DANCE MOVEMENT THERAPY:
A HOW-TO GUIDE FOR COUNSELLORS SEEKING INTERVENTIONS FOR CHILDREN AND YOUTH

by

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Abstract

During my time at the University of Northern British Columbia, I have learned that children do not communicate through words because the speaking part of the brain takes time to fully develop. When it comes to counselling children, actions, such as those from creative arts therapies, can benefit children more than talking. Among these actions are dance movement therapy interventions, some of which use proprioceptive, exteroceptive, and interoceptive strategies. This project aims to give counsellors, particularly child and youth counsellors who are new to dance movement therapy, a starting point for bringing dance movement therapy into their work. It acts as a guidebook that explains the purpose of using dance movement therapy in a counselling setting and how to do this safely. It lists specific interventions and the intentions behind them, and it finishes with listing where to get further training.

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Acknowledgements

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Chapter 1: A Look at Dance Movement Therapy

Introduction

There is a quote by Frankie Manning written consistently across dance club advertisements and various websites: “I’ve never seen a Lindy Hopper who wasn’t smiling. It’s a happy dance. It makes you feel good” (AZ Quotes, 2025). Frankie Manning was a legendary swing dancer to those who have a love of Lindy hop, which is an energetic swing dance that originated in the 1920s and is known for its relaxed style. As a Lindy hop dancer myself, I deeply resonate with his words. The rich culture of the dance brings feelings of freedom and inclusivity to those who dance it, and it is apparent that their internal feelings are turned outward for spectators to see. In other words, their feelings are shared, sometimes at an unconscious level.

Movement is an honest expression of inner experiences (American Dance Therapy Association, 2016). Although people sometimes try to push down their inward experiences, they often come out in the nuances of their movements. Whether they are feelings we often seek, such as the joy or excitement I feel when I dance the Lindy hop, or feelings that we often try to push aside, like the anxiety that I sometimes feel off the dance floor, the body finds ways to communicate those feelings. Van der Kolk (2014) suggests that “…we have the ability to regulate our own physiology, including some of the so-called involuntary functions of the body and brain, through such basic activities as breathing, moving, and touching…” (p. 38). These activities can assist with healing from trauma and restoring autonomy (van der Kolk, 2014). Furthermore, expressive art, such as dance, offers people the capacity to imagine and create new narratives for themselves and to live more fully (Malchiodi, 2020).

Project Background

My initial experience with movement and emotion integration began through my background as an athlete in artistic swimming. I always found that moving to music freely improved my mood, and I remember another athlete's caregivers once commenting on how it was a healthy outlet for their young child. As an artistic swimmer, my favourite moments were when we were given time to move our bodies creatively to music, often to make up our own choreography. One of my reasons for loving the sport was because I was able to move my body in ways that I could not when I was on land. I would explore what my body could do at different levels of the water, playing with buoyancy. My teammates and I would sometimes even lift each other out of the water and practice areal skills, something that I never knew how to do out of the water. This experience offered me a unique way to explore movement and what my body was capable of.

In later years I shifted my love for movement towards Lindy hop, and there have been several instances when other dancers shared that dance was therapeutic to them. Likewise, I recently hosted a tabling event on the University of Northern British Columbia campus, where people walking by wrote down why they loved to dance. Some of their answers included, but were not limited to "dance makes me feel confident," "because it helps me let go of anxiety," and "dancing helps me feel alive" (see Appendix A). When I dance, I feel a kind of energy that I have not felt anywhere else before. I am non-verbally connected with the people around me, the music, and the room, and I am so easily lost in my own world of movement. When I dance, silliness, of course, is encouraged, and I feel like a different person.

These experiences have formed my curiosity around dance and movement combined with therapy. I entered a Master's of Education in Counselling program at the University of

Northern British Columbia with the thought that I could bring movement and dance into my future practice, and I learned very quickly in the program that dance movement therapy is a preexisting counselling strategy. I also found out that a Lindy hop dancer and instructor that I have crossed paths with, Damian Cade, uses dance movement therapy in his couples therapy work. I will be referring to Damian in this project as someone who has inspired the information in this project. Furthermore, I have been slowly learning about the impacts of dance and movement on people's wellbeing, and I have been wanting to understand more about dance movement therapy to bring forward into my practice. It resonates with me more than traditional talk therapy, and it may offer a more accessible pathway for certain clients.

Project Significance

Art in a Therapeutic Setting

This project was created with the understanding that some people are supported by counselling services that use non-talk approaches. One explanation for this is that the Broca's area in the left hemisphere of the brain, which is an area for speech and language production, is deactivated in traumatic events (Malchiodi, 2020). Traumatic memories can therefore be experienced as sensations and images instead of narratives (Malchiodi, 2020). Language is also not always possible in a therapeutic setting with children because it takes time to fully develop in their brains (Malchiodi, 2020). Childhood trauma is thought to affect the integration of both sides of the brain, and art-based therapy is important for trauma recovery because it activates both hemispheres of the brain (Malchiodi, 2020).

Expressive arts therapies are sensory-based approaches that help clients stay grounded in the present moment and reduce fixation on past trauma (Malchiodi, 2020). They support awareness of the here-and-now (Malchiodi, 2020), which is accomplished by working with the

body because our bodies are always in the present moment (Mendrek, 2024). According to van der Kolk (2014), it is easier for people to talk about their stories of victimization and revenge as opposed to noticing, feeling, and putting into words their realities of their internal body experiences.

Dance Movement Therapy Defined

A major key term in this project is dance movement therapy, which the American Dance Therapy Association (2020) defines as "the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being" (para. 1). The first formal look at various art forms in psychotherapy was in the 20th century (Malchiodi, 2020), dance movement therapy specifically emerging in the 1940s from accomplished dancers who began to realize the benefit of using dance and movement therapeutically (American Dance Therapy Association, 2020). As a form of both creative arts and somatic therapy, dance movement therapy incorporates activities such as yoga and emphasizes emotional and physical restoration through movement (Malchiodi, 2020; van der Kolk, 2014). It is also a holistic approach to healing, supporting the notion that the mind, body, and spirit are connected (American Dance Therapy Association, 2020).

The Purpose of the Project

As a counsellor, I acknowledge the importance behind understanding a variety of therapeutic approaches, as we need to be able to adapt our practice to the unique needs of each client. With this in mind, I also believe it is important that counsellors are open to learning about and using art-based therapeutic approaches with their clients, particularly if they work with children, youth, or adults who have experienced trauma. I want to ensure that I am one of those counsellors who is prepared to support someone who may benefit from non-talk therapeutic

strategies. I want to learn as much as I can about integrating whole-brain approaches into my practice.

I also know that I am passionate about dance and movement, and my hope is that learning more about dance movement therapy will give me tools to reconnect people to their bodies safely when they are experiencing disconnect. I also hope to bring dance and movement into my work ethically, as I have a dream to share the connection I have personally made between dance and healing in a way that supports scientific evidence. Furthermore, the purpose of this project is to educate counsellors, like myself, on dance movement therapy. It provides an overview of potential interventions and the rationale for their use in practice. The hope is that this project will act as a manual for counsellors interested in using dance movement therapy approaches prior to seeking professional training on the subject.

Project Overview

I hope to share the sensations I have experienced through music and dance, especially Lindy hop, in a therapeutic context. My personal experiences have led me to believe that there are strategies for bringing this energy of freedom and relaxation to a therapeutic setting, and my hope is that dance movement therapy would be a bridge for that. This chapter provided support that art-based therapeutic strategies, such as dance, are helpful for children and people who have experienced trauma. Referring to the body in therapy can bring people to the present moment, using a holistic approach to healing. This chapter also explained the definition and brief history of dance movement therapy, then described the purpose of the project as a tool to educate counsellors about dance movement therapy.

The next section will review preexisting literature on dance movement therapy, including the psychological benefits of dance movement therapy, how dance movement therapy works in

the lens of somatosensations, and possible interventions. It will also include how these topics uniquely relate to children. Finally, the section ends with a description of the project itself, a how-to guide for counsellors wanting to integrate dance movement therapy interventions with their work with children and youth. It is meant to help counsellors understand the intention behind using dance movement therapy interventions, and it describes various trainings in Canada for those who want to further pursue dance movement therapy. It was created to support counsellors' journeys in learning and using dance movement therapy prior to accessing formal training, thus supporting clients who may benefit from art-based therapy.

Chapter 2: Literature Review

On May 29, 2024, Dr. Adrianna Mendrick of Bishop's University hosted a virtual webinar about dance as therapy, in which she explains that living through experiences or emotions helps us develop as human beings. She further invites viewers to consider that bodies are a gateway to this development by allowing us to experience freedom, self knowledge, and growth. This review begins with research on the outcomes of dance and dance movement therapy followed by a discussion of how the practice functions. After this explanation, the review outlines some potential dance movement therapy interventions that counsellors can bring into their work. Although this review covers dance movement therapy with a general population, it also sheds light on unique therapeutic outcomes and interventions used with children.

The Outcomes of Dance

Building on the reflections in Chapter 1, it was no surprise to me to find that there is research supporting the psychological benefits of dance. Mendrick (2024) explained that dance is distinct from exercise with regards to its focus on sensation and perception, cognition, emotional range, its relational and social aspects, elements of spirituality, and transcendence. Furthermore, practicing dance can induce neuroplastic changes, as it can enhance hippocampal volume and both grey and white matter, and improve memory, attention, balance, and psychosocial parameters (Teixeira-Machado et al., 2019). When movement is increased, pleasure feelings can also be increased due to a release of catecholamines and endogenous opioids (Mendrek, 2024). Interestingly, some researchers expand on these positive effects of dance by studying the combination of dance with therapeutic interventions.

The Outcomes of Dance Movement Therapy

Dance Movement Therapy Benefits

There seems to be no shortage of research indicating that dance movement therapy can benefit people's health in various ways. For instance, it has been suggested that dance movement therapy, specifically diverse and expansive movement patterns during the intervention strategies, can increase psychological flexibility and stress management among individuals who have developed stiff and restricted patterns due to psychological distress (Christopher et al., 2024). Additionally, dance movement therapy has been shown to reduce stress among adults (Bräuninger, 2012), including adults with psychological trauma (Christopher et al., 2024; Mendrek, 2024). It can also support people in understanding different perspectives, ease withdrawal symptoms for individuals in addiction recovery, and improve body image perception (Bräuninger, 2012; Mendrek, 2024).

There is also evidence to support that dance movement therapy can improve symptoms associated with psychological disorders, including but not limited to depression and anxiety. Specifically, research done by Christopher et al. (2024) suggests that dance movement therapy helps individuals better manage treatment for depression, and that it can be effective for supporting ongoing or standard treatment by increasing meaning-making and motivation in treatment. Among adults with depression, dance movement therapy develops emotional resilience, problem-oriented coping, and stress management (Christopher et al., 2024). Additionally, dance movement therapy can affect physical and neurological problems, such as cancer, by improving quality of life by reducing depressive symptoms and enhancing overall wellbeing (Mendrek, 2024).

With regard to anxiety, research suggests that dance movement therapy eases anxiety symptoms among diverse populations. Elakiya and Shanmugam (2021) found a significant

reduction in anxiety levels among first year nursing students, and Salmons et al. (2022) found improved anxiety levels among older adults (aged 55 and above). Interestingly, research for children shows similar results. Ko and Lee (2023) found that there was a statistical decrease in anxiety among middle-school students, Bräuninger (2012) found decreased anxiety levels among adolescent females, and Khodabakhshi Koolaee et al. (2014) found a decrease in anxiety levels and aggression among six- and seven-year-old children who completed dance movement therapy.

Dance Movement Therapy and Children

The studies noted previously demonstrate extensive support for the effects of dance movement therapy among children. According to the American Dance Therapy Association (n.d.), dance movement therapy supports child development in various ways. These include facilitating skill acquisition and transfer, improving self-regulation, and enhancing focus and sustained attention. Additionally, dance movement therapy helps children develop positive and realistic self images, helps children expand communication skills by creating pathways from nonverbal to verbal dialogues, and improves children's self-awareness, awareness of others, coping skills, and abilities to form relationships (American Dance Therapy Association, n.d.). It also helps children self-regulate, encourages children's compassion and empathy, and shapes children's developing brains (Lea Comte, 2020).

Some researchers also discuss the benefits of dance movement therapy with children who have been diagnosed with autism spectrum disorder. A documentary called *Generation A: Portraits of Autism and the Arts* portrays how creative arts therapy, such as dance movement therapy, supports children with autism spectrum disorder because it can bring out their language, and help them understand where their body ends and where the environment begins (Shils, 2021). In other words, it helps them know where their bodies are in space, as this is sometimes

unclear to children diagnosed with autism spectrum disorder (Shils, 2021). Other research shows that dance movement therapy can support children diagnosed with autism spectrum disorder by improving communication for self-development (Sengupta & Banerjee, 2020).

The Workings of Dance Movement Therapy

Turning Inward

The notion described above of understanding where one's body is in space is important in understanding some of the underlying mechanisms of how dance movement therapy works. Trauma specialist van der Kolk (2014) touches on dance movement therapy in his writing, acknowledging that while its effectiveness is documented, the exact mechanisms remain under-researched. However, it is thought to support brain plasticity, thus has the capacity to promote learning, rehabilitation, and well-being (Malchiodi, 2020). It is also thought that connecting with and interpreting physical sensations is foundational to developing self-awareness (van der Kolk, 2014). Being disconnected from our bodies leaves us unaware of what it needs, so we cannot take care of it (van der Kolk, 2014). Van der Kolk (2014) explains:

> If you don't feel hunger, you can't nourish yourself. If you mistake anxiety for hunger, you may eat too much. And if you can't feel when you're satiated, you'll keep eating. This is why cultivating sensory awareness is such a critical aspect of trauma recovery. (p. 275)

Learning how to tolerate sensations, kindly connecting to inner experiences, and cultivating new action patterns can support people whose bodies are holding onto past trauma (van der Kolk, 2014).

The focus of this section will be on what is known as turning inward. Damian Cade, drawing from his training with the Hendricks Institute, defines "turning inward" as the process of

expressing internal feelings through external movement (Visnevskyte, 2024) and matching outward expression to inner experiences to develop integrity (D. Cade, personal communication, April 10, 2025). Integrating movement, emotional experience, and self-expression, as is done in dance movement therapy, improves emotional and social functioning (Nardi et al., 2023). Listening to the body's expressions allows people to access and process emotional experiences (van der Kolk, 2014).

