

**The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) and
the Dance/Movement Therapy Certification Board (DMTCB)**

Table of Contents

Ethics Code Purpose Statement	2
Organization	2
Ethics Standards	
1.0 Integrity Within the Therapy Relationship	2
1.1. Fundamental Respect for the Client	2
1.2. Informed Consent	3
1.3. Confidentiality and Privacy	3
1.4. Professional Relationship Boundaries	5
1.5. Use of Touch	6
1.6. Assessment	7
1.7. Treatment Planning and Treatment Methods	8
1.8. Duty to Protect Client	8
1.9. Financial Arrangements and Business Practices	8
1.10. Documentation and Recordkeeping	9
1.11. Termination, Referral, and Continuity of Care	9
2.0. Competence to Practice	10
2.1. Requisite Education and Training	10
2.2. Requisite Supervision and Consultation	10
2.3. Multicultural Competence.....	11
2.4. Professional Impairment and Self-Care	11
3.0. Responsible Provision of Education, Supervision, and Consultation.....	11
3.1. Educator Obligations.....	12
3.2. Supervisor and Consultant Obligations	13
4.0. Responsibility to the Public	14
4.1. Third Party Protections	14
4.2. Addressing Harmful Professional Practice	14
4.3. Professional Representation and Announcement of Services	14
5.0. Obligations to the Workplace and Colleagues	15
6.0. Advocacy and Promotion of Social Justice	15
7.0. Integrity in Research and Scholarship	15
7.1. Protection of Participant Rights	16
7.2. Multicultural Considerations	16
7.3. Accurate Representation	16
7.4. Acknowledgement and Authorship Credit	16
8.0. Ethical Decision Making and Adherence to Professional Standards and Laws	17
9.0. Responsibility to the Profession	17
Code Revision Resources	19

The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) and Dance/Movement Therapy Certification Board (DMTCB)

Purpose of the Code of Ethics and Standards

The purpose of the Code of Ethics is to clarify and communicate the professional values and standards of conduct that guide dance/movement therapy practice; to provide a resource that supports dance/movement therapists in ethical decision making processes; and to provide a reference to standards for use in the processing of ethics complaints by the ADTA Standards and Ethics Committee and the Dance/Movement Therapy Certification Board. The Code of Ethics is based on application of the foundational ethical principles of nonmaleficence, beneficence, autonomy, fidelity, veracity, and justice to the practice of dance/movement therapy. Adherence to the Code of Ethics is required for members, in all membership categories, of the American Dance Therapy Association (ADTA) and those holding credentials conferred by the Dance/Movement Therapy Certification Board (DMTCB). The Code and Standards offer protections to the client, the public, student or supervisee, the practitioner, the research participant, and the profession. The Code is an essential resource in a process of deliberative ethical decision-making. It is intended to provide affirmative guidance as well as set down the requirements of ethical dance/movement therapy professional practice.

Organization

The Code and Standards document is organized by areas of responsibility in the practice of dance/movement therapy: 1.0. Integrity within the Therapy Relationship; 2.0. Competence to Practice; 3.0. Responsible Provision of Education, Supervision, and Consultation; 4.0. Responsibility to the Public; 5.0. Obligations to the Workplace and Colleagues; 6.0. Advocacy and Social Justice; 7.0. Integrity in Research and Scholarship; 8.0. Ethical Decision Making and Adherence to Standards and Laws; and 9.0. Responsibility to the Profession. Subsections, represented by a second numerical digit, define relevant content areas within each area of responsibility. Clauses indicated by an alphabetical digit, address specific ethical standards and responsibilities. There are overlaps in section and subsection scope; cross-references in parentheses are intended to encourage the referencing of related clauses. Multicultural and technology references are integrated throughout.

Please note:

Clauses pertain to both face-to-face and distance forms of dance/movement therapy practice.

In the case of minors or dependent adult clients, it is presumed that the authorized parent or guardian will be party to any agreement concerning therapy.

The responsibilities of the ADTA and DMTCB differ in scope, but both organizations support and provide for the ethical practice of dance/movement therapy. The ADTA and DMTCB publish documents, pertaining to their respective domains of responsibility, delineating the scope of dance/movement therapy practice, the requirements for membership, and standards for education and credentialing. Dance/movement therapists are expected to reference these documents.

1.0 Integrity within the Therapy Relationship

Dance/movement therapists recognize a primary obligation to client welfare and the protection of client personal and legal rights. Therapy takes place within the context of a therapy relationship founded on a mutually agreed upon therapeutic contract, that upholds the unique boundaries of the therapist/client relationship, and in which respect, honesty, fairness, and faithfulness are foundational. (See 2.4 Multicultural Competence, 6.0 Advocacy and Social Justice)

1.1. Fundamental Respect for the Client

1.1. a. Dance/movement therapists do not discriminate in the provision of professional services, with regard to but not limited to race, ethnicity, language, national origin, religion, age, gender, gender identity, marital status, sexual orientation, socio-economic status, and physical or mental disability. Dance/movement therapists respect and protect the civil rights of clients within the practice of therapy.

1.1. b. Dance/movement therapists recognize the dignity and worth of all persons and do not engage in behavior that is demeaning or harassing.

1.1. c. Dance/movement therapists encourage the client's voice in treatment and respect the client's right to make decisions based on personal values. (See 1.6. Assessment; 1.7. Treatment Planning and Treatment Methods)

1.1. d. Dance/movement therapists examine and strive to eliminate the effects of prejudice in their work and do not knowingly participate in or condone activities of others influenced by such prejudices.

1.1. e. Dance/movement therapists provide a therapy environment that is physically clean, safe, and affords client privacy.

