

STANDARDS FOR EDUCATION AND CLINICAL TRAINING



2019

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) within both approved master's degree programs and alternate route training. 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). Approved 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, immigrant status, 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 academic and clinical training at all stages of development from planning and implementation through maintenance and continued growth. The ADTA expects that all programs and alternate route training uphold the Standards, and encourages unique and diverse approaches to the implementation of the Standards. Programs and educators are responsible for all aspects of curriculum development, including academic and clinical components, to support students in successfully meeting the established competencies. The *Committee on Approval* (see glossary) and Subcommittee for Approval of Alternate Route Courses (SAARC) shall use the Standards as the basis for evaluating master's programs and alternate route coursework, respectively, awarding their *approval* (see glossary).

Organization

The Venn diagram below provides a visual representation of what is required of approved programs in providing an integrated dance/movement therapy education that is culturally informed across *input based standards* (see glossary) and outcome based standards. Section IA describes input based standards, specific to approved master's programs, related to content and resources including: institutional, program, faculty and *supervisors* (see glossary), admissions, evaluation, student *advisement* (see glossary), career resources, *academic curriculum* (see glossary), *clinical training* (see glossary), and *distance learning* (see glossary). Section IB describes input based standards specific to alternate route education. 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.

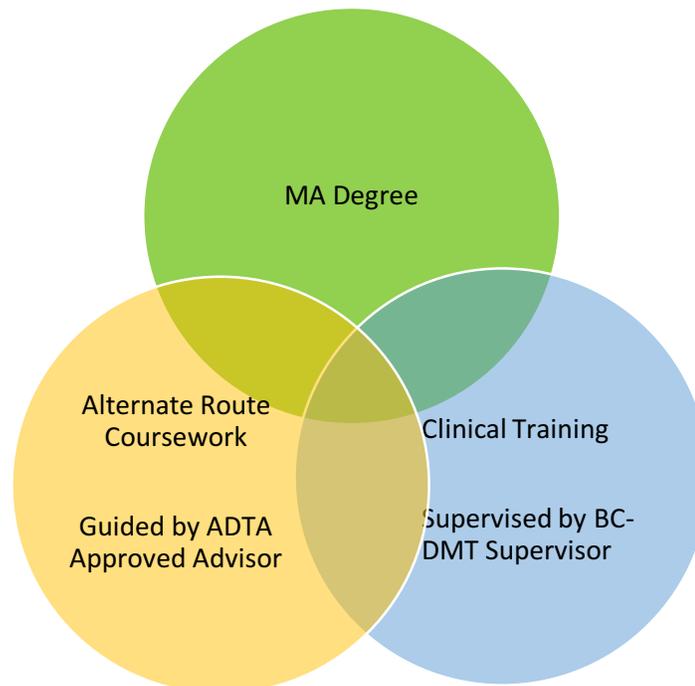
In order to obtain and maintain master's degree program approval by the ADTA, both input based and outcome based standards need to be met in full. The ADTA *Education Committee* (see glossary) develops, regularly revises, and maintains the ADTA Standards for Education and Clinical Training. The *Committee on Approval* (see glossary) is a regulatory body of the ADTA, which enforces 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). The *Subcommittee of Approved Alternate Route Courses* (see glossary) approves individual alternate route course offerings.

*Note: It is assumed that when culture and diversity are addressed throughout the Standards, *cultural identifiers* (see glossary), such as race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, ability, health status, religious and spiritual practices, family of origin, nation of origin or other relevant social categories, immigrant status, educational background, and language, are included.

SECTION I-B: ALTERNATE ROUTE EDUCATION INPUT BASED STANDARDS

Students pursuing an alternate route education are responsible for independently seeking out and successfully completing coursework, either within an academic institution where such courses are generally offered as part of a master's program, or through independent educators who offer stand-alone courses as well as curriculum within training institutes and organizations. They must also obtain a master's degree and work with an ADTA approved advisor and BC-DMT supervisor.