Importantly, looking inward may be unsafe for some individuals who have experienced trauma because it takes them back to the body's responses during the traumatic experience (Visnevskyte, 2024). This may be because the brain's right hemisphere is believed to store sensory aspects of trauma, such as smells, sounds, and tactile experiences (Malchiodi, 2020). Therefore, techniques that facilitate looking inward must be used with caution. With regard to dance movement therapy, some sensorimotor approaches to therapy can activate the right hemisphere (Malchiodi, 2020), thus potentially resulting in individuals reliving sensory experiences from the traumatic event. With people who have experienced traumatic events, it is important for the therapist to begin the therapeutic process with grounding strategies (Visnevskyte, 2024), noting that effective communication is more likely once a client is regulated (Shils, 2021). Examples of grounding include long exhalations to activate the calming branch of the nervous system, or gentle pressure on muscles or skin, similar to the pressure of a hug, to give the body sensory feedback (Lea Comte, 2020).

Our Bodies: Somatosensations

Mendrek (2024) discusses the idea of looking inward in her webinar via interoception. She identifies three types of somatosensations – interoception, proprioception, and exteroception – which are linked to emotional regulation in dance movement therapy. Interoception refers to

the sensations we feel that relate to the physical sensations of the body in which signals are sensed from the body (Mendrek, 2024). Such signals include, but are not limited to heartbeat, breath, hunger (Mendrek, 2024), reflexes, urges, feelings, drives, adaptive responses, and cognitive and emotional processing (Khalsa et al., 2018). Interoception is closely linked to the self and survival because the brain is constantly monitoring the body to attempt homeostatic regulation (Khalsa et al., 2018). Interoceptors provide us with a sense of what our organs are feeling (Mendrek, 2024), which helps us understand what is happening in the present moment (Khalsa et al., 2018).

Proprioception and exteroception were also brought up by Mendrek (2024), proprioception being described as the sense of self as one's body in space. Proprioception is also described as the information that comes up from body position and movement (Riquelme et al., 2024). It helps to create a conscious awareness of our body's postures and movements (Mendrek, 2024), and it relates to processing and regulating somatic states that contribute to the formation of emotional experience (Riquelme et al., 2024). An example of this phenomenon is that frowning creates proprioceptive signals from the facial muscles and effects a person's emotion (Riquelme et al., 2024). Proprioception is essential for developing socioemotional processes (Riquelme et al., 2024).

Lastly, exteroception is defined as a sense of interaction with the world (Mendrek, 2024), also thought to be the sensing of external stimuli through the five senses (Malchiodi, 2020). This involves our experiences through touch and our skin, such as sensations of contact, pressure, stroking, motion, vibration, temperature, and pain via receptors on the skin (Mendrek, 2024). Based on a study by Löffler et al. (2024), exteroception seems to help us feel a sense of connection to our bodies, thus facilitating self-awareness. Exteroception is also considered to be

a large part of expressive arts because both exteroception and artistic expression involve the senses (Malchiodi, 2020).

Importantly, improper functioning of interoception, proprioception, and exteroception can cause concerns. A halt in interoception may lead to mental health struggles, such as mood disorders (Khalsa et al., 2018), alexithemia, or a loss of self-awareness (van der Kolk, 2014). Dysfunction in proprioception is associated with a lack of emotional knowledge (Riquelme et al., 2024), and an altered processing of exteroception can lead to dissociation, as dissociation has a physical component of feeling detached from one's body (Löffler et al., 2024). Mendrek (2024) also noted that supressing these three somatosensations and movement can lead to depression. However, she also suggested that returning to the body, recreating these three patterns, and understanding one's feelings can support folks who are struggling (Mendrek, 2024).

Dance Movement Therapy Methods

Describing Possible Interventions

In an attempt to return clients to their bodies and utilize interoceptive, exteroceptive, and/or proprioceptive mechanics, counsellors can pull from a variety of dance movement therapy interventions. The following section lists various dance movement therapy methods that I came across in my research, although I wish to emphasize to the counsellors reading this that the intention behind some of these interventions is not explained. These interventions serve as initial tools to inspire ideas. They help counsellors understand the kinds of techniques that can be brought into sessions. In my studies as a counsellor, I have learned the importance of intentionality behind the work brought into sessions, and I urge that any dance movement therapy interventions drawn from this review be used in sessions mindfully.

Possible interventions include creative and expressive dance movement, role-playing, gross and perceptual motor activity, and a blend of improvised and structured movement exercises (Shuper-Engelhard & Vulcan, 2022). Possible intervention elements could be participant-led improvisation, exploring shared rhythm, storytelling, meaning making, and predictable session structures (Christopher et al, 2024). Dance movement therapy strategies can also be combined with other therapeutic strategies, such as psychodrama or art (Mendrek, 2024). Damian Cade described the use of play in dance movement therapy as exaggerating movements, such as scowling more deeply or pointing more forcefully, if this reflects the client's natural expression (Visnevskyte, 2024).

Multiple authors also suggest prop use as a strategy. In adults, props can facilitate sensory exposure and identification to support them with becoming familiar with sensory experiences inside and outside of their body (Christopher et al, 2024). Prop use, therefore, could help adults recognize sensory cues of dysregulation (Christopher et al, 2024). A study on children noted that prop use, like scarves, ropes, balls, or pillows, could support creative expression and offer sensory stimulation that increases their movement quality (Shuper-Engelhard & Vulcan, 2022). Props can also create a new and more complex experience of the self as well as facilitate group process expression, and they can be used creatively to make connections with others without making physical contact (such as by holding scarves) (Shuper-Engelhard & Vulcan, 2022). Additionally, props can support children by helping them externalize their emotions through movement, thus processing their experiences in a less threatening way (Shuper-Engelhard & Vulcan, 2022).

Interventions specifically for Children

Building on the earlier discussion of prop use, Lea Comte (2020) emphasized in a TEDx talk that dance movement therapy supports children's mental health through embodied, nonverbal communication. The example she provides is observing a child's body change between regulated and dysregulated states, and she explains that a child's big reaction is due to the body feeling threatened and automatically defending itself. With that in mind, children sometimes need help with regulation, and counsellors can use dance movement therapy to communicate the state of their bodies (Lea Comte, 2020). For instance, the dance movement therapist can communicate safety through facial expressions, gestures, voice tone, or posture, and can use coregulation tools like breath, sound, movement, affect, and touch (Lea Comte, 2020).

Other articles suggest that, with children, dance movement therapy typically takes place with movement and play, and not through verbal discourse or traditional talk therapy (Shuper-Engelhard & Vulcan, 2022). It is also important to allow children to move as they please without expecting a move that is "correct" (Shuper-Engelhard & Vulcan, 2022). Dance movement therapy can involve references to movements, feelings, emotions, and spontaneous emotional experiences, as well as structured guided activities, and prop use (Shuper-Engelhard & Vulcan, 2022). Additional options include addressing a child's facial expressions, muscle tension, body positions, breath, or vocal sounds (Nardi et al., 2023), or practicing comfort touch, mirroring, kinesphere, kinaesthetic empathy, attunement, and movement improvisation (Sengupta & Banerjee, 2020).

Dance movement therapy groups with children require consistent, standardized, and predictable session structures to allow the children to engage in movement and personal exploration processes via feeling a sense of security and trust in the therapist (Shuper-Engelhard

& Vulcan, 2022). Takahashi et al. (2020) demonstrate this by starting a group session with warmups and group activities that explain the therapeutic interventions, and by using music of the children's choosing and encouraging authentic movement during interventions. They explain that this encouragement can connect individuals to self-awareness and change (Takahashi et al., 2020).

Tying Together the Literature

This literature review examined dance movement therapy across diverse populations with an emphasis on children due to their unique applicability to dance movement therapy. Furthermore, the information in this literature review was provided to help individuals working in the mental health field, particularly child and youth counsellors, better understand that integrating dance movement therapeutic strategies could be beneficial for their clients. The hope is that this knowledge will help counsellors feel comfortable bringing dance movement therapy interventions into their therapeutic practice, especially if the counsellor has not yet received formal training in dance movement therapy.

It is apparent that interoception, exteroception, and proprioception could be activated in the body to help clients understand their current physical and emotional states (Mendrek, 2024), and this could be accomplished with dance movement therapy. Some of the interventions that were discussed as beneficial for children were prop use (Shuper-Engelhard & Vulcan, 2022), therapeutic safety, coregulation, addressing the child's physiological state (Nardi et al., 2023; Lea Comte, 2020), and encouragement of movement authenticity, which can also extend to group interventions (Takahashi et al., 2020). In summary, this literature review provides foundational insight and practice strategies to support the application of dance movement therapy in client centered, trauma-informed practice.

Chapter 3: Explaining the How-To Guide

As previously stated, the hope is that this project acts as a steppingstone for counsellors before trained in dance movement therapy. The project is named "Dance Movement Therapy: A How-To Guide for Counsellors Seeking Interventions for Children and Youth," and it is written as a beginner's manual. It states the purpose and intended audience of the guide, and it introduces dance movement therapy with a three-step system that I recommend counsellors use before bringing specific interventions into counselling sessions. Interventions are listed and described, which are first categorized as those that can be used to build safety:

- Mirroring,
- Expressive Free Flow,
- Guided Meditation,
- Isolated Body Parts,
- Body Attunement and Regulation, and
- Prop Use (Scarf Connection)

A second category includes those that can connect people to their bodies on a deeper level:

- Dance Visualization,
- Listening to my Body: A Children's Story,
- Follow-the-Leader Walking,
- Lifesize Body Mapping (Combined with Stress in the Body),
- Anger Pain Body,
- Emotional Exaggeration,
- Hero, Victim, Villian,
- Dancing with Stiff, Flowing Movements, and

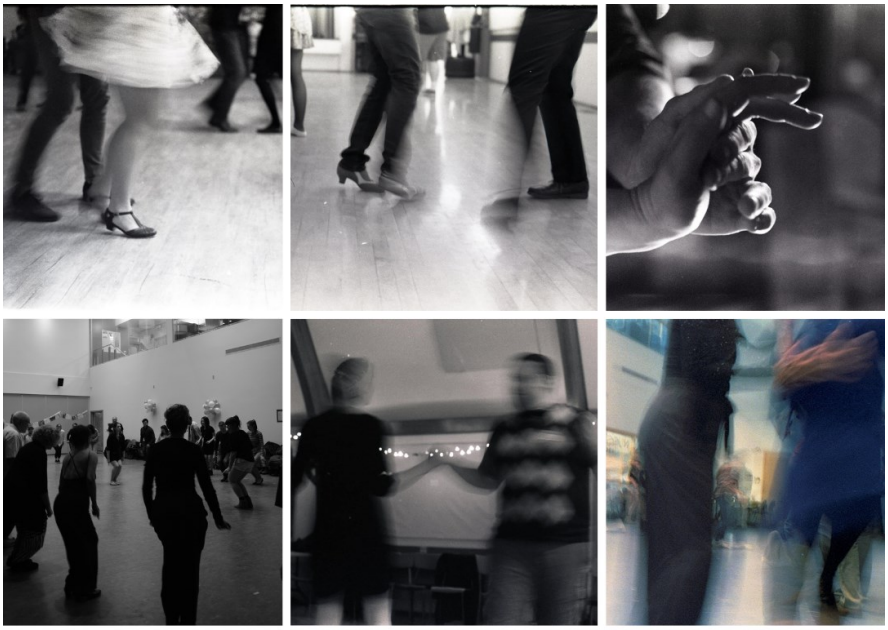
- Simon Says Moving Further Away and Closer Together.

The how-to guide finishes with explaining that there is no accreditation body in Canada for dance movement therapy, and it outlines how counsellors in Canada can further their education in dance movement therapy and become certified.

Chapter Four: The Project

Dance Movement Therapy: A How-To Guide for Counsellors Seeking Interventions for Children and Youth

Written by Naomi Woolverton



This guide is dedicated to those who want to heal from the past, and to those who do so with art. Let this be a step towards normalizing art-based approaches in the therapeutic world.

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What is this?

This how-to guide is meant to act as a manual for educating counsellors about the potential actions they can take to practice dance movement therapy. As you read this, please keep in mind that there is no right or wrong to the methods you bring into counselling. Let this be a tool that helps you understand more about dance movement therapy. I also recommend that you let the information mold around your uniqueness. I have learned in my counselling education that who you are as a person and the therapeutic relationship comes before any interventions or theory that is brought to sessions, so please allow room for the information in this guide to weave through the nuances that make up who you are.

Furthermore, this how-to guide will address the following questions:

What is dance movement therapy?

As a child and youth counsellor, why should I consider using dance movement therapy in my practice?

How can I implement dance movement therapy into my therapeutic practice?

Where can I get additional dance movement therapy training in Canada?

Who is this for?

This guide is written for counsellors, specifically child and youth counsellors who want to learn more about dance movement therapy and have not yet taken formal training on the topic. It is ideal for those who have little to no understanding about dance movement therapy, as it will

touch on basic explanations and provide intervention resources. It will also list where to get formal education for those who want to continue learning.

What is this for?

The information in this guide focuses on counselling with children and youth. Although dance movement therapy has been shown in research to benefit adults, children benefit from it uniquely because they are still developing their verbal language. For instance, in their preschool years, children go from expressing simple meanings in two words to abstract content in multiword sentences, and they use a variety of communicative behaviours (Gleason & Ratner, 2016). They acquire structural language in early school years, and their communicative behaviours become more sophisticated with age (Gleason & Ratner, 2016). Relying on a child's language is not the most effective strategy for communicating with them, and traditional talk-therapy approaches are less beneficial to children and youth compared to creative arts techniques (although talk should not be completely ignored). As I have been working with children and youth, I have been learning that their language is more aligned with play and creative arts, such as play therapy among children or music therapy among teens. When we consider dance as art and play, it opens more doors to connection.

Tips and Tricks

Remember that clients who have experienced past trauma can be supported by their counsellors using multiple and different artistic techniques (Malchiodi, 2020). With this in mind, don't be afraid to get creative, try new things, and practice incorporating various therapeutic techniques.

Disclaimer...

Regardless of the client's age, I urge you to let your creativity flow as you adapt the

interventions in this guide to the client in front of you. Many of the interventions that will be listed could be used with adults even though the guide focuses on dance movement therapy with children. If you use these interventions across ages, something to be mindful of is that children and adults process talk differently. It is recommended that the interventions are spoken about to adults and processed after a dance movement therapeutic technique is done, as this can bring what was done into an adult's conscious awareness (Visnevskyte, 2024). With children, language is not often possible during counselling due to the speech areas of the brain not yet being fully developed (Malchiodi, 2020), as previously explained. Remember that every client has unique needs and communication styles, and these dance movement therapy interventions may resonate with some people but not others.

