



AMERICAN DANCE
THERAPY ASSOCIATION

ADTA Guidelines for COVID-19 Accommodations in Dance/Movement Therapy Education & Training

3/15/20

Revised 9/1/20

The ADTA Committee on Approval (COA) takes the COVID-19 pandemic very seriously and has compiled the following recommendations and resources for dance/movement therapy (DMT) educators during the current health crisis. We appreciate all that you, our esteemed program directors, are doing to keep your students, faculty, staff, and communities safe. The programs have our trust in their abilities to provide creative solutions, flexible accommodations, and sensitive support as situations arise.

We also recognize that the landscape is rapidly changing; we want to assure you that the COA will continue to monitor the needs of our programs and students and offer our support and solidarity. As the COA proactively responds to changes in the educational landscape as a result of the pandemic, we will continue to distribute up-to-date information and resources as they become available. To that end, this document lists the most recent revisions to the *ADTA Guidelines for COVID-19 Accommodations in DMT Education and Training*.

The following information is adapted from a variety of resources, including guidelines from the US-DOE, CDC, resources from our allied professionals, and feedback from many DMT educators. Our goal is to empower and support DMT programs and educators in finding ways to offer creative accommodations and adaptations to help students continue their DMT education despite interruptions caused by COVID-19, while upholding the ADTA Standards.

We recognize that some programs or alternate route courses may have to make accommodations if the Coronavirus impacts a student or a campus in some of the following ways:

- A student was enrolled or was supposed to begin a travel-abroad experience and either the student has been called back to the U.S. or was never able to begin the travel abroad experience;
- A student was enrolled in a program and met the requirements for full-time enrollment; however, due to the COVID-19, one or more classes – such as an internship or fieldwork – have been cancelled;
- A student is quarantined and misses class or a student is incapacitated due to COVID-19 illness;
- A campus temporarily stops offering ground-based classes in order to prevent the spread of COVID-19;
- A student is unable to fulfill fieldwork or internship hours in the typical manner due to suspended services during the pandemic.

This document intends to offer some guidance and support in navigating these circumstances.

A. Recommendations for All Approved & Candidate Programs

Institutions must follow federal, state, and local mandates, and all approved and candidate programs must follow their institution's directives in making decisions that are best for their unique circumstances. It is the prerogative of ADTA approved and candidate programs to provide accommodations when COVID-19 impacts education and training in DMT; program directors should clearly communicate adjustments, changes to institutional protocols, and provide resources from the CDC to all students. We offer a gentle reminder to be mindful of potential consequences for students in terms of diversity and inclusion, finance, degree completion, licensing, and credentialing.

We encourage programs to frequently visit the U.S. Department of Education's Coronavirus webpage, <https://www.ed.gov/coronavirus?src=feature>, as updates are posted regularly. You can also find more detailed information on how to comply with Title IV, Higher Education Act (HEA) policies for students whose activities are impacted by Coronavirus (COVID-19), either directly because the student is ill or quarantined, or indirectly because the student was recalled from travel-abroad experiences, can no longer participate in internships, or attends a campus that temporarily suspended operations. In addition, the Department's webpage has links to guidance from the Centers for Disease Control and Prevention, including how Institutions of Higher Education should manage human health risks associated with Coronavirus.

B. ADTA Accommodations for Approved Programs, Programs in Candidacy, & Alternate Route Courses

The COA would like to provide as much flexibility as possible so that you can continue to serve students while maintaining compliance with standards. We recommend that ADTA Approved programs, programs in Candidacy and Alternate Route educators immediately document any actions taken as a result of COVID-19.

- For ADTA Approved and Candidate programs, please communicate directly with the Chair of the COA at approval@adta.org with questions or concerns. During the pandemic, the annual report will include a brief narrative report on any contingencies that are being put into place at your institution.
- Alternate Route courses that are significantly impacted by the COVID-19 crisis are required to report any substantial course modifications to the Chair of the Subcommittee for Approval of Alternate Route Courses (SAARC) at ARapproval@adta.org.

