinical and professional settings ultimately serves as a safeguard to the consumer of dance/movement therapy services. A demonstrated respect for diversity and inclusion is in conjunction with the Code of Ethics and Standards of the ADTA and Dance Movement Therapy Certification Board (*DMTCB*) (see glossary). Programs should place a high value on and strive to develop a diverse *faculty* (see glossary) and student body regarding race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, ability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration, and/or language.

It is incumbent upon the ADTA to develop, maintain, and revise competency-based standards through regular, comprehensive, and systematic review to ensure that the quality of education and clinical training remain relevant to the evolving needs of the public, demands of the health care system, licensure trends, changing landscape in the delivery of education and clinical services, and best practices that emerge out of evidence based research and innovation within the field in order to further advance the ongoing growth and stimulation of the profession.

The Standards serve as a foundation to support educational programs at all stages of development from planning and implementation through maintenance and continued growth. The ADTA expects that all programs uphold the Standards, and encourages unique and diverse approaches to the implementation of the Standards. Programs are responsible for all aspects of curriculum development, including academic and clinical components, to support students in successfully meeting the established competencies. The Approval Committee shall use the

competency-based standards as the basis for evaluating clinical training programs and awarding their *approval* (see glossary).

Organization

The Venn diagram below provides a visual representation of what is required of programs in providing an integrated dance/movement therapy education that is culturally informed across *input based standards* (see glossary) and outcome based standards. Section I describes input based standards, specific to approved programs, related to content and resources including: institutional, program, faculty and *clinical supervisors* (see glossary), admissions, evaluation, student *advisement* (see glossary), career resources, *academic curriculum* (see glossary) and *clinical training* (see glossary), and *distance learning* (see glossary). Section II details standards for approved programs and alternate route training that demonstrate an outcome of student achievement, which reflects educational goals. Upon graduating from an approved program or completing alternate route training, students can apply to the DMTCB for their professional credentialing.

In order to obtain and maintain master's degree program approval by the ADTA, both input based and outcome based standards need to be met in full. The ADTA *Education Committee* (see glossary) develops, regularly revises, and maintains the ADTA Standards for Education and Clinical Training. The *Committee on Approval* (see glossary) is a regulatory body of the ADTA, which reinforces the Education and Clinical Training Standards for master's programs by reviewing *candidacy* (see glossary) applications, approval applications, program *annual reports* (see glossary), *three-year self-studies* (see glossary), and *six-year self-studies* (see glossary).

An Integrated Dance/Movement Therapy Education

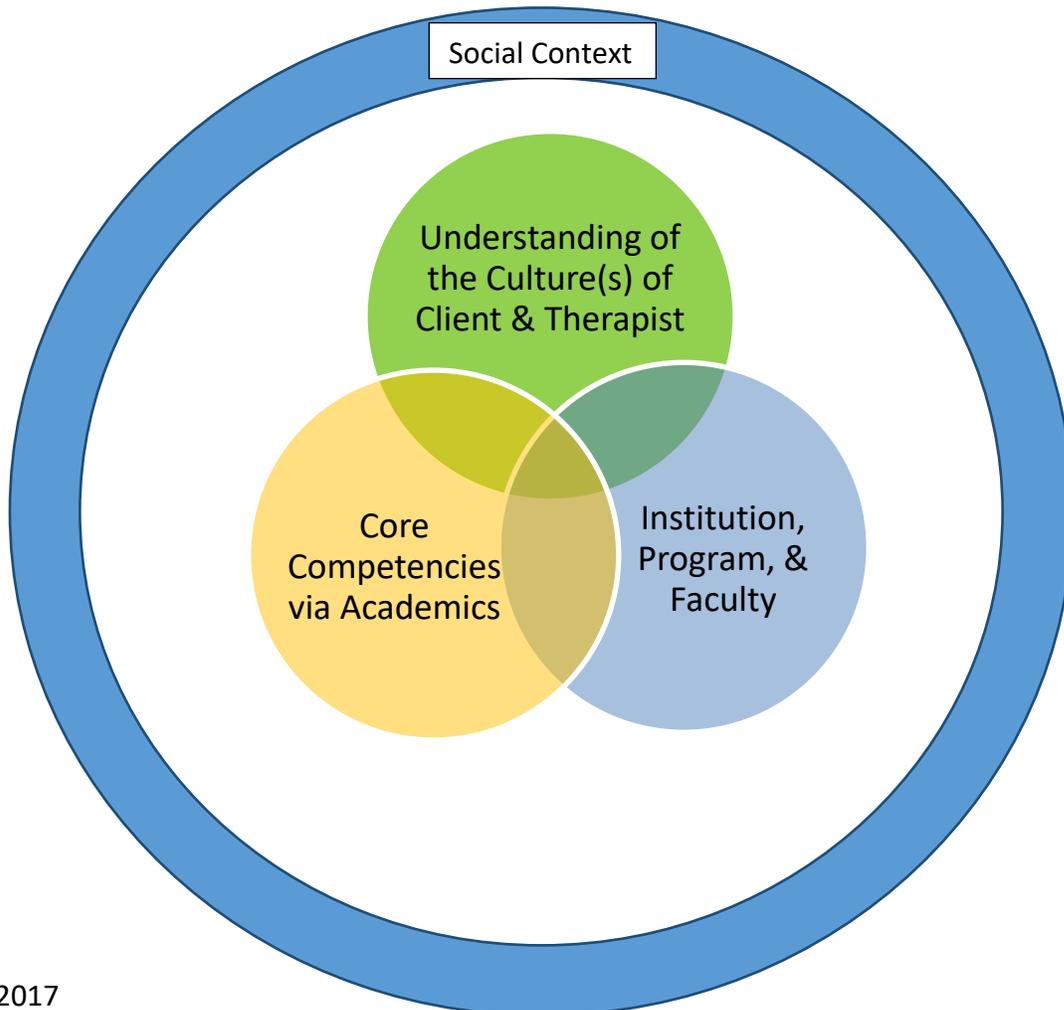
An *integrated dance/movement therapy education* (see glossary) takes place in the social context of the society in which the institution is located. This social context both prescribes and challenges issues of authority and agency, gender identity and relationships, educational norms, definition of health, sense of self and disclosure. The very center of the Figure 1 (see below) demonstrates the requirement for the program to completely integrate *culture* (see glossary), *academics* (see glossary), and the institution's administrative functions that serve the student and the faculty within the social context.

Culture: student understands that the therapist elicits and works within competencies for the identified culture(s) of the client, and brings knowledge of how personal culture(s) may bias perceptions and understanding of the client and influence core competencies

Academics: readings, pedagogy, and experiences provided to students in classes and clinical training that address the core competencies

Institution, Program & Faculty: faculty recruitment and evaluations, admissions processes, advisement, and administrative functions

Figure 1. Integrated Dance/Movement Therapy Education



SECTION I INPUT BASED STANDARDS

1. INSTITUTION STANDARDS

- 1.1 The regional higher education accreditation association shall accredit the program's parent institution
- 1.2 A program in dance/movement therapy shall be under administrative auspices that assure and support its *philosophy* (see glossary), objectives, purposes and goals through:
 - 1.2.1 Financial support that is commensurate with other comparable programs in the institution to facilitate quality assurance in meeting the standards
 - 1.2.2 Allocation to dance/movement therapy faculty of responsibility and authority for the program's governance in all respects within the policies and procedures of the parent institution
 - 1.2.3 Criteria and procedures for appointment, promotion and the granting of tenure for faculty in the program which are consonant with those of the program's parent institution
 - 1.2.4 Assignment of *faculty workloads* (see glossary) that reflect the need for release time for functions basic to the operation of a professional degree program, and commensurate with workloads in other professional degree programs of the institution
 - 1.2.5 Allocation of sufficient support staff to facilitate the orderly administration of the program
 - 1.2.6 Provision of space, equipment, supplies, technology, and library/media holdings sufficiently adequate to meet the needs of the program

2. PROGRAM OUTCOME STANDARDS

The educational program shall provide both the range and depth of skills and knowledge necessary for a professional dance/movement therapist. These guidelines leave open the possibility of cooperation between dance/movement therapy programs and other affiliated graduate programs.