Interventions at a Glance

Mirroring

Expressive Free Flow

Guided Meditation

Isolated Body Parts

Body Attunement and Regulation

Prop Use (Scarf Connection)

Dance Visualization

Listening to my Body: A Children's Story

Follow-the-Leader Walking

Lifesize Body Mapping (Combined with Stress in the Body)

Anger Pain Body

Emotion Exaggeration

Hero, Victim, Villian

Dancing with Stiff and Flowing Movements

Simon Says moving Further Away and Closer Together

Note that these will be divided among two sections: building safety and grounding (exteroception and proprioception) and understanding the inner world (interoception).

The First Steps to Practicing Dance Movement Therapy

Step one to practicing dance movement therapy is to establish therapeutic safety.

While completing my Master's of Education in Counselling, an emphasis was placed on building safety with clients. There may be times when the client's body is not ready to take on deep realizations, as the body may be triggered into experiencing past traumatic events. When we apply this to dance movement therapy, it is important to consider that observing the sensations of the body can sometimes take people back to their body's response during a previously experienced traumatic event (Visnevskyte, 2024). This is because some sensorimotor therapeutic activities can activate the right hemisphere of the brain, which is where traumatic memories are often stored via memories of sounds, smells, and tactile and visual experiences (Malchiodi, 2020).

As a counsellor starting to practice dance movement therapy, know that safety can be developed with children by creating a reliable, consistent environment, developing the therapeutic relationship, and helping the client regulate. This is especially important if the child has experienced past trauma, which you can attune to by learning more about attachment styles and trauma responses (although I will not be explaining this in more detail, I would suggest

learning about working from a trauma-informed lens – a potential starting point would be to study the effects of adverse childhood experiences [ACEs]). At this step, it is advised that you take a reparative approach to counselling rather than exploratory, and work with the child's brain plasticity by helping them find ways to feel safe (L. O'Neill, personal communication, September 14, 2023). This guide will later list different dance movement therapy strategies that can help clients reconnect to their bodies through grounding, and these grounding activities could be used during this stage to reinforce safety.

Step two to practicing dance movement therapy is considering if dance movement therapy strategies are a fit for you and the client.

After you have developed a safe therapeutic relationship, you can use your creativity to bring in the therapeutic strategies that work for you and the client. You may pull from various theories and psychoeducation tools, and you can sometimes even use more than one. I have noticed while making this handbook that dance movement therapy interventions often seem to combine other strategies using an integrative approach to counselling. However, I have learned in my university education that it is important to stay true to who you are when you use a specific strategy while also remembering that the client's needs may not be fully supported by a particular strategy.

Before bringing dance movement therapy into the therapeutic sessions, ask yourself if

Tips and Tricks

Counsellors who are new to creative arts therapies can try creative arts therapy techniques by learning some simple techniques, watching others lead group exercises, then trying to lead the exercises. It is important to remember that people learn by doing (Winerman, 2005).

this would be the best thing to do moving forward. When one of my professors inquired about how we show up to counselling, she offered the following questions that I now encourage you to ask yourself:

- What are your assumptions about human nature?
- What are your roles as a counsellor?
- What is your process of change?
- What are your interventions for change?

(L. O'Neill, personal communication, February 24, 2025).

The way you answer these questions may help you understand if dance and movement interventions currently work with your theoretical framework. If you find that they do, I encourage you to think about the client in front of you and ask yourself if body and movement interventions are the most appropriate tool for them at this time.

> *Step three to practicing dance movement therapy is learning about it.*

The American Dance Therapy Association (2020) is a helpful resource that explains that dance movement therapy relies on the following premises to guide their work:

- Movement is our first language, as nonverbal and movement communication begins in utero and continues throughout life. Dance movement therapists use nonverbal and verbal communication in therapy, as both concepts are important.
- The mind, body, and spirit are connected, and dance movement therapy interventions address emotional, social, physical, and cognitive integration of the client.

- Dance movement therapists look at movement through the lens of movement being functional, communicative, developmental, and expressive.
- Movement is an assessment tool, as well as a primary mode of intervention.

Dance movement therapists also assess both their clients and their own movements and use verbal and nonverbal communication to create and implement interventions.

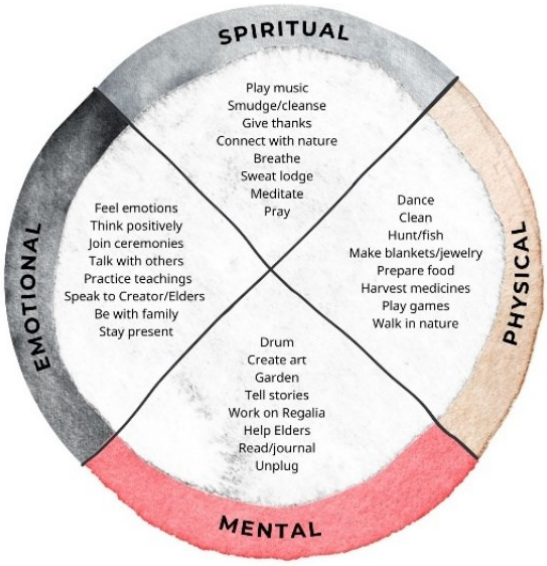
> *The American Dance Therapy Association (2020) defines dance movement therapy as "the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual, for the purpose of improving health and well-being" (para. 1).*

Tips and Tricks

In dance movement therapy, clients are encouraged to do any movements that come to them from their inner resources – there are no prescribed movements (American Dance Therapy Association, 2016).

Dance Movement Therapy Explained

Dance movement therapy can be an emotionally and physically restorative approach. It is a type of creative arts therapy and somatic therapy, thus includes dance-, movement-, and body-based activities, such as yoga (Malchiodi, 2020; van der Kolk, 2014). It is also a holistic approach to healing, connecting the mind, body, and spirit (American Dance Therapy Association, 2020).



This image was taken from the Indian Residential School Survivors Society's website, which explains that there are some examples of coping strategies within the categories of the medicine wheel in this image, but each person's uniqueness will determine which category a coping strategy will fall into, thus each person's wheel is different (Indian Residential School Survivors Society, 2025).

I chose to include this picture in this guide because it is important to think about what it means to use a holistic approach, as it pulls from Indigenous knowledge. As a white, middle-class female with a western heritage, I know that I still have a lot to learn about bringing the medicine wheel into my counselling work and guiding my sessions with a holistic approach. With that, I encourage you to humbly acknowledge how you currently bring this knowledge into your work and to follow the lead of the client when it comes to identifying their categories of wellness. I have learned that knowledge can be passed down through Elders and knowledge keepers, and that building connections with them and attending cultural events can be a starting point for your learning. Respectfully immersing yourself in culture is a wonderful way to learn, and I recommend that you do this to better understand how to bring a holistic approach to your dance movement therapy.

The Inner World

Have you ever experienced art, whether it be dance or some other form, where you were

left feeling something that you cannot easily put into words? It is commonly reported that people "feel moved" from art, like when watching a dance, and a goal of trauma-informed expressive arts therapy is to help clients identify and express these experiences to reduce stress over time (Malchiodi, 2020). Such experiences can be explained as proprioceptive, interoceptive, and exteroceptive.

Proprioception: The sense of self as a body in space (Mendrek, 2024) and the information that comes up from body position and movement (Riquelme et al., 2024). A conscious awareness of our body's postures and movements is created (Mendrek, 2024), and the processing and regulation of somatic states that create emotion are supported (Riquelme et al., 2024).

Exteroception: The sensing of external stimuli thought the five senses (Malchiodi, 2020), often involving experiences through touch and our skin, such as sensations of contact, pressure, stroking, motion, vibration, temperature, and pain via receptors on the skin (Mendrek, 2024). It supports our connection to the body, which impacts self-awareness (Löffler et al., 2024).

Interoception: What we feel (signals sensed from the body) that relate to the physical sensation of the body, such as heartbeat, breath, hunger (Mendrek, 2024), reflexes, urges, drives, adaptive responses, and cognitive and emotional processing (Khalsa et al., 2018). It is closely linked to the self and survival and helps us understand what is happening in the present moment (Khalsa et al., 2018).

When people lose a sense of these three somatosensations, which can happen from suppressing movement, their health may be affected (Mendrek, 2024). For example:

- a lack of interoception can lead to mood disorders (Khalsa et al., 2018), alexithemia, or a loss of self-awareness (van der Kolk, 2014),
- a lack of proprioception is correlated with a lack of emotional knowledge (Riquelme et al., 2024), and

- a lack of exteroception can lead to dissociation (Löffler et al., 2024).

Therefore, it is important that we return to the body. Strengthening interoception, proprioception, and exteroception can support us through hard times by helping us understand our feelings (Mendrek, 2024). We can do this with dance movement therapy. Disconnecting from our bodies blocks our awareness of what it needs, thus we have a more difficult time taking care of it and truly knowing our bodies and ourselves (van der Kolk, 2014). Our abilities to perceive visceral sensations impact our levels of emotional awareness (van der Kolk, 2014).

Importantly... Interoceptive practices can be unsafe for some people who have experienced past trauma, as it returns them to their body's experiences during the traumatic event (Visnevskyte, 2024). This is why the therapeutic journey starts by helping our clients develop grounding strategies (Visnevskyte, 2024), as this would give them tools to pull themselves out of traumatic memories if their bodies remember and relive those experiences.

Interventions

Some of the interventions that will be described in this section can create deep connections to the body, but remember that some clients' bodies may be holding onto traumatic experiences. As previously explained, it is important that earlier sessions build safety and regulation strategies (Step One described above). In later sessions when a client's trauma is being explored, I recommend returning to Step One if the client exhibits signs of distress or cannot achieve a regulated state. For working in a trauma-informed way, the following interventions are split into two sections: exteroception and proprioception strategies for grounding, and interoception strategies for connecting to the body. Although this guide discusses the helpfulness

of connecting to the body, I urge you to move slowly with your client and prioritize their safety in the room. I also recommend that you first try these interventions on yourself instead of your clients to learn about their effects.

Exteroception and Proprioception Strategies for Grounding

Intervention 1: Mirroring

Mirroring involves two people standing face-to-face, and one person copies the other person's movements as if they were the person's reflection in a mirror. The intention is to switch roles as you do this, giving each person a turn to control the movements being made. This can be done in a group, between client and counsellor, or between client and the client's family members.

> *Intention:* This exercise breaks up the other person's movements, and it leads them to do things that they may not normally do. An example is opening their posture. It also forms connection without physical touch.
>
> *Somatosensation:* Proprioception and Exteroception.
>
> *Tools Needed:* A large enough space to move creatively.
>
> *Estimated Time:* Ten minutes.

(D. Cade, personal communication, February 23, 2025).

Intervention 2: Expressive Free Flow

Expressive free flow involves drawing on butcher block paper using large arm movements. The paper can be on the ground, a table, or taped to the wall, and the client can have the choice of which colour to draw with. The counsellor encourages the client to draw multiple circles and to switch arms after a short period of time.

> *Intention:* To move the body in ways it may not typically move, and to become

expressive with movement.

Somatosensation: Proprioception.

Tools Needed: Bucher paper, coloured markers (or other writing utensils), and tape (if the paper is put up on the wall).

Estimated Time: Ten minutes.

(Guzman, 2020).

Intervention 3: Guided Meditation

This intervention involves a guided meditation being read out loud by someone or played off a recorded audio or video (consider https://leahguzman.com/centering-meditation as an option). The client would sit or lie down in a comfortable spot where they feel safe, then follow along with the meditation guide. Additional breaths can be taken before or after the guided meditation, and clients are encouraged to stay in their comfortable spot for as long as they need to at the end. This can be repeated as many times as desired.

Intention: This exercise teaches meditation and relaxation tools, and it slows the brain. It attunes the client to the present moment and reconnects them to their body and their senses.

Somatosensation: Exteroception and/or Proprioception (depending on the information that the meditation leads the client through).

Tools Needed: A quiet space, a comfortable object to sit or lie on (maybe a matt, pillow, or chair), and a phone, computer, or other electronic device to play the recording.

Estimated Time: Five to thirty minutes (this may vary depending on the length of the meditation chosen).

(Guzman, 2020).

Intervention 4: Isolated Body Parts

The counsellor would guide the client in either a sitting or standing position to move different body parts, but only one at a time. The client is encouraged to find a comfortable position in stillness, then they are told to wiggle body parts from the bottom of their bodies upwards. They start with their toes, then move to their feet, calves, knees, and further up their body. Eventually they go to their face, and scalp. Moving some body parts, like the scalp, may be difficult, so clients can massage them with their hands. They can also end with taking a final breath and returning their awareness to the room.

Intention: Bringing their attention to the body, grounding, and attuning to posture.

Somatosensation: Proprioception.

Tools Needed: A quiet space, and a comfortable object to sit or lie on (maybe a matt, pillow, or chair).

Estimated Time: Five minutes.

(Mendrek, 2024).

Intervention 5: Body Attunement and Regulation

When a client is dysregulated, the counsellor communicates safety through multisensory tools, including breath, sound, movement, and affect. The counsellor may get to the client's level, bring their limbs into their body, and lower their eyesight. Once side-by-side, the counsellor takes a long, slow, deep breath before making an empathetic statement, such as "I saw you lost control. That must have been hard."

Intention: Co-regulating during stress, modeling safe communication, calming the nervous system, helping clients understand their emotions, and developing empathy and compassion.

Somatosensation: Exteroception.

Tools Needed: Just a patient and grounded counsellor.

Estimated Time: Unknown (varies across clients).

(Lea Comte, 2020).

Intervention 6: Prop Use (Scarf Connection)

This exercise can be completed with a child and caregiver, but the counsellor can take the caregiver's place in this intervention if the caregiver is not available. The client (child or youth) chooses their favourite music genre or song, as well as a prop, such as a scarf. The music is played, and the client and caregiver are encouraged to move freely to the music while trying to find ways to connect to each other through the prop.

Freeze Dance Variation: The counsellor occasionally turns off the music, and participants hold still until the music is turned on again.

Intention: Building connection without physical contact (Shuper-Engelhard & Vulcan, 2022), practicing mindfulness, and building caregiver and child attunement.

Somatosensation: Proprioception.

Tools Needed: A phone, computer, or other electronic device to play the music, prop options, and an open space.

Estimated Time: Five minutes.

