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# Moving forwards with competence: Developing industry competency standards for dance movement therapists across Australasia

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ABSTRACT

Competency standards are increasingly used in a range of vocations to provide the basis of benchmarks for professionals' success in the workplace. They also provide measurement criteria for assessing the attainment of competency, which includes both proven skills and proven knowledge. While these standards are utilised in many health professions internationally, including arts and music therapies, they appear not yet ubiquitous in dance movement therapy. This article discusses the development of competency standards by the professional association DTAA, whose geographic remit for the profession of dance movement therapy covers Australasia (Australia, New Zealand and some Asia-Pacific nations). The article outlines the methods used to develop and validate the competencies, including modified functional analysis, artistic enquiry involving improvised movement, critical incident interviews and Delphi-style consultation with DTAA members. The current version of the standards is presented, with its seven units of: Dance movement therapy knowledge; Dance skills; Body in movement; Therapeutic knowledge and skills; Dance movement therapy practice; Fundamental research skills; and Professional practice, along with associated elements and performance criteria. While these standards were developed for the Australasian context, the article addresses the possibility of their usefulness more broadly, including the potential benefit to the profession internationally of shared standards.

## Introduction

Introduced internationally in the late 1980s, competency standards provide benefits for education and industry, including opportunities for capacity building and professional recognition across contexts and countries (Burke, 1989). Such standards also offer assurance to the public that the education and training sector is responsive to the skills and knowledge requirements of an industry (Grealish, 2012). This article discusses the process undertaken by the Dance Movement Therapy Association of Australasia (DTAA) to develop competency standards for the dance movement therapy (DMT) profession in the Australasian region, beginning in this section with an outline of the background and impetus for this process.

### *Dance movement therapy and the professional association in Australasia*

The DTAA is the professional association for DMT in Australasia. It sets the standards for membership, training and supervision of dance movement (hereafter DM) therapists in this region. The organisation expanded its geographic representation from Australia to Australasia in 2016 to formally acknowledge the existing membership from, and offer support to, DM therapists in New Zealand and the near Asia and Pacific regions, where there is not yet, and may not be for some time, a local association.

DMT was introduced as a formal profession in Australasia in the late 1970s, through the work of Austrian-émigré Hanny Exiner (Bond, 2008; Denning, 2016) and American Wynelle Delaney (1982) in Australia. However, the use of dance and other artforms as healing modalities, by indigenous peoples across the region is acknowledged and celebrated. Humans in Australia (Dunphy & Ware, 2019; Jordan, Searle, & Dunphy, 2017), Asia (Ishak, 2015; Md Nor & Hussin, 2011; Wright, 1980) and New Zealand (Smith & Tinirau, 2019) have used arts for healing and many other functions since the earliest development of shared cultures.

The first iteration of a DMT professional association in the region was established in 1986 in Victoria, Australia as the Working Party on Dance Therapy within the Victorian Branch of the Australian Association of

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Dance Education (now Ausdance, 2011). This group agreed on a definition of DMT for this work in 1998 (Bond, 1994) and this statement underpinned the association's work until 2017.

The development of the profession was supported by the establishment of training courses in the 1990s, first in Australia, by Hanny Exiner and colleagues at the University of Melbourne (Bond, 2008) and Dr Marcia Leventhal from the USA and Australian colleagues through the IDTIA, also in Melbourne. These initiatives resulted in two early training pathways with differently accented approaches and practice (Dunphy, Mullane, & Guthrie, 2015).

The DTAA, instituted as an independent association in 1994, sought to unite DMT practitioners using a set of broad criteria to assess professionalism and create membership standards (Guthrie, 2009). By 2014, the organisation had approximately 120 members, of whom 18 were recognised as Professional Members after undergoing an application process requiring submission of short essays and documentation that evidenced their meeting of membership criteria. This process was complicated for applicants and reviewers due to the openness of the interpretation for each criterion of training and practice and limited consistency of assessment. From the 2010s, training programs began to be established in other areas across the Asia-Pacific region, including New Zealand and Taiwan, as graduates of courses in Australia and elsewhere returned to their home countries and shared their expertise to advance their profession.

### *Developing competency standards for the DTAA*

The impetus for development of competency standards for the DMT profession in Australasia arose initially through a process of the DTAA's Board in 2016 undertaken to increase the viability, visibility, and professionalism of DMT. Until that time, a set of 14 guiding principles titled 'Competencies', that had been developed in 2000 and revised in 2005, informed the process of application for DTAA's Professional Membership status. However, these principles were limited in the description of capabilities an employer or agency might expect when hiring a professional DM therapist. Additionally, the list did not offer sufficient means for measurement or evaluation of these capabilities by training organizations or the DTAA's Professional Membership Committee. The document also contained training directives and ethical principles in addition to competencies.

In 2017, the DTAA developed and approved a new definition which provided an expanded foundation for understanding what DMT is in Australasia (Dance Movement Therapy Association of Australasia, 2017). The DTAA's Board recognized a further need for a description of the types of knowledge and workplace skills that an employer, host agency, client or the general public could expect of a DM therapist.

In this same period, the DTAA established its first formal registration process for members, with criteria for recognised levels of membership more tightly articulated and applied. The number of Professional Members expanded significantly (reaching 50 at that time) as DM therapists from across Australasia looked to the DTAA to support and advocate for them. This further confirmed the need for the Australasian region, with its broad and varied training programs in which applicants for Professional Membership were learning their skills, to have clearer criteria as to the capabilities and knowledge that could be expected of a competent DM therapist.