1.2. Informed Consent

Dance/movement therapists provide services to clients in the context of a professional relationship that is based on informed consent and its principles of capacity, comprehension, and voluntary participation. Informed consent is initiated at onset of therapy and revisited throughout the therapy process. The dance/movement therapist in independent practice is directly responsible for the consenting process; those in institutional settings may engage in an abbreviated oral procedure that supplements the institutional consent process. (See 1.5 Use of Touch; 1.6 Assessment; 1.8. Financial Arrangements and Business Arrangements, 1.8.b.)

1.2. a. Dance/movement therapists engage in the informed consent process using language that the client or authorized parent/guardian can comprehend. Dance/therapists seek the assent of minor clients when possible.

1.2. b. Dance/movement therapists engage in a therapeutic alliance that is established and held within the context of mutual agreement about treatment goals, methods, payment for services, permission to share information, and conditions for termination.

1.2. c. Dance/movement therapists inform clients of client rights and therapist responsibilities related to the therapeutic contract. This includes discussing purposes of therapy, techniques offered, confidentiality and its limits, therapeutic boundaries, the benefits and risks of therapy, maintenance of medical records, and practice policies. Professional information is provided to clients in verbal and written forms.

1.2. d. Dance/movement therapists invite and respond to client questions about the terms of treatment.

1.2. e. Dance/movement therapists inform clients of procedures for resolving differences and filing grievances.

1.2. f. Dance/movement therapists inform clients of appropriate ways to communicate with them and discuss the risks of electronic messages. Dance/movement therapists in private practice establish and communicate policies that address the uses and limitations of digital technology and social media within the therapy relationship.

1.2. g. Dance/movement therapists obtain explicit permission for audio or video recording in which they specify the terms of recording use, including the purposes for which and when the recordings will be used, and the terms of recording storage and disposal.

1.2. h. Dance/movement therapists who engage clients in public "performance as therapy" obtain specific consent for this activity, ensure that participation is fully voluntary, and that the client understands the possible ramifications of the loss of anonymity. Dance/movement therapists also obtain permission to use client choreographed movement in public performance.

1.3. Confidentiality and Privacy

Dance/movement therapists recognize that trust is fundamental to the therapy relationship and safeguard client privacy and confidentiality with the exception of specific disclosed limits. Confidentiality is a client right protected by law. (See 1.1. Fundamental Respect for the Client, 1.1.e.; 1.2. Informed Consent, 1.2.c., 1.2.f, 1.2.g., 1.2.h.; 1.8. Duty to Protect Client; 1.10 Documentation and Recordkeeping; 3.1. Educator Obligations, 3.1.e.iv; 4.1. Supervisor

and Consultant Obligations, 4.0. Responsibility to the Public 4.1.b.; Harmful Professional Practice, 4.2.c.; 6.0. Advocacy for Social Justice 6.2.; 7.1.Integrity in Research and Scholarship, 7.1.b, 7.1.d., 7.1.e)

1.3. a. Dance/movement therapists are knowledgeable about and comply with legal regulations and institutional policies and procedures that govern client confidentiality and privacy.

1.3. b. Dance/movement therapists share confidential information only with client authorization or sound legal and ethical justification.

1.3. C. Dance/movement/therapists discuss with clients the parameters within which client information will be shared with others. In doing so, dance/movement therapists are sensitive to the differing cultural meanings that clients may hold with regard to privacy, confidentiality, and disclosure of information.

1.3. d. Dance/movement therapists de-identify client information when used in publications or in presentations outside the treatment setting.

1.3. e. Dance/movement therapists ensure the confidential safekeeping of client records and obtain consent for release or use of client records in any form, including verbal, written, audio, video, digital, and creative expressions.

1.3. f. Dance/movement therapists take precautions when discussing confidential information and manage the therapy environment in order to protect client privacy.

1.3. g. Dance/movement therapists support the maintenance of client privacy and confidentiality by others, including employees, supervisees, students, other staff, and volunteers.

1.3. h. Limits of confidentiality

Dance/movement therapists communicate the limits of confidentiality during an informed consent process at the onset of therapy. When circumstances require the disclosure of confidential information, dance/movement therapists inform and involve clients to the extent possible. Dance/movement therapists share only information essential to the purpose served by the disclosure.

i. Risk of harm to client. Dance/movement therapists inform clients of the legal limits of confidentiality with regard to suspected or reported abuse of client and client danger to self. (See 1.8. Duty to Protect Client)

ii. Risk of harm to third parties. Dance/movement therapists inform clients of the legal limits of Confidentiality with regard to risk or incidence of serious harm by client to third parties. (See 4.1 Third Party Protections)

iii. Multiple clients. Dance/movement therapists communicate that they cannot guarantee compliance to confidentiality agreements by participants in group and couple and family therapy, however, they discuss the importance of confidentiality and request adherence by all participants.

iv. Treatment coordination. Dance/movement therapists communicate that information is shared for purposes of treatment team coordination and identify the nature of the information shared.

v. Court order. Dance/movement therapists inform clients of the limits of confidentiality when information is court ordered. Dance/movement therapists seek client consent and take steps to limit or prohibit disclosure of court ordered confidential or privileged client information when it may be detrimental to the client or therapy relationship.

vi. Minor clients. Dance/movement therapists inform minor clients of the limits of confidentiality with regard to parent and guardian legal rights to information. Dance/movement therapists inform parents and guardians of their legal rights to information consistent with age of minor and legal and custodial

arrangements. However, therapists also discuss with parents and guardians the benefits of maintaining therapist-client confidentiality.

vii. Education, supervision, consultation. Dance/movement therapists communicate to clients that client information may be shared within the context of education, supervision, and/or consultation. However, dance/movement therapists de-identify information and share only that which is necessary for the purpose involved.

viii. Third party payment. Dance/movement therapists communicate the necessity to disclose client information to secure third party payment for services, however, they do so only to the extent necessary.

ix. Mandated treatment. Dance/movement therapists inform clients involved in mandated treatment of any obligations they have to disclose therapy content to the party mandating the service.

