

STANDARDS FOR EDUCATION AND CLINICAL TRAINING



**2026
Approved Programs**

**2026
Alternate Route Training**

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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* (see glossary) *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 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.

An Integrated Dance/Movement Therapy Education

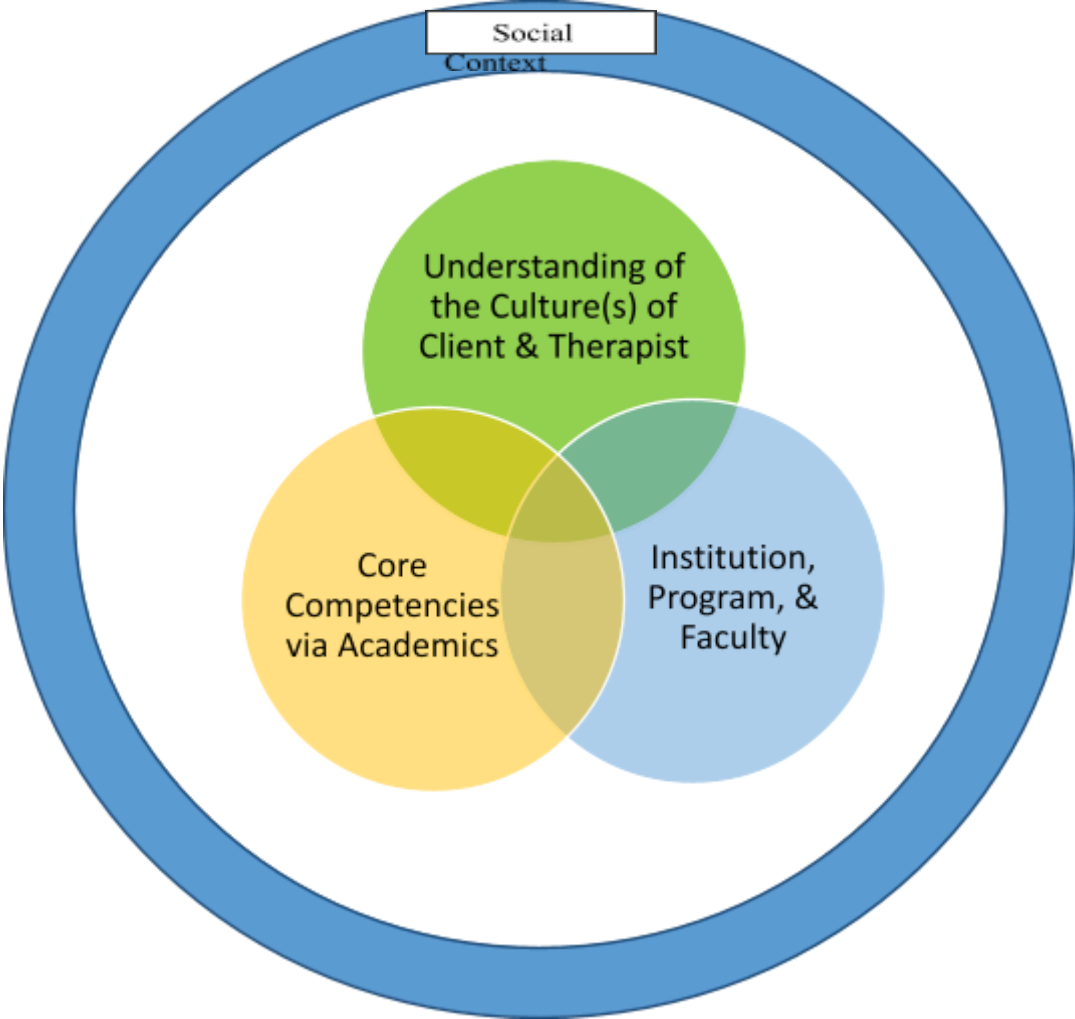
An *integrated dance/movement therapy education* (see glossary) takes place in the social context of the society in which the institution is located. This social context both prescribes and challenges issues of authority and agency, race, gender identity and relationships, educational norms, definition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

