Health Professions Council - HPC
Application by The Association for Dance Movement Therapy UK - ADMT UK

Summary Document

Dance Movement Therapy (DMT) is defined as: *the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration* (see ADMT UK General Information Leaflet, May 2003).
The practice is highly specialised and requires postgraduate training in movement observation and analysis and extensive supervised clinical practice. DMT is a distinct profession that belongs naturally alongside music, art and dramatherapy. There is a long history of DMT practitioners working in Arts Therapies Departments in the NHS, and in education, social services, the prison service and the voluntary sector.

- Whilst the work is influenced by a range of psychological theory, DMT has developed its own specific body of knowledge from the pioneering work of academics and practitioners both in the USA and the UK. This is fully referenced in the supporting documentation in Section 5 of the application.
- The effectiveness of DMT is evidenced in a number of studies that utilise Randomised Control Trial or Control Trial designs. Meta-analysis of these studies by Ritter and Low (1996) and a recalculation of the statistical figures by Cruz and Sabers (1998) provide strong evidence of the effectiveness of DMT for a wide array of symptoms. Further details of these studies are documented in Section 6 of the application document.
- ADMT UK, a company limited by guarantee, first registered on 5th June 1982, represents the profession. Full documentation is found in Section 7.1.
- There is a voluntary register of practitioners, which was first opened on 31st March 1997, a copy of the 2002 Register is evidenced in Section 8 of the full application.
- The only route of entry to the profession for new practitioners is through graduation from an accredited postgraduate training course. There is a very clearly defined grandparent route open for experienced practitioners who were practising before the existence of accredited courses. This is fully described in Section 7.6 and 9 of the application document.
- ADMT UK appoints an Accreditation Panel from the Education & Training Sub-committee to assess and monitor proposed and existing training courses to ensure a high standard of entry qualifications. A sub-group of ADMT UK is currently working towards QAA Subject Benchmarking (See Section 9.1 and 9.3).
- DMT practitioners are required to abide by a clearly defined and published Code of Practice (See Section 7.2 of the application document).
- There is a clearly defined disciplinary procedure with stated outcomes and this is fully described, with an example attached, within Section 12.
- Evidence of Continuing Professional Development (CPD) is required each year when practitioners renew their registration, and this requirement is fully detailed within the main documentation in Section 13.

ADMT UK has maintained observer status on the previous CPSM since 1998 and will actively continue to support the work of HPC should this application be successful.

There are many letters of support included with this application from senior practitioners in related disciplines, many of whom are HPC registrants. They have witnessed the efficacy of DMT practice and wholeheartedly support this application.

HPC Application – July 2003
Supplement to Application Sections 1 - 15

DANCE MOVEMENT THERAPY, MOVEMENT PSYCHOTHERAPY

Section 1

If you have suggested more than one title, please explain your decision:

1.1
Titles: Dance Movement Therapist, Movement Psychotherapist.

a) Although the title 'Dance Movement Therapy' does not translate well into other languages it is the most commonly used title. As there is a growing development of DMT in Europe we wish to be mindful of this fact and recognise that in translation 'Movement' is often not present.
c) The title 'Movement Psychotherapy' is used increasingly by those practitioners who are more biased to a psycho-dynamic model of practice, particularly if they have continued with a training in Psychoanalytic Psychotherapy. (See Evidence 1.1 – extract of Listings in Association Quarterly publication.)

Section 2 Previous Applications

Please indicate if this is the first time that the occupation has applied to be regulated by the predecessor, the CPSM.

If no, please describe the reasons for rejection(s).
2.1
Yes. ADMT UK has <u>not</u> applied to be regulated by the predecessor, the CPSM. However, in 1999, ADMT UK sent documentation to be considered towards registration with CPSM. The reply received in October 1999 stated that there were concerns about:

1. The use of Senior Registered / SR for our senior clinicians, as this could be taken to mean State Registered.
   Response: *This has been changed to Senior DMT. ADMT UK, Education and Training subcommittee is currently considering expansion of provision for Supervision & Training of Trainers. Such training provision would negate the need to denote seniority as it would be seen in letters of qualification.*
2. Our present three levels of ADMT UK Registration that conflict with CPSM/HPC single level. It was stated that 'restriction of scope of practice operates through the Statement of Conduct'.
   Response: *We understand this will change with HPC registration and we will ensure that the Statement of Conduct makes level of practice explicit. This has been addressed to some degree in our present Code of Practice, May 2003.*
3. The 'grand-parenting' route for clinicians who have been in practice prior to accredited training programmes and have undergone individual study routes prior to 1997.
   Response: *We understand that the grandparent route will be phased out after two years with HPC. Our present Grandparent route was reopened in 2002 to attend to the many practitioners who had missed the previous deadline and who had been practising as a DMT prior to 1997. It was felt that the calibre of some of these practitioners was of a level necessary to include them on our register.*