A Competency Standards Committee, consisting of this paper's authors, was formed to address this need and work with members to produce a set of competency standards for the association. As this Committee began meeting, additional implications of these standards for many areas of the DTAA's operations and strategic objectives became evident. The process discussed in this article addresses the development of a set of validated competency standards to address these issues and the implications for the profession and its association.

As the Committee's work progressed, it emerged that a framework for standards for DMT needed to be very broad with respect to theory and practice, given the significant diversity of contexts in which are DM therapists are employed and the differing theoretical underpinning of services in those contexts throughout the region. At the same time, an imperative for concordance in standards of practice for DM therapists was recognised, despite differing areas of specialisation. The need for concordant standards also came from the circumstance that across Australasia at present, DMT is a self-regulating profession without external requirements for practice imposed by government or others.

The Competency Standards Committee anticipated that an endorsed suite of DTAA Competency Standards in Australasia would:

- offer a platform for definition of learning outcomes for DMT training, supporting consistency of content and assessment benchmarks;
- clearly identify the criteria for registration with the DTAA;
- define the requirements for effective workplace performance of DM therapists;
- support and guide the ongoing training and capacity building of DM therapists;
- enable recognition of DTAA members' work across geographic borders in the region.

This article continues from here with an overview of the literature on competency approaches. This includes a discussion of the differing but related understandings of competencies in the Australasia region, a brief scan of the concept's application in health and other professions, and creative arts therapy more broadly, including the profession of DMT internationally and in Australasia. It then describes the method used to develop the competency standards presented here and our findings. This is followed by discussion about the implications of these Standards for the field of DMT internationally and considerations for the field from this project. The full set of competency units, corresponding elements and performance criteria are attached as an Appendix A.

## Literature review

### *Definitions and development of competency standards across Australasia*

In Australia, Australian Skills Quality Authority (ASQA), which has oversight of courses and training providers in the vocational education and training sector, defines competency as 'the consistent application of knowledge and skill to the standard of performance required in the workplace. It embodies the ability to transfer and apply skills and knowledge to new situations and environments' (Australian Skills Quality Authority, 2020b). This definition suggests that competencies provide the basis for standards for success in the workplace and potential measurement criteria for assessing the attainment of competency, with competence being considered both a measure of proven skills and proven knowledge. Training providers are expected to write curriculum to ensure that graduates learn and practice these knowledge and skills.

The use of competency standards was embraced in Australia in the early 1990s by industry and training organisations after the need was identified for competencies to be developed for vocations, such as nursing (Nursing & Midwifery Board of Australia, 2013), TAFE teaching (Denning, 1993) and dietetics (Ash, Gonczi, & Hager, 1992). This process involved extensive consultation across industry employer groups, industry workers, representative unions and vocational education providers (Skills training gets a boost, 1991; Denning, 1993; Office of the State Training Board, 1991).

The establishment of such standards was seen to bring diverse benefits across the areas of education, industry and internationalism. Educational benefits included education that is responsive to industry needs and requirements, nationally recognised qualifications, opportunities for skills transferability and skills recognition within and across professions (Davis, Denning, Travers, & Glasby, 1992), clarity of training requirements, levels and qualifications and clarity on

assessment levels and requirements. Industry benefits were seen to include recognised standards of performance, clarity on requirements to assist skills reform and capacity building within professions, and articulation of professional complexity. International benefits such as national recognition of skills and recognition and assessment of overseas qualifications were also identified (Bartlett, 1992; Heywood, Gonczi, & Hager, 1992).

The New Zealand Qualifications Framework (NZQF) was established in 1989 to provide information about what knowledge and experience holders of qualifications can be expected to have, and about what further education and/or employment opportunities the qualification leads to (New Zealand Qualification Framework, 2016). This agency promoted the development of what are known as assessment standards, which have a focus on the provision of a suite of competency standards to support training providers pitch their training at the right level and offer a description of what a trainee who has achieved the standard knows and can do. Additionally, each standard has a defined credit value, which represents the notional learning time, and a level, which reflects the level of complexity of the skills and knowledge that are recognised by the standard. The common currencies of credit values and levels enables the standards to be portable among national qualifications (New Zealand Qualification Framework, 2016).

In the third main geographic location of the DTAA's membership, the south-east Asian region, the Association of South-East Asian Nations (ASEAN) qualifications reference framework defines competency as 'an ability that extends beyond the possession of knowledge and skills. It includes: i) cognitive competence involving the use of theory and concepts, as well as informal tacit knowledge gained experientially; ii) functional competence (skills or know-how), those things that a person should be able to do when they work in a given area; iii) personal competence involving knowing how to conduct oneself in a specific situation; and iv) ethical competence involving the possession of certain personal and professional values' (Association of South East Asian Nations (ASEAN), 2016, p. 15).

This information indicates a basic concordance about the function of competencies and qualification levels for professions across the Australasian region relevant to DTAA.

### *Competency standards in healthcare internationally and in Australia*

Internationally over the last decades, healthcare providers have increasingly been moving to the adoption of competence and competency standards (State of Victoria, Department of Human Services, 2016), also known as occupational standards in the UK, given the multiple benefits identified from their use (Brownie, Bahnisch, & Thomas, 2011). Competency standards in health care industries are currently being used to support registration processes for diverse professionals including nurses (Deacon et al., 2017), social workers (Australian Association of Social Workers (AASW), 2012), occupational therapists (Occupational Therapy Board of Australia, 2018) and counselling psychologists (Australian Psychological Society (APS), 2012).