Interoception Strategies for Connecting to the Body

Intervention 1: Dance Visualization

The client can visualize themselves dancing or moving in any way they want to, including ways that their body may not physically be able to. The client starts by thinking of an emotional word (for example, freedom), then they choose music that resonates with that word. They are then encouraged to get into a comfortable position and listen to the music with their eyes open or closed. This will depend on their comfort level. The client has the option to either a) visualize themselves dancing without guidelines, or b) come up with a movement and visualize themselves repeating this movement three times. After they visualize this, they are given the option to go to an open space and move through the same movements if their body, mind, and spirit allow it. Please note that imagination and visualization may be a difficult task for some people.

Intention: Altering mood, and attuning to the body during specific feelings.

Somatosensation: Interoception.

Tools Needed: An open space, and a phone, computer, or other electronic device to play the music.

Estimated Time: Twenty minutes.

(Mendrek, 2024).

Intervention 2: Listening to my Body: A Children's Story

Using bibliotherapy strategies, the counsellor reads the client the story *Listening to by Body* by Gabi Garcia. The book is written as a guide to help children understand the connection between sensations and feelings, and the counsellor is encouraged to engage the client in self-reflection during the reading. If the counsellor does not have access to the book, a guided reading can be

played from the following website:

https://www.google.com/search?q=listening+to+my+body&rlz=1C1CHBF_enCA1127CA1127&oq=listening+to+my+body&gs_lcrp=EgZjaHJvbWUqDwgAEAAYQxjjAhiABBiKBTIPCAAQABhDGOMCGIAEGIoFMgwIARAuGEMYgAQYigUyDAgCEAAYQxiABBiKBTIHCAMQABiABDIHCAQQABiABDIHCAUQABiABDIHCAYQABiABDIGCAcQRRg80gEINDc5M2owajeoAgCwAgA&sourceid=chrome&ie=UTF-8#fpstate=ive&vld=cid:0fcfb5af,vid:-B6Rik-TA-Q,st:0

Intention: Introducing body sensations during specific emotions, and self reflecting on body attunement and grounding strategies.

Somatosensation: Interoception.

Tools Needed: A phone, computer, or other electronic device to play the recording, the book *Listening to my Body* by Gabi Garcia, and a comfortable space (maybe a matt, pillow, or chair to sit or lie on).

Estimated Time: Ten minutes.

Intervention 3: Follow-the-Leader Walking

This may be done in a group setting, with family members, or between the client and counsellor. The counsellor encourages the client to partner with someone, and one person copies the other person's walk to their best ability. The person copying can then make deliberate decisions to change parts of their walk, such as posture. They then switch rolls, and the counsellor guides the participants through a discussion to processes the experience together. Questions to ask may include:

-What was that like for you?

-What was easy to notice in your own walk? What was less easy?

-After you made the changes to your walk, do you think your walk embodied an emotion? If so, what emotion?

-Did the changes in your walking make you feel a certain way?

Intention: Bringing unconscious observations to the surface, and body attunement.

Somatosensation: Interoception.

Tools Needed: An open space.

Estimated Time: Ten minutes.

(D. Cade, personal communication, February 23, 2025).

Intervention 4: Lifesize Body Mapping (Combined with Stress in the Body)

The counsellor encourages the client to choose a piece of butcher paper that is as long as their body. The client lies on the paper, and they trace their body onto the paper. The paper can then be taped to the wall with masking tape, or the client can work on the ground. The client draws illustrations on their body that outlines their feelings, thoughts, and energy.

Stress Variation: The counsellor can encourage the client to draw their depiction of stress in their body, including where it is held and what it is like for them. This may impact the shapes, shape sizes, and colours used.

Strength Variation: The counsellor can encourage the client to draw their depiction of strength in their body, including where it is held and what it is like for them. Lines and colours can be used to represent how they feel, and the counsellor can speak to them about celebrating these parts of the body.

Intention: Attuning to how the body feels at different moments and during various emotions, identifying feelings, and improving self-awareness and self-esteem.

Somatosensation: Interoception.

Tools Needed: Butcher paper, scotch tape, and drawing utensils.

Estimated Time: Thirty minutes.

(Guzman, 2020).

Intervention 5: Anger Pain Body

The body holds onto painful experiences when we do not let them go, and this can grow if the experiences are left unprocessed. For this exercise, the counsellor encourages the client to create a sculpture of the pain in the body that is manifested through anger. If the client has a difficult time doing this, the counsellor can guide them to create a figure that looks like a human. The counsellor then encourages the client to name their sculpture, and to give their anger the same. The next time the client feels angry, they can ground themselves and reflect on the following questions:

-How big was your painbody?

-Are you able to sense other people's painbodies now?

Intention: Separating anger from the body, and identifying anger and what it feels like in the body.

Somatosensation: Interoception.

Tools Needed: Clay, and sculpting tools.

Estimated Time: Twenty minutes.

(Guzman, 2020).

Intervention 6: Emotion Exaggeration

The counsellor supports the client with identifying an emotion or thought to attune to, which is then personified. For example, silliness could be identified as the class clown. The client is then encouraged to act out this persona and exaggerate its characteristics, thus making the persona

more visible to the client. Afterwards, the client and counsellor process the experience, and the counsellor encourages the client to identify associations between the body, emotions, and thoughts. When practiced consistently, the processing can move towards identifying when the client's chosen emotion or thought is taking over.

> *Intention:* Introducing body sensations during specific emotions and/or thoughts, self reflecting on body attunement, and introducing freedom in controlling emotional expression and thoughts.
>
> *Somatosensation:* Interoception.
>
> *Tools Needed:* An open space.
>
> *Estimated Time:* Twenty minutes.

(D. Cade, personal communication, February 23, 2025).

Intervention 7: Hero, Victim, Villian

The counsellor supports the client with processing a conflict, which begins by the counsellor helping the client identify their role during the conflict as a hero, victim, or villain (see Appendix A for details on roles, which were developed by Kathlyn and Gay Hendricks). This is done by the counsellor explaining these roles and how the roles interact with each other, then by the counsellor encouraging the client to act out each role. A discussion can then be had about which role the client resonates with the most. After choosing a role, the counsellor encourages the client to act out the conflict and exaggerate movements within their chosen role. The client processes what came up for them and how their body felt during the exaggeration.

Blame Variation: After the acting, the counsellor can lead a discussion about whether the client assigns blame or takes responsibility in the conflict. If the client understands that they assign

blame, they can act through the conflict again, this time trying to shift the blame.

Intention: Introducing body sensations during specific interactions, self reflecting on body attunement, bringing roles to the conscious awareness, and bringing blame in conflict into the conscious awareness.

Somatosensation: Interoception.

Tools Needed: An open space.

Estimated Time: Twenty minutes.

(D. Cade, personal communication, February 23, 2025).

Intervention 8: Dancing with Stiff and Flowing Movements

The counsellor encourages the client to choose a song to dance to. They, then, dance for one minute using short, rigid movements followed by one minute of dancing with long, flowing movements. After the dancing, the client processes how this felt, comparing the two types of movements.

Emotion Variation: The client chooses an emotion that they transfer onto their movements. After the movement, the counsellor and client process what came up for the client.

Intention: Introducing body sensations during specific emotions, and bringing body sensations to a conscious awareness.

Somatosensation: Interoception.

Tools Needed: A phone, computer, or other electronic device to play music, and an open space.

Estimated Time: Fifteen minutes.

(Mendrek, 2024).

Intervention 9: Simon Says Moving Further Away and Closer Together

This intervention can be done in a group, between client and counsellor, or between client and the client's family members. A game of Simon Says takes place where the client plays the "Simon" role and calls out various actions for other participants to do, focusing on the participants moving closer to or further away from them. "Simon" then switches roles with the other participants, and this process is repeated. After the game takes place, the counsellor helps the client and participants process what it was like to move close to or far away from each other. Specific body sensations can be discussed.

Attachment Variation: When working with a family, the processing can occur through a craft that the family members do together, such as a painting that portrays the Simon Says activity. This craft can be discussed with the counsellor after it is complete.

Internal Needs Variation: "Simon" attunes to their internal signals to identify their want for the participants to be closer to them or further away from them. They express these wants by calling a direction for the participants to move in. Afterwards, "Simon" can process with the participants what it was like to communicate their needs and have their needs met.

Intention: Understanding body sensation in reference to proximity, improving family connection, restructuring unhealthy attachment, and improving communication.

Somatosensation: Interoception.

Tools Needed: An open space.

Estimated Time: Twenty minutes.

(D. Cade, personal communication, February 23, 2025).

Where to get trained?

Canada does not currently have a formal accreditation body for dance movement therapy, but the Dance Movement Therapy Association in Canada aims to work towards this. At this time, you can find foundational learning experiences in dance movement therapy by:

a) Studying abroad, or

b) Pursuing an alternative option within Canada, which follow accreditation from the American Dance Therapy Association or the Association for Dance Movement Psychotherapy UK (Dance Movement Therapy Association in Canada, n.d.).

If you are interested in becoming certified, it is suggested that you look at the Dance Movement Therapy Association in Canada website and read about accreditation and certification. A starting point can be reviewing their DMT Certification Handbook (See Appendix B).

The following resources are meant to increase your knowledge about dance movement therapy and how to bring it into your work as a counsellor, but it is important to know that they may not lead to certifications in dance movement therapy.

Canadian Programs:

- The Movement Arc: Dance Therapy and Somatic Education Centre

  Website: https://themovementarc.com/programs/expressive-movement-facilitator-certificate-1-year/

  Location: British Columbia

  Current Programs: Weekend courses every four to eight weeks and five to ten-day intensives over the summer.

- National Centre for Dance Therapy

Website: https://grandsballets.com/en/national-centre-for-dance-therapy/

Location: Montreal, Quebec

Current Programs: A 405-hour Alternate Route program over three summers with a three-week intensive each summer.

(Dance Movement Therapy Association in Canada, n.d.).

Undergraduate Options:

- Bishop University

  Course Title: PSY 322 – Dance/Movement Therapy

  A three-credit program.

- University of Alberta

  Course Title: CATS 385 – Introduction to Dance Movement Therapy

  A three-credit program.

- University of Guelph

  Program Title: Bachelor of Creative Arts, Health and Wellness

  A four-year program.

About the Author

My name is Naomi, and I have a deep history of movement and dance, having been involved in artistic swimming for 16 years and Lindy hop more recently over the last eight years. Through these experiences, I have seen communities build, created relationships that I hold dearly to my heart, and connected to myself in unique ways. I have learned that movement, whether big or small, is a gift that allows me to feel my best and live presently, and I want to share this feeling with you. My hope is that this guidebook and my future work as a counsellor will help me do this and help you all use dance and movement more therapeutically. Moving creatively to music helps me feel indescribable things, but when I do try to describe it I find myself returning to the word "magical." So with that, my final word to you is that I hope you find your own ways to bring some magic into the world, and I wish you all the best on your dance and movement journeys.

Note: The website links in the Interventions section and the Canadian Programs section were active as of April 11, 2025. Check program websites for the most current information.

References used in this Guidebook

American Dance Therapy Association. (2016, July 25). *An introduction to dance/movement therapy* [Video]. YouTube. https://www.youtube.com/watch?v=mhoEjbvIEw8

American Dance Therapy Association. (2020). *What is dance/movement therapy?* Retrieved February 2, 2025 from https://adta.memberclicks.net/what-is-dancemovement-therapy

Dance Movement Therapy Association of Canada. (n.d.). *How to become a dance/movement therapist?* Retrieved March 27, 2025 from https://www.dmtac.org/copy-of-become-a-dmt

Gleason, J. B. & Ratner, N. B. (2016). *The Development of Language* (9th ed.). Pearson.

Guzman, L. (2020). *Essential art therapy exercises: Effective techniques to manage anxiety, depression, and PTSD.* Rockridge Press.

Indian Residential School Survivors Society. (2025). *Acknowledging the weight of September.* https://www.irsss.ca/news-and-stories/selfcare-medicinewheel

Khalsa, S. S., Adolphs, R., Cameron, O. G., Critchley, H. D., Davenport, P. W., Feinstein, J. S., Feusner, J. D., Garfinkel, S. N., Lane, R. D., Mehling, W. E., Meuret, A.E., Nemeroff, C. B., Oppenheimer, S., Petzschner, F. H., Pollatos, O., Rhudy, J. L., Schramm, L. P., Simmons, W. K., Stein, M. B., ... Hechler, T. (2018). Interoception and mental health: A roadmap. *Biological Psychiatry. Cognitive Neuroscience and Neuroimaging*, *3*(6), 501–513. https://doi.org/10.1016/j.bpsc.2017.12.004

Löffler, A., Kleinböhl, D., Gescher, D. M., Panizza, A., & Bekrater-Bodmann, R. (2024). Exteroception and the perceived (dis)connection of the body and the self: Implications for the understanding of dissociative self-experiences in borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment.* https://dx.doi.org/10.1037/per0000670

Malchiodi, C.A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process.* The Guilford Press.

Mendrek, A. (2024, May 29). T*ransformation & healing through dance and dance movement therapy (DMT)* [Online Workshop]. Exploring Dance as Therapy, Mental Health Estrie, Bishop's University, Canada.