We are happy to close our grandparent route when we have achieved registration with HPC. (7 f – Criteria for Re-opened Grandparent Route, 9 a – Application for Senior DMT, Grandparent)

4. A need for a declaration of all convictions and accepted cautions and of all previous educational and professional experience, on application to a PSM course.
   Response*: This is a requirement of all academic institutions that run DMT accredited training. (9 b – Example of Application requirements to Goldsmiths College)*
5. Professional Indemnity Insurance requirements.
   These are stated clearly in the Code of Practice. (7 b – (see 2:1))

Furthermore Prof. Diane Waller made comments in regard to the documentation and concerns were raised about:

a The small number of Registrants;
   ADMT UK professionally registered members has risen to 136 (2002 figures). There are currently 33 students enrolled on ADMT UK accredited & university validated training courses. The grandparent route is attracting applications from several other practising DMT's.

b The Association of Dance Therapists, a separate organisation that operates a correspondence course in Dance Therapy, not accredited by ADMT UK;
   This situation continues. Some contact has been made with Ms. Puttock, Chair, and she assures ADMT UK that she recognises the difference in level of practice, i.e. that her trained Dance Therapists engage in 'therapeutic dance' and do not consider themselves Dance Movement Therapists.

c Similarities, or otherwise, with Sesame trained therapists;
   Sesame graduates are registered as Dramatherapists. Sesame training contains an introduction to Laban Movement Analysis, movement experience that is theatre based and no requirement for concurrent personal therapy/clinical supervision with a senior DMT.

d Accreditation procedure for training courses.
   There is a Criteria for Registration of Training Courses and a procedure that is adhered to rigorously by the Accrediting panel that is made up of senior clinicians and those with experience in training Arts Therapists. (9 b + 7 c Education &Training Sub-committee Standing Orders)

The above matters have been addressed, as indicated, which will be made clear in this application and the supporting evidence.

Section 3 Consideration of alternative routes to regulation

Has the applicant occupation considered seeking explored regulation as a distinct subsection within a profession already being regulated and if so have you rejected this route?

Dance Movement Therapy/Movement Psychotherapy is considered a distinct modality within the umbrella of the Arts Therapies, where Art, Drama and Music Therapy are regulated with HPC.

Section 4 The occupation must cover a discrete area of activity displaying some homogeneity.

4.1 Please define the applicant occupation's scope of practice in terms of activities practised.

Dance Movement Therapy (DMT) is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration (evidence 4.1: ADMT UK General Information leaflet, revised May 2003).

As the definition suggests, movement and dance are fundamental tools of practice. Dance movement therapists prioritise physical and emotional safety within the therapeutic environment and encourage clients to become aware of somatic, i.e., bodily felt, experience. The engagement in creative dance and movement encourages the development of a relationship between client and therapist. A Dance movement therapist works with individuals and with groups.

Emotional, cognitive, social or physical issues raised through the initial stages of the therapeutic contact are worked through within an agreed contractual process. Dance movement therapists enter a non-verbal dialogue with the client that consists of free and/or structured improvised movement and dance. Techniques employed include: mirroring, amplification, minimising and creation of improvised movement sequences, as well as raising awareness of synchrony, rhythm, tension and movement quality.

- Play, imagery, symbols and metaphor are key in DMT practice to encourage communication, reflection and/or interpretation. Verbalisation, drawing, music, and dramatic activities may also be included within DMT sessions, if appropriate; however, the emphasis remains upon the use of non-verbal means of interaction.

  Regular assessment and evaluation informs clear and focused direction in the therapeutic work. DMT practice includes systematic use of tools for movement observation, assessment and analysis (for further information about these tools see section 6 b). Pre/post testing of movement changes utilises these tools. Clinical notes are maintained for every session, feedback from clients is received and regular reviews are undertaken. All clinical work is supervised by senior Arts Therapies clinicians.

4.2 Are there professions we currently regulate with whom the scope of practice overlaps?

If yes, please provide evidence showing how the applicant occupation's scope of practice is distinct.

There are overlaps with the other Arts Therapies in the use of creativity, play, imagery, symbols and metaphor, however DMT views these through a body/movement/dance perspective. It is necessary to recognise that dance movement therapists are not primarily concerned with the artistic or aesthetic value of movement and do not teach people how to move, but rather encourage therapeutic aims appropriate for the individual through the use of body awareness and improvised movement symbolic 'dance'.

DMT retains a strong relational character and focuses on active interaction between therapist and client/s in order to facilitate body/movement/dance work with a therapeutic value. Body and movement, as the raw material of the artistic medium, are explored in relation to the client's self and to others. This exploration clarifies

problems in new ways, enables the individual to see more than one solution and brings emotional/cognitive/social shifts that lead to personal integration.