- 2.1 The program shall grant a master's degree in dance/movement therapy. An equivalent master's degree will be accepted upon committee review.
- 2.2 Course descriptions and the specific degree offered shall be stated in the institution's catalogue or its equivalent
- 2.3 The course of study shall be integrated and sequentially ordered in such a way that it contributes to the development of the desired competencies
- 2.4 The program is held responsible for assuring the quality and integrity of the development and delivery of *competency-based curricula* (see glossary) as detailed in Section II of the Education Standards

- 2.5 In cases where dance/movement therapy programs are allied with other programs, the dance/movement therapy program must maintain its discrete identity in terms of coursework directly applying to dance/movement therapy
- 2.6 The program shall offer experiential classes that maintain a student to teacher ratio, which guarantees faculty responsibility to individual students, especially as related to coursework that includes clinical supervision

3. FACULTY and SUPERVISOR STANDARDS

Faculty shall teach only the subject area in which they are qualified. Faculty shall demonstrate evidence of training consistent with national best practices in teaching and learning as related to multicultural approaches, inclusion, and *social justice*.

Faculty (Pertains to full-time and part-time faculty unless otherwise specified.)

- 3.1. There shall be a full-time director in the academic dance/movement therapy program who is a *BC-DMT* (see glossary)
- 3.2. The dance/movement therapy program director shall have a full-time appointment in the institution, with primary responsibility to the dance/movement therapy program
- 3.3. In addition, there shall be at least one BC-DMT appointed full-time to the program or the equivalent. The equivalent of a full-time position is more than one BC-DMT, but not to exceed three. Roles and responsibilities of the FT equivalent need to be clearly established (i.e. teaching load, administrative responsibilities, advisement, department service, etc.).
- 3.4. Full time faculty shall have a minimum of five years of full-time clinical experience in dance/movement therapy or the part-time equivalent. Adjunct faculty shall have a minimum of two years of full-time clinical experience in dance/movement therapy or the part-time equivalent.
- 3.5. Teaching of dance/movement therapy practice and theory content shall be limited to board certified dance/movement therapists
- 3.6. Teaching of observation and assessment of movement content requires documented evidence of significant additional and advanced *movement observation* (see glossary) training beyond what is required for Master's approved programs OR certification in a *movement analysis* (see glossary) system.
- 3.7. Faculty support the program's mission and demonstrate competency in achieving program outcomes
- 3.8. *Faculty demonstrate competence in working with a diverse student body through the development of an inclusive teaching/learning environment*

- 3.9. *Teaching multicultural approaches, inclusion, and social justice requires evidence of training*
- 3.10. Faculty must identify with and contribute to the dance/movement therapy profession through (1) maintaining ADTA membership, (2) maintaining BC-DMT credentialing and related licensure through continuing education and upholding the ADTA Code of Ethics, (3) teaching, supervision, service, research, scholarship, advocacy, and/or practice in the field of dance/movement therapy

Clinical Internship Supervisor

- 3.11. Holds a master’s degree and professional, clinical *credential* (see glossary). In cases when an on-site supervisor is not a board certified dance/movement therapist, 70 hours of BC-DMT supervision needs to be arranged by the program and must include site visits as stipulated in *Clinical Internship Standards* (see glossary) (Standard 8.12).
- 3.12. Attends trainings and meetings offered by program and maintains ongoing communication with program
- 3.13. Has at least one year of full-time clinical experience or the part-time equivalent

4. ADMISSION STANDARDS

- 4.1 Admission requirements, including any pre-requisite coursework, shall be stated clearly in the regularly published catalogue or its equivalent in the program's parent institution
- 4.2 Students shall be selected for admission to the program on the basis of written criteria and a corresponding, culturally informed screening process that evaluates the following:
 - 4.2.1 Evidence of emotional, physical and intellectual capacity as well as motivation in accordance with the demands of a graduate program in dance/movement therapy
 - 4.2.2 Ability to adapt to and interact with a diverse group of movers
 - 4.2.3 A broad liberal arts undergraduate background
 - 4.2.4 **Dance Experience** evaluated by resume and/or narrative
 - 4.2.4.1 Expertise in at least two different dance (or movement) forms such as (ballet, modern, jazz, improvisation, popular/street/indigenous, liturgical, ballroom, traditional/ethnic/folk – African, Caribbean, Korean, Latin, Middle Eastern, Native American, etc.)
 - 4.2.4.2 In depth and dedicated experience in a minimum of one dance form
 - 4.2.4.3 Teaching, performing and/or choreography experience is recommended
 - 4.2.5 **Dance Skills** evaluated by video and/or in person audition
 - 4.2.5.1 Demonstrate an ability to move in a connected and kinesthetically informed way

- 4.2.5.2 Relate to others through movement
- 4.2.5.3 Show a range of functional and expressive movement qualities
- 4.2.5.4 Illustrate ability to improvise
- 4.2.5.5 Demonstrate an understanding of basic rhythmic patterns

5. EVALUATION STANDARDS

There shall be comprehensive and systematic assessment procedures and measurable assessment criteria for the evaluation of students, faculty, and the program.

Student

Programs must provide evidence of:

- 5.1 Evaluation of student competence in each of the four core curriculum content areas identified in Section II
- 5.2 Student academic, professional, and personal preparedness to enter into practicum/*fieldwork* (see glossary) and internship
- 5.3 Evaluation of student's clinical skills, professional conduct, and interpersonal skills throughout practicum and internship
- 5.4 Remediation policies and procedures
- 5.5 Student grievance process towards the academic and clinical programs

Faculty

Programs must provide evidence of:

- 5.6 Faculty competence in assigned teaching areas, including examination of how race/culture/gender identity is addressed in course content and instruction
- 5.7 *Formal and anonymous student evaluation system of faculty and site supervisors, including their cultural competence*
- 5.8 Evaluation procedures of faculty by the institution and the program administration
- 5.9 Faculty grievance process

Program

Programs must provide evidence of:

- 5.10 Systematic evaluation of the program as prescribed by the Annual Report, Three-Year Self-Study (for newly approved programs), and Six-Year Self-Study (see Committee on Approval Procedural Guidelines)
- 5.11 Regular and systematic review of the program by students, site supervisors, and when possible, alumni

- 5.12 Regular and systematic review of clinical sites
- 5.13 Support for faculty development
- 5.14 Consideration and application of recommendations for continued program development

6. STUDENT ADVISEMENT

Advisement is distinct from evaluation, and consists of consultation on matters related to academics, internship, and professional, educational, and personal development. The academic program shall have established criteria and procedures for ongoing advisement of students in relation to their academic and clinical studies.