Figure 2. Comprehensive Model of Alternate Route Education



1. EDUCATOR, SUPERVISOR, and ADVISOR STANDARDS

Educators

- 1.1 Teaching of dance/movement therapy practice and theory content shall be limited to board certified dance/movement therapists.
- 1.2 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.
- 1.3 Educators demonstrate competence in working with a diverse student body through the development of an inclusive teaching/learning environment

- 1.4 Teaching multicultural approaches, inclusion, and *social justice* (see glossary) requires evidence of training, experience, and expertise.
- 1.5 Educators must identify with and contribute to the dance/movement therapy profession through (1) maintaining ADTA membership, (2) maintaining BC-DMT credentialing 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

Internship Supervisor

- 1.6 On-site supervisor holds a master's degree, ideally in a *clinical field* (see glossary). In cases when an on-site supervisor is not a board-certified dance/movement therapist, BC-DMT supervision needs to be arranged by the student and meet the required number of hours as stipulated in Table 4 (see Standard 5.18).
- 1.7 BC-DMT supervisor maintains ongoing communication with advisor, including at the beginning, middle, and end of internship (see Section 4 **Student Advisement**).
- 1.8 On-site master's level supervisor has at least two (2) years of full-time experience or the part-time equivalent

Advisor

- 1.9 Must be a BC-DMT for at least 2 years.
- 1.10 Must complete an advisement course to qualify for and retain advisor status to ensure familiarity with current ADTA Standards of Education and Clinical Training and R-DMT requirements and procedures.
- 1.11 May also be a student's supervisor or teacher, but not both. However, students are encouraged to work with a range of experienced dance/movement therapists throughout their training.
- 1.12 Must identify with and contribute to the dance/movement therapy profession through (1) maintaining ADTA membership, (2) maintaining BC-DMT credentialing 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

2. ALTERNATE ROUTE COMPLETION STANDARDS

Basic Educational Degree Requirements

- 2.1 An AR intention form must be submitted to the ADTA office by the completion of 8 credits, documenting the official beginning of AR training.

2.2 By completion of AR training, the following is required:

- Documentation (resume, narrative, portfolio, etc.) reflecting the following **dance experience**:
 - Expertise in at least two different dance (or movement) forms such as (traditional/ethnic/folk – African, Caribbean, Asian/S. Asian, Latin, Middle Eastern, Native American, etc., popular/street/indigenous, improvisation, liturgical, ballroom, ballet, modern, jazz)
 - In-depth and dedicated experience in a minimum of one dance form
 - Ability to discuss the influence of culture on their dance experience and dance forms
 - Teaching, performing, and/or choreography experience is recommended
- Evidence of the following **dance/movement skills (assessed via a rubric by educators and BC-DMT supervisors and communicated to the advisor)**:
 - An ability to move in a connected and kinesthetically informed way
 - An ability to relate to others through movement
 - A range of functional and expressive movement qualities
 - Ability to improvise
 - An understanding of basic rhythmic patterns

***Note:** Advisement will include assessing dance experience and developing a plan if the above standards are not met. This plan will be communicated as an addendum to the letter of intention detailing continuing dance training/experience that will be required in order to meet the above requirements prior to application of R-DMT.

2.3 Upon completion of AR coursework, students must also have completed a graduate degree. Students who do not have a clinical mental health graduate degree (see below) should be aware that they will not meet clinical mental health licensure qualifications in their state and will follow a different clinical training track (see **Clinical Fieldwork and Clinical Internship** on p. 11 and Table 3B). Graduate degrees in the following areas of study are strongly encouraged:

- Clinical: Counseling, Marriage and Family Therapy, Social Work, Psychology, Creative Arts Therapies, Expressive Art Therapy, Rehabilitation Counseling, School Counseling, Pastoral Counseling (Will require fewer clinical training hours and certain clinical degrees may or may not allow one to have a clinical mental health practice. Check with your state licensing board.)
- Dance, Dance Education (Will require more clinical training hours and will NOT allow one to have a clinical mental health practice)
- Education, Special Education, Occupational Therapy, Physical Therapy, Recreation Therapy (Will require more clinical training hours and will NOT allow one to have a clinical mental health practice.)