- Dance movement therapists make systematic use of non-verbal communication and are specifically trained in movement observation and analysis to inform verbal and non-verbal interaction. These skills are fundamental to DMT practice from the beginning of the client-therapist contact until the end of the treatment.

  DMT applications with different client groups that include methodological considerations and case examples can be found in Meekums (1992), Payne (1992), Stockley (1992), Stanton (1992), Steiner (1992), Penfield (1992), MacDonald (1992), Harrison (1994), Bloom (2000). Important methodological issues in individual and group DMT are discussed in Dosamantes-Alperson (1981, 1987), Schmais (1985) and Stark and Lohn (1989). There are also several published books with a practical emphasis (e.g., movement ideas and suggestions, individual and group structures) such as Payne (1990), Bartal and Ne'eman (1993), Warren and Coaten (1993), Bloom and Shreeves (1998), Meekums (2002) and Halprin (2003) (for full references and copies of selected published material see evidence 4.2)

Section 5 The Occupation must apply a defined body of knowledge.

5.1 Please attach evidence of applicant occupation's body of knowledge.

DMT/Movement Psychotherapy draws upon a number of psychological and psychotherapeutic theories. The most influential bodies of knowledge for current practice include psychological and movement theories of development (Piaget 1953; Spitz 1965; Mahler et al 1975; Kestenberg, 1975; Stern 1985), psychoanalytic and Object Relations theory (Freud 1953, Winnicott 1971 and Klein 1975), Jung's symbol work (1964), Bowlby's Attachment Theory (1969), humanistic approaches that would include Roger's client centred therapy (1951), Gestalt Therapy (Perls et al 1977), and Play Therapy (Axline 1947). It also draws upon theories of group therapy (Bion 1961, Yalom 1970) and neuropsychology and neuro-physiology. (Full references can be found as evidence in 5.1 and in Bibliography)

However, DMT has developed its own models of practice, originating from pioneering work undertaken in the USA and Britain. Traditions that started with Rudolph Laban, Marion Chace and Mary Whitehouse, developed by UK pioneers over the last fifty years, formulate what is currently regarded as a DMT-specific body of knowledge. Important UK pioneers include, Veronica Sherborne, Marie Ware, Dr. Marion North, Dr. Helen Payne, Kedzie Penfield, Dr. Bonnie Meekums, Sarah Holden and Jeannette MacDonald.

- These traditions share common underlying principles that include:
  - The body-mind relationship as a fundamental assumption.
  - Changes in the emotional/social/cognitive patterns will be reflected on the body/movement/dance patterns of the individual and vice versa,
  - Movement precedes talking in developmental terms and as such paying attention to this offers pre-verbal and non-verbal possibilities for therapeutic change which are not available in 'talking' therapies.
  - Active interaction between two people is a key concept for DMT
  - Imagery, metaphors and symbolic body/movement/dance expressions enable profound changes to take place

Overviews of the history of the profession and the defined body of knowledge can be found in Stanton (1991), Payne (1992, 1994), Meekums (2000, 2002) and Karkou and Sanderson (in press), while particular references to the major assumptions held in the field are made in Blatt (1991), Dosamantes (1990), Stanton-Jones (1992) and Karkou and Sanderson (2001) (see evidence 5.2).

5.2 Are there professions currently regulated by the HPC with whom the applicant occupation's body of knowledge currently overlaps?

If yes, please provide evidence showing how the applicant occupation's body of knowledge is distinct.

DMT/Movement Psychotherapy, as one of the Arts Therapies, shares a number of common theoretical influences (see above 5.1). However, the DMT specific work of the pioneers illustrates the distinctiveness of the field. For example:

Rudolph Laban (1879 -1958) observed, researched and designed a notation system of movement observation and analysis that underpins most DMT's assessment and evaluation tools used today. Laban's research (1915–1918 and throughout his lifetime) provided an understanding of the range of human movement and expression and offered a means to improvisation and exploration of integrated body movement. Laban was fully aware of the educational and therapeutic value of dance and creative movement and inspired many of his pupils to develop this aspect further, e.g. Lisa Ullman, Mary Wigman, Marion North, Warren Lamb and Irmgard Bartenieff, to name but a few. Dance movement therapists today continue to develop new understandings of the connections between body and mind and the creative processes that encourage therapeutic change (see references 5.3 (i)).