1.3. i. Dance/movement therapists recognize that privacy extends to interactions in the community. Dance/movement therapists monitor both public and private interactions with clients and former clients.

1.3. j. Dance/movement therapists understand the risks and complications to maintaining confidentiality and privacy that may be introduced by uses of current and emerging technology. Dance/movement therapists take precautions to communicate the risks to clients and meet legal requirements for protecting client privacy and confidentiality when using electronic resources.

1.4. Professional Role Boundaries

Dance/movement therapists recognize that professional role boundaries preserve the unique nature of the therapy relationship, support treatment effectiveness, and offer client protection. (See 3.1.Educator Obligations; 3.2. Supervisor and Consultant Obligations; 1.5 Use of Touch)

1.4. a. Dance/movement therapists communicate the professional nature of the therapy relationship through boundaries of time, physical environment/clinical setting, fee arrangement, professional self-presentation, and language.

1.4. b. Dance/movement therapists monitor any role boundary adjustments that occur as the therapeutic relationship develops over time.

1.4. c. Dance/movement therapists monitor therapeutic choices and countertransference reactions. They seek supervision or consultation to examine boundary problems that arise and take corrective action when necessary.

1.4. d. Dance/movement therapists acknowledge the power differential inherent in the therapeutic relationship and do not exploit the vulnerability of the client in any way.

1.4. e. Dance/movement therapists do not engage in therapy relationships with persons with whom they have familial, social, financial, collegial, training or other relationships that may cloud objectivity and impair the therapy process. In cases in which dual relationships arise that are unavoidable, and termination or referral is not a viable option, dance/movement therapists explicitly negotiate with clients how the boundaries of conflicting roles will be managed.

1.4. f. Dance/movement therapists, who see clients in more than one therapy context, clarify and negotiate the boundaries within each context. When there are multiple related participants in a therapy session (e.g. Family therapy), the therapy relationship boundary is clarified with each participant. (See confidentiality 1.3. h.ii.)

1.4. g. Dance/movement therapists carefully consider how to respond to client gifts, giving attention to the personal and cultural meaning of the gesture to the client, the monetary value of the gift, and the impact on the therapy process. Dance/movement therapists do not accept gifts that may influence the therapist's decisions or judgment.

1.4. h. Dance/movement therapists do not engage in sexual relationships or behave in a sexual manner with clients in the use of language, physical contact, and/or suggestive behavior. It is the responsibility of the dance/movement therapist to maintain clear sexual boundaries in their own conduct and to set limits on and therapeutically address client behavior towards the therapist of a sexual nature.

1.5. Use of Touch

Dance/movement therapists understand touch as fundamentally supportive to human growth and development, and inherently involved in dance and social interaction. In the context of therapy, touch may provide safety; support the client's grounding, organization, and regulation; establish body boundaries; facilitate self-awareness, human connection, and group cohesion; comfort and ease pain.

Dance/movement therapists examine their therapeutic motivations for using touch. Dance/movement therapists make intentional, informed decisions and consider how contextual and client variables inform the risks and benefits of touch.

1.5. a. Dance/movement therapists employ touch only as they can reasonably expect it will provide therapeutic benefit to the client.

1.5.b. Dance/movement therapists base touch decisions in considerations of client diagnosis, developmental level, transference, group dynamics and process, client ability to usefully integrate touch experiences, client touch history, sociocultural context, and the nature of the therapy relationship.

1.5. c. Dance/movement therapists address the parameters of touch in an oral or written informed consent process and engage touch as agreed upon. Such consent includes the client right to refrain from touch or change the agreement at any time.

1.5. d. Dance/movement therapists observe and are responsive to client nonverbal communications about touch, with an understanding that consent may not accurately reflect problems with touch of which the client is unaware.

1.5.e. Dance/movement therapists, working with significantly cognitively or communicatively limited clients, rely on sound clinical judgment when touch is considered to be of therapeutic benefit and guardian consent or client assent is not possible. (See this section 1.5.a. 1.5.c., 1.5.g.)

1.5. f. Dance/movement therapists are sensitive to clients and respectful of both their needs and abilities when using touch to provide physical assistance. Dance/movement therapists educate others, who provide physical assistance in the treatment setting, about respectful touch practices as warranted.

1.5. g. Dance/movement therapists are sensitive to personal preferences and cultural conventions with regard to social greeting and closing rituals that involve touch.

1.5. h. Dance/movement therapists offer alternative ways for participants to maintain interpersonal connection when touch is engaged in a group movement context.

1.5. i. Dance/ movement therapists cultivate awareness of their own personal discomforts with touch and do not use touch when there is any discomfort or question.

1.5. j. Dance/movement therapists seek supervision and consultation as issues arise related to touch in therapy.

1.5. k. Dance/movement therapists involved in therapeutic holding or physical restraint do so in accordance with legal guidelines, ensure that there is in-process communication to the client about the procedure, and attempt to maintain an attuned relationship presence.

1.5. l. Dance/movement therapists are prohibited from using touch that involves body parts or a manner of touch that can reasonably be expected to sexually arouse the client or to be experienced as a violation.

Dance/movement therapists maintain appropriate touch boundaries with regard to their own behaviors and those of their clients.

1.5. m. Dance/movement therapists incorporate touch interventions from allied hands-on disciplines only if specifically trained and with adherence to the discipline specific ethical guidelines.

1.5. n. Dance/movement therapists do not use touch when prohibited by institutional policy or legal standards, however, are encouraged to communicate the value of ethical touch in their work and advocate for change when policy or standards are unduly prohibitive.

(See 8.0. Ethical Decision Making and Adherence to Standards and Laws, 8.b., 8.c.)