In Australia, the allied health profession in the state of Victoria has adopted a tripartite framework for effective workforce practice that includes credentialing, competency and capability elements (State of Victoria, Department of Human Services, 2016). This competency framework focuses on what a person can do in the workplace, how they perform in relation to a required standard and how this information might be used to support changing work roles and practices. The Australian Skills Quality Authority (ASQA) carries out course accreditation functions, which requires applicants to show that a training course will provide their learners with outcomes that are appropriate for employment in that particular industry.

The qualification level (such as Diploma, Bachelor, Master) determines the depth and breadth of the learning outcomes, as well as the notional duration of all activities required for the achievement of the learning outcomes. As discussed earlier, it is the correspondence between what courses provide in terms of knowledge and workplace skills and what employers need that is crucial. Development of competencies makes this correspondence a possibility (Australian Qualifications Framework Council, 2013).

### *Competency standards in creative arts therapy internationally*

A search of major peer-reviewed journals in the creative arts therapies (CAT) and CAT associations' websites revealed no articles published in the last two decades describing the development of competency standards in any of the modalities. However, a few articles focussed on competencies were found, such as Von Bonin and Muller (2007)'s discussion of the development of shared approach to examination of arts therapists in Switzerland, using therapists' opinions about 48 generic key competencies, and Feen-Calligan's article (2007) discussing personal qualifications required to practice art therapy that mention competency standards of the American Art Therapy Association. There is also a growing focus on a particular type of competency called multicultural /diversity competencies, for example as discussed by the American Art Therapy Association (AATA) (2011) and ter Maat (2011). While multicultural /diversity competencies are an important aspect of the clear articulation of what is required in the professions and to what standard, it is a very specific focus and does not encompass all areas of practice.

The American and Australian Music Therapy Associations have published competency standards that applicants must meet to achieve registration as a music therapist (Australian Music Therapy Association (AMTA), 2019, 2020). The Australian association's document, updated in 2018, offers standards that comprise five units of: music skills, psychosocial knowledge, clinical knowledge, music therapy knowledge and music therapy skills (Australian Music Therapy Association (AMTA), 2019). Each unit has a subset of up to eight elements. Those applying for recognition of their competence are asked to list how they developed this competency and are asked to provide evidence against each element. The American Association's processes include two levels of competence: Professional and Advanced.

### *Competency standards in dance movement therapy internationally*

With respect to the dance movement therapy profession, only one set of published competencies was found, created by the USA's Dance Movement/Therapy Certification Board and published in the Dance/Movement Therapy Certification Board's *Registered Dance/Movement Therapist (R-DMT) Student Handbook and Application Guide* (2018). The list comprises nine dot points that covers broad aspects of the professional practice of DMT, comprising: knowledge and skills in DMT; knowledge of dance movement skills and aesthetic values; knowledge of individual and group psychodynamics and process; knowledge of the human body and its functioning; understanding of treatment goals and approaches with a variety of patient/client populations; understanding of research design and methodology; responsibility for professional self-evaluation; and understanding of professional roles and responsibilities. However, the list is not a set of developed competencies, as it does not offer any further detail or articulation of elements or performance criteria related to each of these major headings.

### *Adoption of competency standards*

While there has been much advancement with respect to the articulation and adoption of competency standards, they are not yet ubiquitous in health and creative arts therapy professions. Some organisations and professions utilise training standards (the training required to render a professional competent) but do not also have a separate set of competency standards (the capability a professional should demonstrate in the workplace). Nor are they yet universally applied in training institutions. While the vocational sector was the site

of their earliest application and vocational education largely utilises this approach, competency-based learning approaches are only gradually being adopted in university courses across a diversity of locations and content areas (Cunningham, Key, & Capron, 2016; Ross-Fisher, 2017). It appears that there is much scope for their uptake more broadly in academic institutions and creative arts therapy professions.

Having offered an overview of background to competency standards, the article from here outlines the methodology applied to develop the DTAA's competency standards.

## Methodology

### *Project team*

The development of the competency standards discussed here was led by a small committee of DTAA Professional Members with diverse expertise. This comprised a convener DM therapist practising in the childhood trauma field who had experience in the early development of national competency standards in Australia across diverse industry sectors, a DMT researcher and lecturer from a leading Australian university, and a highly skilled DM therapist practitioner and supervisor with qualifications and expertise also in movement analysis and somatics.

### *Methods employed*

The process of competency standard development was undertaken by the Competency Standards Committee over a three-year time frame. Meeting regularly throughout this period, the Committee utilised a range of methods previously applied in development of competency standards. These comprised:

- a literature review, including a search for existing DMT standards developed within other countries to inform our process;
- a modified functional analysis process to determine the broad range of activities undertaken by Australasian DM therapists and to develop draft statements;
- critical incident interviews with practising DM therapists (involving beginner to experienced therapists) to expand the list of activities created through the functional analysis;
- validation of draft findings with Professional Members using improvised movement as an artistic enquiry method to inform, reflect and shape the statements;
- Delphi-like process of consultation with practising DM therapists across Australasia, involving distribution of documents, discussion and reflection and then re-circulation of re-developed documents over a period of years;
- final endorsement at an Annual General Meeting (AGM).

Informed consent was obtained from all members involved in these processes.