This will allow the ADTA to monitor any impact on a program's or course's ability to remain in compliance with ADTA Standards and take any steps needed to support programs and educators during this health crisis.

At this time, accommodations are in effect through the 2021-22 Academic year for your institution. The COA will continue to monitor and reassess this timeframe as the pandemic unfolds.

The following accommodations for ADTA Approved programs, programs in Candidacy and Alternate Route courses are being offered:

1. Method of Instruction:

Any course that is normally offered in a face-to-face method may immediately be offered in an online format; this change can be made **without** going through the regular ADTA approval process and the institution will **not** need to report on the change in method for the course, provided they resume ground-based attendance when permitted to do so by their state and campus officials.

If an institution or alternate route educator chooses to continue offering a new program or utilize distance education in a manner requiring the ADTA's approval after that point, it must seek approval under the usual process.

2. Individual Student Accommodations:

A program or alternate route educator may provide online learning opportunities for individual students impacted by COVID-19 per their institution's directives even if it is not part of the typical course content. All DMT students who are quarantined or ill should be given options for alternative assignments/coursework and should not be penalized for absences due to complications with COVID-19. Individual student accommodations do **not** need to be reported to the ADTA.

3. Changes to Curricular Plan:

Because we understand that some students may have been recalled from travel abroad programs, had fieldwork/internships suspended, or canceled-out of experiential learning opportunities due to COVID-19, programs and alternate route educators may offer courses and/or fieldwork/internship to those students on a schedule that would otherwise be considered a non-standard term, if doing so enables those students to complete the term.

This temporary change in curricular plan would **not** require ADTA approval. (Section I-A, Standard 2.3) A brief narrative regarding the changes to curricular plan will be expected with the annual report for approved programs.

If at any point an institution determines it will shut down as the result of a campus-wide health emergency, the program director should contact the Chair of the COA at approval@adta.org which will allow the ADTA to track, monitor, and support the program during the health crisis (Section I-A, Standard 1.2).

4. Fieldwork & Internship Hour Requirements:

We are encouraging ADTA Approved and Candidate programs to be creative and flexible in having students acquire fieldwork and internship hours while still maintaining integrity and fidelity to current standards. There is an understanding that fieldwork hours accumulated in the 2019-2020 and 2020-2021 academic periods may need to carry over to subsequent terms.

At this time, regulations and recommendations for fieldwork and internship hours for Alternate Route students remain *consistent* with current practice, given that flexibility is inherent in the Alternate Route track.

Please note that these requirements are for dance movement therapy credentialing, only. Please refer to state licensing boards for counseling, social work, LCATs, couples and family therapy, and other allied professions to determine requirements for licensure.

a. Hours

1. Students graduating from an ADTA approved program must have 800 **total** clinical training hours as defined below.
2. The COA would like to recommend that ADTA approved programs define Clinical Internship as beginning after the completion of a minimum of 100 hours of Clinical Fieldwork. (Accommodation to Section I-A, Standard 8.4; in compliance with current standards) After accruing 100 hours of fieldwork, the student is encouraged to secure a BC-DMT supervisor and begin counting hours towards internship.

3. The COA requires 700 hours of internship, starting after completion of fieldwork. (Section I-A, Standard 8.10). A student may start accumulating internship hours prior to the completion of one full year of graduate work (Accommodation to current standard G.2.a.)
4. Of the 700 hours of internship, 350 hours must be direct service during internship. *Please note the broad definition of direct service provided below.*

The required 700 hours of internship with 350 direct service hours that are specified in the current standards cannot be waived; these set standards are benchmarks of the quality and consistency of approved programs, indicate readiness to assume the R-DMT credential, and are related to licensing requirements in many states. (Section I-A, Standard 8.10)

Please remember that standard 8.10.2 calling for a minimum of 150 hours of the 350 direct service hours to be accrued leading dance/movement therapy sessions is **not** a requirement until 2023 (Section I-A, Standard 8.10.2).