2.4 AR education, including internship, must be completed within ten (10) years. If longer, a letter of explanation must be submitted for consideration and discussion with the advisor.

3. EVALUATION STANDARDS

There shall be comprehensive and systematic assessment procedures and measurable assessment criteria for the evaluation of students, educators, advisors and supervisors (see Student Handbook).

Students

- 3.1 Students must demonstrate evidence of competence in each of the four core curriculum content areas identified in **Section II** as reflected in successful completion of the learning objectives within course syllabi.
 - 3.1.1 Successful completion of any course is defined as receiving a passing grade of B or better (80% or better).
 - 3.1.2 The student, in addition to the course instructor and/or program administrator, will maintain a record of student's successful completion of courses. The student is responsible for communicating this information to their advisor.
- 3.2 Professional, academic, and personal readiness for practicums/*fieldwork* (see glossary) and internships, is determined in consultation with student's advisor.
- 3.3 The BC-DMT supervisor shall complete the competency-based evaluation (see clinical placement manual) to determine whether each intern has attained required ADTA competencies
- 3.4 Remediation policies and procedures addressing concerns (academic, interpersonal, personal, & professional) related to the student will be initiated by the advisor or educator, and guided and mediated by the advisor. This includes initiation of process as well as the development of an action plan (see Advisor's manual).
- 3.5 Grievance processes for student concerns related to academic or supervisory issues are mediated through the advisor.
- 3.6 Grievances related to the student's advisory process is mediated through a Grievance Team convened by the Education Committee.

Educators

- 3.7 Formal student evaluations of educator, in relationship to competence in course content, ability to teach diversity issues (race/culture/gender identity) within course content, clarity of instruction and evaluation, and ability to teach with cultural sensitivity will occur at the completion of all courses.

Advisors

- 3.8 Formal student evaluations of advisor (see Advisor Handbook) will occur at completion of advisory process regarding support, availability, competence, and cultural sensitivity

BC-DMT Supervisors

3.9 Formal student evaluation system of BC-DMT supervisors, including their multicultural sensitivity and competence

4 STUDENT ADVISEMENT (see Advisor Handbook)

Advisement is distinguished from and in addition to individual course evaluation (which is the purview of each course instructor) and clinical support and assessment (which is the purview of the BC-DMT supervisor.)

4.1 Approved advisors shall provide advisement in the following areas:

- Academic mentor and guide, helping the alternate route student navigate the process of becoming an *R-DMT* (see glossary), especially related to their course of study.
Responsibilities include:
 - Meet at the beginning and end of the student's training
 - Meet at minimum once a year with students who are actively engaged with AR coursework – to review planned course of study for the year and/or readiness for clinical training
- Liaison for educational concerns raised by the AR student and their educators, BC-DMT supervisors, and the ADTA. The advisor will work with the student to address those concerns and implement an action plan when necessary.
- Professional support (in addition to the student's educators and BC-DMT supervisors) for questions related to internships, career, and other professional issues.

4.2 The advisor will submit a separate letter of recommendation for the student's R-DMT application portfolio which assess the AR student's readiness for the R-DMT credential, and include affirming the total number and dates of the student's advisement hours.

4.3 Advisors may charge a mutually agreed upon reasonable fee for advisement that takes into consideration the regional differences in professional fees

4.4 Advisement sessions may be in person or in a distance format. All advisement sessions should ensure that student confidentiality and privacy is maintained except as related to sharing evaluation of the student for the purpose of R-DMT application.

4.5 The student and the advisor will complete and sign an advisor contract (see ADTA website).

4.6 Students will identify their advisor from a list provided on the ADTA website in their letter of intention. Students will be responsible for updating this information with the ADTA national office any time they change advisors.

4.7 Students may initiate a change of advisors no more than twice, for a total of up to three advisors (see Advisor Handbook).