1.6. Assessment

Dance/movement therapists engage in assessment processes in order to understand and serve the therapeutic needs of their clients. Assessment identifies behavioral patterns, psychosocial challenges, and client resources in order to inform diagnostic considerations and treatment planning, guide therapy interventions, support the therapy process, and assist in monitoring client progress. Dance/movement therapy assessment is a holistic process that may include movement/nonverbal and verbal assessment methods and range from formal assessment sessions using standardized instruments to ongoing informal evaluation throughout the course of treatment.

1.6. a. Dance/movement therapists engage in assessment practices that are informed by training in movement observation and analysis.

1.6. b. Dance/movement therapists engage in assessment as a collaborative process that actively solicits client perspectives and derives understanding from both observation and client experience.

1.6. c. Dance/movement therapists engage in ongoing assessment throughout the course of therapy for purposes of evaluation and in support of the therapy process.

1.6. d. Dance/movement therapists inform clients of assessment purposes, procedures, and uses of information and obtain consent when using formal assessment instruments.

1.6. e. Dance/movement therapists utilize formal assessment instruments only with appropriate training and/or supervision. Dance/movement therapists consider the limitations of assessment instruments with regard to cultural sensitivity and validity.

1.6. f. Dance/movement therapists consider cross-cultural factors in the therapy relationship and therapy experience that may influence client presentation and therapist interpretation.

1.6. g. Dance/movement therapy assessment acknowledges the role of the family, community, and societal systems in client strengths and limitations.

1.6. h. Dance/movement therapists examine their assessment practices taking into consideration biases inherent in body/movement cultural norms.

1.6.i. Dance/movement therapists present assessment information accurately and communicate its appropriate uses and limitations.

1.6. j. Dance/movement therapists communicate assessment information to clients in terms and language that the client can understand.

1.6. k. Dance/movement therapists exercise care concerning confidentiality when using assessment methods that involve the use of technology.

1.7. Treatment Planning and Treatment Methods

1.7. a. Dance/movement therapists work collaboratively with clients in planning treatment that is consistent with client needs, interests, circumstances, abilities, and goals. Treatment planning incorporates consideration of client strengths as well as limitations.

1.7. b. Dance/movement therapists consider the treatment plan in determining therapy methods that are responsive to the unique treatment needs of the client, including client cultural background and experience.

1.7. c. Dance/movement therapists regularly review and revise treatment plans and modify interventions in accordance with client progress, developing needs, and interests as understood through observation and feedback solicited from the client.

1.7. d. Dance/movement therapists document treatment planning and update plans in accordance with legal requirements and the policies of the treatment setting and third party payers.

1.7. e. Dance/movement therapists use treatment methods that are based in theory and/or evidence.

1.8. Duty to Protect Client

Dance/movement therapists initiate measures to protect clients from serious risk of harm, to the extent they are reasonably able to predict risk and protective measures are possible.

1.8. a. Dance/movement therapists report suspected abuse and maltreatment of minor, elderly, and dependent clients within parameters dictated by law.

1.8. B. Dance/movement therapists assess client risk of suicide, introduce clinical measures to protect the client from serious danger to self, and may breach confidentiality, under conditions permitted by law, if measures are insufficient to protect the client.

1.8. c. Dance/movement therapists facilitate the safety planning of adult clients who are endangered by domestic abuse or other threats of violence. They report threats or injuries to law enforcement within parameters dictated by law.

1.9. Financial Arrangements and Business Practices

Dance/movement therapists in private practice are responsible for the negotiation and communication of fees and business practices. Dance/movement therapists in agency settings, in roles that include responsibilities pertaining to financial arrangements, follow agency policies and adhere to the following practices as relevant. (See 1.2.Informed Consent)

1.9. a. Dance/movement therapists make financial arrangements with clients and third-party payers that are understandable and conform to accepted professional practices.

1.9. b. Dance/movement therapists disclose fees and other business practices prior to commencing services and give reasonable notice of any changes or modifications. Dance/movement therapists communicate clearly with clients about any issues that arise in this arena.

1.9. c. Dance/movement therapists set fees that are fair, reasonable, commensurate with the provided services, and consistent with those charged by comparable service providers.

1.9. d. Dance/movement therapists give consideration to client ability to pay and may adjust fees, assist in locating affordable services, or when consistent with custom, engage in bartering arrangements. Bartering arrangements may not be exploitive and must be considered with regard to how they may impact the therapy relationship.

1.9. e. Dance/movement therapists may terminate a client for reason of unpaid fees, if this practice has been communicated in the consent process, timely warning has been given, alternative financial resolution and referral options have been discussed, and the client is not at risk of serious harm to self or others.

1.9. f. Dance/movement therapists do not solicit private fees for services when remunerated for these services by an employer or agency.

1.9. g. Dance/movement therapists do not accept commissions for making referrals.

1.10. Documentation and Recordkeeping

Dance/movement therapists understand that regular and securely maintained documentation produces a legally required record of care that provides communication supportive to treatment coordination, monitoring, and client support. (See 1.3. Confidentiality 1.3.e.; 7.1.Integrity in Research and Scholarship 7.1.d, 7.1.e; 8.0.Ethical Decision Making and Adherence to Codes and Laws 8.0.g.)

1.10. a. Dance movement therapists document clinical assessment; treatment rationale, goals, and interventions; client progress and risk and; discharge in accordance with agency, regulatory, licensure, and third party payer requirements.

1.10. b. Dance/movement therapists maintain the treatment record in a secure and confidential manner, in accordance with legal requirements that dictate how and for how long records are to be maintained and parameters for disposal.

1.10. c. Dance/movement therapists maintain any personal or psychotherapy process notes in a secure manner outside the formal treatment record.

1.10. d. Dance/movement therapists provide client access to records at client request, with respect for exceptions based on limitations in client competence or potential harm of information. Dance/movement therapists communicate and document exceptions.

1.10. e. Dance/movement therapists take additional precautions to ensure privacy and confidentiality in the storage and transmission of electronic records as legally required.