- Marian Chace (1896-1970) is regarded as the founder of DMT as a modern profession. Based in USA Chace developed DMT work during the early 1940's as a result of her work with patients with schizophrenia (Levy 1988). As an accomplished dancer herself, Chace's approach was founded on the belief that dance is about communication. This theoretical assumption was influenced by Sullivan (1953), an American psychiatrist who developed an interactive theoretical perspective to mental health. The strong relational character of DMT introduced by Chace and combined with further methodological principles, maintains a central role within current DMT practice. Chaiklin and Schmais, protégés of Chace, organised her work into four major classifications: 1) Body Action, 2) Symbolism, 3) Therapeutic Movement Relationship and 4) Rhythmic Activity (Chaiklin and Schmais, 1979). Much of Chace's work was carried out in small groups on the hospital wards and consequently has provided a robust model for present day group DMT (for publications about Chace see references 5.3 (ii)).

  Mary Whitehouse (1911-1979) is another American pioneer whose theory continues to influence UK DMT practice. Her contribution lies in the merging of modern dance with Jungian theory and the subsequent development of a specific approach to DMT that values kinaesthetic awareness, regards polarities as present in all aspects of life, and utilises active imagination as a way of freeing conscious and unconscious experiences stored in the body. This approach is now called 'authentic movement' and is used mainly with clients with neurotic symptoms, physical disabilities and/or medical problems. Within her model Whitehouse stresses the subjective experience of the body and movement as a means of reacting and responding to everything that happens. Whitehouse worked with groups and individuals and today's DMT's find that her approach is

particularly applicable to individual work (for Whitehouse's contribution to DMT see references 5.3.(iii)).

DMT in the UK has developed models that adopt the American traditions but adapt them to our contemporary cultural context. Developments of this work include the theory and practice of Dr. Helen Payne (1990, 1992) and Dr. Bonnie Meekums (2000, 2002). The former presents DMT as a form of integrative psychotherapy and the latter highlights the distinctiveness of DMT as a creative psychotherapy (for relevant publications see references 5.3 (iv)).

Section 6 The occupation must practise based on evidence of efficacy.

6.1 Please provide evidence of research into the efficacy of the applicant occupation. You are encouraged to attach copies of articles published in journals accepted as learned from the health sciences community

Research components are included in the basic training of all dance movement therapists. Several practitioners continue to engage in further research training and undertake research projects investigating their own practice on a regular basis. Karkou, in her survey of arts therapists in the UK (Karkou, V (1998) A Descriptive Evaluation of the Practice of Arts Therapies in the UK, unpublished Ph.D. thesis), found that over 40 percent of respondents were trained to Masters level and approximately 8 percent held an M.Phil/Ph.D. qualification. These proportions were statistically higher than the equivalent proportions in other Arts Therapies. Examples of Ph.D./M.Phil studies completed by practitioners-researchers include Payne (1987) and Meekums (1990, 1998). These studies have a predominantly qualitative character and tend to favour case study methodology providing evidence of process

- and outcome as perceived by therapists and clients. For UK based research studies see attached Research Register.

There are also a number of studies on the effectiveness of DMT that utilise Randomised Control Trial (RCT) or Control Trial (CT) designs. Meta-analysis of these studies by Ritter and Low (1996), and a recalculation of the statistical figures by Cruz and Sabers (1998) provide strong evidence of the effectiveness of DMT for a wide array of symptoms including reduction of anxiety (Brook and Stark 1989; Kuettel 1982), improving self-concept (Kavaler 1974; Marek 1975; Silver 1981; McConnell 1988) addressing body awareness (McCarthy 1973; Christup 1974; Kavaler 1974; Silver 1981, Van Deusen and Harlowe 1987; Chin 1988). Other research undertaken has concentrated on specific populations including psychiatric patients (Kline et al 1977; Apter et al 1978; May et al 1973; Wislochi 1981) and mental health/DMT trainees (Dosamantes-Alperson and Merrill 1980; Dosamantes 1990; Kuettel 1982; Leste and Rust 1990).
Articles reporting on some of these studies are attached as evidence 6.1)

6.2 Please provide evidence demonstrating the scientific and measurable basis for measuring practice outcomes.

You are encouraged to provide evidence demonstrating the scientific basis for the applicant occupation's body of knowledge and other aspects of its practice as well, if possible.

As already stated, dance movement therapists conduct assessment and evaluation as part of their regular practice. Initial assessment may last from one to four sessions in order to establish the degree to which these clients may benefit from DMT, to set client-specific goals and to inform subsequent interventions. Ongoing

evaluation of therapeutic work involves keeping clinical notes, reviewing the therapeutic process with clients and other people connected with the client, i.e. family, friends, professionals etc., report writing and regular supervision. Changes in the body and movement presentation of the individuals are seen as important areas of attention. Movement observation is therefore a necessary source of information for developing therapeutic work.