### *Literature review*

As mentioned earlier, a literature search for published DMT competency standards found no relevant material, other than the American Dance Therapy Association's *Standards for Education and Clinical Training* (American Dance Therapy Association (ADTA), 2017) and the Dance Movement/Therapy Certification Board's *Registered Dance/-Movement Therapist (R-DMT) Student Handbook and Application Guide* (2018) which was reviewed and considered for relevant insights, including structure. Competency standards for other professions in Australasia were also reviewed to inform our process, including nursing and midwifery (Deacon et al., 2017; Nursing & Midwifery Board of Australia, 2013), social workers (Australian Association of Social Workers (AASW), 2012), occupational therapists (Occupational Therapy Board of Australia, 2018) and counselling psychologists (Australian Psychological Society (APS), 2012). A significant diversity of approaches was observed with little consistency, so the range of options of existing standards was considered before we settled on a format for our own use.

### *Modified functional analysis*

A modified functional analysis (Ash et al., 1992) was employed to identify the extent and breadth of the professional work undertaken by Australasian DM therapists and develop draft statements. The tasks included:

- clarifying the key purpose/definition of DMT;
- building up a description of series of units that would enable the purpose to be fulfilled;
- determining the elements or task that need to be undertaken to enable the units to be carried out.

This process occurred as part of one Annual General Meeting of the DTAA. The 45 members present were asked to reflect upon the existing DTAA definition for DMT and how it is relevant for the current Australasian workforce context. From this reflection, they were then asked to draw on their practice knowledge to respond to the question: 'what has to happen in the workplace in order for an entry level DM therapist to be effective?'. This question was deliberately set as broad to allow all aspects of professional practice and environment to be considered such as practices, behaviours, resources and more. The therapists wrote their responses on post-it notes and then clustered their notes with others so that like points were put together. Later, the Competency Standards Committee sorted and mapped the data into a qualitative data collection table. The table clustered like type categories under a set of broad headings. The data within each category was further refined placing similar information together as core themes, before shaping this information using consistent language into draft Units. This data was further reviewed and mapped to determine what needed to occur in order for these units of competency to be carried out. This was completed initially by the Committee then the DTAA Board had input quarterly at Board meetings. The DTAA membership, consisting at the time of about 150 members, was invited to review and provide input through the DTAA e-news bulletin, which was distributed on a quarterly basis. The data collected in this process was reviewed by Competency Standards Committee refined and shaped the data into the Elements of Competency.

### *Critical incident interviews*

The project team then undertook a series of critical incident interviews (Ash et al., 1992) to enquire into the work of practising DM therapists. In a critical incident interview, the researcher seeks details about a work incident which is of particular significance to the professional and which led to a successful or unsuccessful outcome. Information is sought about events that led up to the incident and the factors which were critical (as viewed by the therapist) in determining the outcome. This process assists the therapist to articulate their thinking process about a therapeutic intervention. This process had two functions: to assist validation of the content of the draft Standards; and to check that the units and elements were appropriate for the full range of skills required of trained DM therapists beginning to practice in the role (or in other words, entry level DM therapists) in Australasia.

At the 2017 Annual General Meeting, the membership was invited to participate in the critical incident process. No limit was placed on the number of participants. Six members responded by providing their names, contact details together with information on level of experience, and the environment in which they practiced. They were allocated to committee members to interview. During the time period for the interviews four therapists were available, and included beginning through

professional level of experience. The following questions as recommended by Ash et al. (1992, p. 23) were posed:

1 What was the context of the incident?
2 What happened? (detailed description)
3 Why do you consider the incident to be critical?
4 What were your concerns at the time?
5 What were you thinking about at the time?
6 What were you feeling during and after the incident?
7 What did you find was particularly demanding about the incident?
8 What was particularly satisfying about the incident?

The content from the interviews was recorded in written notes. A thematic analysis of the data from the interviews was undertaken. The thematic analysis was compared against draft competencies to identify additional skills or practices named in interviews that had not already been identified. The resulting content was sorted as appropriate into the existing Units and Elements of Competency.

*Using improvised movement as an artistic enquiry*

In acknowledgement of the fundamental value of embodied knowledge to the epistemology of the DMT profession (Liamputtong & Rumbold, 2008), the project team considered the use of movement and dance as critical to the competency validation process. This followed the example of others exploring artistic-based approaches to gathering and understanding data (Cancienne & Bagley, 2008; Hervey, 2012; Leavy, 2015; McNiff, 1998) and the use of improvised movement with more traditional qualitative methods (Denning, 2016).

This method of artistic enquiry was included to enable the full spectrum of thoughts, feelings and knowledge held by each participating therapist to be fully experienced, thereby adding an additional dimension of knowing (McNiff, 1998) to the validation work, beyond the traditional verbal process. It was also anticipated that using improvised movement as method to validate the draft competency standards would contribute something new to the development of industry competency standards for artistic professions and also potentially to research methods.

This validation process was undertaken at the DTAA's Annual General Meeting the following year. The draft units of competency were listed on A3 pieces of paper that were placed around the room. Members were invited to choose one unit to focus on that was specifically related to their own skills and expertise, and then to spend time in reflection, followed by embodied or danced response to this information. The therapists then clustered in small groups to discuss their experience of embodying the selected competency. This information assisted considerations as to whether all the elements or tasks needed for the units to be carried out had been identified. The small groups then created a series of embodied shapes to represent their individual physical understanding of the competencies and their collective verbal discussion. The group shapes and verbal discussion were shared with the wider group, provoking agreement or further conversations. Information provided by DM therapists' reflections after this movement and discussion was documented and then compared by the Committee to the current competencies. Any additional information provided was added into existing draft.

