

NADTA 2023 Call for Proposal Form Guide

Please use this PDF to review and navigate the online proposal submission process.

Workshop Proposal Submission Criteria

To submit a proposal, please use the [electronic submission form](#). Most fields of the proposal submission form are required for successful completion and consideration. If you receive an error upon submission, please review your form to make sure all requirements are completed.

The NADTA strongly suggests that you draft your proposal information in advance using this fillable PDF. As our current website does not allow users to officially save their content, we recommend users fill out the PDF with all information, then copy and paste into corresponding fields of the electronic form.

For accessibility or assistance with completing a proposal, please contact the NADTA office at office@nadta.org.

The deadline to submit a proposal is Monday, March 27th, 2023, at 11:59pm EST

Please note March 27th, 2023 is a hard deadline, and late submissions will not be accepted.

COVID - 19 Information: At this time NADTA is planning for an in-person event. We will continue to monitor COVID-19 and all of Niagara Falls' regulations regarding travel and safety.

Please make sure you carefully read through the submission form in order to understand what will be required for all presenters.

YOUR WORKSHOP PROPOSAL WILL BE SCORED ACCORDING TO THE CRITERIA BELOW FOR A TOTAL OF 70 POINTS:

I. Diversity

The proposal demonstrates an awareness of diversity and/or need for curricular diversification in one or more of the following ways **(10 points total)**:

1. Respectful awareness of the diversity of personal identities across, for example: culture, race, age, SES, health/ability status, gender identification, sexual orientation, religion, etc.
2. Awareness of social context, including dynamics of power, privilege, and the impacts of systemic oppression.
3. Awareness of diverse perspectives regarding thematic content or the applicability of an approach to different populations.
4. Awareness of regional concerns or voices.
5. Awareness of the learning needs of membership/attendees with diverse points of professional focus and at different stages of their careers.

II. Conference Theme

The proposal addresses the conference theme either directly or indirectly in a manner that is valuable and significant to the community **(10 points)**.

III. Creativity

The proposal is creative and innovative in its conception and design, utilizing a blend of information and artistry in its engagement of participants **(10 points)**.

IV. Relevance

The proposal addresses themes of current relevance and significance to the community, or a discernible group within the community **(10 points)**.

V. Experience / Submitter Status

Please rate the presenter's experience level, education, and qualifications/credentials considering both criteria below **(10 points total)**:

1. The presenter(s) is (are) either: people with a sound reputation over the subject matter or track record in the field, whose proposal is sufficiently compelling and fresh for an audience. **(Up to 5 pts)**.
2. The presenter(s)'s knowledge/originality/thoughtfulness is reflected within their proposal, and the presenter(s) demonstrate(s) competence and knowledge to present authoritatively on their chosen subject. **(Up to 5 pts)**.

VI. Practice / Theoretical

The proposal contributes to the field of drama therapy in one or more of the following ways **(10 points total)**:

1. It demonstrates, educates, or expands on existing bodies of drama therapy theory or practice.
2. It advances the continuing evolution of drama therapy and the emergence of new and innovative approaches to theory and practice within the field.
3. It bridges ideas or praxis from other disciplines to the field of drama therapy in a meaningful way.
4. It extends the application of drama therapy and its benefits to new or underserved sectors.

VII. Intent / Scope

The intent and scope of the proposal are clearly defined and adequately focused **(10 points)**.

Please Note: The information you input in your proposal will appear on the online program if your proposal is selected. You must also update your profile information (name, bio, credentials) as that will be added in the program as well.

Submission Information (*Required Content)

SUBMISSION FORMAT: (Please check all that apply) *

Didactic / Paper Presentation / Lecture

Experiential

Group or panel discussion

Media, Video or Film Presentation

Performance

PRESENTATION TITLE*

ABBREVIATED PRESENTATION TITLE: For "Schedule-at-a-Glance (Max 30 Characters): Please Use Title Case*

SUBMISSION GUIDELINE AGREEMENT*

By checking this box, I indicate that I have read the proposal submission guidelines and agree with what is noted above.

If your presentation combines different formats, please indicate the approximate percentage of session time for each of the following formats. Please enter the % number for each of the below formats.