- There are a number of available movement assessment/evaluation tools that are specific to the DMT field. Most of them draw upon Laban Movement Analysis (LMA) and draw links with psychoanalytic/psychodynamic thinking, e.g.
  1. North (1972) developed LMA in the UK as a personality assessment tool based on the assumption that there is a significant link between body movement and personality traits.
  2. Bartenieff (1980) developed a model of practice in the USA known as 'Bartenieff Fundamentals'.
     Both North and Bartenieff highlighted the links between movement concepts and Jungian thinking.
  3. Kestenberg, and more recently Loman, have developed a movement assessment tool that has its roots in LMA and draws parallels with Freudian psychosexual developmental stages.
  4. Martha Davis' Movement Psychodiagnostic Inventory for Schizophrenia, (1968) and
  5. Kalish-Weiss' Body Movement Scale for Autistic and Other Atypical Children (1988), both analyse body movement for purposes of diagnosing mental disorders.

  These tools identified above, often in simplified versions, are used within UK DMT as clinical guidance during sessions, as reflective tools before or after sessions, and/or after a series of sessions. Copies of the most frequently used tools within UK practice and articles that present their development and their use are included as evidence. (See enclosures 6.2 attached).

6.3 Please attach any additional evidence that demonstrates the applicant occupation subscribes to the ethos of evidence-based practice. You are encouraged to provide examples of how treatment strategies have changed in the light of evidence.

ADMT UK is showing its ongoing commitment to evidence-based practice by developing a register of completed and ongoing research studies in DMT. The studies deal with issues of professional development and DMT applications with specific clients groups. Most of the studies with a professional interest (Payne 1995, Doktor et al 2002, Best, ongoing, Payne, ongoing, Karkou 1998, 2002, Meekums 2002 etc: see Summary of Topics in Research Register) have been affiliated with higher institutions where DMT training takes place. As such they have had a direct effect upon the improvement of current training courses, e.g. development of essential course modules and their content, minimum requirements of teaching and supervision.

- Close links between these institutions and ADMT UK have informed further developments in a number of ways e.g. theoretical underpinnings of DMT practice, the role of assessment and evaluation and the significance of culturally sensitive interventions.

  Where the research addresses specific client groups, e.g. infant, children and adolescents with emotional/behavioural difficulties, adults with mental health

problems and learning disabilities, these studies are completed by practitioners-researchers and as such direct application of research findings is made to the clinician's own practice. Completed studies have been published in professional journals such **e-*motion*** (the ADMT UK publication), the American Journal of Dance Therapy and The Arts in Psychotherapy, and academic books (see bibliography & evidence 4.2, 5.3: Payne 1990, 1992, 1993; Stanton-Jones 1992; Bloom and Shreeves 1998; Meekums 2000, 2002). These publications have contributed to strengthening theoretical and methodological knowledge for all DMT practitioners. Recent research studies emphasise new areas of work such as addiction, sexual abuse, chronic pain, medical problems and dementia (see research register (6.2) for recently completed and ongoing studies).

Other research studies included in the register originate from collaborative groups of arts therapists and/or psychiatrists and psychologists. Two such studies use an RCT (Randomised Control Trial) design:
1) Odell-Miller et al's study (2001) looked at clients with continuing non-psychotic mental health problems and offers support/evidence for the value of DMT with this client group.
2) An ongoing study by Rohricht, F and Priebe, S. (expected completion date 2003) with clients with schizophrenia.

We expect that the publication of the research register on the ADMT UK website (expected date: September 2003) will make a substantial contribution towards further advancing evidence-based practice.

Section 7 The occupation must have at least one established professional body which accounts for a significant proportion of that occupational group.

Please provide documentary evidence of established professional bodies for the applicant occupation.

7.1 The constitution or rules

ADMT UK is a company limited by guarantee. Enclosed are:

- A copy of the Memorandum of Association dated 5th June 1982;
- Articles of Association dated 18th July 1996;
- Special Resolutions AGM '96, '99 and '99.

7.2 Copies of minutes of meetings

ADMT UK holds monthly Executive Council meetings, Education and Training sub-committee meetings 4 times yearly, Professional Registration Committee - PRC (was Membership Registration Committee - MRC) meetings annually.

- All these meetings are minuted and archived by the Company Secretary for future reference. Further sub-committees are set up when required to attend to particular issues. Enclosed are:

- Company guidelines and procedures for ADMT UK workers and sub-committees. (Nov. 1996);
- AGM June 2002 minutes and Financial Statements to March 2003. Minutes of AGM June 2003 to be published shortly;
- Executive Council meeting minutes for last two meetings. They illustrate that the Education and Training sub-committee was subsumed into main council 2002-2003. This sub-committee to be re-formed in September 2003 with newly elected members due to changes in personal circumstances of many of the recent E&T group;

- Education and Training sub-committee minutes of December 2001;
- MRC (Now PRC) Annual meeting minutes;
- Professional/Business Development Sub-Committee minutes Nov. 2001.

