



*2nd International Conference
of
Physiotherapy in Psychiatry and Mental Health
Ic-ppmh 2008*



Bergen University College
at Solstrand Hotell, Os, Norway

27.-29. February 2008



HØGSKOLEN I BERGEN

ABSTRACT BOOK



Bergen February 22, 2008

Dear Attendees,

It is a pleasure to welcome you to the 2nd International Conference of Physiotherapy in Psychiatry and Mental Health, arranged by Bergen University College, Bergen, Norway.

This is a second milestone for establishing an International Conference of Physiotherapy in the professional field of Psychiatry and Mental Health. The first milestone was made by Professor Michel Probst at the University of Leuven, arranging the first Conference, in Belgium 2006. Bergen University College, Department of Physiotherapy, is honoured to be the host of the second conference, aiming at Bridging Awareness, creating professional networks and developing knowledge.

This conference is for physiotherapists interested in psychiatry and mental health, in psychosomatic rehabilitation, for educators, researchers and leaders with interest in the psychiatric and psychosomatic field.

There has been a very positive response from colleagues in so many countries on our way to establish this second Conference. More than 60 abstracts have reached the Scientific Committee. As program planners we have put together an exciting and innovative program built on the incoming abstracts, presenting the present state of art in the field. At the same time we wanted to maintain the traditional forums you expected from the ic-ppmh. You find in the program an emphasis on clinical approaches, research methods, educational issues and practical workshops. The conference also highlights forums of informal talks as you can find in the Morning Round Table Discussions and for sharing reflections and visions in a break or during a meal.

We hope that you can compose your own conference program and we look forward to inspiring and challenging dialogues with old and new colleagues. We expect around 120 delegates from 20 countries and 4 continents.

We hope that you will enjoy the hotel environment in bridging awareness across borders; Solstrand Hotell & Spa is one of the best conference hotels in Norway. It undergoes fabulous development and restorations, continuously, in order to make the hospitality even more convenient and the outer nature even more integrated for the joy of the guests. Of course, the Bergen University College's location in downtown Bergen is also hard to beat.

Finally we would like to thank the Scientific Committee, the members of the organizing committee from the University of Bergen and the Haukeland University Hospital, the Board of the Faculty of Health and Social Sciences and the Direction of Bergen University College (BUC), the staff-members and the webmaster at BUC, and all co-workers at the Conference. We would, in particular, like to thank you Harald Riisnæs, Travel Planners.

We hope you have a productive and enjoyable meeting.

On behalf of the organizing committee

Liv Helvik Skjærven
Project Leader and editor of abstract book



2nd International Conference of Physiotherapy in Psychiatry and Mental Health 2008

Organised by

Bergen University College, Faculty of Health and Social Sciences,
Department of Physiotherapy
in collaboration with
University of Bergen, Faculty of Medicine, Institute of Physiotherapy Science,
Haukeland University Hospital, Unit for Eating Disorders, Norway
and
Katholieke Universiteit Leuven, Faculty of Kinesiology and Rehabilitation Sciences &
University Centre Kortenberg, Belgium.

Scientific Board

<i>Michel Probst</i>	<i>Belgium</i>
<i>Phil Calvert</i>	<i>Australia</i>
<i>Amanda Lundvik Gyllensten</i>	<i>Sweden</i>
<i>Marie-Louise Majewski</i>	<i>Sweden</i>
<i>Anne Parker</i>	<i>United Kingdom</i>
<i>Felicity Spencer</i>	<i>Australia</i>
<i>Marit Nilsen</i>	<i>Norway</i>
<i>Liv Helvik Skjærven</i>	<i>Norway</i>

Local Organising Committee

Mildrid Haugland
Leader of
Department of Physiotherapy
Bergen University College
Bergen, Norway

Liv Helvik Skjærven
Projectleader ic-ppmh/2008
Department of Physiotherapy
Bergen University College
Bergen, Norway