5 CURRICULAR STANDARDS

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

Coursework

- 5.1 All courses must be offered in 1 credit (15 hours), 2 credit (30 hours), or 3 credit (45 hours) increments.
*Note: 1 credit (15 hours) includes 30 hours of outside study/work for a total of 45 hours. Similarly, a 2 credit course totals 90 hours and a 3 credit course totals 135 hours.
- 5.2 All courses with a designation of DMT History, Theory, Practice, and Professional Development (see Table 2) require ADTA approval.
- 5.3 All ADTA approved courses must identify the specific Section II competencies addressed.
- 5.4 AR courses are intended to be equivalent to graduate level study and similar to the coursework, assignments, and readings in ADTA approved dance/movement therapy master's programs.
- 5.5 Psychology courses must be taken at the graduate level through an academic institution either in person or through distance learning (see Table 2).
- 5.6 All experiential courses must maintain a student to teacher ratio that guarantees educator responsibility to individual students, especially as related to coursework that includes clinical supervision
- 5.7 Syllabi are contractual agreements between the educator and the student. All courses must meet the following syllabi requirements:
 - 5.7.1 Course title
 - 5.7.2 Instructor's name, credentials, contact information, when and where the course will be offered
 - 5.7.3 Prerequisites: Clearly identify any prerequisites and/or the level of the course (beginning, intermediate, advanced)
 - 5.7.4 Number of credits and designated as History (H), Theory (T), Practice (P), Professional Development (PD) or any combination thereof
 - 5.7.5 Course description: A clearly articulated overview of the course's focus, themes, and processes.
 - 5.7.6 Course competencies: A list of specific quantified learning goals that identify what the instructor wants students to learn, know, and do (see Section II: Core Curriculum and Competencies).
 - 5.7.7 Readings: A substantial list of assigned and supplementary readings that are foundational, current, and represent diverse and multicultural perspectives for any given topic.
 - Readings are assigned in accordance with class session content.
 - It is clearly stated how students can access required readings.
 - All readings and citations must be formatted in APA style and listed in the appropriate session of the class by class outline and additionally in a bibliography.

- 5.7.8 Attendance policy: ensures sufficient attendance by students to meet course objectives.
- Indicate if classes can or cannot be made up. If missed classes can be made-up, specify exactly what is required.
 - State how absenteeism and tardiness will affect students' grade.
- 5.7.9 Instructional methods
- 5.7.10 Course calendar: In order for students to know what to expect and prepare for what will occur during each class, provide a detailed class-by-class outline that includes topics covered, readings, and assignments.
- 5.7.11 Grading: Grading should reflect a balance between participation and assignment components of the course, and assessment should be in relationship to the course focus (theory, practice, etc.) and level (beginning, intermediate, advanced).
- Evaluation criteria for participation must be included (see **3. Evaluation**)
- 5.7.12 Methods of evaluation: Methods of evaluation must be specifically indicated (i.e. grading criteria, rubrics, percentage of course grade) and be consistent with how students' learning of course content will be assessed.
- At least one method must involve evaluation of a written product (i.e. exam or paper).
 - Examples of how assignment descriptions can be written clearly (see Table 1):

Table 1.

Assignment Description Examples

Assignment	Possible assessment criteria might include (these are suggested not required criteria):
Group Leading	<ul style="list-style-type: none"> • Ability to respond to and integrate emerging group dynamics • Ability to adapt intervention to specific populations, groups, or settings • Leadership skills
Journals	<ul style="list-style-type: none"> • Indication of a minimum, maximum, or range of length of each entry • Types of topics or questions for students to address are listed, e.g. discussion of personal experience, integration of specific ideas with readings, questions in response to readings, lecture experiences, and/or application/uses
Written Assignments	<ul style="list-style-type: none"> • Indication of a minimum, maximum, or range of length of each assignment • List types of topics, questions, or themes for each assignment • Indicate quantity of required references • Describe acceptable types of references e.g. websites, personal interviews, and/or assigned readings • State APA format requirement
Participation	<ul style="list-style-type: none"> • Quantify expectations for participation: e.g. verbal, physical participation, demonstration of completion of readings, and/or risk taking • If the grade includes "completion of readings" indicate how you will assess this criteria

Dance/movement therapy education shall be designed to provide students with the following academic and clinical training.