All documentation will be found in Section 7.2 of the full application.

7.3 The Standing Orders of the governing body and its constituent committees

Enclosed are:

- Job Descriptions of the Chair, Vice Chair and Company Secretary. Treasurer being updated. (Section 7.3)
- Education and Training Sub-committee Standing Orders – April 2001(Section 7.3)
- MRC (Now PRC) Job Description (Section 7.3).

7.4 The election rules and results

Election Rules can be found in the Articles of Association. Enclosed are:

- Results of the last three AGM Elections (See Evidence section 7.4)

7.5 Evidence demonstrating the number of practitioners of the applicant occupation.

ADMT UK has been steadily growing in numbers over the past few years and a record has been kept of this growth. Please find attached:

- a graph that shows clearly the numbers of practitioners in the field
- recent numbers recorded in April 2003 after renewal of membership
- Register of practitioners 2002-2003

7.6 If there are practitioners who have not followed the defined routes of entry to the profession, please discuss potential grandparenting requirements and implication.

In 1997 the Professional Registration Committee advised Council that the grandparent route should close as accredited training courses were well established and therefore there was a standard route of entry into the profession. The situation soon emerged that many senior and experienced practitioners had fallen foul of this closure and were being requested to undergo training that would be wholly unnecessary. The Executive Council, in September 2002, decided to reopen the grandparent route until Dance Movement Therapy became regulated by HPC, at which point the route will close.

- This is in recognition of the fact that HPC will open a grandparent route for two years after regulation of the profession after which time the route will close and standard training routes will be the only means of entry into the profession.

Attached are:

- Clarification of the re-opened Grandparent Route
- Application for grandparent status
- Copy of the Criteria for Registration that includes the Grandparent Route of entry

Section 8 The occupation must operate a voluntary register(s)

How many practitioners are on the voluntary register?

136 to date (31/7/03)

Are these figures independently audited?

No. ADMT UK employs a PRC Secretary, Carole Chambers, to maintain and audit the register and service the PRC sub-committee. The PRC Secretary is not a Dance

Movement Therapist or a member of ADMT UK and therefore provides an impartial view on the registration procedures, applications etc. This has been found to be invaluable to the registration process.

Please give the date of the opening register.
31st March 1997.

Details of practitioners not on the voluntary register.
All DMT practitioners are encouraged to become full members of ADMT UK and register with the Association in accordance with good professional practice. Students on training courses are emphatically encouraged to join ADMT UK and ensure that they are automatically included on the Register on completion of their training. The Association is looking into ways of ensuring that all practitioners are fully aware of the importance of being members of their professional body. Each member is invited to Executive Council meetings, encouraged to take an active part in Council and/or sub-groups and kept informed through the quarterly publication e-*motion.*

There are no accurate figures that can be accessed to quantify how many practitioners are not on the voluntary register, however, it is approximately 30 at the date of this application (31/7/03)

Section 9 Please provide evidence as to how entry to the applicant occupation is controlled, by providing:

9.1 Details of the routes of entry.
Please find attached:
- Criteria for Registration as a Practitioner And Criteria for Accreditation as a Training Programme with ADMT UK, Issue 4 8/09/02 (Edited 9/6/03)
- Application Forms for Basic Registered DMT, Registered DMT and Senior DMT

9.2 Evidence that demonstrates that only individuals choosing one of the entry routes are recognised as being practitioners of the profession. You are encouraged to provide supporting statements to this effect from educational institutions and employers.
It is essential that individuals wishing to practice as Dance Movement Therapists in any of the recognised services in the UK must have graduated from a DMT ADMT UK Accredited course, or have achieved Senior Registered status through the grandparent route, or through usual application by means of submission of a clinical paper, evidence of supervises clinical practice and level of expertise. Evidence is attached that supports this position. See Evidence 9.2 of supporting evidence.

9.3 Information about the applicant occupation's QAA Subject Benchmark or equivalent. If none yet exists, please provide evidence demonstrating an intent to work towards a benchmark.
ADMT UK works closely with their Criteria for Registration and Accreditation when considering the standards required of training professional practitioners. The Executive Council, Professional Registration Committee and Education and Training sub-group make regular reviews of the criteria document to ensure that it maintains validity.

With the close liaison with HPC (CPSM) that ADMT UK has engendered over recent years, we have been made aware of the benchmarking process and to this end ADMT UK has requested that Dr. Vassiliki Karkou DMT be involved with this procedure. Dr. Karkou has convened a small group from ADMT UK Executive

Council to develop the benchmarks. The work is still in hand. Please find attached the work in progress.