Marit Nilsen
Unit for Eating Disorders
Haukeland University Hospital
Bergen, Norway

Tove Dragesund
Section for Physiotherapy Science
University of Bergen
Bergen Norway

Harald Riisnaes
Travel Planners of Scandinavia
Professional Conference Organiser for IC-PPMH 2008





Program overview



Wednesday, February 27, 2008						
14.30	Conference Registration					
16.00	Official Opening - Academic Session: Art and Science as Complementary Perspectives for Physiotherapy in Psychiatry and Mental Health 1: <i>Inner Experience and Outer Expression – the Unity in Human Movement</i> 2: <i>The Relation between Clinical Practice and Research</i>					
19.00	Dinner					
Thursday, February 28, 2008						
08.00	Morning Round Table Discussion, Group 1-10					
09.00	Break					
09.30	Plenary Session, 1-2 1: <i>Body Movement and Mental Health- an Honorary lecture</i> 2: <i>Effect of Basic Body Awareness Therapy</i>					
10.45	Break					
11.15	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Scientific Session A <i>Epidemiology and Characteristics</i> </td> <td style="width: 33%; vertical-align: top;"> Scientific Session B <i>PT strategies in different Countries</i> </td> <td style="width: 33%; vertical-align: top;"> Scientific Session C <i>Treatment Approaches</i> </td> </tr> </table>	Scientific Session A <i>Epidemiology and Characteristics</i>	Scientific Session B <i>PT strategies in different Countries</i>	Scientific Session C <i>Treatment Approaches</i>		
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12.30	Lunch					
13.30	Poster presentation – <i>A Guided Tour, 1-8</i> Movement Session – <i>In introduction in Tai chi</i>					
14.00	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> Scientific Session D <i>Treatment Approaches</i> </td> <td style="width: 33%; vertical-align: top;"> Scientific Session E <i>PT strategies in different Countries</i> </td> <td style="width: 33%; vertical-align: top;"> Scientific Session F <i>Developing the Profession</i> </td> </tr> </table>	Scientific Session D <i>Treatment Approaches</i>	Scientific Session E <i>PT strategies in different Countries</i>	Scientific Session F <i>Developing the Profession</i>		
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15.30	Break					
15.45	<table style="width: 100%; border: none;"> <tr> <td style="width: 20%; vertical-align: top;"> Workshop I <i>Basic Body Awareness Therapy</i> Practical </td> <td style="width: 20%; vertical-align: top;"> Workshop II <i>Eating Disorders: What do we do?</i> Practical </td> <td style="width: 20%; vertical-align: top;"> Workshop III <i>Use of the Voice and Movement</i> Practical </td> <td style="width: 20%; vertical-align: top;"> Workshop IV <i>Eating Disorders: Film</i> Practical </td> <td style="width: 20%; vertical-align: top;"> Workshop V <i>Eating Disorders: Using Mirror</i> Practical </td> </tr> </table>	Workshop I <i>Basic Body Awareness Therapy</i> Practical	Workshop II <i>Eating Disorders: What do we do?</i> Practical	Workshop III <i>Use of the Voice and Movement</i> Practical	Workshop IV <i>Eating Disorders: Film</i> Practical	Workshop V <i>Eating Disorders: Using Mirror</i> Practical
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17.00	Meeting: <i>Establishing the ic-ppmh Board; Next ic-ppmh Conference</i>					
19.30	Dinner					



	Friday, February 29, 2008				
08.00	Morning Round Table Discussion, Group 1-10				
09.00	Break				
09.30	Plenary Session, 3-4 3: <i>Physiotherapy for Psychotic patients</i> 4: <i>An Understanding of the phenomenon of Movement Quality</i>				
10.30	Break				
11.00	Scientific Session G <i>Treatment - Focusing Awareness</i>	Scientific Session H <i>Discussion on Educational Issues</i>	Scientific Session I <i>Treatment – Individual and Group Perspective</i>		
12.15	Lunch				
13.15	Poster presentation – <i>A Guided Tour, 9-16</i> Movement Session – <i>In introduction in Tai chi</i>				
13.45	Workshop I <i>Basic Body Awareness Therapy Practical</i>	Workshop II <i>Eating Disorders What do we do? Practical</i>	Workshop III <i>Use of the Voice and Movement Practical</i>	Workshop IV <i>Eating Disorders: Film Practical</i>	Workshop V <i>Eating Disorders: using Mirror Practical</i>
14.45	Break				
15.00	<i>Summing up When and where the next ic-ppmh</i>				
1520	<i>Poster-award Closing the Conference</i> Finish 1520				