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

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

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

Figure 1. Integrated Dance/Movement Therapy Education for Approved Programs



**SECTION I-A: APPROVED MASTER’S PROGRAMS
INPUT BASED STANDARDS**

1. INSTITUTION STANDARDS

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

2. PROGRAM OUTCOME STANDARDS

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

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

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

3. FACULTY and SUPERVISOR STANDARDS

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

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

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

- through the development of an inclusive teaching/learning environment
- 3.9. Teaching multicultural approaches, inclusion, and social justice requires evidence of training
 - 3.10. Faculty must identify with and contribute to the dance/movement therapy profession through (1) maintaining ADTA membership, (2) maintaining BC-DMT credentialing 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

- 3.11. 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, 70 hours of BC-DMT supervision needs to be arranged by the program and must include site visits as stipulated in *Clinical Internship Standards* (see glossary) (Standard 8.12).
- 3.12. Attends trainings and meetings offered by program and maintains ongoing communication with program
- 3.13. Has at least two (2) years of full-time clinical experience or the part-time equivalent.

4. ADMISSION STANDARDS

- 4.1 Admission requirements, including any pre-requisite coursework, shall be stated clearly in the regularly published catalogue or its equivalent in the program's parent institution
- 4.2 Students shall be selected for admission to the program on the basis of written criteria and a corresponding, culturally informed screening process that evaluates the following:
 - 4.2.1 Evidence of emotional, physical, and intellectual capacity as well as motivation in accordance with the demands of a graduate program in dance/movement therapy
 - 4.2.2 An undergraduate degree or undergraduate to graduate accelerated program (i.e. 3+1 or 3+2)
 - 4.2.3 **Dance Experience** evaluated by resume and/or narrative
 - 4.2.3.1 Expertise in at least two different dance (or movement) forms such as (ballet, modern, jazz, improvisation, popular/street/indigenous, liturgical, ballroom, traditional/ethnic/folk – African, Caribbean, Korean, Latin, Middle Eastern, Native American, etc.)
 - 4.2.3.2 In depth and dedicated experience in a minimum of one dance form
 - 4.2.3.3 Ability to discuss the influence of culture on their dance experience and dance forms
 - 4.2.3.4 Teaching, performing and/or choreography experience is recommended

- 4.2.4 Dance Skills** evaluated by video and/or in person audition
- 4.2.4.1 Demonstrate an ability to move in a connected and kinesthetically informed way
 - 4.2.4.2 Relate to others through movement
 - 4.2.4.3 Show a range of functional and expressive movement qualities
 - 4.2.4.4 Illustrate ability to improvise
 - 4.2.4.5 Demonstrate an understanding of basic rhythmic patterns

5. EVALUATION STANDARDS

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

Student

Programs must provide evidence of:

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

Faculty

Programs must provide evidence of:

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

Program

Programs must provide evidence of:

- 5.10 Systematic evaluation of the program as prescribed by the Annual Report, Three-Year Self-Study (for newly approved programs), and Six-Year Self-Study (see Committee on Approval Procedural Guidelines)

- 5.11 Regular and systematic review of the program by students, site supervisors, and when possible, alumni
- 5.12 Regular and systematic review of clinical sites
- 5.13 Support for faculty development
- 5.14 Consideration and application of recommendations for continued program development

6. STUDENT ADVISEMENT

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

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

7. CAREER RESOURCE STANDARDS

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

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

8. CURRICULAR STANDARDS

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

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

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

Academic

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

Clinical Fieldwork and Clinical Internship

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

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

Clinical Fieldwork

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

Clinical Internship

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

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

Clinical Training Component

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

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

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

- 8.22 The internship must be satisfactorily completed before the conferral of any dance/movement therapy degree or completion of a non-degree equivalency program. The student must have received a passing grade or other evaluation in good standing in all dance/movement therapy courses in order to be eligible for internship. The academic program has the ultimate responsibility to determine whether these requirements have been successfully met.
- 8.23 When a student is unable to demonstrate required professional level competencies, additional hours of internship may be required of the student by the internship program in consultation with the internship supervisor