Riquelme, I., Hatem, S.M., Sabater-Gárriz, Á, Martín-Jiménez, E., & Montoya, P. (2024). Proprioception, emotion and social responsiveness in children with developmental disorders: An exploratory study in autism spectrum disorder, cerebral palsy and different neurodevelopmental situations. *Children (Basil), 11*(6), 719. https://doi.org/10.3390/children11060719

Shuper-Engelhard, E. & Vulcan, M. (2022). Dance movement therapy with children: Practical aspects of remote group work. *Children (Basil), 9*(6). 10.3390/children9060870

TEDx Talks. (2020, December 10). *Communication through movement therapy/Lea Comte/TEDxSouthCongress* [Video]. YouTube. https://www.youtube.com/watch?v=S7P0LE4q5JM

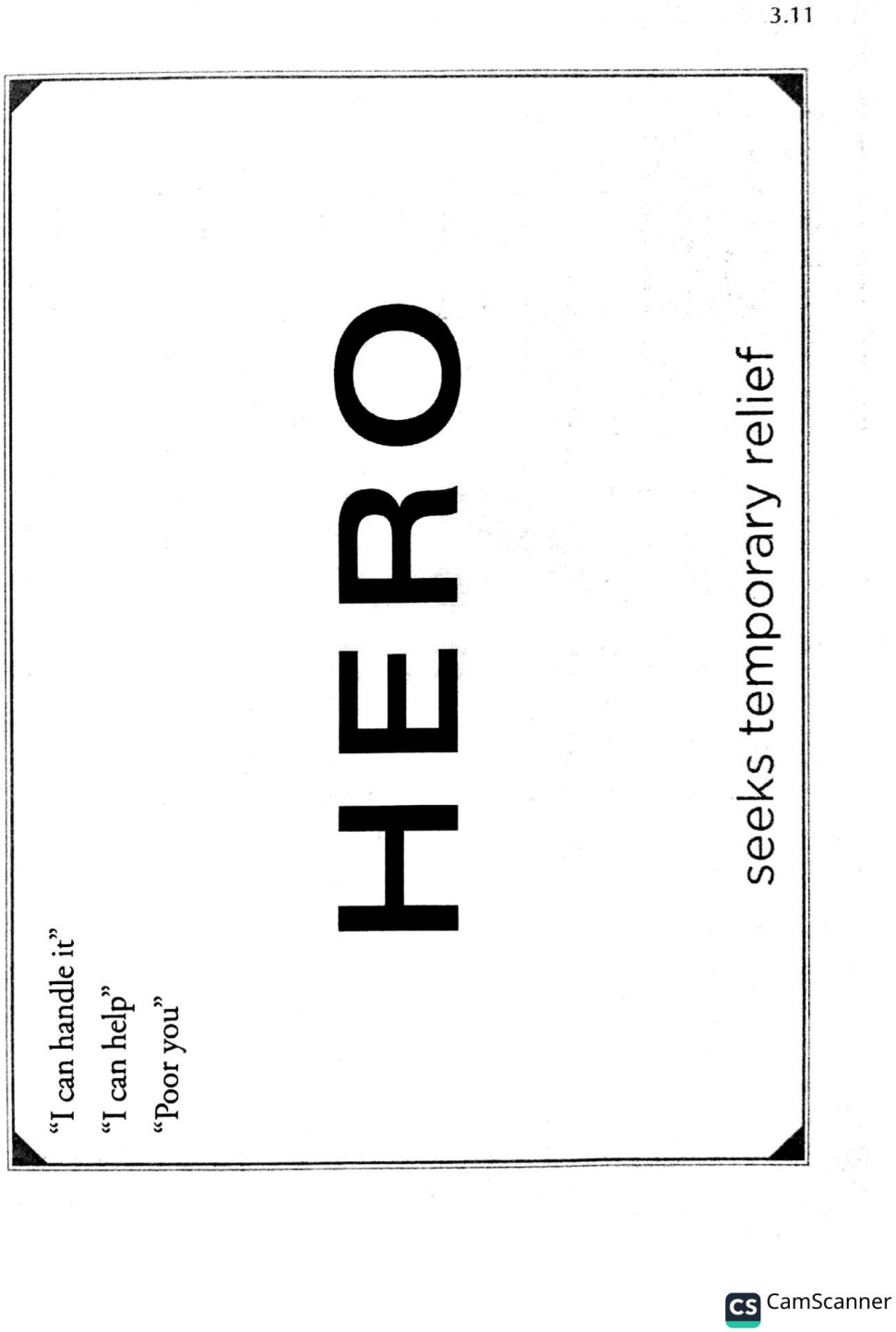
van der Kolk (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Penguin Books.

Visnevskyte, E. (Host). (2024, January 30). Damian Cade (No. 35) [Audio podcast episode]. In *What a jazz podcast.* https://open.spotify.com/episode/5mZVxxRd8X81GdExRP7LU0

Winerman, L. (2005). Express yourself! *American Psychology Association.* Retrieved on December 3, 2023 from https://www.apa.org/monitor/feb05/express

Appendix A in this Guidebook

(K. Hendricks & G. Hendricks, n.d.)



3.12

▼ HERO

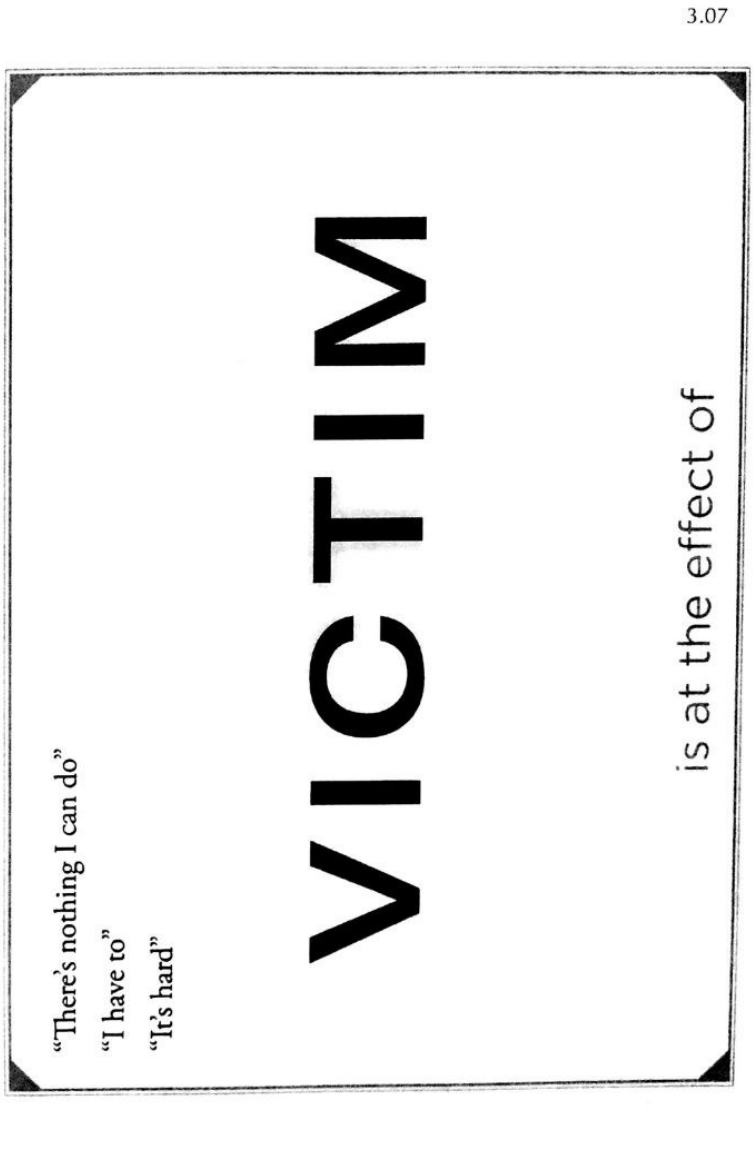
seeks temporary relief

The hero position, like the victim, looks outside itself for sources of suffering. But rather than feel helpless, it assumes that it is able to control or change the situation. Thus, the hero reacts to pain by finding temporary ways to make it go away. You will know if you are in the hero position if you are acting with expectations of a reward: that you or others, because of your deeds, will "feel better." The hero plays out its role by applying a "solution" to "the problem," in order to avoid feelings of pain or discomfort.

Seeks out:
appreciation
problems to fix
people to save
pain to be relieved
conflicts to be resolved

FAVORITE WAYS TO DRIFT FROM PRESENCE
Indulging in Food & Drugs
Cleaning/Organizing
Caretaking
TV/Internet
Daydreaming
Looking Interested
Doing It Right
Procrastinating
Withdrawing
Figuring It Out
Rising Above It

Persona	What it says	What it requires
Protector	"I'll keep you from harm"	Powerless victim
Peacemaker	"Let's all get along"	People in conflict
Energizer Bunny	"I'll do it"	People who pass the buck
Flatterer	"You're great"	People who don't value themselves
Firefighter	"I'll make it all better"	Emergencies
Cheerleader	"You can do it"	People who lack confidence
Peter Pan	"Let's have fun"	Stressful conditions
Analyzer	"I can figure it out"	Complex problems
Supercompetent	"I can do anything"	Incompetent people
Multitasker	"I can do it all right now"	Sense of urgency or busyness
Good Listener	"I understand"	People with a story to tell
Provider	"I'll support you"	People who want more
Withdrawer	"I need space"	People who need you
Good Parent	"I'll be there for you"	Children needing attention/support
Nice Guy	"I am kind and caring"	Critical, aggressive people
↑	↑	↑
Are any of these ways you get appreciated?	Do you hear yourself saying any of these?	Are you complaining about any of these?


3.07
VICTIM
is at the effect of
"There's nothing I can do"
"I have to"
"It's hard"

VICTIM

The victim position, like the villain, is an attempt to avoid creative responsibility. It does so by veiling awareness of one's personal power, and in doing so, greatly diminishes it. You will know if you are in the victim position if you are feeling either overwhelmed or powerless. The victim plays out its role by a declaration of pain and suffering, as well as defeat. Once in this role, the victim is able to feel special, as its waits for someone else to fix the problem.

Seeks out:
help
security
people who want to rescue
pain and suffering
overwhelming problems

FAVORITE WAYS TO DRIFT FROM PRESENCE
Being Misunderstood
Feeling Overwhelmed
Getting Sick
Being Confused
Waiting
Whining
Trying Hard
Getting Distracted
Being Disorganized
Getting Embarrassed
Worrying

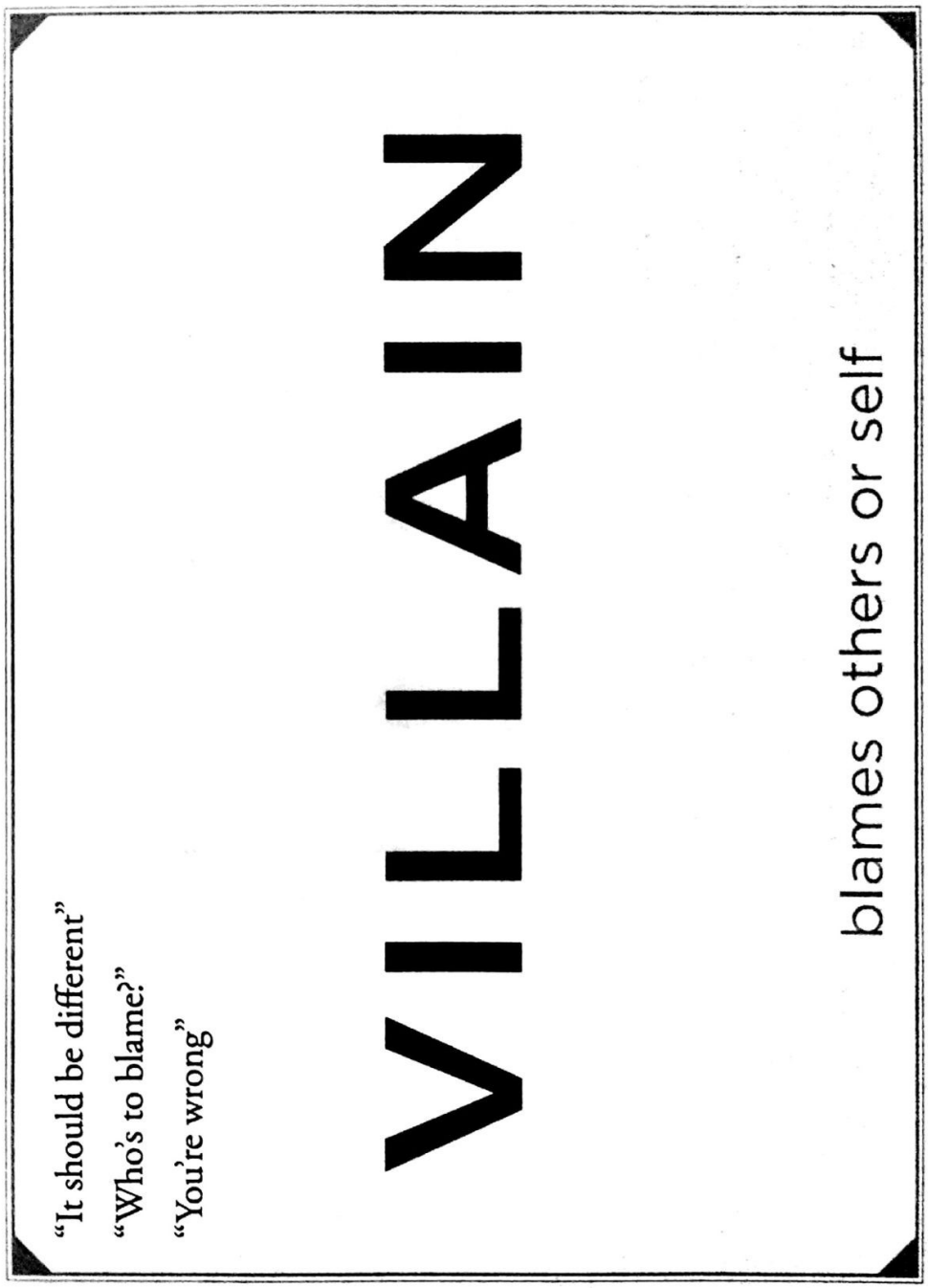
Persona	What it says	What it requires
Complainer	"Why is it this way?"	Any problem
Worry Wart	"This could be a problem"	Careless people
Unappreciated Genius	"You don't see my value"	People who don't look deeply
Hypochondriac	"Help, I don't feel good"	Illness
Overworked	"I'm tired"	Many responsibilities at once
Martyr	"I have to sacrifice myself"	People who aren't engaged
Resigned	"I don't have a choice"	External authority
Overwhelmed	"There's not enough time"	People who are counting on you
Misunderstood	"You don't know my pain"	Bad listeners
The Needy One	"I can't do it"	Supercompetent people
Whiner	"It's not fair"	Injustice
Depressed	"I can't get out of this"	Cheerleaders
Dummy	"I don't know how"	Critic
The Reliable One	"I can't have any fun"	People who do whatever they want
Lynchpin	"It's all put on me"	Being held overly responsible

What styles do you use to justify your position?

Do you hear yourself saying any of these?

Are you complaining about any of these?

3.09



▼ VILLAIN

blames self and others

3.10

The villain position attempts to diminish creative awareness by focusing on a single, convenient answer. Often, the answer is to find and blame a scapegoat. Whether the blame is placed on others or itself, what is important to the villain is that it gets to decide. You will know you are in the villain position if you feel your opinion is absolutely correct, and only search for evidence that supports your claims. The villain plays out its role by declaring that it "knows" and is "right," thus stifling open discussion and keeping attention on the problem.