*Delphi-style consultations*

Following the model of consultation used in early competency development practice discussed previously, this project team also applied an ongoing collaborative approach. This utilised a Delphi-style method (Adler & Ziglio, 1996) to consult with members, capture new data in written form, and eventually reach consensus. Critical to the process was the regular communication and distribution of the draft competency standards to the wider DTAA membership in order to create understanding of the need for standards, their purpose and role and inviting members' input at every stage. At each point, where new data emerged, the Competency Standards Committee reviewed the data, reviewed the standards and made any necessary changes. Each version of the competency standards was document-controlled to clearly show the impact of new data on the standards.

Over the project's lifetime, the standards were discussed at four consecutive DTAA Annual General Meetings. Initial communication about the project occurred at the 2016 AGM (19 attendees), followed by a report to members that discussed the purpose of the competency standards and their potential usefulness to the sector. During 2017−18, a regular report was provided by the Competency Standards Committee to the DTAA Board, and at intervals reports were sent to members within the DTAA's regular e-bulletin communication. The Board and members were invited to offer feedback and thoughts. Discussions held at the 2017 AGM (32 attendees) and the 2018 AGM (44 attendees) offered further opportunity for the membership to have input into the competencies. The Committee further refined the Standards and ensured clarity of language based on the feedback from these stakeholders.

Throughout 2019, further discussion was undertaken with the membership (205 members) including DTAA Board members, registered members and training providers in an iterative cycle. This included a webinar discussion attended by approximately one-third of the Professional Membership (19 members). Discussions with training providers identified the need to recognize different theoretical approaches. These consultations resulted in specificity of theory being removed, and broader theory being included. This helped accommodate different training emphases as well as for development of theory over time. Examples of this are discussed in a later section.

*Final endorsement*

The draft Standards were distributed to the DTAA membership using the organization's website and e-news for final comment before endorsement. The version that resulted from this process was presented and discussed at the 2019 DTAA AGM and endorsed without change.

## Findings

*Articulating competencies*

The set of Competency Standards developed were distilled from three initial headings: History, Theory, and Practice, which expanded as data was gathered and reviewed, to become seven units. These were ordered intentionally, to reflect the specific artistic, dynamic, embodied nature of the DMT profession, and thus began with competencies related to dance movement therapy (1. DMT knowledge), and then about dance and the body (2. Dance skills; 3. Body in Movement). Then units were created related to the developmental process of becoming a DM therapist (4. Therapeutic knowledge and skills; and 5. DMT Practice), which share some commonalities with like requirements for creative arts therapists. Finally, units were created about research and professional practice that are similar to those required for all health and human service professions (6. Fundamental research skills; and 7. Professional Practice). For each of the seven headings, elements identified the significant functions and tasks that the heading addressed. Then for each element, a set of performance criteria were developed in which specific tasks, roles, skills, and applied knowledge required for competent performance were defined. The full set of Standards is attached as Appendix A.

## Discussion

This article so far has outlined the background to and process of developing competency standards for DMT in Australasia. This section discusses the implications of the establishment of competency standards

for various stakeholders that became evident in the process and tasks that have been identified to advance this process further.

*Implementation and impact for the professional association*

The DTAA has identified a range of its processes that are impacted positively by the establishment of these competency standards. First, they complement DTAA's definition of DMT by providing more specific information regarding theoretical underpinnings of DMT, body/movement capacities of DM therapists, and the essentials of therapeutic practice and professionalism. This is expected to provide potential employers and clients information about what they might expect about the capacity of a DM therapist and inform the development of job profiles and position descriptions.

These Standards impacted the DTAA's membership processes, through the provision of demonstrable criteria for registration. This enabled the application form for registration and matching templates for the membership review panel's assessment process to include clearer criteria for assessment of membership applications at the various levels. This better articulated process enabled the creation of a Register of Professional Members whose acceptance and listing is based on their completion of training that is aligned to the Standards. The DTAA's professional development planning is now informed by the competency standards, as the Professional Development Committee is now able to require providers to align proffered workshops and courses with the Standards. This ensures greater focus for these activities and assists attendees to see which of their skills and knowledge from the Standards will be extended. It also enables areas of under-development in members' skills to be addressed through targeted planning of professional development activities.

The Standards also underpinned the development of the first set of Training Standards provided by the DTAA, which enables training courses to apply for DTAA recognition against agreed criteria for professional practice. These processes are the standard approach in most similar professions, and offer to members of the public, therapy clients and potential clients, funders, employers, other agencies and government, the assurance that course graduates have been trained in the appropriate knowledge and skills.

*Implications for training organisations*

The competency standards have other clear implications for training organizations in addition to underpinning Training Standards. They offer specific guidelines for curriculum development and implementation and inform requests for recognition of prior learning across courses and internationally. Currently they are being used at both the tertiary level (in Masters of programs at universities in New Zealand and Australia) and in courses offered by private providers in several countries. The use of the competency standards by diverse training organizations is leading to greater consistency of courses throughout Australasia, thereby offering better aligned training pathways and potential articulation arrangements across the profession.

With regard to training practicums, the competency standards allow both DM therapist supervisors and workplace supervisors from other disciplines to assess students' placement skills more consistently. Elements of them (e.g. 5.0 Dance Movement Therapy Practice) have already been adopted as the basis for student practicum assessment templates in university level training.

Additionally, course providers will also be able to clearly identify areas where skill and knowledge of practitioners re under-developed and create infill courses.

*International possibilities*

Further possibilities for application of these competency standards are envisioned by the authors. Although focussed on the needs of the DMT profession in Australasia, the Standards were written with the intention of being geographic-unspecific and sufficiently broad as to be inclusive of the diversity of cultures, approaches and theoretical orientations that may be significant in different parts of the world.