Academic

- 5.8 The basic knowledge, skills, and techniques necessary for the practice of dance/movement therapy
- 5.9 Knowledge of professional, ethical, and culturally informed practice in the field of dance/movement therapy
- 5.10 Knowledge of dance/movement therapy as a mental health profession within the broader context of education, healthcare, prevention/wellness, and community and/or society
- 5.11 A total of 27 credits must be completed with a clinical master’s degree or 45 credits with a non-clinical master’s degree (see Table 2)
- 5.12 Students may complete up to 4 credits (1 credit =15 contact hours) of DMT Theory and Practice coursework without prior psychology coursework. At least three credits of psychology coursework must be completed to continue DMT Theory and Practice Coursework (see Table 2)

Table 2.
Academic credit and competency requirements

DMT History, Theory, Practice, & Professional Development – 20 credits	Movement/Body – 7 credits	Psychology – 18 credits For those without a clinical MA degree (see 2.3)
History – 3 cr. (1.1-1.7)	Anatomy/Kinesiology – 1 cr. (2.1.1) Can be undergrad/grad or through a somatic training program/certification	Developmental Psychology – 3 cr.
Theory – 9 cr. Dance, Relationships, Human Development, Neuroscience (2.1.2-2.4.12)	Movement Observation and Assessment – 6 cr. (2.5.1-2.5.12) Can be undergrad/grad, through a movement studies institute, or ADTA approved	Psychopathology – 3 cr.
Practice – 3 cr. (3.1-3.37)		Psychology/Counseling Theory – 3 cr.
Theory & Practice: Group Dynamics – 3 cr. (2.2.6-2.2.14; 3.38-3.48)		Psychology/Counseling Methods – 3 cr.
Advanced Electives – 2 cr. (specific populations; culture, diversity, and social justice; DMT research; capstone project)		Advanced Topic – 6 cr. trauma, clinical skills, specific populations, research

Note. Many Practice and Professional Development Standards (see Section II) will be covered in clinical internship as will standards 2.5.13 and 2.5.14

Clinical Training (see Clinical Training Manual): 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 hours.

5.13 Students with a non-clinical MA degree must complete fieldwork AND internship. Those with a clinical MA degree, or who have completed all practicum hours as part of their clinical MA program, only need to complete an internship.

5.14 Clinical training must provide exposure to a minimum of two different *clinical populations* (see glossary) under the administrative direction of the institution or advisor and educational direction of the BC-DMT supervisor. Close liaison shall be maintained between the student, BC-DMT supervisor, advisor, and site supervisor

Clinical Fieldwork

5.15 A minimum of 200 hours which cannot be applied to the Clinical Internship (see 5.13)

5.16 Must provide the beginning student with basic clinical exposure supervised by a master's degree mental health professional

5.17 Must provide an orientation to health and/or educational systems

Clinical Internship

FORTHCOMING

Clinical Training Component

5.22 The student shall establish and maintain training and internship agreements in consultation with the BC-DMT supervisor, ensuring that they gain experience with a representative range of client populations in diverse settings. Student will inform advisor of all such agreements.

5.23 Internships may be designed in different ways: part or full time, in one or more settings, and near or distant from the BC-DMT. One site must be a minimum of six months or 250 hours. Internships are always under continuous, qualified supervision by a credentialed dance therapist. Internships shall be designed or selected to meet the individual needs of the student. This requires joint planning by the student and BC-DMT supervisor, and communicating all placement decisions to the advisor.

5.24 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. Direct supervision includes

observation of the intern's clinical work with feedback provided to the intern (see 5.23 for requirements when extenuating circumstances prevent direct observation).