1.10. f. Dance/movement therapists release records to third parties only with client or legal guardian authorization of release or as legally required. Dance/movement therapists understand that both the formal treatment record and personal and psychotherapy process notes are subject to mandated disclosure by court order.

1.11. Termination, Referral, and Continuity of Care

Termination is a planned process between dance/movement therapist and client that reviews treatment gains, reinforces client resources, identifies ongoing needs and available sources of support, and attends to emotional separation from the therapy relationship. Dance/movement therapists offer referrals to support appropriate treatment and continuity of care. (See 1.9.Financial Arrangements and Business Practices, 1.9.e., 1.9.g; 2.1.Self-Care and Professional Impairment, 2.1.c.)

1.11. a. Dance/movement therapists terminate a therapeutic relationship only with good cause and clinical review of the treatment. Dance/movement therapists engage in discussion of termination when treatment goals are met, the client is not benefitting, the client requires a different level of care, therapy is at the end of a contracted time frame, or at client request.

1.11. b. Dance/movement therapists in institutional practice, who may have no decision-making role in the termination process, address termination therapeutically when it is possible.

1.11. c. Dance/movement therapists refer clients for additional or alternative services when assessment indicates need of collateral medical, psychological, or social services; when treatment is interrupted due to

therapist personal situations; when the therapist is not able to provide the appropriate treatment; or when requested by a client. A conflict with client values is not in itself a basis for therapist initiation of referral.

1.11. d. Dance/movement therapists offer referrals in order to support treatment continuity in cases of abrupt termination of dance/movement therapy services.

2.0. Competence to Practice

Dance/movement therapists safeguard client welfare by ensuring therapist competence to practice. Competence involves a responsibility to practice with requisite education, training, supervision, and consultation, within the designated scope of practice; responsibility to cultivate the awareness, knowledge, and skills needed to effectively practice with diverse populations; and responsibility to monitor and maintain personal fitness to practice. (See 4.3. Responsible Professional Representation).

2.1. Requisite Education and Training (See 3.1 Educator Obligations)

2.1. a. Dance/movement therapists recognize that dance is fundamental to dance/movement therapy and prepare for dance/movement therapy practice through the study of dance and mastery of a range of dance/movement skills in accordance with dance/movement therapy educational and credentialing standards.

2.1. b. Dance/movement therapists practice only after academic preparation that includes successful completion of a graduate level plan of study that involves dance/movement therapy specialty coursework and generalist psychotherapy and/or counseling coursework in accordance with dance/movement therapy educational and credentialing standards.

2.1. c. Dance/movement therapists practice only when prepared through supervised clinical fieldwork and internship training in accordance with dance/movement therapy educational and credentialing standards.

2.1. d. Dance/movement therapists invest in ongoing professional development and engage in continuing education to refine skills and maintain currency with new knowledge in the field as necessary to enhance therapeutic effectiveness and meet credentialing maintenance requirements.

2.1. e. Dance/movement therapists engage in additional education and training when working with new clinical populations. (See 2.2. Requisite Supervision and Consultation, 2.2.g.)

2.2. Requisite Supervision and Consultation (see 3.2 Supervisor and Consultant Obligations)

2.2.a. Dance/movement therapists at all levels of experience regularly seek supervision, consultation, and peer review, in order to examine the therapy relationship and process, improve clinical skills, and support clinical and ethical decision making.

2.2. b. Dance/movement therapists practice in a treatment team setting with the guidance of ongoing supervision by a qualified supervisor, unless they have met requirements for independent practice through attainment of an advanced practice credential or license specific to their work.

2.2. c. Dance/movement therapy supervisees willingly discuss emergent concerns and seek immediate assistance to address serious clinical problems.

2.2. d. Dance/movement therapy supervisees discuss and accept guidance offered by their supervisors, with an understanding of the supervisor's responsibility for client welfare.

2.2. e. Dance/movement therapists are aware of the unique confidentiality risks of online distance supervisory or consultation arrangements. They abide by practices to protect health information and client confidentiality in accordance with legal requirements.

2.2. f. Dance/movement therapy supervisees are responsible for participating in periodic and ongoing evaluation of their clinical work.

2.2. g. Dance/movement therapists engage in supervision or consultation when working with new clinical populations.

2.3. Multicultural Competence

Dance/movement therapists consider the role of cultural context in the practice of therapy and continuously attend to developing the awareness, knowledge, and skills needed to competently work with diverse client groups. (See 1.0. Fundamental Client Respect; 1.3. Confidentiality and Privacy, 1.3.c; 1.4. Professional Role Boundaries, 1.4.g.; 1.5. Use of Touch; 1.6. Assessment; 1.7. Treatment Planning and Treatment Methods, 1.7.b.; 1.9. Financial Arrangements and Business Practices, 1.9.d.; 3.1. Educator Obligations, 3.1.c.; 3.2. Supervisor and Consultant Obligations, 3.2.g; 6.0. Advocacy for Social Justice; 7.0. Integrity in Research and Scholarship, 7.2.)

2.3. a. Dance/movement therapists examine the meaning of their ethnic and cultural backgrounds and how they may affect cross-cultural therapy dynamics.

2.3. b. Dance/movement therapists develop awareness of their own worldviews, values, and beliefs and seek to understand the worldviews, values, and beliefs of their clients.

2.3. c. Dance/movement therapists actively engage in broadening their knowledge of all cultures and in particular acquire information about the cultural group(s) with whom they are working, with attention to the inherent strengths of the cultural group. Dance/movement therapists seek this knowledge from multiple sources.

2.3. d. Dance/movement therapists are sensitive to individual differences that exist within a cultural group and understand that individuals may have varying responses to cultural norms.

2.3. e. Dance/movement therapists consider the impact of societal dynamics of power, privilege, and oppression on individual client experience and behavior.