The COA highly encourages programs that are exceeding the minimum number of clinical hours required by the ADTA standards and accommodations to reduce their clinical hours to the aforementioned amounts. Alternate route educators and students should refer to the ADTA Standards for Education and Clinical Training for specifications on fieldwork and internship hours based upon which track the alternate route student is following.

Some programs offer field service seminars, practica or extensive service-based field trips that involve going out into to the field as part of a class. As a COVID-19 accommodation, these field service classroom hours may count towards fieldwork or internship hours for the ADTA as long as they are documented accordingly and meet all other clinical training components (Section I-A, Standards 8.13-8.20), including agreements (8.16-8.18), tracking hours, supervision (8.14-8.15), and coordination of evaluating competencies (8.19-8.20). Class time involved with academic learning, assignments, activities, or homework would **not** count toward field hours.

b. Direct Service

Programs and alternate route site supervisors should decide how best to meet field education requirements in a manner that is appropriate for their students, communities, and their unique challenges. In this time of social distancing and limited to the time of this national health emergency, the COA has adopted a broad definition of Direct Service to include telehealth (see resources below), phone contact with clients and constituents, the use of digital technologies, and other services that are not in-person.

For the purposes of this document, *direct service* is defined as the supervised use of dance/movement therapy, counseling, consultation, or related professional skills with actual clients (individuals, couples, families, groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. This change can be at the micro- (client) or macro- (community, societal) levels with an intention of serving the client, the staff, the agency, the community, faculty or peers, or society at large.

Activities must involve interpersonal interaction and may include assessment, DMT/counseling, psycho-educational activities, consultation, public service, advocacy and social justice work. Modalities that include the body, either in person, through HIPPA-compliant online platforms, or through video are preferred. All activities must show evidence of applying the learning in order to count as fieldwork and internship hours.

The following would NOT be considered direct service: reading case studies, movement observation exclusively for the students' learning, self-exploration, record keeping, administrative duties, clinical and/or administrative supervision.

Please note that supervision (individual, group, peer) hours count towards indirect hours of fieldwork and internship.

c. Locations

Though programs may have specifications as to where and when fieldwork and internship can take place in accordance with state licensure or affiliation with an allied profession, the COA recognizes that some traditional clinical sites might not be available during the pandemic and would like to propose some creative accommodations. Internships may be designed in different ways: part or full time, in one or more setting, for varying periods or time frames, and near or distant from the academic institution. (Section I-A, Standard 8.14)

- i. Programs may enter into temporary consortium agreements with other sites, organizations, community settings, or academic institutions so that students can complete fieldwork or internships at alternate sites, per regulations from their program.
- ii. Though continuity and time to build relationships is essential in an internship, the COA accepts multiple sites to accumulate hours in the challenging COVID conditions. An intern does not have to be at any one particular site for any designated period of time.
- iii. Multiple sites must still have Affiliate Agreements, BC-DMT supervision, careful recording of hours, and follow all other standards and regulations. (Section I-A, Standard 8.17-18)
- iv. For the purposes of increasing sites during the pandemic, sites can be in clinical or medical agencies, in educational settings, long-term care, community-based services, peer support, or in preventative care. (Accommodation to Section I-A, Standard 8.12)
- v. Students completing their internships abroad must still be under supervision of a board certified dance movement therapist. (Section I-A, Standard 8.11)
- vi. In order to provide the student with an essential understanding of systems and work in an agency, fieldwork and internships in approved programs cannot be in private practice. (See ADTA Standards for Education and Clinical Training for regulations regarding Alt Rte internships using private practice.)

d. Supervision

- i. All internships must be continuously supervised by a qualified Board Certified dance movement therapist. (Section I-A, Standard 8.11)
- ii. Internships can be at a site with an R-DMT as long as the intern is receiving BC-DMT supervision (on or off site). 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. (Section I-A, Standard 8.15)
- iii. In many agencies, outside visitors are not allowed in an effort to contain COVID-19. This may result in a supervisor's inability to make a site visit and provide live observation of the intern.
 - In circumstances in which live observation is absolutely not possible, the BC-DMT credentialed supervisor shall observe five (5) hours of video recorded student led sessions accompanied by five (5) hours of supervisory discussion.
 - If video recording is absolutely not an option, 80 hours of BC-DMT supervision is required.
 - Recorded sessions can include staff in-services or DMT workshops at the placement site.