9. GUIDELINES FOR DISTANCE LEARNING

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

9.1 DISTANCE LEARNING DEFINITIONS

Distance Learning (see glossary)

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

Distance Learning Programs (see glossary)

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

Delivery Systems (see glossary)

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

9.2 STANDARDS APPLICATION TO DISTANCE LEARNING

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

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

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

9.3 DISTANCE LEARNING STANDARDS

Overarching Program Requirements, Consistency, and Equivalency

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

Purposes and Resources

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

Delivery Systems, Verification, Evaluation, Technology, and Communication

- 9.3.9 Delivery systems must support the program purpose, educational and clinical components, and the teaching and learning of student competencies
- 9.3.10 The academic institution must implement verification methods (secure login and password, proctored examinations) to ensure that the registered student is the same student who participates in and completes the program and is awarded academic credit
- 9.3.11 The academic institution must establish and publish the technical competence and equipment requirements of students for each distance learning program or course and assess whether students meet these requirements prior to enrollment
- 9.3.12 Institutions must employ policies and procedures that protect student privacy and notify students of costs associated with verification of student identity at time of registration
- 9.3.13 Programs must employ policies and procedures that protect confidential client information including the duration that course content and related assignments are held or available
- 9.3.14 Course instructions, expectations, evaluation criteria, mechanisms for communication with instructors and students, and policies on distance learning decorum must be clearly articulated and readily available to all constituencies involved in a distance learning program
- 9.3.15 Evaluation measures specific to distance learning shall be established for each course and the program as a whole for students to complete at regular intervals

Faculty

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

Dance/movement therapy curriculum

- 9.3.19 Distance learning programs must meet all Program Outcome Standards as well as Academic and Clinical Curricular Standards evidenced by student success in achieving competencies within all four curriculum content areas as set forth in the ADTA Standards for Education and Clinical Training
- 9.3.20 Faculty determine what content is delivered online and how that

delivery is implemented in accordance with the Standards

- 9.3.21 In addition to traditional components of a *syllabus* (description, rationale, competencies, outline, assignments, evaluation methods) (see glossary), all syllabi must include technology requirements and related student support and resources
- 9.3.22 Online learning management systems and additional technology utilized to support academic and clinical distance learning must be clearly articulated in the curriculum and effectively advance student learning