- 6.1 Credentialed dance/movement therapy faculty shall provide all advisement related to the above, including:
 - Course scheduling
 - Academic standing
 - Thesis advisement
 - Career advisement
- 6.2 It is ideal that credentialed dance/movement therapy faculty provide advisement on matters related to registration and clinical placements, although trained staff can assist in these domains
- 6.3 Criteria and procedures to assist in counseling students out of the program including evaluation, a clear process for dismissal, and support for the student throughout the process shall be provided by the program director in compliance with institutional policies and procedures
- 6.4 Advising loads should not exceed one faculty member per *cohort* (see glossary)

7. CAREER RESOURCE STANDARDS

- 7.1 The program or institution shall provide career resources to students and alumni that include career counseling and employment services. These services can be provided by the program or by the institution informed by the program of the specific needs of its students. Career counseling and employment services can include, but are not limited to, resume writing, job searching skills, and providing information on local job opportunities when possible. Information on local salary ranges and common benefits may also be useful to students and alumni when it can be provided.
- 7.2 The program is responsible for giving student information on pursuing the R-DMT and the BC-DMT, including the accompanying roles, responsibilities, and benefits

- 7.3 The program is responsible for making sure that students receive important information relevant to state licensing, including how to research information on licensing in other states

8. CURRICULAR STANDARDS

The dance/movement therapy master's program shall be guided by clear principles of education, informed by a philosophy of treatment from which the clinical *theoretical framework* (see glossary) is derived, leading to an integrated teaching and learning experience.

It is expected that curriculum address the four core curriculum content areas and their accompanying competencies detailed in Section II.

Dance/movement therapy master's education shall be designed to provide students with the following:

Academic

- 8.1 The basic knowledge, skills, and techniques necessary for the practice of dance/movement therapy
- 8.2 Knowledge of professional and ethical practice in the field of dance/movement therapy
- 8.3 Knowledge of dance/movement therapy as a mental health profession within the broader context of education, healthcare, prevention/wellness, and community and/or society

Clinical Fieldwork and Clinical Internship

Fieldwork and internships are required with exposure to a minimum of two different *clinical populations* (see glossary), and shall both be under the administrative and educational direction of the institution's faculty. Close liaison shall be maintained between the program and each agency with clearly defined methods for communication and evaluation. A contract between the academic institution and each agency shall state the expectations and responsibilities of both parties.

NOTE: Academic course hours that include role-playing or instructing students in dance/movement therapy skills, session planning, documentation, and related skills for hypothetical clinical sessions in dance/movement therapy may not be utilized as *clinical training* (see glossary) hours.

Clinical Fieldwork

- 8.4 A minimum of 200 hours which cannot be applied to the Clinical Internship
- 8.5 Fieldwork shall provide the beginning student with:
 - 8.5.1 Direct exposure to dance/movement therapy practice within a clinical setting
 - 8.5.2 An understanding of the role and function of the dance/movement therapist within the system
 - 8.5.3 An orientation to health and educational systems

Clinical Internship

Internship, here defined as in-depth supervised clinical training at the professional level, shall provide the student with the opportunity to integrate dance/movement therapy skills and theory within an intensive, supervised practicum experience. It is expected that by the completion of the internship, the student will be ready to assume the role of a beginning clinician.

- 8.6 The internship will follow the successful completion of clinical fieldwork
- 8.7 Standards for entrance to, and completion of, the internship shall be clearly established by the dance/movement therapy academic program. These standards shall be written in the institutional catalogue, its equivalent, or in an internship manual.
- 8.8 The Internship shall be concurrent with, or subsequent to, the graduate dance/movement therapy coursework
- 8.9 Internship should include observing, assisting, co-leading, leading, and assuming full responsibility for program planning and dance/movement therapy treatment implementation with clients
- 8.10 The internship shall be a minimum of six months full time, totaling at least a 700-hour course of study. This shall include:
 - 8.10.1 A minimum of 350 hours of *direct client contact* (see glossary), all of which must be related to the development of skills required of a dance/movement therapist
 - 8.10.2 A minimum of 150 hours leading dance/movement therapy sessions
- 8.11 70 hours of BC-DMT supervision are required and shall include a minimum of five (5) hours of onsite observation of student led sessions accompanied by five (5) hours of supervisory discussion, totaling a minimum of ten hours. In circumstances in which live observation is absolutely not possible, the BC-DMT credentialed supervisor shall observe five (5) hours of video recorded, on-site, student led sessions accompanied by five (5) hours of supervisory discussion, totaling a minimum of ten hours.
- 8.12 Facilities shall be licensed, accredited or therapeutic settings, which provide clinical experience and in-service education as it applies to criteria for Fieldwork and Internship sites

Clinical Training Component

- 8.13 The academic program shall take primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations in diverse settings. Toward that end, the academic program shall establish and maintain training and internship agreements with a sufficient number of diverse field agencies that provide a range of client populations to provide fieldwork and internship clinical training experiences. Qualified supervision of clinical training is required, coordinated, and verified by the academic program.

- 8.14 Internships may be designed in different ways: part or full time, in one or more settings, for varying periods or time frames, and near or distant from the academic institution. Internships are always under continuous, qualified supervision by a credentialed dance therapist. (See Standards 3.11-3.13.) Internships shall be designed or selected to meet the individual needs of the student. This requires joint planning by the academic faculty, the internship supervisor, and the student, as well as continuous communication throughout the student's placement.
- 8.15 For any portion of the internship when there cannot be a dance/movement therapist on site, the student must have a BC-DMT providing direct supervision under the auspices of the institution. Direct supervision includes observation of the intern's clinical work with feedback provided to the intern.
- 8.16 The academic program shall develop a training plan with each student for completion of all facets of clinical training based on the ADTA competencies in the areas of practice and professional development, student needs, student competencies, and life circumstances. The various clinical training supervisors will work in partnership with the academic faculty to meet the individualized training plan. A written internship agreement will also be made between the student, internship supervisor, and the academic faculty. The internship agreement shall include:
- Starting and estimated ending dates of the internship
 - The competencies the student has achieved in preparation for internship
 - Academic requirements the student must fulfill for the program during internship
- 8.17 All parties will participate in the execution of the agreement, which should be completed by the end of the first week of the internship. The agreement will carry the signatures of the academic faculty involved in assessing student competence, the internship director, and the student. The signature of the internship director on the internship agreement signifies that these requirements may be reasonably completed over and above the site's requirements of the intern.
- 8.18 The internship agreement may also include other pertinent information, such as the length of the internship; student's work schedule; supervision plan; health and background checks; role and responsibilities of each party; student and supervisor liability and insurance issues
- 8.19 The internship program shall have its own competency-based evaluation system to determine whether each intern has attained required ADTA competencies.
- 8.20 The internship program shall solicit intern site evaluations for quality assurance purposes. These evaluations shall be forwarded to the intern's academic institution.
- 8.21 It is recommended that hours of clinical training include both direct client contact and other activities that relate directly to clinical sessions in dance/movement therapy.

Such experiences may include clinical trainings, case conferences, staff meetings, session planning, and documentation.

8.22 The internship must be satisfactorily completed before the conferral of any dance/movement therapy degree or completion of a non-degree equivalency program. The student must have received a passing grade in all dance/movement therapy courses in order to be eligible for internship. The academic program has the ultimate responsibility to determine whether these requirements have been successfully met.

8.23 When a student is unable to demonstrate required professional level competencies, additional hours of internship may be required of the student by the internship program in consultation with the internship supervisor

9. GUIDELINES FOR DISTANCE LEARNING

*Informed and adapted from the National Association of School of Dance (NASD) Handbook and the American Music Therapy Association (AMTA) Standards for Education and Clinical Training.