C. Fulfilling Field Experience Hours During Coronavirus Event

Solutions for Student Fieldwork & Internship:

The current standards define internship as “intensive.” This concept of *intensive* applies to time (spread out over a long time, or packed into a short period), as well as depth and space. For example, a powerful social justice endeavor could be highly intensive even if not long-term. Similarly, an advocacy project that reaches far beyond the community to create change on a county, state, or national level would also be *intensive*. Interns should be encouraged to consider the depth and reach of their internship experience, *though the time component (hours of service) is the aspect that is regulated in this situation and must be maintained.*

Whenever possible, the COA encourages programs and site supervisors to assist their fieldwork students and interns in creatively seeking alternative learning opportunities. Program directors and educators are invited to collaborate with one another, reach out for collegial support, share ideas with one another, and develop creative solutions together.

Inspired by a variety of sources and sparked by conversations with DMT educators, the COA offers the following ideas and suggestions.

- a. **Continuance:** If the institution allows a continuance of internship due to the COVID-19 health crisis, that option must **not** impose undue additional financial burden on the student.
- b. **Replacement Training Opportunities:** Affiliated internship sites are encouraged to communicate, coordinate, and problem solve with the DMT program director, site, and student. Supervisors are invited to suggest replacement training opportunities for students that will allow them to accumulate indirect and direct hours towards their fieldwork or internship even during a site closure. Suggestions include, but are not limited to, some of the areas listed in Table 1 below. For assistance with implementing these ideas, please contact the Education Committee at education@adta.org.
- c. **Direct Service:** In order to creatively meet internship hours during the pandemic, some tasks that engage the public, require person-to-person interaction (whether in person or remote), and result in significant changes in sociocultural, behavioral, cognitive, or affective experience on the part of the client OR others will be counted as direct service. (See asterisks below and definitions above.)

Table 1. Alternate Indirect & Direct* Internship Ideas

DMT advocacy in community, state, and national levels *	Exploring funding options for future program development	Identifying current legislation that relates to DMT or the internship population
Offering DMT in-services at sites to help staff manage stress*	Designing marketing materials/info sheets for DMT & site population	Designing & potentially implementing research experiment
Creating orientation packet for future interns at site	Online/phone interviews with other professionals	Practicing movement observation skills
Developing treatment plans based on archived session footage for the purposes of implementing the plans in the future*	Creating and sharing a comprehensive bibliography for the population being served	Completing client casework from a secure server with HIPAA compliance
Meeting for supervision using a secure server	Crafting and disseminating crisis response policies procedures, and treatment modalities to	Designing educational materials based on the crisis (e.g. DMT & coping w/COVID-19)

	respond to socio-emotional needs during a natural disaster (fires, hurricanes, pandemic, etc.)*	
Developing DMT interventions for healing post-crisis that can be implemented by staff/others*	Connecting clients to public health information, perhaps through creating a flyer with local services for basic needs and support groups*	Compiling a list of resources for clients for post-crisis, such as ways to re-integrate after the pandemic
Writing posts and blogs that could be used on placement site's social media accounts	Engaging in social justice initiatives in response to the pandemic, such as serving to provide for basic needs (food, water, shelter), healthcare resources, or changing public health policy*	Sharing the content from webinars/podcasts with others at placement site
Leading a social justice endeavor inspired by the needs of the clinical population at the placement site*	Performing choreography expressing the challenges of the population at the placement site and hosting a Q&A session*	Join a consenting member of the population served at the placement site in speaking to local, state or national officials to advocate for change*
Help with public education re: the pandemic and stressors associated with the crisis.*	Informational interviews with partner organizations*	Videos or digital presentations about a topic that is germane to the population of the placement site that can be shared and responded to in an interactive format. *

d. Use of Technology: All digital technologies used in providing services or supervision must be HIPAA compliant. See details below. Though remote work and telehealth options might not be sufficient for all fieldwork or internship hours, they may serve to close the gap or as temporary solutions while the program develops additional long-range plans.