- 5.25 The student, with support of the BC-DMT supervisor, shall develop a plan 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.
- 5.26 A written internship agreement (see clinical placement manual) will be completed for each internship site by the student, site supervisor, and BC-DMT prior to starting an internship and sent to the advisor.
- 5.27 Regular communication (at minimum mid and end of placement) occurs between student, BC-DMT supervisor, and on-site supervisor to ensure that individualized training plan is being met, and progress is communicated to the advisor by the student.
- 5.28 The BC-DMT supervisor shall complete the required documentation as per the clinical training manual.
- 5.29 Hours of clinical training should include direct and indirect client contact
- 5.30 The student must have received a passing grade in all alternate route courses taken prior to beginning internship in order to be eligible for internship. The internship must be satisfactorily completed to be eligible to apply for the R-DMT credential. The advisor has the ultimate responsibility to determine whether these requirements have been successfully met.
- 5.31 When a student is unable to demonstrate required professional level competencies, additional hours of internship may be required of the student by the BC-DMT supervisor in consultation with the site supervisor and advisor.

6 DISTANCE LEARNING STANDARDS

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.

Educators 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. Educators 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.

It is essential that any distance technology platforms that are used for clinical material be HIPAA compliant.

Overarching Requirements, Consistency, and Equivalency

- 6.1 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 the following:
 - 6.1.1 At least 15 credits (of 20) DMT History, Theory, Practice, and Professional Development must be face-to-face (see Table 2)
 - 6.1.2 At least 4 credits (of 6) of observation and assessment of movement must be taught face-to-face or via synchronous learning
 - 6.1.3 Group dynamics must be face-to-face learning
 - 6.1.4 Clinical supervision must be face-to-face or synchronous learning
 - 6.1.5 Psychology courses may be taught in any format
- 6.2 Distance learning courses can be any combination of *synchronous*, *asynchronous*, *hybrid*, and *fully online* (see glossary) coursework. It is incumbent upon educators to substantiate the interface of best pedagogical practice, method of delivery, and technological systems while upholding the ADTA Standards of Education.
- 6.3 Educators must specify and provide rationale for the ratio or number of hours of face-to-face and/or distance learning per course
- 6.4 Courses must be re-approved when the method of delivery changes (i.e. from face-to-face to a distance learning format)
- 6.5 Include how practice and movement observation and assessment are evaluated during online, synchronous, or hybrid learning.

Resources

- 6.6 The educator shall provide technical training for the platform and resources for support. It is recommended that time is dedicated at the beginning of the course to teaching the technology requirements

Delivery Systems, Verification, Evaluation, Technology, and Communication

- 6.7 *Online platforms* (see glossary) must support the course purpose, educational and clinical components, and the teaching and learning of student competencies
- 6.8 Educators must articulate in the syllabus and employ policies and procedures that protect confidential client information
- 6.9 Course instructions, expectations, evaluation criteria, mechanisms for communication with instructors and students, and policies on distance learning decorum must be clearly articulated in the syllabus
- 6.10 Evaluation measures specific to distance learning shall be established for any hybrid, synchronous learning, or fully online courses for students to complete at course completion

Dance/movement therapy curriculum

- 6.11 Distance learning courses must meet the outcome based standards (see Section II) as evidenced by student success in achieving competencies within the four curriculum content areas as set forth in the ADTA Standards for Education and Clinical Training
- 6.12 Educators determine what content is delivered online and how that delivery is implemented in accordance with the Standards to effectively advance student learning
- 6.13 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

Evaluation

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

Clinical Training and Supervision

- 6.16 Individual on-site and BC-DMT 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 and site, especially as related to issues of confidentiality (see 5.23 for requirements when extenuating circumstances prevent direct observation).
- 6.17 Group supervision by the 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 ADTA Standards and Code of Ethics, especially as related to issues of confidentiality

SECTION II
Approved Master's Programs AND Alternate Route Training
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. 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