9.1 DISTANCE LEARNING DEFINITIONS

Distance Learning (see glossary)

Learning that involves programs of study delivered entirely or partially outside of regular face-to-face interactions between instructors and students in classrooms, independent study, and clinical sites associated with academic and clinical coursework to fulfill the degree or non-degree equivalency. Delivery methods can be diverse and often include various technologies, which enable substantial interactions between faculty and students.

Distance Learning Programs (see glossary)

Programs which deliver more than 40% of their requirements through distance learning formats, such as multi-format or blended programs, and must be designated as such in institutional and program materials (i.e. admissions, catalog, curricular).

Delivery Systems (see glossary)

All aspects of program delivery are interrelated, including content, technology, pedagogy, schedules, teacher/student relationship, and evaluation.

9.2 STANDARDS APPLICATION TO DISTANCE LEARNING

While all of the ADTA Education Standards are dynamic, those related to distance learning will be revised more frequently to maintain relevancy in the rapidly changing landscape of technology and distance learning education.

Programs are encouraged to employ instructional design and educational delivery through innovative means while remaining abreast of the rapid advances in technology in order to support and enhance student success. Programs are responsible for demonstrating that the method of delivery is an effective means of promoting student competency while meeting all

ADTA Standards for Education and Clinical Training in addition to the following Standards for Online Education.

9.3 DISTANCE LEARNING STANDARDS

Overarching Program Requirements, Consistency, and Equivalency

- 9.3.1 Due to the embodied nature of the field, the central role of movement in forging a therapeutic relationship, and the emphasis on clinical practice, the ADTA requires face-to-face education for dance/movement therapy specific coursework. Distance learning programs can be any combination of face-to-face, hybrid, and online coursework. It is incumbent upon programs to substantiate the interface of best pedagogical practice, method of delivery, and technological systems while upholding the ADTA Standards of Education.
- 9.3.2 Programs must specify and provide rationale for the ratio or number of hours of face-to-face to distance learning per course, if any, as well as for the program as a whole
- 9.3.3 Distance learning programs must apply for program approval even when approved face-to-face programs are housed within the same academic institution. Distance learning programs must submit distinct annual reports, 3-year reviews, and 6-year reviews when housed within the same academic institutions as approved face-to-face programs.
- 9.3.4 The academic institution shall have mechanisms in place to ensure consistent application of policies, procedures, and standards for enrolling, persisting, and matriculating in the course or program
- 9.3.5 When an identical program or one with an identical title is also offered on campus, the institution must demonstrate functional equivalency across all domains of each program with established mechanisms to ensure equitable quality among delivery systems

Purposes and Resources

- 9.3.6 The purposes shall be clearly stated in the admissions materials with demonstrable institutional support that fulfills such purposes through current or proposed systems of distance learning
- 9.3.7 The institution must allocate ongoing technical and financial support that sustains distance learning programs in their scope, purpose, size, and content
- 9.3.8 The program shall provide and publish academic and technical support services. It is recommended that time is dedicated at the beginning of the program to teaching the use of technology and that course specific technology requirements are also taught at the beginning of the course.

Delivery Systems, Verification, Evaluation, Technology, and Communication

- 9.3.9 Delivery systems must support the program purpose, educational and clinical components, and the teaching and learning of student competencies
- 9.3.10 The academic institution must implement verification methods (secure login and password, proctored examinations) to ensure that the registered student is the

same student who participates in and completes the program and is awarded academic credit

- 9.3.11 The academic institution must establish and publish the technical competence and equipment requirements of students for each distance learning program or course and assess whether students meet these requirements prior to enrollment
- 9.3.12 Institutions must employ policies and procedures that protect student privacy and notify students of costs associated with verification of student identity at time of registration
- 9.3.13 Programs must employ policies and procedures that protect confidential client information including the duration that course content and related assignments are held or available
- 9.3.14 Course instructions, expectations, evaluation criteria, mechanisms for communication with instructors and students, and policies on distance learning decorum must be clearly articulated and readily available to all constituencies involved in a distance learning program
- 9.3.15 Evaluation measures specific to distance learning shall be established for each course and the program as a whole for students to complete at regular intervals

Faculty

- 9.3.16 Faculty must demonstrate knowledge in various modules and learning management systems employed by the institution, and remain current with new technology
- 9.3.17 In addition to meeting the ADTA standards for faculty, load issues should be taken into consideration when designing, administering, and teaching in the program as distance learning requires a significant amount of time that extends beyond the credits of the courses
- 9.3.18 Office hours can be fulfilled virtually and/or responding to students within a timely manner as established by the institution. Such policies need to be clearly posted and readily available.

Dance/movement therapy curriculum

- 9.3.19 Distance learning programs must meet all Program Outcome Standards as well as Academic and Clinical Curricular Standards evidenced by student success in achieving competencies within all four curriculum content areas as set forth in the ADTA Standards for Education and Clinical Training
- 9.3.20 Faculty determine what content is delivered online and how that delivery is implemented in accordance with the Standards
- 9.3.21 In addition to traditional components of a *syllabus* (description, rationale, competencies, outline, assignments, evaluation methods) (see glossary), all syllabi must include technology requirements and related student support and resources
- 9.3.22 Online learning management systems and additional technology utilized to support academic and clinical distance learning must be clearly articulated in the curriculum and effectively advance student learning

Evaluation

- 9.3.23 Methods of evaluating Practice (Core Content Area 3 of Section II) competencies long distance must be specified
- 9.3.24 Methods of evaluating movement observation and assessment competencies long distance must be specified

Clinical Training and Supervision

- 9.3.25 Legal contracts and/or affiliation agreements must be in place, which specify the roles and responsibilities of the program, site, BC-DMT supervisors, on site supervisors, and the student
- 9.3.26 Program staff or faculty must serve as a liaison between the academic program and clinical sites, providing support and training
- 9.3.27 Individual on-site and academic supervision must be provided in accordance with the Clinical Internship Standards. A minimum of 70 hours of BC-DMT supervision is required. Site visits can occur through such means as video and teleconferencing, but must include audio and visual components and direct observation of the student's work while upholding all legal and ethical mandates of the profession, site, and academic program, especially as related to issues of confidentiality.
- 9.3.28 Group supervision by the academic BC-DMT may also be provided through discussion boards, synchronous conferencing, and/or live-time webinars while upholding all legal and ethical mandates of the profession, site, and academic program, especially as related to issues of confidentiality

SECTION II CORE CURRICULUM AND COMPETENCIES

There are four broad core curriculum content areas: History, Theory, Practice, and Professional Development. A list of operationalized competencies for each core area is included such that student achievement in the knowledge, skills, and values specific to dance/movement therapy can be objectively assessed through direct observation and measurement. Competencies specific to *culture* are italicized. Introducing the theory section is a visual representation of the theoretical content that substantiates the core principles of dance/movement therapy with cultural considerations included in each domain.