2.3. f. Dance/movement therapists inquire about client concerns, including perceptions of racism, language barriers, or cultural differences, which the client may experience as compromising trust and communication in the therapy relationship or treatment setting.

2.4. Professional Impairment and Self-Care (See 1.11. Termination, Referral, and Continuity of Care, 1.11.c.)

2.4. a. Dance/movement therapists recognize the stressors that are inherent in the practice of therapy and routinely engage in self-care to support their capacity to be fully present and capable of sound judgment within the therapy process.

2.4. b. Dance/movement therapists cultivate awareness of personal problems and situations (legal, financial, medical) that may compromise the ability to provide effective therapeutic services.

2.4. c. Dance/movement therapists seek supervisory, therapeutic, or other assistance to remediate personal problems and situations that result in professional impairment. They discontinue professional services and refer clients in the event that the impact of such situations is significant or endangers clients.

3.0 Responsible Provision of Education, Supervision, and Consultation

Dance/movement therapists in educational, supervisory, or consultant roles are responsible for providing the education, guidance, and evaluation that ensures the competence of services provided by current and future dance/movement therapists. Note: For purposes of this document student supervision is considered to be in the domain of educator obligations.

3.1. Educator Obligations (See 2.2.Requisite Education and Training; 7.0.Integrity in Research and Scholarship, 7.4. d.)

3.1. a. Dance/movement therapy educators adhere to an educational contract represented by a course syllabus that clearly states educational objectives, methods of instruction, course requirements, and the basis of evaluation.

3.1. b. Dance/movement therapy educators provide training within the boundaries of their competency, consistent with their education, clinical experience, and professional credentials. Dance/movement therapy educators are knowledgeable in the content areas in which they teach and are current with pertinent literature, research, and clinical practice developments.

3.1. C. Dance/movement therapy educators provide culturally competent education that facilitates the development of student multicultural awareness, knowledge, and skill.

i. Dance/movement therapy educators tend to their own multicultural competency development.

ii. Dance/movement therapy educators infuse courses with multicultural content and perspectives.

iii. Dance/movement therapy educators foster the awareness and critical engagement of students with regard to the dynamics of power, privilege, and oppression and their effects in the systems in which students and clients participate.

iv. Dance/movement therapy educators acknowledge and support cultural differences in student experiences and perspectives.

3.1. d. Dance/movement therapy educators take responsibility for student evaluation, support, and advisement.

i. Dance/movement therapy educators are respectful of diverse student learning needs and abilities and provide reasonable accommodations.

ii. Dance/movement therapy educators provide students with ongoing feedback and accurately and fairly assess student performance.

iii. Dance/movement therapy educators are obligated to facilitate remediation when student clinical performance problems exist and to terminate training when warranted by significant and persistent student limitations. Dance/movement therapy educators document student performance problems and remediation and termination processes.

3.1. e. Dance/movement therapy educators are aware of the boundaries of the educational role.

i. Dance/movement therapy educators do not engage in conflicting personal or professional relationships with students, including concurrent therapy relationships. Dance/movement therapy educators do not engage in romantic or sexual relationships with students.

ii. Dance/movement therapy educators carry out experiential educational activities with an educational rather than therapeutic purpose and inform students about their rights of decision regarding self-disclosure.

iii. Dance/movement therapy educators maintain the boundaries of the student/educator relationship in contexts in which they interact with students outside the educational setting.

iv. Dance/movement therapy educators share student information only with others engaged in the student's education or for purposes of educational consultation. Dance/movement therapy educators inform students of the limits of confidentiality.

v. Dance/movement therapy educators recognize the power differential inherent in the student/educator relationship and do not exploit student vulnerability.

3.1. f. Dance/movement therapy educators are knowledgeable about professional ethics, serve as ethical role models for students, and ensure that students are educated about the current Dance/Movement Therapy Code and Standards.

3.2. g. Dance/movement therapy educators provide professional endorsement or recommendation for current or former students only when they believe the individual is qualified.

3.1. h. Dance/movement therapy educators adhere to the policies and procedures of the institutional setting in which they work.

3.2. Supervisor and Consultant Obligations. Dance/movement therapy supervision involves a contracted relationship that facilitates ongoing supervisee awareness, knowledge, and skill development. Dance/movement therapy supervisors understand that their obligations extend to responsibility to the welfare of the client. (See Scope of Practice Definitions; 1.3. Confidentiality and Privacy, 2.3. Requisite Supervision and Consultation)

3.2. A. Dance/movement therapists provide supervision or formal consultation only when qualified by requisite education, clinical experience, and professional credentials.

3.2. b. Dance/movement therapy supervisors and consultants strive to improve their supervisory skills through self-monitoring and evaluation, peer review, consultation, review of supervision literature, and related continuing education.

3.2. c. Dance/movement therapy supervisors monitor client safety and welfare by evaluating supervisee clinical skills and ability to perform clinical duties and by providing constructive feedback on a regular basis.

3.2. d. Dance/movement therapy supervisors recommend remediation or transfer of responsibilities if they determine that a supervisee is not competent to perform clinical responsibilities.

3.2. e. Dance/movement therapy supervisors provide for intervention in critical situations involving the safety of supervisees and/or their clients.

3.2. f. Dance/movement therapy supervisors or those in formal consulting roles maintain accurate records of the supervision process keeping all records and conversations confidential except to prevent clear, imminent danger to a client or others or when legally required to reveal such information.

3.2. g. Dance/movement therapy supervisors and consultants are aware of and address the role of multicultural factors in clinical work and the supervisory and consultant relationship.

3.2. h. Dance/movement therapy supervisors maintain the boundaries of their role.

i. Dance/movement therapy supervisors do not engage in conflicting personal or professional relationships with supervisees, including a concurrent therapy relationship. Dance/movement therapy educators do not engage in romantic or sexual relationships with supervisees.

ii. Dance/movement therapy supervisors recognize the power differential inherent in the supervisor/supervisee relationship and do not exploit the vulnerability of the supervisee in anyway.