Section 10 The occupation must have independently assessed entry qualifications

Please provide details of qualifications recognised as being a necessity for entry to the applicant occupation, including details of the provider bodies and system of monitoring.

- Entry to the DMT profession is via a course of training that is accredited by ADMT UK and validated by the hosting University. The university provides the independent assessment of entry qualifications to the programme, while ADMT UK engages Arts Therapists and academics from other fields to sit on the Education & Training sub-committee to advise on accreditation.(Evidence 9.2 Criteria)
- Following a course of training the student applies to ADMT UK for recognition of their registered status, either Basic DMT or Registered DMT, depending on the level of clinical placement and clinical supervision hours attained while training. (Evidence 9.1)
- The grandparent route was reopened in September 2002 for a temporary period, until HPC regulation is successful, in order to address the fact that many experienced practitioners had missed the deadline for the last date of closure of this route.(Evidence 9.1)
- Selection requirements for courses vary between Universities around the following issues:
  i. Age Limit/Maturity
  ii. First Degree/previous academic studies
  iii. Dance/Movement background
  iv. Clinical experience.

  ADMT UK requires that each entrant have a broad grounding in Dance or Movement work. It is also expected that each entrant will have a solid period of work experience with disadvantaged client groups. Evidence that the applicant can prove academic ability is essential, especially as all training courses are working towards an MA level of attainment. (Evidence 9.2)
- Provider bodies are:
  i. Roehampton, University of Surrey – MA/PGDip.
  ii. Goldsmiths, University of London – MA/PGDip.
  iii. University of Hertfordshire – MA/PGDip. closing
  iv. Dance Voice Therapy Centre, Bristol with University of Derby – accreditation and validation process nearing completion for MA/PGDip.
  v. University of Derby – accreditation and validation process underway for MA/PGDip.
- System of monitoring:
  i. ADMT UK (See Criteria for Registration and Accreditation of Training Programmes 9.2) in conjunction with the university system of monitoring.

Section 11 The occupation must have standards in relation to conduct, performance and ethics

Please attach evidence describing the applicant occupation's written standards of conduct, performance and ethics.

ADMT UK has produced a Code of Practice, which is revised regularly, that clearly describes the standards of conduct expected of a DMT practitioner. (Evidence 7.2)

A Policies pack was designed and adopted by the Executive Council in 1997 to assist practitioners when considering issues

- Code of Professional Practice
- Confidentiality
- Complaints Procedure
- Equal Opportunities

In addition to general issues relating to standards of conduct, it is recognised that other issues may require extensive discussion and consequent guidelines provided for DMT practitioners. Such an issue that has been addressed on many occasions relates to issues of Touch. This is particularly pertinent to the DMT profession as many practitioners feel that the use of touch is unavoidable when interacting through the body. Attached is an article related to this issue: Willis, C. (1987) Legal and Ethical Issues of Touch in Dance/Movement Therapy, American Journal of Dance Therapy. 10,41-53. (Evidence 10).

Section 12 The occupation must have disciplinary procedures to enforce those standards

Please attach evidence demonstrating the system used for disciplining practitioners. Please also attach descriptions of the procedures used to administer the system, along with at least three anonymised case reports. This information will be handled confidentially and will not be shared outside the HPC.

ADMT UK has a formal Complaints Procedure (Evidence 7.2) that is available to employers of DMT's and clients in the event that they wish to lodge a complaint against a practitioner member.

Since the Association was founded in 1982 there has been only one complaint lodged. A letter of complaint was received on 1/9/2002. An Ethics Committee was convened from Professional Registration Committee (PRC) members and the complaint was duly investigated.

There have been many discussions over recent years about electing a permanent Ethics Committee, however, it was decided that such a committee would be selected from the PRC as and when the need arose. This procedure was duly followed in 2002.

As a result of the compliant an evaluation was made to address the issues raised.
It was felt that:

a Need for closer links between membership and registration filing/recording systems – this will be addressed when the new Administrator is appointed;
b Review and update Code of Ethics to ensure that supervision is clearly defined as well as therapy;
c Consider establishing separate Ethics Committee of senior practitioners;
d Consider extension of Complaints Procedures to deal with ramifications if an individual, while not a registered member at the time of the complaint, wish to rejoin ADMT UK at a later date.
(Evidence 10 presents the complaint and response)

Section 13 The occupation must require commitment to Continuous Professional Development (CPD)

Please provide evidence demonstrating that the profession is committed to the principles of CPD. You are encouraged to provide details of any planned or existing CPD scheme.
ADMT UK agreed and initiated a CPD scheme in March 2003. All members have been sent the appropriate forms and guidelines and they are requested to submit a completed form with their annual registration and membership fee. This will commence in March 2004 and members are aware of the requirement to address their CPD needs during 2003/04. Registration as a practitioner will be dependent on both producing evidence of their commitment to CPD and proof of Professional Indemnity Insurance.