PROGRAM





Program
The 2nd International Conference of Physiotherapy in
Psychiatry and Mental Health

Wednesday, 27 February 2008



1430-1600 CONFERENCE REGISTRATION

Solstrand Hotell, The Main Hall

1600-1800 OFFICIAL OPENING

Academic Session: Art and Science as Complementary Perspectives for Physiotherapy in Psychiatry and Mental Health

1: “*Inner Experience and Outer Expression – the Unity in Human Movement*”, by Kyrre Texnæs, Creator of Movement, Oslo, Norway.

2: “*The Relation between Clinical Practice and Research*”, by professor Michel Probst, PhD PT, Katholieke Universteit Leuven, Belgium.

1900 WELCOME DINNER

WEDNESDAY EVENING:

All participants

1: Register for your choice of group-discussion for the **Morning Round Table:** 1-10

2: Register for your choice of **Workshop session:** I-V. Register for both days.

Presenters

1: Speakers: Bring you USB / DVD /CD; Contact the registration-desk

2: Posters: Hang your POSTERS; Contact the registration-desk.

Chair persons

1: Chairs in the Morning Round Table: Meet at the registration-desk at **2030;**

2: Chairs in the Scientific Sessions and Workshops: Meet at the registration-desk at **2100;**



Thursday, February 28, 2008



BREAKFAST

0700 - 0800

MORNING ROUND TABLE DISCUSSION – GR. 1-10

0800-0900

GR 1: Role and task

Chair: Jensen

What is the PT's role and task in Psychiatry and Mental Health? How is it today? What are the future demands?

GR 2: Team

Chair: Parker

What is the PT's Role and Level of Communication in the psychiatric team? How is the Physiotherapist organized at your work or in your country in this particular field?

GR 3: Use of Movement groups

Chair: Røe

How can we use movement groups as a professional approach in physiotherapy in the field of Mental Health? How can we use "open" and "closed" groups in a professional way?

GR 4: Research Questions

Chair: Lundvik Gyllensten

What are the Research Questions we need to ask within the field of PT in Psychiatry and Mental Health? What are the "answers" we need in order to develop the profession?

GR 5: Education

Chair: Skjærven

Education and professionalism – how can we build the future PT in Psychiatry and Mental Health? What are the needs in society that the PT must be prepared to respond to? How can they be reflected in the Bachelor and the Master education?

GR 6: Communication with society

Chair: Matamaros

How can we communicate and distribute information about the PT in Psychiatry and Mental Health? What are the demands and question from the society we need to respond to?

GR 7: Person-centered approach

Chair: Gard

How can empowerment and a person-centered approach be concretely integrated by the PT working in Psychiatry and Mental Health?

GR 8: Physical Activity

Chair: Lindbeck/ Danielsson

What is the need for Physical Activity in field of Physiotherapy in Psychiatry and Mental Health? What kind of adaptation in Physical Activity is necessary to meet the needs of the clients?



GR 9: Mindfulness

Chair: Spencer

What do we mean by the phenomenon "mindfulness" in Physiotherapy? Is this an accepted phenomenon in our professional context? What are the Therapeutic approaches available in Physiotherapy to integrate "mindfulness"?

GR 10: Building therapeutic relations

Chair: Skatteboe

What factors are involved in developing relationship between patient/ client and the PT in Psychiatry and Mental Health?