For example, while theoretical developments may be universally relevant, particular theories, for example of 'somatic practices' which can range from Alexander Technique or Bodymind Centering to Chi Gong or Hakomi, may be more dominant in certain geographic areas. The performance criteria are written in a manner (*3.1.3 Utilizes somatic practices grounded in body awareness*) that states the outcome without the technique required to achieve it. Choice about which specific practices and angle of focus on these is therefore still available to training organizations.

The authors suggest that this inclusive approach may afford these competency standards international relevance. We suggest that this set of standards we have developed may offer a useful starting point for others in undertaking competency-based standard development work. For a profession that is still very nascent in many parts of the world, the benefits of having shared standards across countries may be substantial.

*Additional tasks to advance the application of competency standards*

The DTAA recognises a range of additional tasks that need to be undertaken to complement the creation of this competency standards document. The first is to instigate a process by which the professional association would know if registrants are competent in the field. As an initial step towards this end, the organization is now requiring that all applicants for registered membership levels be graduates of programs that are recognised by national qualification authorities, and which require extensive supervised practice in the field assessed against these Standards.

A second task is the determination of appropriate measures for ensuring that currency of competence is maintained. It is important to establish how long currency of competence lasts after initial training, as the relevance of knowledge changes over time and practical skills need to be consistently used in order to remain current. Currency may be different for different areas of competence depending on risk and projected obsolescence timeframes.

Aspects of currency such as those identified by Australian Skills Quality Authority (2020a) might be considered in this task, including:

- meaningful industry engagement
- attendance at relevant professional development activities
- participation in networks, communities of practice or mentoring activities
- participation in industry release schemes
- personal development such as reading of professional literature
- participation in projects with industry
- shadowing or working closely with other trainers and assessors
- industry currency of trainers and assessors.

A third task is extending the work beyond the entry level capacity of DM therapy practitioners discussed in this document to include the establishment of additional standards that reflect the skills and capacity of experienced practitioners, as the AMTA have. This would be followed by the articulation of competency standards that are appropriate for different AQF levels, allowing a pathway of learning and DMT capacity development from Diploma to Master level, and alignment of curriculum to these levels.

Then there is the need for establishment of competency standards for supervisors, those experienced Professional Members who offer practicing therapists advice and guidance for their professional practice. It is critical that supervisors also have competence that is current, so that their supervisees are offered the most up-to-date and evidence-informed support.

An ongoing process of development and updating of these standards

is also required, to ensure professionalism in areas that are growing in importance and relevance, such as cultural competence, and entirely new areas of practice, such as on-line therapy.

A further step that is intended to be implemented at regular intervals, is the validation of these standards and their use to ensure that they continue to be appropriate for the diverse contexts and cultural landscapes in which DMT is practiced across Australasia. In this, we might seek to discover whether there is anything missing, anything that needs to be adjusted or expanded or anything that might not be culturally appropriate across the region. This process may include focus group discussions, additional critical incident interviews with practitioners, employers and possibly even clients.

There is an opportunity for further capacity building of the DMT profession through an auditing process that checks that training delivery enables attainment of standards, outcomes of therapists' work with clients are commensurate with standards and to foster client satisfaction.

## Conclusion

Competency standards are increasingly being adopted in health professions to articulate the skills and knowledge required by professionals to be competent in the workplace. This article outlines the process undertaken by the DTAA to establish competency standards for the dance movement therapy profession in Australasia. Diverse methods employed include critical incident interviews, Delphi-style consultation with DTAA members and artistic enquiry involving improvised movement. The resulting standards document articulates seven units of competence: Dance movement therapy knowledge; Dance skills; Body in movement; Therapeutic knowledge and skills; Dance movement therapy practice; Fundamental research skills; and Professional practice, that are expanded into 27 elements and performance criteria. The implications for the profession of the implementation of these competency standards, comprising impact on membership processes, training standards, continuing professional development, and assessment of training provision, is discussed. Additional steps that are necessary for a comprehensive process are also outlined, including a process by which the professional association would know if registrants are competent in the field, determination of appropriate measures for maintenance of currency of competence and establishment of competency standards for experienced practitioners and for supervisors. The potential usefulness of these competency standards for the profession internationally is discussed

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## Declaration of Competing Interest

The authors report no declarations of interest.

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## Appendix A. Competency Standards for Dance Movement Therapists in Australasia

*Key: Cosmpetency Units – Elements – Performance Criteria*

1. **Dance movement therapy knowledge**

1.1 **Demonstrates knowledge of dance as a therapeutic modality across cultures and throughout history**

1.1.1 Demonstrates knowledge of historical practices of dance used for health and wellbeing throughout the world

1.1.2 Shows awareness of the contemporary use of dance as a therapeutic practice throughout the world

1.1.3 Demonstrates awareness of the healing dance practices of Indigenous peoples in Australasia

1.2 **Demonstrates knowledge of the emergence of dance movement therapy in the western world as a profession**

1.2.1 Displays an understanding of the origins and development of DMT as a profession

1.2.2 Identifies the pioneers of DMT and their theoretical contributions

1.2.3 Describes the beginnings of DMT in Australasia

1.2.4 Articulates the historical and theoretical function of improvised movement as a fundamental tool for DMT

1.2.5 Articulates the historical connections of dance movement therapy with other therapies and psychotherapies.

2. **Dance skills**

2.1 **Applies technical skills in dance and movement to support therapeutic practice**