3.2. i. Dance/movement therapy supervisors are knowledgeable about professional ethics, serve as ethical role models for supervisees, and ensure that supervisees are aware of the current Dance/Movement Therapy Code and Standards.

3.2. j. Dance/movement therapy supervisors provide professional endorsement or recommendation for current or former supervisees only when they believe the individual is qualified

4.0. Responsibility to the Public

Dance/movement therapist responsibility to the public takes place in the arenas of third party protections, addressing harmful professional practice, and responsible professional representation. Dance/movement therapists seek supervision or consultation to address dilemmas in these areas as needed. (See 3.1. Educator Obligations, 3.1.g.; 3.2. Supervisor and Consultant Obligations, 3.2.j; 8.0. Ethical Decision Making and Adherence to Standards and Laws)

4.1. Third Party Protections

4.1. a. Dance/movement therapists take reasonable measures to protect third parties and the public when there is a foreseeable risk of serious harm by a client. Dance/movement therapists attempt to clinically manage risk and, in accordance with legal requirements, protect by warning or reporting.

4.1. b. Dance/movement therapists communicate with and seek the cooperation of their clients in reporting actions when possible.

4.2. Addressing Harmful Professional Practice (See 1.3. Self-Care and Professional Impairment,)

4.2. a. Dance/movement therapists address professional impairment, individual or institutional misconduct, and detrimental institutional conditions or policies that endanger clients, significantly limit therapeutic effectiveness, or violate client rights. Dance/movement therapists determine the nature of the addressing action consistent with the nature and seriousness of the conduct of concern.

4.2. b. Dance/movement therapists should make good faith efforts to resolve any of the concerns noted above through informal consultation with the therapist or institution causing the concern, unless the conduct has substantially harmed or is likely to substantially harm clients. Dance/movement therapists directly and respectfully communicate concerns to the therapist or institution, solicit response, and support remedial action as warranted. Dance/movement therapists document the communication and any identified remediation expectations.

4.2.c. Dance/movement therapists formally report concerns to those in a position to intervene (e.g. supervisors, employers, ethics boards, credentialing, licensing or accrediting bodies, law enforcement) when it is warranted by the seriousness of the concern or when informal consultation has not resulted in resolution.

4.2. d. Dance/movement therapists maintain the right of client confidentiality when addressing professional impairment or misconduct and obtain permission to discuss information obtained by client report.

4.2. e. Dance/movement therapists monitor their own professional conduct and engage in remedial action as necessary.

4.2. f. Dance/movement therapists assist the public in identifying dance/movement therapists who can provide competent service.

4.3. Professional Representation and Announcement of Services

The obligation to ethical professional representation, detailed below applies to all those in all membership categories of the ADTA, as well as therapists credentialed by the DMTCB.

4.3. a. Dance/movement therapists accurately represent the profession when supplying information to the public about the profession of dance/movement therapy.

4.3. b. Dance/movement therapists accurately represent their scope of practice and qualifications to clients, employers, third party payers, and public in accordance with education, supervised experience, and credentials.

i. Dance/movement therapists advertise and offer private practice services only when qualified by requisite training, supervised experience, and professional credentials, and in accordance with legal requirements.

ii. Dance/movement therapists who are not qualified for dance/movement therapy private practice, do not represent dance/movement workshop or class offerings as dance/movement therapy.

iii. Dance/movement/therapists identify themselves with practice titles and professional credentials that have been formally conferred by educational/training institutions or credentialing bodies. Dance/movement therapists, and those in all membership categories of the ADTA, do not represent organizational membership as indication of credentialed status or use idiosyncratic professional titles and initials that may be misleading.

iv. Dance/movement therapists, whose credentials are inactive, cease identifying themselves with the credentials.

4.3. c. Dance/movement therapists adhere to professional standards in advertising services and do not solicit testimonials from current or former clients or others who may be vulnerable to undue influence.

5.0. Obligations to the Workplace and Colleagues

Dance/movement therapists are faithful to workplace contracts, respectful to colleagues, and contribute to creating a professional and ethical workplace culture. (See 4.2. Addressing Harmful Professional Practice)

5.0.a. Dance/movement therapists understand and adhere to the employment contract and the policies and regulations of the workplace unless in conflict with the stated purposes and ethical standards of the American Dance Therapy Association and Dance/Movement Therapy Certification Board or in conflict with legal requirements. (See 8.0.Ethical Decision Making and Adherence to Codes and Laws, 8.0.a.)

5.0. b. Dance/movement therapists understand the procedures and treatment orientation of the facilities within which they work and they function in accordance.

5.0. c. Dance/movement therapists work collaboratively, cooperatively, and respectfully with members of the workplace administration, treatment team colleagues, and support staff.

5.0. d. Dance/movement therapists contribute to creating an ethical workplace culture by modeling professionalism and upholding ethical obligations.

6.0 Advocacy and Promotion of Social Justice

Dance/movement therapists promote social justice with a recognition that a just society contributes to individual, family, and community health. (See 2.3. Multicultural Competence)

6.0. a. Dance/movement therapists cultivate awareness of and address oppression and disparities in power and privilege, resulting in barriers to wellness, at individual, institutional, and societal levels. Dance/movement therapists advocate for equitable access to services and culturally competent care.

6.0. b. Dance/movement therapists encourage clients to advocate for their rights to appropriate, competent, and respectful treatment and, with client permission, may initiate advocacy on a particular client's behalf.

6.0. c. Dance/movement therapists foster respect and support in personal, professional, and public arenas, for those marginalized by mental illness.