A wide variety of technological resources can be used to communicate, connect, educate, and advocate including handouts, PowerPoints, podcasts, webinars, PSAs, email blasts, and social media. Reaching out to others and bridging gaps that form as a result of physical distancing can be a positive way to impact clients and communities.

e. Simulations: For purposes of accruing direct hours during the pandemic, simulations (modalities that replace practice situations to facilitate the demonstration of student competencies) will be accepted with the following stipulations:

i. Simulations must involve real people, either in person, online or videotaped footage. Written case studies, computer simulations or audio recordings would not be accepted. Simulations can NOT take place with members of the student's cohort or degree program, but may involve students in another degree program or at another institution. Faculty, members of a peer supervision group, consenting staff members, or other onsite professionals could assist with group simulations.

ii. Simulations must be used to practice dance/movement therapy, treatment planning or clinical/professional skills. Simulations used solely for movement observations would not be accepted as direct hours.

iii. Learning from the simulation must be **applied** to directly change the social, cognitive, emotional, behavioral or affective experience of someone other than the intern. Creativity and artistic inquiry can be used in applying knowledge from the simulations. For example,

- Treatment plans could be shared with other professionals or with the supervisor to be executed post-pandemic.
- A choreographed dance in response to a simulation could be shared to build awareness of a particular mental health topic or heighten sociocultural understanding of a relevant issue.
- An intern could use data collected from a simulation to envision and execute a social justice dance project in the community.
- Interns could observe a set of simulations regarding a particular population and co-present a workshop at a local, regional or national conference regarding the needs of that subpopulation in conjunction with a representative of that group.
- Interns could observe a video-taped session with a client, identify key symptoms to address, and develop and deliver psycho-educational materials specifically for that client. Depending on the site, interns could follow up with a phone call or email about the effectiveness of the psychoeducation.

Again, simulations are accepted towards direct service hours ONLY during the extenuating circumstances of the pandemic if:

They involve individuals or groups *outside* of the degree program.

The intern *directly* practices dance/movement therapy, treatment planning, assessment and/or clinical/professional skills.

The intern *applies* the learning from the simulation to create direct change in someone else's experience as related to and inspired by the content of the simulation.

d. Please note that flexibility is **not** available for fieldwork or internship hours that lead to credentialing/licensure if the licensing or credentialing body (counseling, social work, MFT/CFT, etc.) will not accept distance learning hours or simulations toward the number of hours a student must complete. Students must refer to the licensing regulations in their own state for details.

NOTE: Academic course hours that include experientials between DMT students 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.

Though establishing relationships with internship sites is the purview of the program (Section I-A, Standard 8.13), the ADTA has put out a call for R-DMTs and BC-DMTs who would be willing to accept an intern through the use of telehealth.

Educator Resources

As educators are developing program modifications, the following resources are offered.

Safety Plans: The health and safety of your faculty, staff, students and community is paramount. The COA recommends that programs and alternate route supervisors have policies and criteria in place for supporting student safety in field placements. Consultation with legal counsel, local healthcare providers, or other educational programs within your institution is encouraged when developing

consistent health and safety policies. Many institutions are creating Coronavirus Response Plans and Crisis Management Teams. Students must carefully consider their individual needs, health, and safety when choosing to engage in academic activities.

CDC Guidelines for Institutes of Higher Learning

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html>

Telehealth: Telehealth refers to the mode of delivering health care services via information and communication technologies from a distance. Services rendered through telehealth must comply with the same rules, regulations (federal, state, institutional), ethical and practice stipulations that apply to services delivered in-person. Telehealth or remote communication via ZOOM or other internet platforms may be used for internship hours or supervision provided HIPAA compliance is maintained to ensure security and privacy.