Seeks out:
control
where to place blame
people to criticize
enemies to conquer
"The Way"

FAVORITE WAYS TO DRIFT FROM PRESENCE
Getting Righteous
Judging
Policing
Dismissing
Ignoring
Interrupting
Justifying
Intellectualizing
Comparing
Lecturing
Getting Bored

Persona	What it says	What it requires
Critic	"You're doing it wrong"	People who don't get it
Rebel	"I don't care"	Authority figures / Rules
Cynic	"It won't work"	Overly idealistic people
Debater	"My perspective is best"	People who don't agree
Control Freak	"Don't deviate from my plan"	People who just go along
Gossip	"They've been bad"	Drama
Bulldozer	"My way or the highway"	Wimps
Dunce	"I'm so stupid"	Pressure to perform
Time Cop	"You're late"	Others who don't value "my time"
Repeat Offender	"I'm ashamed of myself"	Moral code
Puritan	"There is One True Way"	Rebels & non-believers
Drill Sargeant	"Shape up or ship out"	Irresponsible people
Mr. Sarcasm	"I'm just being funny"	People who get hurt
Know-It-All	"I have the answer"	Confused people
Narcissist	"My needs are most important"	People who need others

↑ Are any of these ways you validate that you are right?

↑ Do you hear yourself saying any of these?

↑ Are you complaining about any of these?

Appendix B in the Guidebook

(https://www.dmtac.org/accreditation-page)

DMTAC Certification Handbook for DMT Applicants/**For external use**
Initial Author: Sandra Bach
Initial Document Date: September 23, 2024
Last amendment: December 30, 2024

DMTAC Certification Handbook for DMT Applicants

For external use

Contents:

PART 1

Overview

DMTAC's Certification process is guided by three principles: the development, promotion and protection of our profession in Canada; the safeguarding of the public and public interest; and active support for the diverse worldviews, embodied wisdom and experience represented in the broader DMT community in Canada.

DMTAC strongly believes that one of our strengths is our membership's diversity in practice, scope and application of DMT in Canada. Further, we recognize the variety of pathways that lead practitioners to the high level of competency required for certification by DMTAC. This diversity reflects the unique nature of the DMT landscape in Canada.

Thus, a robust, diverse, equitable and inclusive Certification Process aligns with DMTAC's foundational values and principles; it adheres to, and promotes, our Core Competencies, Standards of Practice, Certification Criteria and Ethics.

Certification Fees

The DMTAC DMT certification fee is **$100.00 annually**, due **February 1st**. Each application will also incur a **$20.00 administration fee.** This administration fee applies to all resubmitted applications, appeals and renewals.

The DMTAC-Supervisor (DMT-S) certification fee is **$225.00** renewed every **3 years**, and must be submitted at the same time as DMTAC membership renewal. Each DMT-S application will also incur a **$20.00 administration fee.** This administration fee applies to all resubmitted applications, appeals and renewals.

PART 2

DMT and DMT-S Certification Application Process

Applicants are responsible for completing the DMTAC Application for DMT Certification (see Appendix A) and the DMTAC Application for DMT-Supervisor (see Appendix B) electronically and submitting it to DMTAC in conjunction with **all** required documentation.

DMT and DMT-S applicants are expected to familiarize themselves with certification criteria and requirements, and are encouraged to email info@dmtac.org for clarification. The criteria and documentation necessary for certification are detailed in Part 3 of this handbook.

Once a DMT or DMT-S application is received, a restricted-access administration file is created and the application is sent to the Certification Review Committee (CRC) Coordinator, who is responsible for assigning the application to **3** anonymous reviewers on a CRC Subcommittee.

The Certification reviewers are responsible for providing their recommendations to the CRC Coordinator; if recommended, a certificate is prepared and signed by the CRC Coordinator and DMTAC President. If an applicant is not recommended for certification, the CRC reviewers are responsible for providing clear justification and suggesting remedial steps.

All communication related to DMT and DMT-S certification must be recorded on the administration file via info@dmtac.org. Applicants may not communicate directly with the President of DMTAC or CRC Subcommittee members regarding their certification application.

The operational flow and timing of the DMT and DMT-S certification application processes are as follows:

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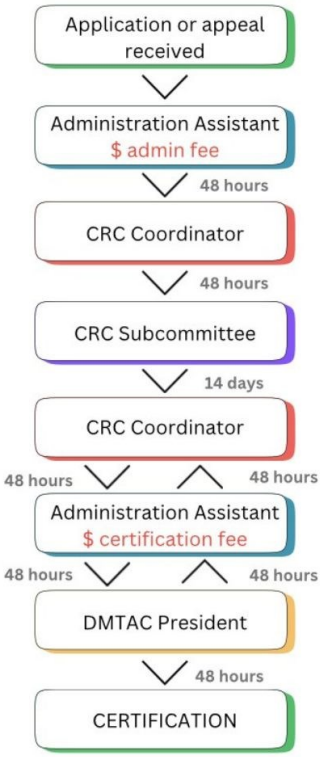


Certification Appeal + Resubmission Processes

A certification appeal is handled in the same manner as an initial application. An appeal is appropriate when the applicant disagrees with the certification decision rendered on their application. An applicant cannot appeal another member's certification decision. The administration fee is applied when an appeal is submitted.

In the appeal process, the CRC Coordinator will ensure the file is allocated to **3 different** Certification reviewers than those who reviewed the initial application.

A resubmitted application is handled in the same manner as an initial application. Resubmission is appropriate when an initial application was missing information or documentation, or deficiencies were identified by the CRC that the applicant intends to

3

remedy with additional information. The administration fee is applied when an application is resubmitted.

In the resubmission process, the CRC Coordinator will ensure the file is allocated to the **same 3** Certification reviewers of the initial application.

Recertification Process for DMT and DMT-S Designation

There are two options for the DMT and DMT-S recertification processes:

Option One:

If an applicant:

a) significantly changed their scope of practice over the past 12 months for DMT designation / over the past 3 years for DMT-S designation;
b) was the subject of a complaint to DMTAC and/or their regulatory body and/or professional organization;
c) has accrued less than **10** hours of DMT-specific practice over 12 months for DMT designation / less than **18** hours supervision over three years for DMT-S designation

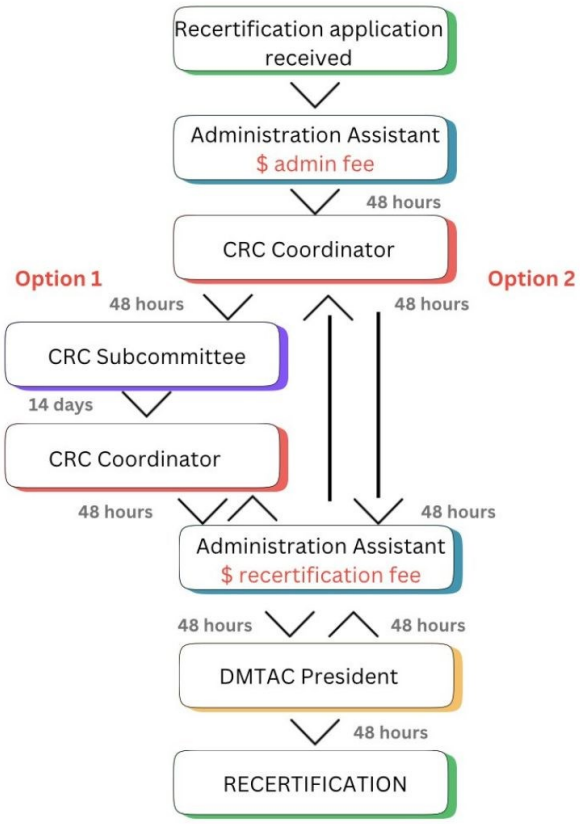
In these cases, the CRC Coordinator must submit the recertification application to the CRC Subcommittee for review.

The CRC Coordinator will appoint **3 different reviewers** than those who recommended certification previously, unless there is a specific circumstance that would benefit from consistent review.

Option Two: If there is no requirement for additional review, the recertification application will follow the same administrative pathway as a recommendation for certification (see below). The administration fee is applied when a recertification application is submitted.

The operational flow and timing of the recertification application process are as follows:

4


Recertification application received
Administration Assistant
$ admin fee
48 hours
CRC Coordinator
Option 1
Option 2
48 hours
48 hours
CRC Subcommittee
14 days
CRC Coordinator
48 hours
48 hours
Administration Assistant
$ recertification fee
48 hours
48 hours
DMTAC President
48 hours
RECERTIFICATION

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PART 3

Roles and Responsibilities

Within the DMT (see Part A) and DMT-S (see Part B) application review processes:

1. **Applicants** are responsible for choosing the correct application stream and ensuring that all requirements are met and all documentation is submitted;
2. The **Administration Assistant** is responsible for ensuring that these broad requirements are met, documented and submitted as applicable: a) correct application; b) active DMTAC membership; c) proof of post-graduate degree (or equivalency documentation, see Part 3); d) signed supervision and DCC hours sheets; and e) Ethics module certificate, prior to forwarding the application to the CRC Coordinator;
3. The **CRC Coordinator** is responsible for the implementation of the review process, assigning reviewers, quality control of recommendations, and providing support and guidance to the CRC Subcommittee members;
4. The **CRC Subcommittee** is responsible for providing recommendations regarding certification;
5. The **CRC Coordinator** and **President** are responsible for signing certificates on behalf of their peers.

A. Requirements for DMT Designation

Recommendation Options

Subsequent to review by the CRC Subcommittee, applicants can be: 1) recommended for certification; 2) not recommended for certification.

If there is a non recommendation for certification, the CRC Subcommittee must recommend a corrective course of action that could support certification. For example, by noting deficiencies in specific coursework, training, experience or information. The applicant is invited to resubmit their application once the deficiencies are addressed.

Application Streams

There are 3 application streams that are defined by the applicant's education, professional status, and, in some cases, relevant experience as per recognized equivalencies.

Permitted equivalencies for degree requirements are outlined below, see *Education Requirements*.

1) Post-Graduate degree from a DMTAC-accredited degree program;

2) Post-Graduate degree in a health-related AND provincially regulated profession;

3) Post-Graduate degree in a non-regulated AND/OR non-health-related profession.

Certification Criteria

Each applicant must meet the following criteria:

A. **Post-graduate degree and DMT coursework**, outlined below in *Education Criteria*;

B. **5 years of dance experience**

Applicants are asked to provide clarifying information confirming they meet this requirement. Relevant dance experience may include any formalized, structured dance (ie. ballet, Bharatnatyam, jazz, Jingle Dress) or dance-involved (ie. Nia, Zumba, capoeira, acro) movement practice.

Applicants are encouraged to maintain a current dance practice, and this counts towards Continuing Education Credit hours, however non-recent dance experience is not grounds for recommendation against certification.

C. **50 hours of supervision**

Supervision may be provided by DMTAC-certified OR DMTAC-accredited designated supervisors inside or outside Canada (ie DMT-S, BC-DMT, RDMP).

Ten hours of the 50 total hours must be one-on-one or dyadic (two-on-one) and the remainder can be group supervision.

Three of the 50 total hours must be supervised observation of DMT interventions only (video recording is permitted).

Applicants must provide the designated Supervision Hours form (see Appendix C) validated and signed by their supervisor.

Inadequate hours of supervision or supervision hours that do not meet the requirements outlined above are grounds to recommend against certification.

D. **100 hours of Direct Client Contact (DCC)**

Applicants must attest that the **100** hours of DCC accrued were in the practice of DMT, meaning that DMT was the only treatment modality employed (see Appendix D). A maximum of **25** DCC hours co-facilitating DMT sessions is permissible. Co-facilitation means the applicant had equal responsibility for the client/s, interventions, treatment planning and documentation of the session. The attestation of DCC hours must be signed by the applicant's supervisor/s.

Applicants are not permitted to "round up" or approximate DCC hours. Decimal points within an hour framework (ie. 0.25, 0.50, 0.75 hours) are expected within the 100 hour total.

Direct Client Contact hours are only accrued providing "face-to-face", DMT-focused, therapeutic service to a client and do not include: 1) administrative tasks (forms, treatment planning, etc.); 2) pre-client/s contact ("meet and greets", consultations, intake, etc.); 3) tasks where the practitioner is discussing the provision of DMT intervention to a third party (external consultation, supervision, "rounds", etc.) even if the client/s is/are present; 4) training or research activities; 5) time spent face-to-face with the client/s while not facilitating DMT.

Inadequate hours of DCC or DCC hours that do not meet the requirements listed above are grounds to recommend against certification.

E. **Membership**. A DMT applicant must be a member of DMTAC in good standing. This criteria is confirmed by the Administrative Assistant.

F. **Professional Liability Insurance:** A DMT applicant must hold valid professional liability insurance in Canada. The insurance provider and insurance certificate number are required fields on the DMT application.

Education Criteria

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1. Degree Requirements

Applicants are required to hold:

a) a Masters or Doctorate degree in DMT specifically from a DMTAC-accredited or recognized educational institution AND all necessary DMT coursework listed in the Education Criteria, OR permitted equivalencies (see below);

OR

b) a Masters or Doctorate in a health-related field (ie. psychotherapy, medicine, physiotherapy, etc.) AND all necessary DMT coursework from a DMTAC-accredited program, OR permitted equivalencies (see below);

OR
c) a Masters or Doctorate in a non-health related field (ie. dance, social work).

2. Degree Equivalencies

There may be applicants who present outside traditional academia, with education and/or experience that are reasonably recognized to have post-graduate equivalency.

Applicants are responsible for providing additional documentation to support their request for a degree equivalency assessment.

This documentation must include: a) transcripts; b) copies of certificates, degrees, or proof of instructional hours accrued; c) the educational institution's description of the program or coursework; d) **500** word description by the applicant detailing how the program or coursework meets the degree requirement.

Acceptable equivalencies for degree requirements include:

a) graduates from post-secondary dance training programs, such as the Royal Winnipeg Ballet Training Program, or the National Ballet School Teacher Training Program AND who hold professional liability insurance to practice in Canada;

b) Indigenous practitioners who have post-secondary degrees or certificates OR have completed a minimum of **250 hours** of coursework in related fields such as healthcare, social work or psychology; AND/OR who have received the right to practice from

provincial regulatory bodies like the CRPO, CPSO, OPPQ, etc.; AND who hold professional liability insurance to practice in Canada;

c) applicants who demonstrate significant historic AND current experience providing DMT to populations but who do not hold a degree or standing with a regulatory body. For example, they might have begun practicing before provincial regulatory bodies were established, or their work falls outside of a regulated scope of practice. These applicants must hold professional liability insurance to practice in Canada.

DMTAC recognizes that not all practitioners who are knowledgeable, ethical and experienced are situated within the same academic and socio-economic spheres due to external factors such as systemic discrimination or financial disparity.

DMTAC requires that DMT Certification reviewers promote inclusion, diversity, equity and accessibility in their recommendations for certification while upholding the integrity of the profession and protecting the public.