REGISTER: Register on a list, **Wednesday evening**, for the Morning Round Table Discussion, GROUP 1-10, Thursday and Friday. Each group will be limited to 10-12 participants. If one group is full, you register in another. There will be one chair person in charge of each of the groups. You will find what room to be in when coming to Solstrand.

BREAK

0900-0930: *Coffee, tea, lemon water*

PLENARY SESSION

0930-1045

Chair: Skjærven

0930-1015

BODY, MOVEMENT AND MENTAL HEALTH – HISTORICAL AND PRESENT CONSIDERATIONS. Honorary Lecture for Liljan Espenak (1905–1988) from Bergen, Norway

Prof. Dr. Gerd Hölter, Dortmund University of Technology, Dortmund, Germany

1015-1045

THE EFFECT OF BASIC BODY AWARENESS THERAPY – A LONG-TERM FOLLOW UP OF A RANDOMISED, CONTROLLED STUDY IN PSYCHIATRIC OUT-PATIENT CARE

Amanda Lundvik Gyllensten, Department of Health Sciences, Division of Physiotherapy, Lund University, Sweden.

BREAK

1045-1115: *Coffee, tea, lemon water and cinnamon buns*

SCIENTIFIC SESSION A-C

1115-1230

SCIENTIFIC SESSION A

Chair: Vancampfort

SUBJECT: Epidemiology and Characteristics



1115-1130:

SOMATIC AND MENTAL DISTRESS IN INDIVIDUALS WITH OR WITHOUT SOMATIC INJURY AFTER THE TSUNAMI

Keskinen-Rosenqvist, Riitta, RPT, MScPT; Michélsen, Hans, PsyD, PhD; Schulman, Abbe MD, PhD. Center for Community Medicine, Stockholm County Counsel and Karolinska Institutet, Stockholm, Sweden.

1130-1145:

FROM ACUTE MUSCULOSKELETAL PAIN TO CHRONIC WIDESPREAD PAIN AND FIBROMYALGIA: PHYSIOTHERAPY ADDRESSING COGNITIVE EMOTIONAL SENSITISATION AND BEYOND

NIJS Jo, PhD, PT, Department of Human Physiology, Faculty of Physical Education & Physiotherapy, Vrije Universiteit Brussel, Belgium, Division of Musculoskeletal Physiotherapy, Department of Health Care Sciences, University College Antwerp, Belgium.

1145-1200:

VIOLENCE AND ABUSE IN THE DEVELOPMENT OF FIBRO-MYALGIA AS EXPERIENCED BY FEMALE PATIENTS – IMPLICATIONS TO PHYSIOTHERAPY

Merja Sallinen, Pt, MSc, Satakunta University of Applied Sciences, Maamiehenkatu 10, 28500 Pori. Finland.

1200-1215:

BODILY SYMPTOMS IN SEVERE DEPRESSION

Lene Nyboe, Physiotherapist, MSc, Aarhus University Hospital, Risskov, Skovagervej 2, 8240 Risskov, Denmark.

1215-1230: AUDIENCE - Questions and reflections with the speakers

SCIENTIFIC SESSION B

Chair: Sarin

SUBJECT: Physiotherapy - Strategies in Different Countries

1115-1130:

BRIDGE OVER TROUBLED WATER PSYCHOSOMATIC PHYSICAL THERAPY IN THE NETHERLANDS

Nathalie Mulders, Chairman Dutch Society of Psychosomatic Physical Therapy the Netherlands.

1130-1145:

PHYSIOTHERAPY A STRATEGY FOR THE FUTURE - CONNECTION DIRECTION PROMOTION

Caroline Griffiths, Physiotherapy Team Leader, Fulbrook Centre, Churchill Hospital Site, Oxford OX3 7JU. Phone: +01865 2 23811.

1145-1200:

INTEGRATING BASIC BODY AWARENESS THERAPY INTO MENTAL HEALTH PHYSIOTHERAPY IN EDINBURGH

Anne Parker, Superintendent Physiotherapist, Royal Edinburgh Hospital, Edinburgh, Scotland, UK.