CPD courses and day workshops will continue to be organised by a sub-group of the Executive Council and ADMT UK members to ensure that appropriate opportunities are offered to DMT practitioners. 2003 has seen a series of workshops, based in London, presented by Janet Kaylo, a Senior DMT and Laban Movement Analyst (CMA). Susan Loman, a specialist in Kestenberg Rhythms Analysis (KMP), visited from USA for her third series of workshops, also based in London.

Outside of London our members meet in two distinct regional groups – the South West and the Northern Regional Groups – to both provide opportunities for networking and further CPD. Both Regional groups have met this year and a timetable of events are being considered and arranged for 2003/04. (Evidence 11).

Furthermore, a member of the Executive Council organised a one-day Conference in Bristol in November 2002. As it was the first one there was a generic theme, offering practitioners the opportunity to present their work, either as a formal presentation or in experiential workshop form. A report of the conference is to be found in Evidence 11. A further conference is planned for November 2003, again in Bristol, addressing the theme of Evidence Based Practice.

Section 14 Views of others

Please attach any documents you have received from other organisations or individuals in which a view is expressed about your application.
ADMT UK has received several supporting statements of the work of Dance Movement Therapy, its value in the particular setting and the benefits experienced by clients and observed by fellow professionals. In Evidence 12 copies of these statements are presented.

Section 15 Impact on Council's ability to carry out its functions effectively

Regulation by the Council is, to a large extent, dependent on participation by members of the regulated profession in a number of roles. If the applicant occupation wishes, it can provide information or comment on this issue here:
The Association of Dance Movement Therapy has a relatively small membership. However, the members are often very pro-active in their approach to professional issues and many registered members will be interested in being involved in HPC matters, if and when the opportunities arise.

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Appendix 1

Portfolio 1: The Dance Movement Therapist in Practice

Evidences

1.1: Listings from e-*motion* ADMT UK's quarterly newsletter

4.1: General Information Leaflet

4.2: DMT Scope of Practice

i. DMT Applications with Different Client Groups
ii. Important Methodological Issues in Individual and Group DMT
iii. Published Books with Practical Considerations

5.1: Reference List: Influences upon DMT Practice from Neighbouring Fields

i. Developmental
ii. Psychoanalytic and Object Relations
iii. Humanistic
iv. Group Theories
v. Neuro-Science

5.2: History of the Profession, Body of Knowledge and Theoretical Assumptions

5.3: Specific DMT Approaches

i. Publications of and about Rudolph Laban
ii. Publications about Marian Chace
iii. Publications of and about Mary Whitehouse
iv. Publications of UK-based practitioners

6.1: Research and Efficacy

6.2: Assessment and Evaluation Models

6.3: Research Register showing Evidence Based Practice

Appendix 2

Portfolio 2: The Professional Organisation

Evidences

7.1: The Constitution

i. Memorandum of Association
ii. Articles of Association
iii. Special Resolutions
iv. Results of Ballot
v. Company Stationery
vi. Membership Fees

7.2: Guidelines and Procedures

1. Company Guidelines and Procedures for Sub-Groups
2. Policies including:
   i. Code of Professional Practice
   ii. Confidentiality
   iii. Complaints Procedure
   iv. Equality of Opportunity
   v. Monitoring Form
3. Minutes of AGM 2002
4. Annual Report 2003
5. Financial Statement 2003
6. Minutes of Council Meetings
7. Minutes of Education & Training Meetings
8. Minutes of Professional Registration Committee (PRC) AGM
9. Business/Development Plan

7.3: Standing Orders

1. Job Descriptions
2. Education & Training Sub-Committee Standing Orders
3. PRC (was MRC) Job Descriptions and Procedures

7.4: Election Rules and Results

7.5: Grandparent Route

1. Clarification of the Re-opening of the Grandparent Route
2. Criteria for Registration

8: Membership and the Voluntary Register

9.1: Routes of Entry

1. Application forms for Registration
2. Criteria for Registration
3. Supporting Statements from Educational Institutions and Employers
4. Articles of interest
5. QAA Standards of Proficiency – work in progress

10: Independently Assessed Entry

11: Code of Conduct

1. Code of Professional Practice
2. Article: Legal and Ethical Issues of Touch in Dance/Movement Therapy

12: Disciplinary Procedures

13: Continuous Professional Development

1. CPD Form
2. Regional Groups
3. National Events Publicising DMT
4. Conference Report

14: Testimonials

15: e-*motion:* Latest copy of ADMT UK's quarterly newsletter/publication