Evaluation

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

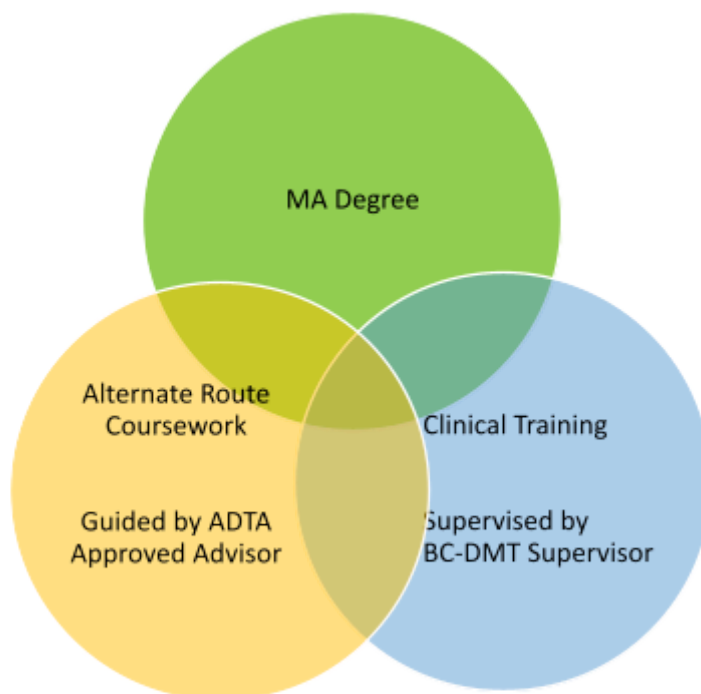
Clinical Training and Supervision

- 9.3.25 Legal contracts and/or affiliation agreements must be in place, which specify the roles and responsibilities of the program, site, BC-DMT supervisors, on site supervisors, and the student
- 9.3.26 Program staff or faculty must serve as a liaison between the academic program and clinical sites, providing support and training
- 9.3.27 Individual on-site and academic supervision must be provided in accordance with the Clinical Internship Standards. A minimum of 70 hours of BC-DMT supervision is required. Of these 70 hours, a maximum of 30 hours Group off-site supervision is allowed. Site visits can occur through such means as video and teleconferencing, but must include audio and visual components and direct observation of the student's work while upholding all legal and ethical mandates of the profession, site, and academic program, especially as related to issues of confidentiality.
- 9.3.28 Group supervision by the academic BC-DMT may also be provided through discussion boards, synchronous conferencing, and/or live-time webinars while upholding all legal and ethical mandates of the profession, site, and academic program, especially as related to issues of confidentiality.

SECTION 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 additional and advanced *movement observation* (see glossary) training and/or a minimum of five years of full-time experience or the part-time equivalent beyond what is required for dance/movement therapy credentialing, as evidenced by documentation on one's CV and any certifications, if applicable
- 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), or equivalent narrative, and other forms of evaluation.
 - 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 or a Grievance Group convened by the Education Committee for more complex matters (see advisor handbook).
- 3.14. Teaching of observation and assessment of movement content requires additional and advanced *movement observation* (see glossary) training and/or experience beyond what is required for dance/movement therapy credentialing
- 3.6 Grievances related to the student's advisory process is mediated through the ARES Chair or a Grievance Group convened by the Education Committee for more complex matters (see advisor handbook).

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' evaluation.
- 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/Evaluation: Grading and other forms of evaluation 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

	<ul style="list-style-type: none"> ● 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 program or an ADTA	Psychopathology – 3 cr.

	approved program. If credits earned were not within the last 10 years, then at least 3 credits need to be taken.	
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

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

- 5.18 The internship will follow the successful completion of clinical fieldwork for those without a Clinical MA
- 5.19 All students must successfully complete a minimum of 6 DMT credit hours, including theory and practice, 3 movement/body credits, and 9 psychology credits before beginning internship (see Table 2).
- 5.20 The internship shall be concurrent with, or subsequent to, the graduate level dance/movement therapy AR coursework. The internship hours may not be completed in entirety before completion of the AR coursework.
- 5.21 Internship includes observing, assisting, or co-leading, AND leading as well as assuming full responsibility for program planning and dance/movement therapy treatment implementation with clients
- 5.22 The number of required internship hours varies depending on whether an individual has a clinical MA degree or a non-clinical MA degree. In either case, employment or volunteer hours that are DMT specific can count towards internship hours. See Table 3 for detailed requirements.

Table 3.
Required Internship Hours

A	B
Those with a clinical MA, the equivalent of two (2) years FT clinical experience (see 2.3, glossary), and legal credentialing in their state can count BC-DMT supervised employment or volunteer hours that are DMT specific, including private practice, towards internship.	Those with a non-clinical MA can NOT include any private practice hours, but can count BC-DMT supervised employment or volunteer hours that are DMT specific towards internship.
<p>5.22 The internship shall be a minimum of 6 months, totaling at least a 450-hour course of study. This shall include:</p> <p>5.22.1 Prior to counting private practice hours, at least 13 DMT credits and all 7 movement/body credits for a total of 20 credits of AR coursework must be successfully completed (see Table 2). The remaining 7 DMT credits must be taken concurrent to an internship, if using private practice, until all credits are completed.</p> <p>5.22.2 A maximum of 250 private practice hours (55%) can be</p>	<p>5.22 The internship shall be a minimum of 6 months, totaling at least a 700-hour course of study. This shall include:</p> <p>5.22.1 Prior to beginning internship, a minimum of 6 DMT credits, including theory and practice, 3 movement/body credits, and 9 psychology credits must be successfully completed (see Table 2).</p> <p>5.22.2 A minimum of 350 hours of <i>direct client contact</i> (see glossary), all of which must be related to the development of skills required of a dance/movement therapist</p>