1. HISTORY: Historical and Contemporary Contributions

Major founders, their contributions, and the impact of historical and societal trends on the emergence of the profession

- 1.1 Identify and articulate the development of theoretical perspectives by the major founders in dance/movement therapy
- 1.2 Demonstrate an understanding of the origins and development of dance/movement therapy as a profession
- 1.3 *Identify and articulate the historical, cultural, racial, and societal context on the development of dance/movement therapy*
- 1.4 Describe the importance of modern dance in the US and Europe and its impact on the emergent field of dance/movement therapy

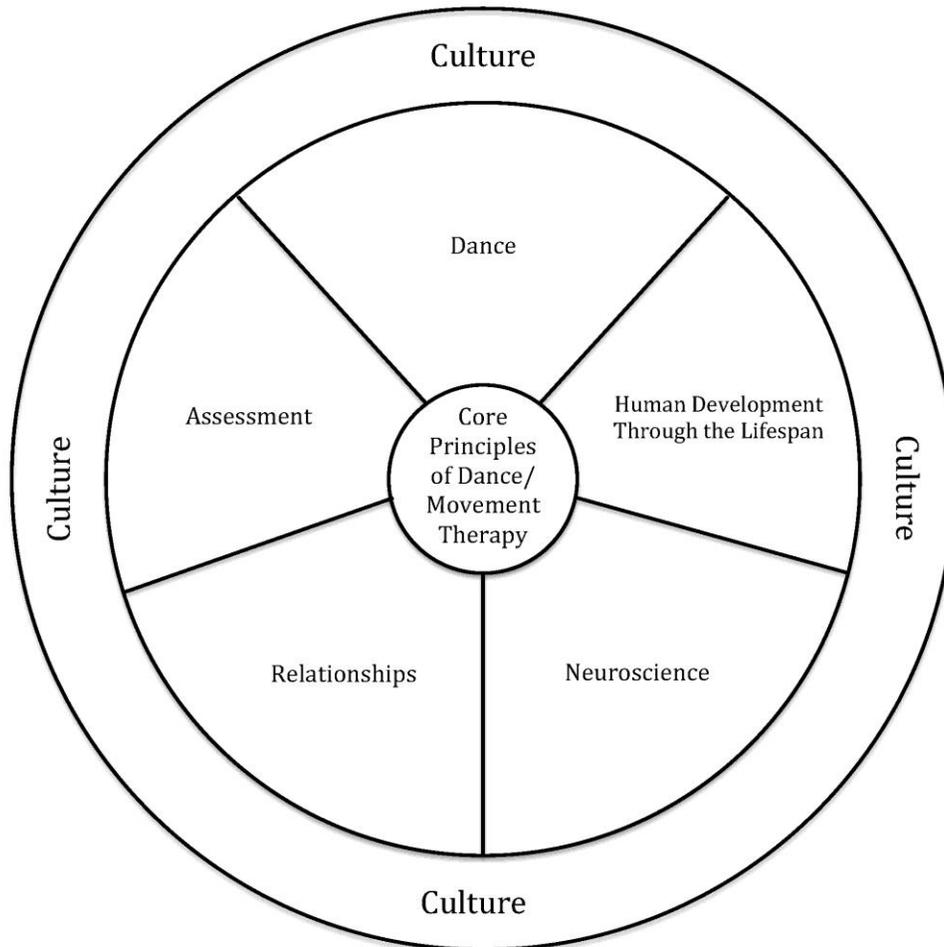
Contemporary contributions from related fields

- 1.5 Describe the contemporary intersection of dance/movement therapy with somatic practices and body/mind disciplines
- 1.6 Describe the contemporary intersection of dance/movement therapy with psychology, psychiatry, and neuroscience
- 1.7 Describe the contemporary intersection of dance/movement therapy with the arts in educational, community, and healthcare settings

Theory: Core Principles of Dance/Movement Therapy

As Informed by Culture:

Class, Gender, Ability, Sexual Identity, Race, Ethnicity and Spirituality



Dance

- Elements of Dance and Movement in Health and Healing
- Creativity and Aesthetics

Relationships

- Psychology of Groups and Group Process
- Dance/Movement Therapy Group Work
- Therapeutic Movement Relationship

Human Development

- Core Development Across All Domains
- Physical
- Cognitive
- Psychological

Neuroscience

- Body/Mind Integration
- Neurology of Movement
- Neuropsychology

Assessment

- Movement Observation, Assessment and Analysis
- Tools
- Multidisciplinary Psychodiagnosis

2. THEORY: Core Principles of Dance/Movement Therapy

2.1 DANCE

Knowledge of Anatomy and Kinesiology

2.1.1 Identify the basic structures and systems of the human body, including muscular and skeletal functioning, and the mechanics of human movement

Elements of dance and movement in health and healing

2.1.2 Demonstrate understanding of how dance and movement facilitate expression, communication, spontaneity, and creativity in fostering growth, healing, and integrated functioning

2.1.3 Demonstrate understanding of how the elements of dance: rhythm, space, time, dynamics and phrasing evoke and support the expression of feelings, the uniqueness of the individual, and connection to others

2.1.4 Describe the unique ability of dance, as a combined aesthetic and physical activity, to elevate mood and lead to a sense of well-being

2.1.5 Identify and articulate the historical and theoretical basis of improvisational movement serving as a primary structure for the process of dance/movement therapy

2.1.6 Describe how group rhythmic actions connect people to themselves and one another

2.1.7 Identify and articulate how shared symbolic movement universalizes experience

Creativity and aesthetics

2.1.8 *Identify and articulate how standards of aesthetics may differ across cultures and sub-cultures*

2.1.9 Discuss how creativity enhances an individual's ability to recognize unique personal strengths

2.1.10 Discuss how participating in a group aesthetic experience based on creative expression and movement improvisation builds empathic connection, self-agency and satisfaction

2.2 RELATIONSHIPS: Intrapersonal (self) and interpersonal (individual, couples, families, groups, communities)

Therapeutic movement relationship

2.2.1 Demonstrate a theoretical understanding of the attitudes, processes, and skills (including attunement, empathic reflection, and mirroring) that support the establishment and maintenance of a therapeutic relationship through dance and movement

2.2.2 *Describe the theoretical construct of a therapeutic alliance and how this may differ in various cultural contexts*

2.2.3 *Demonstrate ability to discern when a therapeutic relationship has been established and what obstacles prevent its development and maintenance including race, culture, language, class, and gender*

- 2.2.4 Describe the theoretical constructs that inform the therapist's role as participant/observer, witness, and leader in facilitating the building of a therapeutic movement relationship
- 2.2.5 Articulate theoretical constructs of transference and countertransference, and discuss why and how they are expressed and embodied in a movement relationship

Dance/movement therapy individual/group/systems work

- 2.2.6 *Identify and articulate basic dance/movement therapy methods and techniques for engagement and mobilization of participant(s) (rhythmic action, therapeutic movement relationship, synchrony, kinesthetic empathy, attunement, and symbolism), taking into account cultural diversity within the dyad/group as related to race, ethnicity, and gender*
- 2.2.7 Demonstrate knowledge of how shared movement experience facilitates self-expression and promotes insight and integration
- 2.2.8 Describe how movement observation systems provide a means of assessing individual and group development and process, including goal development and clinical intervention
- 2.2.9 Articulate why and how verbal interventions support the integration and meaning making of nonverbal learning and experiences
- 2.2.10 Describe family systems theories as related to assessment, treatment planning, and intervention in dance/movement therapy group work

Psychology of groups and group process

- 2.2.11 Demonstrate an understanding of group dynamics theory (developmental stages, processes, and roles), including the establishment of group norms and boundaries, expectations, and goals
- 2.2.12 Identify and discuss theoretical foundations for a physical and emotional warm-up in establishing a sense of group safety
- 2.2.13 *Discuss how leadership styles, power differentials, social and cultural expectations, and needs of the participants influence group dynamics*