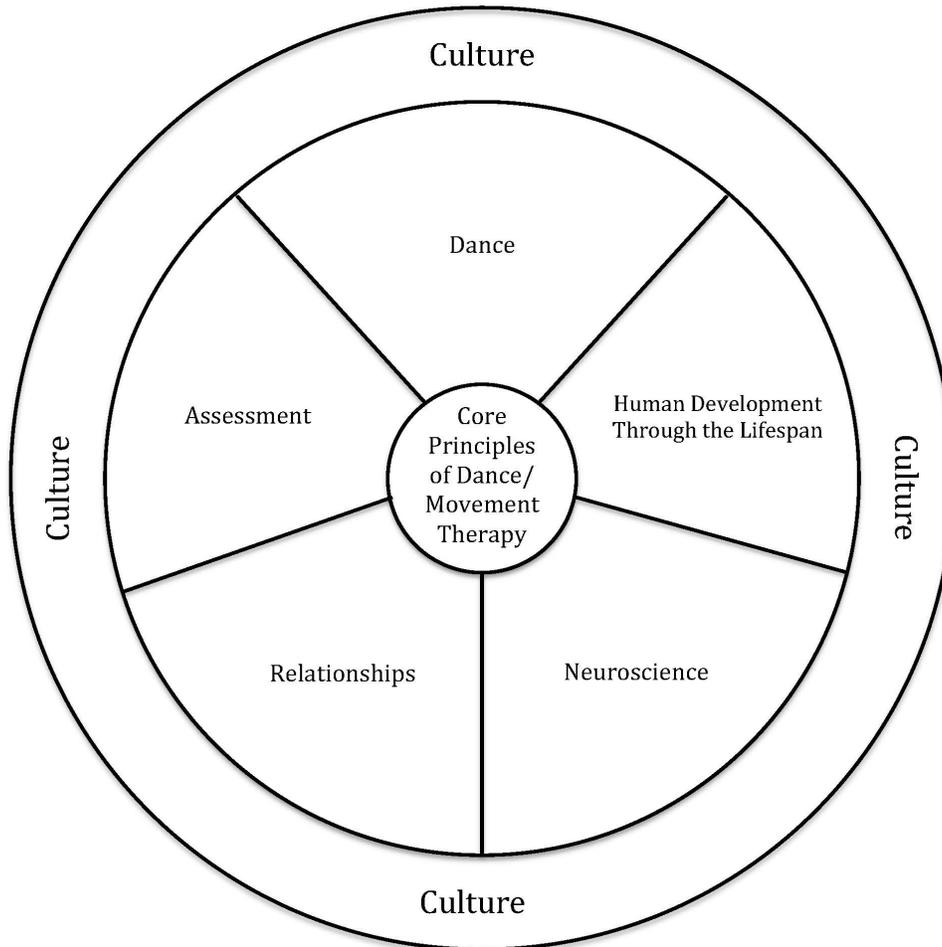
Contemporary contributions from related fields

- 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 the social sciences, psychology, psychiatry, 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, embodied, and processed 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 and relate to assessment, treatment planning, and intervention in dance/movement therapy group work
- 2.2.11 Describe the individual/groups/systems theories within the intersection of psychology theories and DMT

Psychology of groups and group process

- 2.2.12 Demonstrate an understanding of group dynamics theory (developmental stages, processes, and roles), including the establishment of group norms and boundaries, expectations, and goals
- 2.2.13 Identify and discuss theoretical foundations for a physical and emotional warm-up in establishing a sense of group safety
- 2.2.14 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 the 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 and DIAGNOSIS

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 contextual developmental, psychological, and/or behavioral perspective within a sociocultural context

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 Kestenber 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

Behavioral and mental health assessment and diagnosis

- 2.5.13 Demonstrate understanding of a **bio-psycho-social approach** to the assessment and diagnostic process, including available tools, diagnostic systems, referrals, prevention, and cultural factors
- 2.5.14 Understand the impact of substance use, developmental history, and trauma on mental health as related to assessment, diagnosis, and treatment