- _____ Didactic / Paper Presentation / Lecture
- _____ Experiential
- _____ Group or panel discussion
- _____ Media, Video or Film Presentation
- _____ Performance

NOTE: The total must add up to 100%

ABSTRACT (Please submit a 50-word description for the website and program. (50 words Maximum, NO EXCEPTIONS.)

Upload File

DESCRIPTION: (250 words Maximum, NO EXCEPTIONS)

Upload File

LEARNING OBJECTIVES

Please identify three learning outcomes expected from your workshop proposal. What do you believe workshop attendees will leave with, better understand or have learned?

(Examples - Participants will be able to summarize best practices in working with incarcerated youth; Members will be able to implement three new action-embodied methods when working with the adolescent population; Attendees will be able to describe how neuropsychology and drama therapy intertwine; Participants will become familiar with several modalities of drama therapy and experiment with implementation of these techniques; etc.)

LEARNING OBJECTIVE 1*

LEARNING OBJECTIVE 2*

LEARNING OBJECTIVE 3*

WHAT DRAMA THERAPY THEORY OR PRACTICE INFLUENCED YOUR WORKSHOP/PERFORMANCE? *

Cognitive-Behavioral

Developmental Transformations

Ethnodrama

Humanistic

Integrated Five Phase Model

Narradrama Playback Theater Psychoanalytic Psychodrama Rehearsals for Growth

Role Theory and Method

Sociodrama

Theater of the Oppressed Therapeutic Theater Omega Transpersonal

Other (Please specify below)

Other drama therapy/creative arts therapy theory: *

REFERENCES

Please include a minimum of three APA-formatted published references or source material (drama therapeutic or not) that will be used for your workshop/performance supporting your educational objectives and the theory utilized:

References:

(Example - Boal, A., & McBride, M. (2008). Theatre of the oppressed (New ed.). London, UK: Pluto Press)

REFERENCE 1*

REFERENCE 2*

REFERENCE 3*

ADDITIONAL REFERENCE: Please Upload a Word Doc with any additional references. Upload File

DOES THIS WORKSHOP INCLUDE RESEARCH FUNDED BY THE DRAMA THERAPY FUND? * Yes No

If this workshop includes other current research, please briefly describe:

Which identity parameters/populations will your workshop primarily focus on?

Age

Body politics

Class/socio-economic status

Dis/ability Gender identity Language

National origin/immigration status

Race & ethnicity

Religion

Sexual orientation Vulnerable populations Other (Please specify below) Other (Please specify):

CULTURAL HUMILITY

The NADTA is committed to the conscious and deliberate inclusion of diverse voices and perspectives in conference curricula across the spectrum of human diversity. A full statement on this commitment is available on the NADTA website [<http://www.nadta.org/about-nadta/diversity.html>]. Accordingly, the conference committee is devoted to ensuring a broad and fair representation of its membership and the communities we represent, and also seeks to make our programming accessible and inclusive to all conference participants, regardless of identity or background.

CULTURAL HUMILITY AGREEMENT*

By checking this box, I indicate that I have read and agree with the above.

CULTURAL HUMILITY CONSIDERATION With this understanding, please formulate how cultural humility will be considered or included in your presentation and how your proposal addresses or reflects the diverse needs of our membership and/or the populations/communities we serve (100-word limit) *

HAVE YOU PRESENTED ON THE SAME SUBJECT MATTER OR FACILITATED A SIMILAR WORKSHOP IN THE LAST FIVE YEARS? * Yes No

If yes, please identify where and describe how this proposal will differ from the past

PRESENTATION AVAILABILITY:

Please indicate if you are available ALL DAYS to present. * Yes No

Please indicate if you are willing to submit this proposal for a virtual conference in December 2023.*

Yes No

IF YOU ARE NOT AVAILABLE TO PRESENT ON ALL DAYS, WHAT DAYS ARE YOU NOT AVAILABLE TO PRESENT? *

- Thursday, October 12th
- Friday, October 13th
- Saturday, October 14th
- Sunday, October 15th

TARGET AUDIENCE: (Check all that apply.) * Academic professionals

Advanced professionals (5+ years of experience)
Allied professionals
Beginning professionals (First five years of practice) Clinical professionals
Entry-level professionals (Recent graduates) Non-profit professionals
Professionals from other fields
Senior Professionals (10+ years of experience) Supervisors & Administrators

AREAS OF FOCUS: (Check all that apply.)*

CHED: This workshop furthers the NADTA's knowledge of cultural humility, equity, and diversity.