2.3 HUMAN DEVELOPMENT THROUGH THE LIFESPAN

Core development across physical, cognitive, psychological, and social domains

- 2.3.1 Identify and describe the bio-psycho-social-cognitive aspects that influence individual human development within a system, including developmental movement
- 2.3.2 Discuss the impact of trauma on human development, behavior, and movement
- 2.3.3 *Describe how social economic status, gender roles, and racial identity develop and are expressed across the lifespan and through movement*

Physical development: Human development as related to movement

- 2.3.4 *Describe theories of human development as related to culturally informed typical and atypical movement development across the lifespan*
- 2.3.5 *Identify and articulate how family and other systems as well as culture impact the development of movement preferences over the lifespan*

- 2.3.6 Identify the impact of life events, including trauma, on body, movement, and expression
- 2.3.7 *Describe the development of body awareness in space and in relationship, considering socio-cultural influences*

Cognitive development: Human development as related to developmental body movement and the interplay between learning and thought processes

- 2.3.8 Describe stages of cognitive development (including decision-making, problem solving, and executive functioning), how it manifests in the movement repertoire, and how it is affected by pathology
- 2.3.9 Describe theory of mind as it informs understanding of self in relation to others
- 2.3.10 Describe the relationship between movement development, learning processes (verbal and non-verbal), and new ways of thinking
- 2.3.11 Identify and discuss the relationship between movement, memory, symbolic thought, and narratives
- 2.3.12 Demonstrate understanding of the process of insight development and meaning-making through movement and embodied learning
- 2.3.13 Describe the development of body image as related to sense of self (i.e. identity and self-perception)

Psycho-social development: Human development as related to the intersection of movement, psychological, and social development

- 2.3.14 Describe theories and stages of psycho-social development, how it manifests in the movement repertoire, and how it is affected by pathology
- 2.3.15 Identify and describe psychological and social theories of development and their intersection with dance/movement therapy theory in facilitating change

2.4 NEUROSCIENCE

Body/mind integration

- 2.4.1 Demonstrate understanding of the latest neuroscience research that substantiates the relationship between the body, brain, emotions, and cognition
- 2.4.2 Demonstrate understanding of the relationship between the nervous system and cultivating pro-social behaviors (compassion, empathy), positive emotions, and physiological well-being
- 2.4.3 Demonstrate awareness of brain structures and biochemical interactions involved in the process of creativity, dance, breath, movement, and emotions
- 2.4.4 Demonstrate knowledge of the stress response and the neuroscience and dance/movement therapy involved in reducing the effects of stress

The neurology of movement

- 2.4.5 Identify how movement, dance, and touch can activate neurophysiology and states of change along the health/illness continuum
- 2.4.6 Demonstrate understanding of how voluntary and involuntary movement are controlled by the brain

- 2.4.7 Demonstrate knowledge of neurodevelopmental sequencing and the role of rhythm (e.g., auditory entrainment) and social interaction in addressing neuroplasticity (i.e. trauma, motor disabilities)

Application of neuroscience

- 2.4.8 Demonstrate an understanding of neuroplasticity and how it informs dance/movement therapy interventions
- 2.4.9 Demonstrate knowledge of the neuroscience of trauma and how dance/movement therapy can facilitate healing on a body level
- 2.4.10 Demonstrate an understanding of the role of rhythm and synchrony in relation to self-regulation and attunement
- 2.4.11 Demonstrate knowledge of an intact and impaired Mirror Neuron System (MNS) and its role in attunement and attachment, the development of empathy, and the intersubjective experience
- 2.4.12 Demonstrate knowledge of the relationship between sensory awareness, body awareness, and movement behavior in creating a state of well-being

2.5 ASSESSMENT

Movement Observation: (see glossary) documenting, describing, and communicating body level and relational movement patterns through the use of a movement classification system

Movement Analysis: organizing and examining the relationships between and among qualitative and quantitative aspects of movement behaviors

Movement Assessment: (see glossary) evaluating observable movement patterns from a contextual developmental, psychological, and/or behavioral perspective

Systems of movement observation, assessment, and analysis

- 2.5.1 Describe the historical and theoretical contributions of major contributors to the field of movement observation and analysis, including Rudolph Laban, Irmgard Bartenieff, and Judith Kestenbergl and the application of their work to dance/movement therapy
- 2.5.2 *Locate the social and cultural context of movement observation, assessment, and analysis within specific movement taxonomies (i.e. LMA, KMP)*
- 2.5.3 *Document, describe, and communicate intrapersonal and interpersonal movement patterns through a culturally informed taxonomy of movement observation*
- 2.5.4 Describe the interface of movement expression, the body, and emotions, and discuss how emotions are crystallized in particular movement patterns and movement gestalts
- 2.5.5 Embody, identify and describe functional and expressive aspects of verbal and nonverbal behavior within a prescribed system of movement observation
- 2.5.6 *Identify and discuss subjective movement observations with consideration towards cultural variations*
- 2.5.7 Identify and describe how to assess movement from a developmental perspective

- 2.5.8 Identify and describe movement defenses and how they are visible in the body and in movement patterns
- 2.5.9 Demonstrate ability to communicate movement observation and assessment data to allied professionals

Tools used for movement assessment and analysis

- 2.5.10 Organize and examine the relationships between qualitative and quantitative aspects of movement behavior utilizing a taxonomy of movement
- 2.5.11 *Assess observable movement patterns from a cultural, developmental, psychological, and/or behavioral perspective based upon a taxonomy of movement*
- 2.5.12 *Discern and articulate how one's own movement preferences and socio-cultural background influence assessment and analysis of movement*

3. PRACTICE: Clinical Application of Dance/Movement Therapy Theory

Treatment planning and evaluation

- 3.1 Create, review, and revise movement and corresponding bio-psycho-social-cognitive goals and objectives informed by formal and informal ongoing assessment
- 3.2 Apply systematic and comprehensive assessment to guide treatment planning and interventions
- 3.3 Demonstrate ability to conduct a clinical interview
- 3.4 Develop long and short-term movement goals and objectives including case conceptualization
- 3.5 Develop and implement termination plan
- 3.6 Facilitate relief of symptoms by engaging in movement process
- 3.7 Coordinate treatment planning with allied professionals from intake through discharge planning
- 3.8 Communicate to an interdisciplinary team the rationale for dance/movement therapy services and the role of the dance/movement therapist in providing comprehensive treatment
- 3.9 Demonstrate understanding of how to effectively, ethically, and legally respond as a mandated reporter
- 3.10 Document clinical data that complies with ethical, legal, and reimbursement requirements
- 3.11 Professionally and objectively communicate client progress with the client, treatment team, and family or significant others authorized as part of the client's treatment

Clinical use of the therapeutic movement relationship

- 3.12 *Substantiate methodological approach to the therapeutic relationship given movement observations and assessment, dance culture of the client, clinical setting, and client goals*
- 3.13 Demonstrate ability to establish and maintain safety and trust within the relationship through effective use of verbal and nonverbal embodied presence, kinesthetic attunement, verbal and nonverbal self-disclosure, and understanding of leadership style
- 3.14 Utilize movement in the relationship to generate exploration of clients' feelings, thoughts and behaviors as related to their goals and self-concept
- 3.15 Demonstrate ability to empathically mirror clients' movement
- 3.16 Model and discuss how empathic movement mirroring supports clients in developing awareness of their own movement patterns/behaviors in relationship to self and other
- 3.17 *Identify how similarities and differences (see glossary) to another influence ability to empathically mirror through movement*
- 3.18 Synthesize how awareness of one's own movement patterns corresponds to sensations, images, thoughts, and feelings, informing the progression of dance/movement therapy interventions
- 3.19 Generate movement and dance interventions informed by the creative collaboration within the therapeutic movement relationship to support clients' process of change and expand their movement repertoire
- 3.20 Employ intentional use of touch to facilitate therapeutic goals with permission and respect for personal, social, and cultural boundaries and in accordance with the Code of Ethics and Standards of the ADTA and *DMTCB* (see glossary)
- 3.21 Identify and navigate somatic countertransference and discuss how it impacts the therapeutic movement relationship