It is within the program's purview to limit the number of direct service hours that can be accrued through virtual modalities, and some licensing boards may have restrictions. However, the ADTA does **not** limit the number of virtual hours a student may count towards fieldwork or internship hours.

We recommend students and faculty check with state licensing requirements when it comes to remote supervision or distance internship hours for those students wanting to dually count their hours for R-DMT *and* licensure (although licensing agencies may be making accommodations due to COVID-19; please investigate regulations that may change due to the current circumstances).

HIPAA Guidelines on Telemedicine:

<https://www.hipaajournal.com/hipaa-guidelines-on-telemedicine/>

https://www.hipaaguide.net/hipaa-compliance-guide/#Secure_Communications_and_HIPAA

Options for HIPAA Compliant platforms:

<https://www.onlinecounselling.com/web-conferencing-platforms/>

<https://www.hipaajournal.com/zoom-hipaa-compliant/>

Caring for our Community

The Education Committee hosted a teleconference with the ADTA Approved programs to determine how programs are responding to the current crisis and assess how the COA and the ADTA can best support programs during this time. Many ideas presented herein were collected at that time; we encourage programs to continue to share ideas, collaborate, and support one another as we navigate these uncharted waters. We also invite you to reach out to COA and Education committee members for support at any time.

Students and clients alike may be facing fears, confusion, and concerns around the current health crisis. The CDC offers resources for addressing stress and anxiety at this difficult time.

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

For Face-to-face Encounters: The COA would like to remind you to follow all protocols recommended by the CDC. Many resources for faculty, students, clients, and community members can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/prepare/>

Other precautions you can take when conducting DMT in person include social distancing, using hand sanitizing gel/foam when entering and leaving a space and encouraging their clients to do the same, washing hands frequently, covering coughs, avoiding physical contact in groups (e.g. no holding hands), avoiding props that will be handled by various group members, sanitizing equipment before and after use or providing single-use or individually assigned materials, and substituting waves instead of hand shakes. For everyone's safety, call out sick if you have a fever, respiratory symptoms, or you've been in areas exposed to the virus.

Reducing Stigma: Last, the COA welcomes you to read the CDC webpage regarding decreasing social stigma due to the coronavirus. It offers some very practical suggestions that can help our communities support one another with acceptance and compassion.

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/reducing-stigma.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Frelated-stigma.html

The members of the Committee on Approval deeply appreciate your flexibility, patience, and understanding while we grapple with this unique situation. We will proactively monitor and assess the needs of our DMT community and offer ongoing communication and support to DMT programs and educators.

In Support of Students:

We recognize that students may have many concerns and questions about how COVID-19 closures are affecting their education. Programs and the institutions that house them are working diligently to meet the health and safety needs of their faculty, staff, students and communities. They are also sensitive to the myriad factors that are impacting students at this time. Students are referred to their Academic Advisor, Program Director and/or institutional leadership teams to provide direct feedback and express concerns. Student resources can also be found on the ADTA website and through connections with local chapters and national Affinity Groups.

Combatting Online Fatigue: Zoom fatigue is real! Online interactions require a higher level of focus in order to absorb information while blocking out increased distractions in our environments. The constant "gaze" required to interact through video is not a typical nonverbal communication style, and we miss out on the more subtle nonverbal cues of being in the same space together. Consider providing students with tips on how to make video calls less exhausting.

- Use grounding techniques to become more fully present before joining the call or at the start of a call.
- Offer movement breaks.
- Discourage multi-tasking during calls (chat, texting, tab-surfing)
- Decrease sensory overload by using peaceful backgrounds or ask those who are not talking to turn off their video at times.
- We are not used to staring at ourselves. If possible, turn off the self-view feature.
- Facilitate large group conversations to avoid people talking over one another.
- Video calls (especially in someone's home) are fairly intimate. Consider phone calls to develop a relationship before shifting to video.