<p>counted towards internship. The remaining 200 hours must take place in an institutional team based setting.</p> <p>5.22.3 A minimum of 350 hours of <i>direct client contact</i> (see glossary), all of which must be related to the development of skills required of a dance/movement therapist</p> <p>5.22.4 Of the 350 direct client contact hours, a minimum of 250 must be specific to leading DMT sessions (individual, couples, group, family).</p> <p>5.22.5 The remaining 100 hours can be indirect hours (see clinical training manual)</p>	<p>5.22.3 Of the 350 direct client contact hours, a minimum of 150 must be specific to leading DMT sessions (individual, couples, group, family).</p> <p>5.22.4 The remaining 350 hours can be indirect hours (see clinical training manual)</p>
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5.23 70 hours of BC-DMT supervision are required (see Table 4) and shall include:

- A minimum of five (5) hours of onsite observation of intern led sessions accompanied by five (5) hours of supervisory discussion, totaling a minimum of ten (10) hours.

OR

- For those using private practice, a minimum of ten (10) hours of onsite observation of intern led sessions accompanied by ten (10) hours of supervisory discussion, totaling a minimum of twenty (20) hours.
- In circumstances in which live observation is absolutely not possible, the BC-DMT credentialed supervisor shall conduct video observations followed by supervisory discussion according to the hours detailed above.
- If video recording is absolutely not an option, 80 hours of BC-DMT supervision is required

OR

- For those in private practice, if video recording is absolutely not an option, 90 hours of BC-DMT supervision is required

5.24 Supervision must consist of self-evaluation and written process of the session, including questions, feedback and clarification.

5.25 A minimum of 24 hours of BC-DMT supervision must be with the same supervisor. A maximum of 4 hours for any single group or 2 hours for any single individual supervisory session may be counted.

5.26 The hours that are not direct client contact will be accrued through clinical responsibilities such as participating in team meetings, record keeping, in-service education, etc.

Table 4.

Required Internship Supervision Hours

	Standard Internship	Internship including Private Practice
In person, video recorded, or livestream site visits	5 site visits/10 hours	10 site visits/20 hours
Total BC-DMT supervision with site visits	70 hours	70 hours
Total BC-DMT supervision without site visits	80 hours	90 hours

5.27 Facilities shall support the provision of clinical experience and in-service education as it applies to criteria for Fieldwork and Internship sites

Clinical Training Component

5.28 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.

5.29 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.

5.30 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).

5.31 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.

5.32 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.

5.33 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.

- 5.34 The BC-DMT supervisor shall complete the required documentation as per the clinical training manual.
- 5.35 Hours of clinical training should include direct and indirect client contact
- 5.36 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.
- 5.37 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

Section II: Output Based Standards: Core Curriculum and Accompanying Competencies

1. THEORY

1.1 Theoretical Origins

1.1.1 Demonstrate an understanding of the cross-cultural origins of dance for healing and community-building

1.1.2 Demonstrate an understanding of the cultural currents in the history of dance and its influence on the development of the profession of dance/movement therapy in the United States

1.1.3 Identify and critically analyze the perspectives and approaches of 20th century dance/movement therapists (including their backgrounds, influences, and frameworks) that assisted in the formation of the American Dance Therapy Association (ADTA)

1.2 Dance/Movement

1.2.1 Identify the basic structures and functions of the systems of the human body

1.2.2 Describe the role of improvisation in dance/movement therapy and cross cultural implications

1.2.3 Describe the role of group rhythmic action in intrapersonal and interpersonal relationships

1.2.4 Identify and describe the role of symbolic movement in dance/movement therapy

1.2.5 Articulate and critically examine the socio-cultural historical context of aesthetic values and its relevance to dance/movement therapy

1.2.6 Discuss the nature of the creative process in dance/movement therapy and its role in therapeutic outcomes

1.3 Therapeutic Movement Relationship

1.3.1 Describe the theoretical constructs of a therapeutic relationship and a therapeutic movement relationship.

1.3.2 Critically examine the interrelated influences of the intrapersonal, interpersonal, and systemic contexts on the therapeutic relationship and therapeutic movement relationship.