NOTE: Regardless of an applicant's educational pathway, they must meet the required hours of dance experience, supervision and DCC, and have completed all required DMT coursework.

NOTE: As indicated in the DMT Coursework section below, applicants who do not have clinical training must obtain post-secondary level training in the formulation, application and documentation of clinical guidelines and standards to their practice and case management skills.

These include: client-led treatment planning, presenting issues, clinical observations, outcome measurements, interventions, assessments, contraindications and recommendations. Training must address provincial/territorial/federal regulations regarding the collection, storage and dissemination of the client's Personal Health Information. Training must also include working with allied professionals and in team environments.

DMT Certification reviewers can recommend that an applicant obtain additional training in clinical guidelines and standards prior to re-applying for certification.

Applications that do not meet the degree or equivalency requirements will not be recommended for certification.

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3. DMT Coursework

All applicants must demonstrate completion of the credits outlined below. The * denotes credits where equivalencies are permitted.

One credit is equal to approximately **15 hours** of classroom contact (virtual or in-person), *unless noted*, and excludes preparatory and review work (ie. reading, research, studying, assignments, etc.) *unless noted*.

Applicants who hold degrees from a DMTAC-recognized DMT graduate programs (ie. Drexel, Naropa, Roehampton) or a DMTAC-accredited DMT program (ie. Movement Arc, NCDT, ADTA Alternate Route) must provide transcripts and their degree/certificate to demonstrate their successful completion of the credits required by DMTAC.

Applicants who have accumulated credits through an educational program or coursework that is not recognized or accredited by DMTAC (for example, courses in anatomy, clinical frameworks, culturally safe and trauma-informed clinical practice) must provide: a) transcripts showing course completion; b) a course description provided by the educational institute; c) a **250** word description by the applicant demonstrating how the course meets specific educational criteria.

A. DMT History, Theory, Practice and Professional Development (20 credits total):

a) History of DMT (3 credits);

b) DMT Theory: Dance, Relationships, Human Development, Neuroscience (9 credits);

c) DMT Practice (3 credits);

d) DMT and Working with Groups (3 credits);

e) Advanced Electives*1: Specific populations, cultural diversity and social justice, DMT research; capstone project (2 credits).

*1 EQUIVALENCY NOTE: Applicants must be able to demonstrate a “deeper-dive” into applied or theoretical DMT with specific populations (ie. children, Indigenous communities, clients living with diagnosed medical conditions); OR the use of DMT to support and promote social justice and/or cultural diversity; OR DMT-related research topics.

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Coursework focused on the chosen advanced elective (ie. DMT with Children) is accepted, providing work was graded and equals a minimum of **2 credits**. A transcript showing completion of the course is required.

OR

Self-directed projects are accepted (ie. capstone essays, theses, summative evaluations, performances, presentations or published material) provided they were completed under the supervision of an instructor, are graded and equal a minimum of **2 credits/30 hours**. A transcript showing completion of the course is required.

NOTE: For self-directed projects, accumulated hours cannot include writing time, however research and interactions with the instructor are accepted.

B. **Movement/Body (9 credits total)**:

a) Movement Observation and Assessment (6 credits);

b) Anatomy/Kinesiology (3 credits at undergrad or graduate level).

C. **DMT in Clinical Practice (20 credits total)**:

a) Developmental Theory*2 (3 credits);

*2 EQUIVALENCY NOTE: Course material must explore theories of psychological, emotional, cognitive and biological human development throughout all life stages. A transcript showing completion of the course is required.

NOTE: These 3 credits are separate and in addition to the required course in DMT Theory referenced above, which offers a broader look at human development in the context of DMT. The Developmental Theory course is specific to developmental theories primarily within the context of psychology and biology.

b) DMTAC Ethics Module (2 credits);

c) Psychosocial Aspects of DMT*3 (3 credits);

*3 EQUIVALENCY NOTE: Course material must explore: the broader relationship between an individual's psychology and behaviour and their environment, including social determinants of health and the impacts of inequity, intersectionality, medicalization and standardization; AND, the psychosocial components and functional applications of DMT that support a client's navigation of this dynamic within a trauma-informed, client-led, anti-oppression framework. A transcript showing completion of the course is required.

d) Incorporating DMT into Clinical Practice and Case Management*4&5 (9 credits);

*4 EQUIVALENCY NOTE: Course material must provide **6 credits or equivalent** of instruction at a minimum post-secondary level in the formulation, application and documentation of clinical guidelines and standards to their practice and case management skills. A transcript showing completion of the course is required.

These will include: client-led treatment planning, presenting issues, clinical observations, outcome measurements, interventions, assessments, contraindications and recommendations.

Training must address provincial/territorial/federal regulations regarding the collection, storage and dissemination of the client's Personal Health Information.

Training must include working with allied professionals and in team environments.

Training must include a total of **3 credits** exploring the integration of DMT into the student's professional or chosen clinical practice (for example, physiotherapy, social work, medicine).

NOTE: these 3 credits can be acquired separately from the 6 credits of clinical practice and case management. For example, an applicant may hold a 6 credit college certificate in clinical practice and case management AND a 3 credit course in the incorporation of DMT into clinical practice from a DMTAC-accredited educational institution. Transcripts for each credit-accruing course must be submitted.

*5 EQUIVALENCY NOTE: Applicants who have clinical training and/or commensurate experience in clinical practice and case management AND are currently regulated by a College can request an equivalency of up to **6** out of the **9** credits required, provided they: a) support their request with sufficient documentation (transcripts/ certificates AND course descriptions OR a **500** word description of their clinical practice and case management processes); b) demonstrate at least **90 hours** of skill application that meets

the standards of their regulatory body which must be signed off by their DMT or College-approved supervisor.

The remaining **3 credits** must include instruction on the integration of DMT into the student's professional or chosen clinical practice (for example, physiotherapy, social work, medicine).

e) Culturally Safe and Trauma-Informed Clinical Practice*6 (3 credits or 45 hours).

*6 EQUIVALENCY NOTE: Course content must include principles and applications of cultural safety from an ethical, trauma-informed, anti-oppression and client-centred perspective. Applicants and education institutions are strongly encouraged to incorporate learning from cross-cultured communities.

NOTE: Applicants may submit proof of topical learning received from a combination of post-secondary level institutions or subject matter experts. In these cases, transcripts are not required, however certificates of completion denoting training hours accumulated must be submitted AND a **250** word course description demonstrating how the course meets the educational criteria.

B. Requirements for DMT-S Designation

1. Completed Application, Certification and Membership

Applicants must complete an Application for Supervision status (see Appendix B) and they must hold valid DMT certification and DMTAC membership, which will be verified by the Administration Assistant.

NOTE: DMT Certification may be from DMTAC, DMTAC-accredited or DMTAC-recognized institutions (for example, R-DMT/BC-DMT, DMP) provided applicants have completed the DMTAC Ethics Module AND are members in good standing of DMTAC.

2. Certification Fee

The DMTAC-Supervisor (DMT-S) certification fee is **$225.00** renewed **every three years**, and must be submitted at the same time as DMTAC membership renewal. Each DMT-S

application will also incur a **$20.00 administration fee.** This administration fee applies to resubmitted applications, appeals and renewals.

3. Experience

Applicants must attest they have a minimum of **800** hours of practice using DMT techniques within the past **5** years (see Appendix B). Documentation supporting attestation may be requested.

NOTE: An exception for currency of practice may be considered IF the applicant was previously in an employed position where they completed a minimum of **800** hours of practice within the last **5** years of that position. Applicants requesting an exception must provide a **500** word description of their DMT approach AND demonstrate DMT-related Continuing Education within the past **5** years.

4. Education

Applicants must provide documentation supporting a minimum of **30** hours of directed learning in providing supervision (see Appendix E).

NOTE: Directed learning can include course work, supervised practice as a supervisor, individual/peer/group learning, and independent study that includes structured readings. Certificates of completion, transcripts, a list of resources accessed and certified supervision hours are permitted as documentation.

C. Renewals of DMT and DMT-S Designations

1. Renewing DMT Designation

Once DMT certification is obtained, it must be renewed on a **yearly** basis along with DMTAC membership. Upon each renewal, an applicant will provide the following:

a. Completed renewal application (see Appendix F);

NOTE: As noted in Part 1, there are two options for DMT renewal:

Option One: A practitioner who: a) significantly changed their scope of practice over the year; OR, b) was the subject of a complaint to DMTAC AND/OR their regulatory body

AND/OR professional organization; OR, c) has accrued less than **10** hours of DMT-specific practice over the year. These applications will be reviewed by the CRC.

Option Two: A practitioner who has not significantly changed their scope of practice, has not been the subject of a complaint and has accrued more than **10** hours of DMT-specific practice over the year. These applications will not be reviewed by the CRC.

b. Attestation of DMTAC Values and Practices (see Appendix F)

The applicant must acknowledge they have reviewed and will abide by DMTAC's Ethics, Core Competencies and Standards of Practice.

c. Continuing Education Credits (if applicable, see Appendix F)

Every **third** year, upon renewal of the certification, the practitioner will additionally submit an attestation that they have completed **36** hours of Continuing Education Credits (CEC) which should include a variety of DMT-related educational and developmental activities. Proof of these activities may be requested. Practitioners are strongly encouraged to log each CEC activity and retain all related certifications, letters of completion and/or receipts.

NOTE: Activities may include: peer reading and/or discussion groups, related coursework, dance/movement practice, training in DMT supervision, publishing, research, conference attendance, volunteering with DMTAC, in-service training, providing instruction on DMT for a DMTAC-accredited program, personal psychotherapy, etc.

2. Renewing DMT-Supervisor (DMT-S) Designation

As noted in Part 1, once a DMT-S designation is obtained, it is renewed every **three** years along with proof of valid DMT certification and DMTAC membership.

Upon renewal, an applicant will provide the following:

a. Completed renewal application (see Appendix G)

b. Current Supervision Hours (see Appendix G)

An applicant must provide a summary of at least **18** hours of supervision provided over the last **three** years to include: time, date, location and type of supervision (one-on-one/dyadic/group); and clinical status of supervisee;

c. Attestation of CEC (see Appendix G)

Applicants must confirm that they have completed **6** hours of supervision-specific Continuing Education Credits (CEC) over the past **three** years.

NOTE: Proof of these activities may be requested. Applicants are strongly encouraged to log each CEC activity and retain all related certifications, letters of completion and/or receipts.

NOTE: Hours of supervision-specific CEC are included in the **36** hours of CEC required every **three** years.

APPENDIX A

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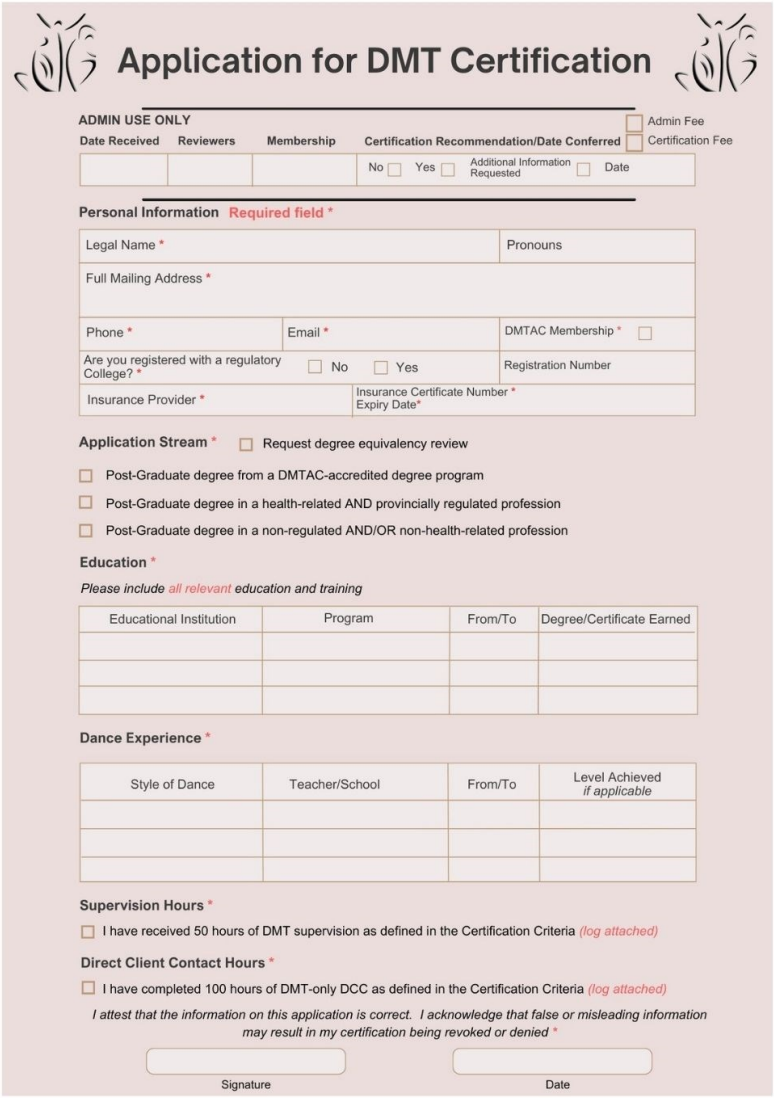


Application for DMT Certification

ADMIN USE ONLY

Date Received	Reviewers	Membership	Certification Recommendation/Date Conferred	Admin Fee / Certification Fee
			No ☐ Yes ☐ Additional Information Requested ☐ Date	

Personal Information Required field *

Legal Name *		Pronouns
Full Mailing Address *		
Phone *	Email *	DMTAC Membership * ☐
Are you registered with a regulatory College? * ☐ No ☐ Yes		Registration Number
Insurance Provider *	Insurance Certificate Number * Expiry Date*	

Application Stream * ☐ Request degree equivalency review

- ☐ Post-Graduate degree from a DMTAC-accredited degree program
- ☐ Post-Graduate degree in a health-related AND provincially regulated profession
- ☐ Post-Graduate degree in a non-regulated AND/OR non-health-related profession

Education *

Please include all relevant education and training

Educational Institution	Program	From/To	Degree/Certificate Earned

Dance Experience *

Style of Dance	Teacher/School	From/To	Level Achieved *if applicable*

Supervision Hours *

☐ I have received 50 hours of DMT supervision as defined in the Certification Criteria *(log attached)*