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 goals and objectives informed by formal and informal ongoing assessment
- 3.2 Apply systematic and comprehensive movement and bio-psycho-social assessment to guide diagnosis, treatment planning, and interventions within a culturally informed context
- 3.3 Demonstrate ability to conduct a clinical interview
- 3.4 Develop long and short-term movement and bio-psycho-social 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 one's 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, d) social science theories and techniques, and e) 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, social science theory, movement observation and assessment, bio-psycho-social assessment, and evidence based mental health treatment
- 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), 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 HIPAA Regulations)
- 4.14 Demonstrate understanding of the socio-political influence on access to quality health care
- 4.15 Demonstrate awareness of current and relevant evidence-informed practices
- 4.16 Demonstrate understanding of how to interpret and apply knowledge from current, relevant research literature to enhance client care and professional development
- 4.17 Demonstrate ability to identify and employ cultural humility and awareness of difference in all aspects of practice and research
- 4.18 Demonstrate ability to practice self-evaluation and reflective practices to enhance self-awareness and performance

4.19 Demonstrate effective self-care practices and strategies

Self-awareness

4.20 Identify personal movement patterns and how they relate to behaviors, thoughts, feelings, and aesthetic choices

4.21 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

4.22 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

4.23 Demonstrate knowledge of the dance/movement therapy supervision process

4.24 Demonstrate willingness and ability to explore own effective use of supervision

4.25 Demonstrate ability to utilize a variety of supervisory options to process personal feelings and concerns about clients

4.26 Discuss the interface between professional and personal development

4.27 Demonstrate ability to articulate personal cultural identity and locate personal sociocultural status in relationship

Advocacy about dance/movement therapy

4.28 Demonstrate awareness of advocacy practices that promote access, equity, and success for clients

4.29 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.

Advisor: a BC-DMT who meets the requirements set forth within the Standards and is hired by an alternate route student to serve as a mentor and guide in navigating and overseeing their alternate route training process, especially as related to their course of study. The advisor serves as a liaison between alternate route students, educators, BC-DMT supervisors, and the ADTA.

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. Approval also includes the process whereby the ADTA Subcommittee on Approved Alternate Route Courses grants public recognition of course approval to independent educators that meets the ADTA Education and Clinical Training Standards as determined through application for approval and regular review for re-approval.

Asynchronous Learning: when students independently learn the same content at various times and locations.

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.

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

Clinical Degree: a master's degree in the following areas: counseling, marriage and family therapy, social work, psychology, creative arts therapies, expressive art therapy, rehabilitation counseling, school counseling, pastoral counseling

Clinical Field: clinical counseling, counseling psychology, marriage and family therapy, social work, psychology, creative arts therapies, expressive art therapy, school counseling, rehabilitation counseling, pastoral counseling

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.

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 Training: supervised fieldwork and internship experiences that include observing, co-facilitating, leading, and assuming full responsibility as an integrated member of a 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: “the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving” (“Culture,” n.d., para. 1).

Cultural Identifiers: 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 as reflected 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

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 educators and students. (See section 6. **Distance Learning Standards** for Alternate Route Education and section 9. **Distance Learning Standards** for Approved Master's Programs detailing specific requirements.)

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).

Distance Technology Platforms: technology that supports distance learning such as Zoom, WebEx, Skype, and learning management systems

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.

Input Based Standards: standards related to content and resources including: institutional, program, faculty and 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 within a sociocultural context.

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.

R-DMT: a registered dance/movement therapist. This is the first level of entry into the profession signifying that the individual has attained competence in dance/movement therapy through the successful completion of the Standards as determined by the dance/movement therapy certification board.

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: Actively working towards ending systems of power, oppression, and privilege to ensure 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.

Subcommittee on Approved Alternate Route Courses (SAARC): a subcommittee of the Committee on Approval, SAARC approves individual alternate route course offerings, not including the psychology courses.

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.

Synchronous Learning: an approach to distance learning where teaching and learning occur in real time. For purposes of a DMT education, this most often entails simultaneous video and audio communication.

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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