2.1.1 Utilises the full range of available movement across LBMS 'BESS' (Body Effort Shape Space) components

2.1.2 Utilises proficiency in dance style/s to support therapeutic practice

2.1.3 Uses skills in movement improvisation to support therapeutic practice

2.1.4 Uses dance movement to stimulate creativity and expressivity

3. **Body in movement**

3.1 **Applies movement frameworks in therapeutic practice**

3.1.1 Applies principles from Bartenieffm Fundamentals to enhance movement functionality

3.1.2 Utilizes systems of developmental and neurological movement patterns to enhance movement functionality

3.1.3 Utilizes somatic practices grounded in body awareness.

3.2 **Demonstrates knowledge of anatomy, physiology and biomechanics to inform safe and therapeutic practice**

3.2.1 Explains the mechanics of human movement

3.2.2 Describes key musculo-skeletal landmarks, anatomical features, and physiological processes

3.2.3 Recognises the interconnection of movement and the nervous system

3.3 **Utilises theories of movement development to underpin practice**

3.3.1 Applies developmental movement theory including ages and stages to underpin movement practice

3.3.2 Articulates how family, environment, culture and other systems impact movement preferences

3.4 **Undertakes movement observation and analysis using LBMS (Laban Bartenieffm Movement System)**

3.4.1 Uses LBMS to document, describe and communicate observations of body patterns

3.4.2 Uses LBMS and related movement observation systems to document and describe observations of relational movement patterns

4. **Therapeutic knowledge and skills**

4.1 **Demonstrates knowledge of dance movement therapy theory**

4.1.1 Understands the role of empathy and attunement in building relationships with clients

4.1.2 Understands the theoretical basis for components of a DMT program and session

4.1.3 Describes how shared movement experiences facilitate self-expression and promote insight and integration

4.1.4 Articulates why and how verbal interventions support the integration and meaning-making of nonverbal learning and experiences

4.1.5 Describes the theoretical constructs that inform the therapist's role as participant/observer, witness, and leader

4.2 **Utilises theories of cognitive and psycho-social development to underpin dance movement therapy practice**

4.2.1 Explains key theories of development across the lifespan appropriately to support DMT practice

4.2.2 Describes stages of cognitive development and their manifestation in the movement repertoire

4.2.3 Explains embodied social cognition theories as they inform an understanding of the development of the self in relation to others

4.2.4 Identifies and discusses the relationship between movement, memory, symbolic thought, and narratives

4.3 **Applies neuro-scientific theories and concepts in dance movement therapy practice**

4.3.1 Demonstrates an understanding of neuro-plasticity and how it informs DMT interventions

4.3.2 Demonstrates knowledge of current neuroscientific theory and its application to DMT

4.3.3 Incorporates knowledge of the stress response in DMT planning and facilitation

4.3.4 Uses trauma-informed practice concepts to advance therapeutic outcomes

4.4 **Applies theories relevant to the affective domain to underpin dance movement therapy practice**

4.4.1 Applies affect theory to enhance understanding of movement observation and analysis

4.4.2 Understands motivational implications of affects

4.4.3 Uses current theoretical understanding of affect theories to recognize and evaluate nuances of non-verbal communication

4.5 **Utilises psychotherapeutic theories to inform dance movement therapy practice**

4.5.1 Uses concepts in major psychotherapeutic theories to inform understanding of non-verbal communication

4.5.2 Uses concepts in major psychotherapeutic theories to inform understanding of relational dynamics

4.6 **Utilises counselling theories to inform dance movement therapy practice**

4.6.1 Demonstrates awareness of concepts of choice, family systems and group dynamics theories

4.6.2 Utilises principles from child- and person-centred approaches

4.6.3 Demonstrates understanding of a range of counselling techniques to promote a positive therapeutic relationship

5. **Dance movement therapy practice**

5.1 **Promotes a therapeutic relationship using dance and movement**

5.1.1 Demonstrates the ability to initiate and maintain therapeutic relationships

5.1.2 Maximises available functional and expressive movement repertoire to kinaesthetically attune to clients

5.1.3 Adopts principles of inclusivity and respect to foster a therapeutic relationship

5.1.4 Promotes safety and trust in the therapeutic relationship

5.2 **Employs dance as an expressive medium to extend clients' movement capacity**

5.2.1 Creates an environment that invites clients to use movement to express and explore aspects of self

5.2.2 Draws upon a range of dance skills to enhance clients' engagement in the therapeutic process

5.2.3 Offers sensory movement experiences and imagery to enrich clients' expressive movement capacity

5.2.4 Offers aesthetically enriching experiences

5.3 **Assess client to identify initial and ongoing needs**

5.3.1 Utilises awareness of aspects of human diversity (including gender, sexuality, age, ability, socio-economic status, cultural background, religious affiliation and aboriginality) for effective assessment

5.3.2 Completes a preliminary assessment of client background, including any potential contra-indications, to inform DMT implementation

5.3.3 Applies systematic and comprehensive assessment to guide treatment planning and interventions

5.3.4 Creates, reviews, and revises movement and corresponding bio-psycho-social-cognitive goals and objectives informed by formal and informal ongoing assessment

5.4 **Develop client dance movement therapy plans**

5.4.1 Considers elements of human diversity (including gender, sexuality, age, ability, socio-economic status, cultural background, religious affiliation and Indigenous identification) for effective planning and evaluation

5.4.2 Utilises assessment data to inform clients' goals and objectives

5.4.3 Develops evidenced-informed long and short-term movement goals and objectives including case conceptualization (formulation)