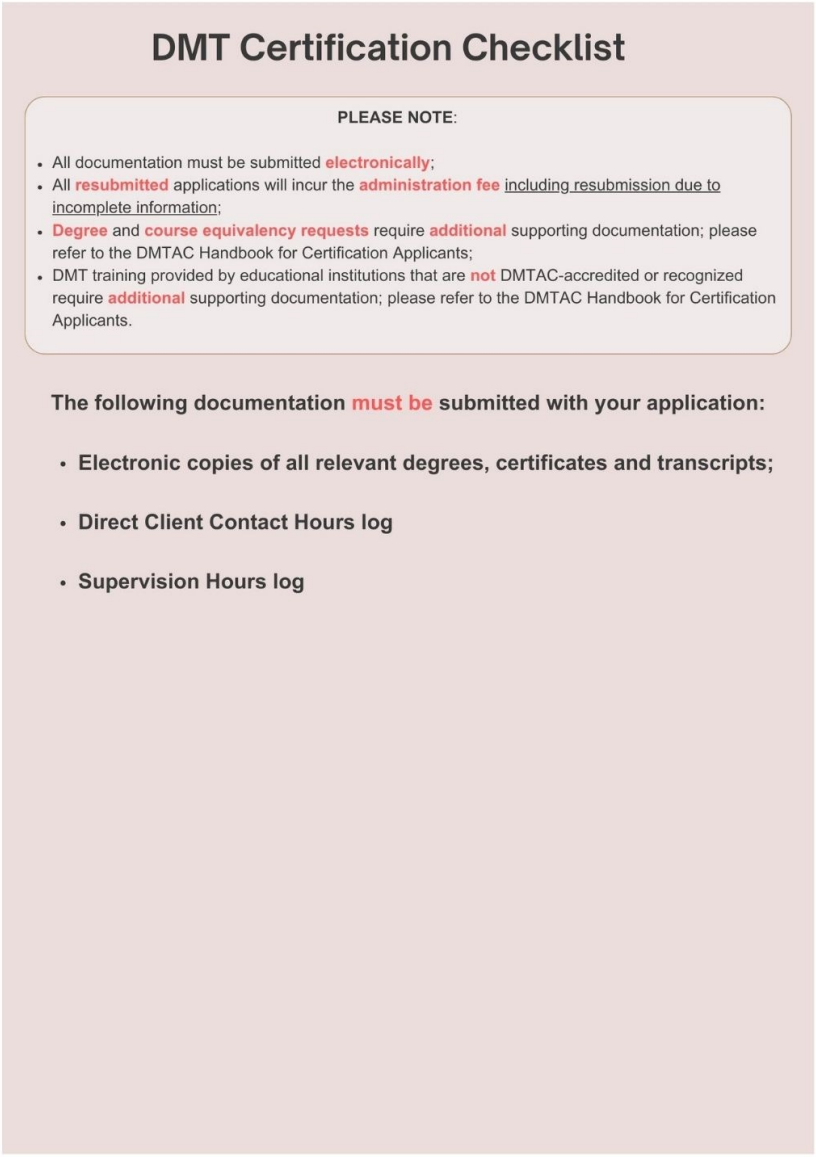
Direct Client Contact Hours *

☐ I have completed 100 hours of DMT-only DCC as defined in the Certification Criteria *(log attached)*

I attest that the information on this application is correct. I acknowledge that false or misleading information may result in my certification being revoked or denied *

Signature Date

18



DMT Certification Checklist

PLEASE NOTE:

- All documentation must be submitted **electronically**;
- All **resubmitted** applications will incur the **administration fee** including resubmission due to incomplete information;
- **Degree** and **course equivalency requests** require **additional** supporting documentation; please refer to the DMTAC Handbook for Certification Applicants;
- DMT training provided by educational institutions that are **not** DMTAC-accredited or recognized require **additional** supporting documentation; please refer to the DMTAC Handbook for Certification Applicants.

The following documentation must be submitted with your application:

- **Electronic copies of all relevant degrees, certificates and transcripts;**
- **Direct Client Contact Hours log**
- **Supervision Hours log**

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References

American Dance Therapy Association. (n.d.). *Dance/Movement Therapy with Children.* https://www.adta.org/assets/docs/DMT-with-Children.pdf

American Dance Therapy Association. (2016, July 25). *An introduction to dance/movement therapy* [Video]. YouTube. https://www.youtube.com/watch?v=mhoEjbvIEw8

American Dance Therapy Association. (2020). *What is dance/movement therapy?* Retrieved February 2, 2025 from https://adta.memberclicks.net/what-is-dancemovement-therapy

AZ Quotes. (Retrieved February 17, 2025). *Frankie Manning Quotes.* https://www.azquotes.com/author/20317-Frankie_Manning

Bräuninger, I. (2012). Dance/movement therapy group intervention in stress treatment: A randomized controlled trial (RCT). *Arts in Psychotherapy, 39*(5), 443–450. https://doi-org.prxy.lib.unbc.ca/10.1016/j.aip.2012.07.002

Christopher, N., Dumaresq, E., & Tamplin, J. (2024). Dance therapy as an intervention for stress and depression: A systematic review and meta-analysis. *Body, Movement and Dance in Psychotherapy, 20*, 22-39. https://doi.org/10.1080/17432979.2024.2377389

Dance Movement Therapy Association in Canada (n.d.). *How to become a dance/movement therapist?* Retrieved March 27, 2025 from https://www.dmtac.org/copy-of-become-a-dmt

Elakiya, T., & Shanmugam, S. (2021). Effect of aerobic dance movement therapy on anxiety among first year b. sc. (n) students. *Indian Journal of Continuing Nursing Education*, *22*, 57–63. https://doi.org/10.4103/IJCN.IJCN_75_20

Gleason, J. B. & Ratner, N. B. (2016). *The Development of Language* (9th ed.). Pearson.

Guzman, L. (2020). *Essential art therapy exercises: Effective techniques to manage anxiety, depression, and PTSD.* Rockridge Press.

Indian Residential School Survivors Society. (2025). *Acknowledging the weight of September.* https://www.irsss.ca/news-and-stories/selfcare-medicinewheel

Khalsa, S. S., Adolphs, R., Cameron, O. G., Critchley, H. D., Davenport, P. W., Feinstein, J. S., Feusner, J. D., Garfinkel, S. N., Lane, R. D., Mehling, W. E., Meuret, A.E., Nemeroff, C. B., Oppenheimer, S., Petzschner, F. H., Pollatos, O., Rhudy, J. L., Schramm, L. P., Simmons, W. K., Stein, M. B., ... Hechler, T. (2018). Interoception and mental health: A roadmap. *Biological Psychiatry. Cognitive Neuroscience and Neuroimaging*, *3*(6), 501–513. https://doi.org/10.1016/j.bpsc.2017.12.004

Khodabakhshi Koolaee, A., Sabzian, M., & Tagvaee, D. (2014). Moving toward integration: Group dance/movement therapy with children in anger and anxiety. *Middle East Journal of Nursing, 8*(4), 3–7. https://doi-org.prxy.lib.unbc.ca/10.5742/mejn.2014.92586

Ko, K.S., & Lee, W.K. (2023). A preliminary study using a mobile app as a dance/movement therapy intervention to reduce anxiety and enhance the mindfulness of adolescents in South Korea. *The Arts in Psychotherapy*, *85*. https://doi.org/10.1016/j.aip.2023.102062

Löffler, A., Kleinböhl, D., Gescher, D. M., Panizza, A., & Bekrater-Bodmann, R. (2024). Exteroception and the perceived (dis)connection of the body and the self: Implications for the understanding of dissociative self-experiences in borderline personality disorder. *Personality Disorders: Theory, Research, and Treatment.* https://dx.doi.org/10.1037/per0000670

Malchiodi, C.A. (2020). *Trauma and expressive arts therapy: Brain, body, and imagination in the healing process.* The Guilford Press.

Mendrek, A. (2024, May 29). T*ransformation & healing through dance and dance movement therapy (DMT)* [Online Workshop]. Exploring Dance as Therapy, Mental Health Estrie, Bishop's University, Canada.

Nardi, A.B., Engelhard, E.S., & Or, M.B. (2023). Analyzing therapy logs: Mapping physical and mental manifestations of anxiety among children undergoing dance/movement therapy. *American Journal of Dance Therapy, 45*, 3–19. https://doi.org/10.1007/s10465-023-09380-x

Riquelme, I., Hatem, S.M., Sabater-Gárriz, Á, Martín-Jiménez, E., & Montoya, P. (2024). Proprioception, emotion and social responsiveness in children with developmental disorders: An exploratory study in autism spectrum disorder, cerebral palsy and different neurodevelopmental situations. *Children (Basil), 11*(6), 719. https://doi.org/10.3390/children11060719

Salmons, C., Roberts, M., Sappington, E., Yalcin, A., & VandeWeerd, C. (2022). Innovative behavioral health programs for older adults: Findings from movement therapy in older adults experiencing anxiety and depression. *The Arts in Psychotherapy*, *77*. https://doi.org/10.1016/j.aip.2021.101873

Sengupta, M., & Banerjee, M. (2020). Effect of dance movement therapy on improving communication and body attitude of the persons with autism, an experimental approach. *Body, Movement and Dance in Psychotherapy*, *15*(4), 267–279. https://doi.org/10.1080/17432979.2020.1794961

Shils, B. (2021, October 10). *Generation A: Portraits of autism and the arts* [Video]. YouTube. https://www.youtube.com/watch?v=TDLF_oOHn4U

Shuper-Engelhard, E. & Vulcan, M. (2022). Dance movement therapy with children: Practical aspects of remote group work. *Children (Basil), 9*(6). 10.3390/children9060870

Takahashi, H., Seki, M., Matsumura, T., An, M., Sasai, T., Ogawa, Y., Matsushima, K., Tabata, A., & Kato, T. (2020). The effectiveness of dance/movement therapy in children with Williams syndrome: A pilot study. *American Journal of Dance Therapy*, *42*, 33–60. https://doi.org/10.1007/s10465-020-09324-9

TEDx Talks. (2020, December 10). *Communication through movement therapy/Lea Comte/TEDxSouthCongress* [Video]. YouTube. https://www.youtube.com/watch?v=S7P0LE4q5JM

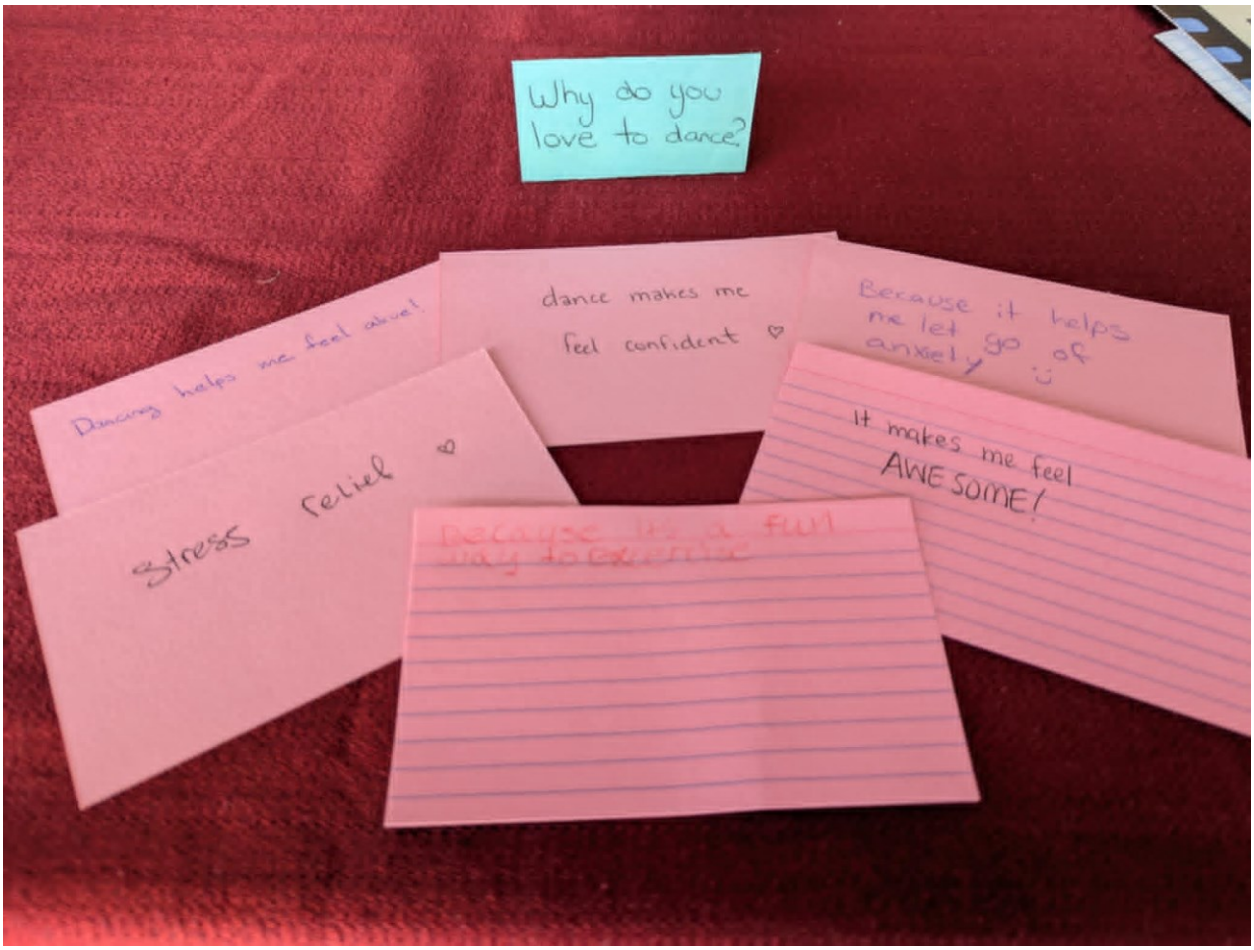
Teixeira-Machado, L., Arida, R.M., & Mari, J.J. (2019). Dance for neuroplasticity: A descriptive systematic review. *Neuroscience & Biobehavioural Reviews, 96,* 232-240. https://doi.org/10.1016/j.neubiorev.2018.12.010

van der Kolk (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma.* Penguin Books.

Visnevskyte, E. (Host). (2024, January 30). Damian Cade (No. 35) [Audio podcast episode]. In *What a jazz podcast.* https://open.spotify.com/episode/5mZVxxRd8X81GdExRP7LU0

Winerman, L. (2005). Express yourself! *American Psychology Association.* Retrieved on December 3, 2023 from https://www.apa.org/monitor/feb05/express

Appendix A


Why do you love to dance?
Dancing helps me feel alive!
dance makes me feel confident
Because it helps me let go of anxiety
stress relief
It makes me feel AWESOME!