Dance/movement therapy practice skills

- 3.22 Identify and articulate generic principles of dance/movement therapy theory and interventions common to working with all populations
- 3.23 *Discuss how dance/ movement therapy theories are applied to practice in relationship to the following: a) needs of specific populations, b) socio-cultural considerations, c) public policies, and d) systems of health care*
- 3.24 Create developmentally appropriate movement interventions that also take into consideration symptom manifestation and effects of medication

- 3.25 Describe how the nature, timing, and depth of interventions are supported by dance/movement therapy theory and movement observation and assessment
- 3.26 Facilitate physical and emotional warm-up in movement using principles of dance and anatomy/kinesiology
- 3.27 Develop movement from gestural/fragmented to postural/integrated movement
- 3.28 Maintain the flow of a session including smooth and timely transitions, and a clear beginning, middle, and end
- 3.29 Facilitate use of symbols, imagery, and metaphor in movement
- 3.30 Facilitate improvisation, spontaneity, and creativity for behavior change and self-expression
- 3.31 Increase movement repertoire to support emotional expression, communication, and change
- 3.32 Demonstrate ability to facilitate theme development and meaning making
- 3.33 Select choreographic structures, props, and music to support client strengths and needs as well as individual and group process
- 3.34 Demonstrate ability to verbally support the therapy process by articulating basic movement directives, labeling movement, reflective listening (verbal and non-verbal witnessing), and asking effective questions
- 3.35 Utilize verbal and nonverbal behavior to facilitate integration of the movement experience and transferability into daily life
- 3.36 Identify limitations of movement analysis systems when applied to the practice and research of dance/movement therapy, including diagnosis
- 3.37 Evaluate ethical issues in the application of movement analysis systems to the practice and research of dance/movement therapy

Group dance/movement therapy skills

- 3.38 Develop skills in observing and leading dance/movement therapy groups to facilitate and invite self-exploration and self-expression
- 3.39 Address treatment expectations and outcomes, and establish boundaries to facilitate a holding environment, sense of safety, and engagement in treatment

- 3.40 Demonstrate understanding of the development of group goals, elements of group dynamics (roles and norms), and group process in relation to theoretical approaches (family and group)
- 3.41 *Demonstrate ability to address group goals with awareness and consideration of cultural differences and similarities as well as transference dynamics within the group, including those of the therapist*
- 3.42 Facilitate physical and emotional warm-up to establish group cohesion
- 3.43 Facilitate cooperation, mutual support, intimacy, and trust via kinesthetic empathy, synchrony, and resonance
- 3.44 Utilize movement repertoire to support empathic reflection, group cohesion, and theme development
- 3.45 Promote shared experiences with attention to group mobilization, vitality, cohesion, and installation of hope
- 3.46 Demonstrate ability to maintain therapeutic relationships that foster positive risk-taking, autonomy, social interaction, and problem solving
- 3.47 Support and provide structure for conflict exploration
- 3.48 Facilitate group closure and integration of experiences, movement patterns, themes, and insights

4. PROFESSIONAL DEVELOPMENT: Skills for Professional Orientation and Ethical Practice

Knowledge and skills of research and evaluation in dance/movement therapy and human behavior

- 4.1 Engage in informed research practice behaviors: (a) use practice to inform scientific inquiry, and (b) use research evidence to inform practice
- 4.2 Demonstrate basic understanding of research methods (quantitative and qualitative) and their implications for application to theory and populations
- 4.3 Demonstrate basic knowledge of searching principles and citation standards to locate and attribute research findings

Professional identity

- 4.4 Demonstrate an understanding of professional role and functions as clinicians while fostering communication and relationships with other human service providers
- 4.5 Demonstrate knowledge of how to become actively involved with professional organizations

- 4.6 Identify and discuss importance of ongoing professional learning to promote personal and professional growth as a dance/movement therapist
- 4.7 Demonstrate understanding of professional credentialing, including board certification and licensure, and the effects of healthcare policy and public policy on these issues

Development of best practices

- 4.8 Demonstrate understanding of the ADTA ‘Scope of Practice’ that reflects current level of skill, competency and credentialing
- 4.9 Demonstrate understanding of the ADTA and DMTCB Code of Ethics and Standards and their role in safeguarding clients
- 4.10 Demonstrate comprehensive understanding and knowledge of client rights
- 4.11 Demonstrate ability to reflect on how ethical dimensions, dilemmas, and issues inform development of ethical practices
- 4.12 Demonstrate effective decision-making processes to address ethical concerns
- 4.13 Demonstrate knowledge of legal issues (state and HIPPA Regulations)
- 4.14 Demonstrate awareness of current and relevant evidence-informed practices
- 4.15 Demonstrate understanding of how to interpret and apply knowledge from current, relevant research literature to enhance client care and professional development
- 4.16 *Demonstrate ability to identify and employ cultural humility and awareness of difference in all aspects of practice and research*
- 4.17 Demonstrate ability to practice self-evaluation and reflective practices to enhance self-awareness and performance
- 4.18 Demonstrate effective self-care practices and strategies

Self-awareness

- 4.19 Identify personal movement patterns and how they relate to behaviors, thoughts, feelings, and aesthetic choices
- 4.20 *Discern and demonstrate how personal movement preferences and socio-cultural background influence all domains of treatment, including aesthetic choices and the observation, assessment and analysis of movement*

- 4.21 Expand personal functional and expressive movement repertoire to enhance abilities to kinesthetically attune to clients and create a wide range and depth of movement interventions to support the client's process in dance/movement therapy

Supervision

- 4.22 Demonstrate knowledge of the dance/movement therapy supervision process
- 4.23 Demonstrate willingness and ability to explore own effective use of supervision
- 4.24 Demonstrate ability to utilize a variety of supervisory options to process personal feelings and concerns about clients
- 4.25 Discuss the interface between professional and personal development
- 4.26 *Demonstrate ability to articulate personal cultural identity and locate personal sociocultural status in relationship*

Advocacy about dance/movement therapy

- 4.27 *Demonstrate awareness of advocacy practices that promote access, equity, and success for clients*
- 4.28 Demonstrate ability to develop advocacy skills in role of dance/movement therapist

GLOSSARY OF TERMS

Academics: readings, pedagogy, and experiences provided to students in classes and clinical training that address the core competencies.

Academic Curriculum: all required and elective courses, sequentially organized, that comprise the degree requirements of a program.

Administrative Organization: hierarchical administrative structure of program.

Admission Criteria: academic, personal, and dance/movement requirements stipulated by institution to qualify for entry into program.

Advisement: information and consultation on academic, internship, or other matters related to educational and professional development.

Annual Reports: yearly reports provided by master's programs to the ADTA Committee on Approval as a means of ensuring that they continue to remain in compliance while notifying the committee of any changes or updates to the program.