5.4.4 Ensures intended outcomes are appropriate for the client population and context

5.4.5 Communicates the plan and rationale for dance movement therapy implementation

5.5 **Monitors and reviews clients' progress against DMT plan**

5.5.1 Regularly reviews the therapeutic plan taking into consideration client progress

5.5.2 Applies formal and informal assessment to monitor client progress

5.5.3 Monitors, reviews and revises movement activities to meet aims and objectives

5.5.4 Monitors client progress against the plan using outcome-based measures where possible

5.5.5 Reviews treatment planning with allied professionals where appropriate and possible

5.5.6 Undertakes reflective discussions and seeks input about client progress with the client, treatment team, and family or significant others for whom informed consent has been provided

5.5.6 Develops and implements termination plan

5.6 **Implements dance movement therapy interventions**

5.6.1 Creates developmentally appropriate interventions

5.6.2 Facilitates use of symbols, imagery, and metaphor in movement

5.6.3 Facilitates improvisation, spontaneity, and creativity to enhance self-expression

5.6.4 Promotes movement that supports clients' emotional expression, communication and wellbeing

5.6.5 Facilitates a themed movement practice that supports clients' meaning making

5.6.6 Selects choreographic structures, props, music and other art forms to support clients' strengths and needs

5.6.7 Maintains the flow of a session including smooth and timely transitions, and a clear beginning, middle and end

5.7 **Facilitates dance movement therapy groups**

5.7.1 Builds empathic connection with and between clients through group work

5.7.2 Facilitates physical and emotional warm-up to establish group cohesion

5.7.3 Facilitates cooperation, mutual support and trust between clients

5.7.4 Develops themes to enhance group process

5.7.5 Demonstrates understanding of group dynamics and group process

5.7.6 Addresses differing needs of clients within the group

5.7.7 Facilitates group closure and integration of experiences/

insights

5.8 **Demonstrates application of systems and tools for movement observation, analysis and assessment**

5.8.1 Describes key historical and theoretical contributors to the field of movement observation and analysis and the application of their work to DMT

5.8.2 Applies Laban Bartenieffm Movement Systems (LBMS) to identify and describe movement from functional, expressive and developmental perspectives

5.8.3 Applies LMBS to identify the relationship between movement, expression and emotion

5.8.4 Utilises LMBS to create effective interventions

5.8.5 Reflects on own movement preferences and socio-cultural background and its influence on own ability for accurate movement observation and assessment

6. **Fundamental research skills**

6.1.1 Demonstrates understanding of the role of research in DMT practice

6.1.2 Utilises published evidence to inform practice

6.1.3 Demonstrates basic knowledge of literature search principles and citation standards to locate and attribute research findings

6.1.4 Demonstrates basic understanding of research methods (quantitative and qualitative) and their implications for application to theory and populations

6.1.5 Demonstrates ability to interpret and apply knowledge from current relevant research literature to enhance client care and professional development

6.1.6 Displays ability to apply research methods appropriate to a practising dance movement therapist

6.1.7 Ensures ethical publication or research practice, e.g., informed consent, data security and management, risk-based thinking

7. **Professional practice**

7.1 **Implements professionalism in practice**

7.1.1 Demonstrates understanding of own clinical limitations and seeks supervision or refers out as needed

7.1.2 Promotes collegial relationships with other professionals

7.1.3 Recognises DMT practice as part of a wider system/s, and advocates for its application

7.1.4 Communicates clearly the function and benefits of DMT to other stakeholders and professionals

7.2 **Manages information and records**

7.2.1 Maintains clinical practice records appropriate for context and ethical requirements

7.2.2 Implements data and record keeping that comply with legislative and reimbursement requirements

7.2.3 Stores clinical notes and records, both hard copy and electronic data, securely and confidentially.

7.3 **Maximises client safety in the physical environment**

7.3.1 Adheres to workplace health and safety legislation and local requirements

7.3.2 Completes a pre-program safety scan of environment to support safe practice

7.3.3 Performs an environmental scan and risk assessment prior to commencement of program

7.3.4 Works with client to complete personal risk assessment to ensure safe movement

7.3.5 Understands potential risks in activities and techniques, including issues specific to certain client populations

7.3.6 Demonstrates knowledge of Safedance principles

7.3.7 Facilitates adequate warm-up and cool-down

7.3.8 Ensures access to first aid support and awareness of emergency procedures

7.4 **Undertakes ethical practice as a dance movement therapist**

7.4.1 Operates within DMT professional bodies' Code of Ethics and Rules of Professional Conduct

7.4.2 Maintains a professional and respectful approach in all client interactions

7.4.3 Obtains clients' informed consent prior to commencement of therapy

7.4.4 Demonstrates knowledge of requirements for client privacy and confidentiality

7.4.5 Ensures a reflective approach to complex ethical issues as they arise in practice

7.4.6 Demonstrates effective decision-making processes to address ethical concerns

7.4.7 Demonstrates awareness of professional practices that promote access, equity, and success for clients

7.4.8 Maintains an ethical and legally responsible practice and implements duty of care principles

7.4.9 Demonstrates understanding of requirements for regular clinical supervision as appropriate to workplace guidelines and DTAA's Supervision Guidelines

7.4.10 Demonstrates understanding of reportable conduct and mandatory reporting requirements and other relevant legislation related to safeguarding clients

7.5 **Demonstrates mindful and self-aware practice**

7.5.1 Applies effective self-care practices and strategies

7.5.2 Shows a reflective understanding of self and behaviour in the therapeutic process

7.5.3 Demonstrates awareness of how own movement preferences influence all aspects of the therapeutic process

7.5.4 Displays capacity for self-regulation in difficult situations

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