1200-1215:

PHYSIOTHERAPEUTIC TREATMENT IN IN-PATIENT PSYCHIATRIC CARE, COPENHAGEN, DENMARK



Jonna Jensen PT, M Edu., VIA University College, School of Physiotherapy, Aarhus, Skejbyvej 15, 8240 Risskov, Denmark. Susan Christensen PT, Head of Department of Physiotherapy, Rigshospitalet Psychiatric Center, Blegdamsvej 9, 2100 København Ø, Denmark.

1215-1230: AUDIENCE - Questions and reflections with the speakers

SCIENTIFIC SESSION C

Chair: Spencer

SUBJECT: Treatment approaches

1115-1130:

DOES THE IBS – PATIENT OF TODAY GET AN OPTIMAL TREATMENT?

Elsa Eriksson, Kristina Andrén, Marie Larsson, Henry Eriksson, Göran Kurlberg. Division of Functional Gastroenterology, Pavilion 2, Sahlgrenska University Hospital/Östra, SE-416 85 Göteborg, Sweden.

1130-1145:

NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY: RESPIRATION AS A VITAL ELEMENT IN THE PROCESS OF CREATING REFLECTION, UNDERSTANDING AND COMPARISON

Kirsten Ekerholt, Ass. Prof. Faculty of Health Sciences; Oslo University College, Box 4, St. Olavs plass 0130 Oslo, Norway. Astrid Bergland, Prof. dr. philos. Faculty of Health Sciences; Oslo University College, Norway.

1145-1200:

REFLECTIONS ON “WORKING TOGETHER”. EXPERIENCES FROM THE CO-WORK BETWEEN A PSYCHOMOTOR PHYSIOTHERAPIST AND A PSYCHOTHERAPIST

Grete Schau, Specialist within clinical psychology, Specialist within intensive psychotherapy, Langbakken 16, 1430 Ås, Norway. Karen Marie Mathismoen, Specialist within Psychiatric and psychosomatic physiotherapy. Myrveien 10, 1430 Ås, Norway. Kirsten Ekerholt, Assistant prof. Faculty of Health Sciences; Oslo University College, Norway.

1200-1215:

IF NOT SOMA AND PSYCHE – WHAT? BEARING AND MOVEMENT, AWARENESS IN SENSATION AND UNDERSTANDING THROUGH LANGUAGE EXPRESSING IMPRESSIONS

Randi Sviland, Specialist in Psychiatric/ Psychosomatic Physiotherapy MNFF, Can.San. Clinical practise in private institute, Bergen, Norway. Kari Martinsen, Nurse, Master of Philosophy and dr.Philos. Professor at Harstad University College and at Deaconess University College, Bergen, Norway. Målfrid Råheim, Physiotherapist, dr. Philos. Associate Professor, Section for Physiotherapy Science, Faculty of Medicine, University of Bergen, Norway.

1215-1230: AUDIENCE - Questions and reflections with speakers

LUNCH

1230-1330



POSTER PRESENTATION - *A GUIDED TOUR* **1330-1400**

Presenter 1-4

Chair: Sallinen

1: ACUPUNCTURE IN MENTAL HEALTH: A REVIEW OF NEURO-PHYSIOLOGICAL EFFECTS

Rebecca Armstrong, BHSc Physiotherapy, MNZSP, ANZCP, Auckland District Health Board, Auckland, New Zealand

2: THE BODY AS ARENA FOR FRIGHT AND SHAME – STRENGTH AND SELF-AWARENESS; A CASE REPORT

Anne Christensen Backe, specialist in Psychiatric and Psychosomatic Physiotherapy, Leistad District Psychiatric Center, Psychiatric Out-patient Clinic, Trondheim, Norway.