1.3.3 Articulate theoretical constructs of transference and countertransference and its influence on the therapeutic movement relationship.

1.3.4 Discern and describe how socio-cultural identities and systemic power dynamics influence movement preferences and the therapeutic relationship.

1.4 Group Dynamics and Group Processes

1.4.1 Demonstrate an understanding of group dynamics theory (developmental stages, processes, and roles), including the connection to group norms and boundaries, expectations, and goals.

1.4.2 Demonstrate an understanding of the theoretical foundations for comprehensive warm-ups (physical, emotional, spiritual, relational, etc.).

1.4.3 Discuss how leadership styles, power differentials, and socio-cultural factors influence group dynamics.

1.4.4 Identify and articulate culturally attuned DMT methods for engagement and mobilization of participants (e.g. rhythmic action, synchrony, kinesthetic empathy, and symbolism).

1.4.5 Articulate the roles and functions of verbalizations in DMT group work.

1.4.6 Identify therapeutic factors and how they influence group development and effectiveness.

1.5 Human Development through the Lifespan

1.5.1 Describe and critically assess theories of human growth and development across the lifespan (i.e., cognitive, physical, psychological, and psychosocial) that inform DMT practice.

1.5.2 Identify and assess how cultural, environmental, and societal systems influence human development across the lifespan.

1.5.3 Identify and describe bio-psycho-social-cognitive influences on human development (i.e. sexuality, neurodiversity, disability, and other body diversity, attachment behaviors, etc.) and movement across the lifespan.

1.5.4 Identify the relationship between multi-sensory integration and sensory-motor processes to human development across the lifespan.

1.5.5 Discuss the impact of trauma on human development, behavior, sexuality, and movement across the lifespan.

1.5.6 Describe the bio-psycho-social-cognitive influences on body image (i.e. arousal and reproductive anatomy, gender identity, ability, size, etc.) as related to sense of self and other across the lifespan.

1.5.7 Demonstrate a basic understanding of relational dynamics in a range of intimate and/or familial structures.

1.6 Neuroscience

1.6.1 Describe the basic structure and function of the human nervous system, its relationship to sensory and motor experience, and its application in clinical practice.

1.6.2 Demonstrate understanding of the difference between mirror neurons and action observation systems, and between action recognition and understanding.

1.6.3 Demonstrate knowledge of the neurological basis of the concepts used in DMT (e.g. rhythm, entrainment, and synchrony).

1.6.4 Demonstrate a critical understanding of research findings and theoretical models regarding the relationship between interoception, affect, emotions, self-regulation, and empathy.

1.6.5 Demonstrate basic understanding of the effects of dance on neurodevelopment, learning and memory, neuroplasticity, aging, and neurodegeneration.

1.6.6 Describe the stress response, the effects of chronic stress and traumatic experiences, and their relationship to dance/movement therapy.

1.6.7 Identify how touch can activate neurophysiology and states of change.

2. MOVEMENT OBSERVATION AND ASSESSMENT

2.1 Understand and critically analyze the socio-cultural-historical context of movement observation, assessment, and analysis theories.

2.2 Demonstrate ability to describe and communicate intrapersonal and interpersonal movement patterns with contextual considerations.

2.3 Demonstrate ability to self-assess personal movement preferences, and discern impact on movement observation, assessment and analysis.

2.4 Demonstrate ability to communicate movement observation and assessment data to allied professionals.

2.5 Demonstrate understanding of a bio-psycho-social approach to the assessment and diagnostic process, including available tools, diagnostic systems, referrals, prevention, and cultural factors.