Drama Therapy: This workshop works to combine Drama Therapy with another theory/modality/practice.

Educators: This workshop is for the benefit of those educating others in Drama Therapy.

Family Friendly: This workshop is family friendly

Poster Sessions

Research: This workshop will present research findings of the presenter(s). Student/Newcomer: This workshop is geared towards students as a primary objective.

PREFERRED LENGTH OF SESSION (Please note: Final length will be determined by conference team) *

- 1.5 hours
- 3 hours
- 6 hours (full day)

Preferred SPACE ALLOCATION* Chairs

- in U-Shape Chairs
- in full circle Chairs
- in square rows
- Open space for movement
- Panel with head table
- Theater style seating
- Will be Participating in the Poster Session

**Poster Submissions will be provided an appropriate space automatically*

PARTICIPANT CAP* (Maximum Please note: Due to Covid-19 regulations, the conference committee may need to review capacity limitations as we get closer to our event.)

25

50

*Please note that the hotel has a maximum capacity of 50 people for the majority of their spaces.

AUDIO/VISUAL AIDS AND EQUIPMENT POLICY

IMPORTANT NOTE: Consider your A/V needs carefully before submitting your proposal. The number of proposals that we accept requiring certain types of A/V support is limited. You are required to bring your own adapters and dongles if you are using a LCD projector

AGREEMENT TO A/V POLICY*

By checking this box, I indicate that I have read and agree with the AV policies outlined above.

What equipment will you need?

None

Flip Chart w/markers

LCD Projector

CAN YOU PROVIDE THE AV EQUIPMENT YOU REQUEST? This will help NADTA accommodate more sessions including such requests. * Yes No

ARE YOU WILLING TO LET OTHERS BORROW YOUR PERSONAL A/V MATERIALS? * Yes No

PRIMARY PRESENTER INFORMATION

PRESENTER CONFIRMATION*

I am presenting solo or am a lead presenter and have checked availability with co-presenters.

PRIMARY PRESENTER NAME*(This field will auto populate to your NADTA account profile name)

PRIMARY PRESENTER EMAIL (This field will auto populate to your NADTA account profile name)

CREDENTIALS: (Preferred order of credentials: highest earned degree (related to drama therapy, i.e. MA, PhD), licensure (i.e. LMFT, LCSW, MD), pertinent certifications/credentials (i.e. RDT, RDT/BCT). Please adhere to our formatting standards and refrain from information additions.)

PRIMARY PRESENTER ADDRESS (This field will auto populate to your NADTA account profile name)

PRIMARY PRESENTER PHONE (This field will auto populate to your NADTA account profile name)

CURRENT NADTA MEMBERSHIP CATEGORY*

- Non-Member
- Member (not RDT)
- Professional RDT
- Professional RDT-MT
- Professional RDT/BCT
- Student Member
- Senior Member (65+)

IF DESIRED, PLEASE LIST UP TO 4 OF YOUR OWN PUBLICATIONS (TITLE, YEAR, & PUBLISHER, IN APA FORMAT). *

UNIVERSITY AFFILIATIONS, IF APPLICABLE

PRIMARY PRESENTER HEADSHOT*

Upload File

PRIMARY PRESENTER BIOGRAPHY: Please cut and paste a 35-word, MAXIMUM, biography in the field below. Presenter biographies may appear in conference literature. (NOTE: the box below will not accept more than 35 words.) *

AGREEMENT TO REGISTER*

Important: the NADTA requires all presenters to register and attend the conference for, at a minimum, the day of their presentation. Presenters are entitled to a 15% discount off conference registration fees.

By checking this box, I indicate that I have read and agree with the above.