Approval (ADTA): the process whereby the ADTA Committee on Approval grants public recognition to a master's dance/movement therapy program within an academic institution that meets the ADTA Education and Clinical Training Standards as determined through initial, three-year, and six-year reviews.

BC-DMT: Board Certified Dance/Movement Therapist. This is the second and highest level of credentialing regulated by the Dance/Movement Therapy Certification Board. After two years of full time, supervised work, or the part time equivalent, dance/movement therapists are eligible to apply to become board certified. See the [BC-DMT Handbook](#) for more details. Students must receive a minimum of 70 hours of BC-DMT clinical supervision for their internships. See [Clinical Internships](#) under section **8. Curricular Standards** of the ADTA Education and Clinical Standards.

Candidacy: programs that are in the initial planning stages and choose to seek candidacy status as an intermediary step towards approval.

Clinical Internship: in-depth supervised clinical training at the professional level, providing the student with the opportunity to integrate dance/movement therapy skills and theory within an intensive, supervised practicum experience. The duration of an internship is six months full-time with a minimum of 700 hours over the course of study. See additional criteria in **8. Curricular Standards**.

Clinical Population: term used to draw patient/client distinctions in terms of age, diagnosis, psychosocial and/or developmental issues, and for prevention of problems and disease.

Clinical Supervisor: provides on-site clinical supervision during a student's fieldwork

and internship. This person holds a master's degree and professional, clinical credential. In cases when an on-site supervisor is not a board certified dance/movement therapist, 70 hours of BC-DMT supervision needs to be arranged by the program and must include site visits as stipulated in Clinical Internship Standards.

Clinical Training: supervised fieldwork and internship experiences that include observing, co-facilitating, leading, and assuming full responsibility as an integrated member of a clinical team. Fieldwork training consists of on-site experiences taken in conjunction with dance/movement therapy coursework as pre-requisites for internship.

Cohort: one class, per year, per program. For example, first year class on campus program, second year class low residency program.

Committee on Approval: a regulatory body of the ADTA, which reinforces the Education and Clinical Training Standards and reviews approval applications, program annual reports, three-year self-studies, and six-year self-studies.

Competency-based Curricula: the observable and measurable outcome of student achievement, which reflects program goals. Also known as outcome based standards, competencies reflect areas of knowledge and skills that students will have upon completion of the program.

Credential: upon successful completion of academic and clinical training, individuals can apply to the Dance/Movement Therapy Certification Board for their credential as a Registered Dance/Movement Therapist (R-DMT). Following two years of full time supervised work, or the equivalent, individuals can apply for their advanced credential as a Board Certified Dance/Movement Therapist. See [DMTCB](#) for more information.

Culture: student understands that the therapist elicits and works within competencies for the identified culture(s) of the client, and brings knowledge of how personal culture(s) may bias perceptions and understanding of the client and influence core competencies.

Cultural Markers: issues of authority and agency, gender identity and relationships, educational norms, definition of health, sense of self and disclosure.

Delivery Systems: all aspects of program delivery are interrelated, including content, technology, pedagogy, schedules, teacher/student relationship, and evaluation.

Difference: distinguished from another by movement preferences, body type, culture, race, ethnicity, language, national origin, religion, age, gender, gender identity, marital status, sexual orientation, socio-economic status, physical and mental abilities influence ability to empathically mirror through movement

Direct Client Contact: includes, but is not limited to, therapy sessions, phone calls, outreach, intake, community meetings and outings, and engaging with those in the milieu

Distance Learning: learning that involves programs of study delivered entirely or partially outside of regular face-to-face interactions between instructors and students in classrooms, independent study, and clinical sites associated with academic and clinical coursework to fulfill the degree or non-degree equivalency. Delivery methods can be diverse and often include various technologies, which enable substantial interactions between faculty and students.

Distance Learning Programs: programs which deliver more than 40% of their requirements through distance learning formats, such as multi-format or blended programs, and must be designated as such in institutional and program materials (i.e. admissions, catalog, curricular).

DMTCB: the Dance/Movement Therapy Certification Board, which is responsible for credentialing individuals after they have met all educational and application requirements. The board also regulates the maintenance of credentials.

Education Committee: develops, regularly revises, and maintains the ADTA Standards for Education and Clinical Training

Face-to-Face Course: also known as a classroom course, all instructional activity is organized around in person class meetings.

Faculty: full and part-time instructional personnel affiliated with the program.

Faculty Workload: all activities (teaching, advising, supervisory, administrative, etc.), which comprise a faculty member's total responsibility to the program.

Fieldwork: pre-internship dance/movement therapy experiences in a clinical setting designed to provide students with: a) direct exposure to dance/movement therapy within a clinical setting, b) an orientation to educational and health systems, and c) an understanding of the role and function of the dance/movement therapist with the system. Hours earned in Fieldwork cannot be applied to the internship.

Hybrid Course: also known as blended, most course activity takes place online with some required face-to-face instruction. The program is responsible for establishing the threshold of required online activity. See section **9. Distance Learning Standards** for specific requirements.

Input Based Standards: standards related to content and resources including: institutional, program, faculty and clinical supervisors, admissions, evaluation, student advisement, career resource, academic curriculum and clinical training, and distance learning.

Integrated Dance/Movement Therapy Education: the culturally informed intersection of input based and outcome based standards such that all academics, including clinical training and the institution's administrative functions that serve the student and the faculty work together in a culturally competent fashion.

Internship Placement Procedures: how internship policies are implemented regarding the establishment and maintenance of the clinical placement by the program inclusive of forms and contracts used to do so.

Liability Insurance: legal and financial protection against liability of the student while student is placed at a clinical facility. Supervisors contracted by the institution to conduct site visits must also carry liability insurance.

Movement Analysis: organizing and examining the relationships between and among qualitative and quantitative aspects of movement behaviors.

Movement Assessment: evaluating observable movement patterns from a developmental, psychological, and/or behavioral perspective.

Movement Observation: documenting, describing, and communicating body level and relational movement patterns through the use of a movement classification system.

Online Course: all course activity, including student interaction with course material, the instructor, and one another, takes place entirely online.

Philosophy: fundamental beliefs from which the program's theoretical framework is derived that informs the program's curricular standards and leads to an integrated learning experience.

Six-Year Self-Study: after being granted six-year approval by the Committee on Approval, programs renew their approval every six years by submitting a comprehensive self-study to the Committee on Approval that details how they continue to meet the ADTA Education and Clinical Training Standards and any changes to the program over the past six years. The committee conducts a qualitative and quantitative evaluation of the master's program seeking renewal of their Six Year Approval.

Social Justice: equal rights, opportunities, resources, freedom, tolerance, and respect for all, resulting in a shared humanity that embraces diversity, which can be defined along all of these lines.

Supervision: an educational relationship between the clinical on-site supervisor, student, and academic supervisor, which provides education, support, guidance, and consultation for the professional and personal development of the student, including diversity training.

Syllabus: document provided by the instructor to the student that describes the purpose and objectives of course, content, requirements, methods of evaluation, required readings, and how the course content is to be covered through the semester.

Taxonomy of Movement: a movement classification system such as Laban Movement Analysis or the Kestenberg Movement Profile.

Theoretical Framework: the conceptual model, principles, and assumptions that guide the academic and clinical components of the program.

Three-Year Self-Study: programs are granted initial approval for three years. After three years, they submit a comprehensive self-study to the Committee on Approval that details how they meet the ADTA Education and Clinical Training Standards. The committee conducts a qualitative and quantitative evaluation of the master's program seeking Six Year Approval.

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