2.6 Demonstrate ability to ethically and responsibly apply movement analysis frameworks.

3. PRACTICE

3.1 Demonstrate ethical reflexivity on one's own biases related to social cultural locations and identities.

3.2 Demonstrate ability to engage in a culturally informed process of clinical interview and case conceptualization to formulate diagnostic considerations and treatment planning.

- 3.3 Demonstrate ability to engage in ongoing assessment processes that respects the autonomy of the client to inform movement observation and collaboratively determine movement-based goals throughout the course of treatment.
- 3.4 Demonstrate the attitudes, processes, and approaches that support the establishment and maintenance of a therapeutic movement relationship.
- 3.5 Demonstrate ability to empathically reflect clients' movement.
- 3.6 Attends to and articulates awareness of internal and external personal sensory experience.
- 3.7 Identify personal movement patterns and sensations and how they relate to one's own behaviors, thoughts, feelings, and aesthetic choices within one's diverse socio-cultural locations.
- 3.8 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.
- 3.9 Identify and navigate somatic countertransference and explore how it may affect and inform the therapeutic movement relationship.
- 3.10 Recognize and address possible erotic transference and countertransference that are informed by aesthetic values and perceptions of the body.
- 3.11 Demonstrate developmentally, diagnostically, and culturally appropriate anti-oppressive dance/movement therapy interventions.
- 3.12 Distinguish between cultural appreciation and cultural appropriation when incorporating culturally defined dance/movement forms and music within dance/movement therapy practice.
- 3.13 Facilitate warm-ups (physical, emotional, spiritual, relational, etc.) using elements of dance/movement and considerations of anatomy/kinesiology.
- 3.14 Maintain the flow of a session including timely transitions, and a beginning, middle, and end.
- 3.15 Demonstrate ability to use symbols, imagery, and metaphor in movement as they emerge in the creative process.
- 3.16 Demonstrate ability to attune with clients' movements through improvisation, synchronization, and rhythmic action towards therapeutic goals
- 3.17 Demonstrate ability to facilitate theme development
- 3.18 Demonstrates use of adjunctive tools with a clinical rationale

- 3.19 Demonstrate ability to use verbalizations to support the therapeutic process.
- 3.20 Demonstrate ability to establish boundaries to create a therapeutic container.
- 3.21 Demonstrate ability to develop group goals informed by group membership, dynamics, and processes.
- 3.22 Support and provide structure for conflict exploration.
- 3.23 Demonstrate ability to address issues related to intersectionality from a DMT perspective.
- 3.24 Facilitate closure and integration of therapeutic experiences.

4. PROFESSIONAL IDENTITY AND ETHICS

- 4.1 Demonstrate ability to abide by The Code of Ethics and Standards of the American Dance Therapy Association (ADTA) and Dance/Movement Therapy Certification Board (DMTCB).
- 4.2 Demonstrate knowledge/ understanding of professional credentialing, board certification and licensure, regulatory agencies, state and federal laws.
- 4.3 Demonstrate how participation in professional organizational systems promotes the development of the field and professional growth.
- 4.4 Demonstrate dance/movement therapy advocacy skills.
- 4.5 Demonstrate an ability to seek and effectively use supervision.
- 4.6 Demonstrates strategies to practice self/community care in addressing the stressors that are inherent in the practice of therapy.
- 4.7 Demonstrate understanding of how to effectively, ethically, and legally respond as a mandated reporter.
- 4.8 Document clinical data that complies with ethical, legal, and reimbursement requirements.
- 4.9 Demonstrate foundational knowledge of research methods to inform practice.
- 4.10 Discuss how dance/movement therapy theories are applied to practice in relationship to the following: a) needs of specific populations, b) socio-cultural considerations, c) public policies, and d) systems of health care.
- 4.11 Coordinate treatment planning with allied professionals from intake, diagnosis, and discharge planning.

4.12 Communicate with allied professionals the rationale for dance/movement therapy services and the role of the dance/movement therapist in providing comprehensive treatment.

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).

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

Diverse: inclusive of cultural identifiers 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.

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.

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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