COVID-19 Disclaimer

AT THIS TIME NADTA IS PLANNING FOR AN IN-PERSON EVENT. WE WILL CONTINUE TO MONITOR COVID-19 AND ALL REGULATIONS REGARDING TRAVEL AND SAFETY TO PROVIDE UPDATES TO OUR MEMBERSHIP. THE NADTA WILL REQUIRE ALL PRESENTERS TO ADHERE TO ALL COVID-19 REQUIREMENTS PUT FORTH BY NIAGARA FALLS AND THE NADTA INCLUDING BUT NOT LIMITED TO VACCINATIONS, TESTING, MASK MANDATES, SOCIAL DISTANCING, ETC. IN ORDER TO PRESENT AT THE 2023 CONFERENCE.

By checking this box, I indicate that I have read and agree with the above.

DO YOU HAVE CO-AUTHORS? * Yes No

Co-Author Information Form

Upon proposal acceptance, primary presenters will be notified via email that they are required to complete a co-author form by the designated deadline indicated. This form will include Co-Author Bio, Headshot, publication, etc. information. All primary presenters will be required to gather this information and provide it to the conference committee.

CO-AUTHORS AGREEMENT*

By checking this box, I agree that upon my proposal being accepted, I will complete the co-author form provided in my acceptance email by the designated deadline. I will provide all information requested about each co-author listed or added to my proposal.

HOW MANY CO-AUTHORS DO YOU HAVE? * 1 2 3 4 4+

CO-AUTHOR 1 NAME*

CO-AUTHOR 1 EMAIL*

CO-AUTHOR 1 CREDENTIALS: Preferred order of credentials: highest earned degree (related to drama therapy, i.e. MA, PhD), licensure (i.e. LMFT, LCSW, MD), pertinent certifications/credentials (i.e. RDT, RDT/BCT). Please adhere to our formatting standards and refrain from information additions. *

CO-AUTHOR 1 CURRENT NADTA MEMBERSHIP CATEGORY*

- Non-Member
- Member (not RDT)
- Professional RDT
- Professional RDT-MT
- Professional RDT/BCT
- Student Member
- Senior Member (65+)

CO-AUTHOR 2 NAME*

CO-AUTHOR 2 EMAIL*

CO-AUTHOR 2 CREDENTIALS: Preferred order of credentials: highest earned degree (related to drama therapy, i.e. MA, PhD), licensure (i.e. LMFT, LCSW, MD), pertinent certifications/credentials (i.e. RDT, RDT/BCT). Please adhere to our formatting standards and refrain from information additions. *

CO-AUTHOR 2 CURRENT NADTA MEMBERSHIP CATEGORY*

- Non-Member
- Member (not RDT)
- Professional RDT
- Professional RDT-MT
- Professional RDT/BCT
- Student Member
- Senior Member (65+)

CO-AUTHOR 3 NAME*

CO-AUTHOR 3 EMAIL*

CO-AUTHOR 3 CREDENTIALS: Preferred order of credentials: highest earned degree (related to drama therapy, i.e. MA, PhD), licensure (i.e. LMFT, LCSW, MD), pertinent certifications/credentials (i.e. RDT, RDT/BCT). Please adhere to our formatting standards and refrain from information additions. *

CO-AUTHOR 3 CURRENT NADTA MEMBERSHIP CATEGORY*

- Non-Member
- Member (not RDT)
- Professional RDT
- Professional RDT-MT
- Professional RDT/BCT
- Student Member
- Senior Member (65+)

CO-AUTHOR 4 NAME* CO-AUTHOR 4 EMAIL*

CO-AUTHOR 4 CREDENTIALS: Preferred order of credentials: highest earned degree (related to drama therapy, i.e. MA, PhD), licensure (i.e. LMFT, LCSW, MD), pertinent certifications/credentials (i.e. RDT, RDT/BCT). Please adhere to our formatting standards and refrain from information additions. *

CO-AUTHOR 4 CURRENT NADTA MEMBERSHIP CATEGORY*

Non-Member

Member (not RDT)

Professional RDT

Professional RDT-MT

Professional RDT/BCT

Student Member

Senior Member (65+)

4+ CO-AUTHORS

For additional Co-Authors (4+) please upload a Word Doc containing the name, email, credential and Membership Category of each additional Co-Author.

Upload your additional co-author information below*

Upload File