7.0. Integrity in Research and Scholarship

Dance/movement therapy research and scholarship make critical contributions to the dance/movement therapy knowledge base. Dance/movement therapists plan, design, conduct, and report research in a manner that is consistent with scientific standards. (See 1.2. Informed Consent; 1.3. Confidentiality and Privacy; 1.6. Assessment; 1.8. Documentation and Recordkeeping)

7.1. Protection of Research Participant Rights

7.1. a. Dance/movement therapists conduct human subject research in full compliance with applicable legal and professional guidelines and institutional review board and governmental regulations. When there is no Institutional Review Board (IRB) or similar regulatory body, independent researchers consult with researchers who are familiar with procedures that support implementation of appropriate safeguards.

7.1.b. Dance/movement therapists engage research participants in an informed consent process that insures the voluntariness of participation and involves communication of research purpose, duration and procedures; the right to participate or withdraw; research risks, benefits, and discomforts; alternative procedures; confidentiality protections and limits, terms of data retention and destruction, and identifies an informational contact person. Researchers communicate information in language understandable to the participant and/or consenting parent or guardian and encourage participant questions.

7.1. c. Dance/movement therapists take measures to support client safety and welfare in the course of research activity.

7.1. d. Dance/movement therapists take measures to protect the privacy, anonymity, and confidentiality of research participants as consented.

7.1. e. Dance/movement therapy researchers institute procedures that securely maintain research records. Dance/movement therapists act in accordance with the consented terms of data retention and destruction, consistent with the requirements of the research affiliated institution and the recruitment site.

7.2. Multicultural Considerations

7.2. a. Dance/movement therapists take into consideration the influence of cultural variables on the research investigation.

7.2. b. Dance/movement therapists are sensitive to research issues with diverse populations and seek consultation as needed. Dance/movement therapists consider the inclusion of qualitative research methods that include participant perspectives or enlist the participant as co-researcher.

7.3. Accurate Representation

7.3. a. Dance/movement therapists monitor for risk of researcher bias in research design, procedure, data analysis, and report of findings.

7.3. b. Dance/movement therapists accurately report research findings, including unfavorable results.

7.4. Acknowledgement and Authorship Credit

7.4. a. Dance/movement therapists take responsibility and credit only for work they have actually performed or to which they have contributed.

7.4. b. Dance/movement therapists are familiar with literature relevant to a research or scholarship topic and specifically cite contributions from relevant sources. In doing so, they accurately attribute words, ideas, and work to the source and author from which it was obtained.

7.4. c. Dance/movement therapists give credit through joint authorship, acknowledgment, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions.

7.4. d. Dance/movement therapists wholly acknowledge student work when scholarship has been based on student course papers, projects, dissertations or theses, and list students as principal authors when their contribution is primary.

8.0 Ethical Decision Making and Adherence to Standards and Laws

Dance/movement therapists maintain practices that protect the rights of clients as mandated by professional codes, regulations, and laws and as guided by deliberative ethical decision-making. (See 1.0. Fundamental Respect for the Client; 1.3. Confidentiality; 1.8. Duty to Protect Client; 1.10. Documentation and Recordkeeping; 4.1. Third Party Protections, 4.1.a.; 4.2. Addressing Harmful Professional Practice; 7.0. Integrity in Research and Scholarship)

8.0. a. Dance/movement therapists know and fully comply with The Code and Standards of the American Dance Therapy Association and Dance/Movement Therapy Certification Board.

8.0. b. Dance/movement therapists know and fully comply with laws that regulate therapy practice and associated education and research.

8.0. c. Dance/movement therapists clarify the nature of any conflict between the Code and Standards of the American Dance Therapy Association and Dance/Movement Therapy Certification Board, laws, or policies of institutions in which they are employed, and take reasonable steps to resolve the conflict.

8.0. d. Dance/movement therapists cultivate the sensitivity to recognize ethical dilemmas and employ an embodied and deliberative ethical decisional process when confronted by a significant ethical dilemma. This process may involve clarifying facts, identifying stakeholders potentially affected by the decision, considering the cultural context, applying ethical principles, standards, and laws; consulting supervisors, colleagues, and professional bodies; generating decisional options and projecting attendant risks and benefits of available options.

8.0. f. Dance/movement therapists invite the participation of their clients in the ethical decision making process, as possible, when it directly affects client welfare.

8.0. g. Dance/movement therapists inform supervisors of decisions concerning significant ethical dilemmas, carry out their decisions, document actions, and subsequently reflect on the experience.

8.0. h. Dance/movement therapists model and promote ethical behavior. Dance/movement therapists hold colleagues and organizations with whom they affiliate to ethical standards.

8.0.1. Dance/movement therapists cooperate with ethics board complaint proceedings of their professional membership and credentialing bodies.

9.0. Responsibility to the Profession

Dance/movement therapists engage in activity that contributes to the development and public regard for the profession in any number of the following ways:

9.0. A. Dance/movement therapists support the advancement of the profession through participation in professional activity which may include, but is not limited to: voting in professional elections; chapter and/or national committee service and office; participation in professional conferences; posting on professional forums or social media sites; advocacy; teaching, supervision, and mentoring; presentation, research and scholarship.

9.0. b. Dance/movement therapists professionally support and network with dance/movement therapy colleagues.

9.0. c. Dance/movement therapists dialogue and collaborate with allied professionals and organizations engaged in related professional activity.

9.0. d. Dance/movement therapists enhance awareness of dance/movement therapy and advocate for the profession through both formal and informal channels.

9.0. e. Dance/movement therapists pioneer new arenas of practice to meet emerging needs.

The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) and the Dance/Movement Therapy Certification Board (DMTCB)

Approved, ADTA Board of Directors

October 1977

Revised May, 1979

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Revised October 2015

Approved by the DMTCB October 2015

Policies and Procedures Governing Violations of The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) and the Dance/Movement Therapy Certification Board (DMTCB) are available upon request. AMERICAN DANCE THERAPY ASSOCIATION, INC. 10632 Little Patuxent Parkway, Suite 108 Columbia, Maryland 21044-3263.

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