3: PSYCHOMOTOR THERAPY AND MENTAL HEALTH IN PATIENTS WITH PSYCHOTIC DISORDERS: AN EXPERIMENTAL COMPARISON BETWEEN AN ITALIAN AND A BELGIAN EXPERIENCE

Martina Alberti, Psychiatric clinic “Villa Santa Chiara”, Verona, Italy, University of Motor and Human Science, Verona, Italy. Davy Vancampfort, U.P.C.-K.U.Leuven, campus Kortenberg, Dienst Psychomotorische Therapie en Kinesitherapie, Leuvensesteenweg 517, 3070 Kortenberg, Belgium.

4: MOVEMENT THERAPY OF SENIORS WITH DEMENTIA

Hatlova B¹, Kirchner J², Horáková V¹.¹Charles University in Prague, Faculty of Physical Education and Sport, Czech Republic ²J.E. Purkyně University in Ústí nad Labem, Czech Republic, belahatlova@centrum.cz

Presenter 5-8

Chair: Mulder

5: PHYSIOTHERAPY AND SLEEP QUALITY, WHAT WE CAN DO?

Marie Carmen Valenza, Physiotherapy professor, Escuela Universitaria Ciencias de la Salud. University of Granada (Spain). Daniel Catalán Matamoros, Physiotherapy professor, Escuela Universitaria Ciencias de la Salud. University of Almería (Spain). Gerald Valenza Demet, Physiotherapy professor, Escuela Universitaria Ciencias de la Salud. University of Granada (Spain)

6: MENTAL HEALTH STIGMA: ATTITUDES OF PHYSIOTHERAPY STUDENTS AND THE ROLE OF EDUCATION IN ATTITUDE DEVELOPMENT

Bev Sarin, Nathalie Brodie; School of Healthcare Studies, Wales College of Medicine, Biology, Life & Health Sciences Cardiff University Ty Dewi Sant Heath Park Cardiff CF 14 4XN

7: MENTAL HEALTH EDUCATION: EFFECTS ON PHYSIOTHERAPY STUDENTS' EMOTIONAL ATTITUDES TOWARDS WORKING WITH PATIENTS WITH MENTAL HEALTH DISORDERS

Bev Sarin, Richard Walters, Tony Everett. School of Healthcare Studies, Wales College of Medicine, Biology, Life & Health Sciences Cardiff University Ty Dewi Sant Heath Park Cardiff CF 14 4XN.

8: THE EFFECT OF MENTAL HEALTH EDUCATION ON PHYSIO-THERAPY STUDENTS' BEHAVIOURAL EXPECTATIONS WHEN WORKING WITH PATIENTS WITH MENTAL HEALTH DISORDERS

Bev Sarin, Richard Walters, Tony Everett. School of Healthcare Studies, Wales College of Medicine, Biology, Life & Health Sciences Cardiff University Ty Dewi Sant Heath Park Cardiff CF 14 4XN.



MOVEMENT SESSION

1330-1400

“Tai chi – an introduction”

Teacher in Basic Body Awareness Therapy, Kent Skoglund, PT, Vaxholms sjukgymnastik, Stockholm, Sweden.

SCIENTIFIC SESSION D- F

1400-1515

SCIENTIFIC SESSION D

SUBJECT: Treatment approaches

Chair: Keskinen-Rosenqvist

1400-1415:

A RCT ON A PHYSIOTHERAPEUTIC INTERVENTION IN PATIENTS WITH EATING DISORDER

Daniel Catalán Matamoros, PhD. University of Almeria, Spain. María Teresa Labajos Manzanares, PhD. University of Malaga, Spain. Liv Helvik Skjaerven, MSc., Bergen University College, Norway. Eduardo Sánchez Guerrero, PhD. University of Málaga, Spain. Alma Martínez de Salazar Arboleas, PhD. Mental Health Service, Almeria, Spain.

1415-1430:

THE BODY ATTITUDE TEST (bat) AND YOUNG PEOPLE WITH AND EATING DISORDER FROM 21-17 YEARS.

Marie-Louise Majewski, Lic physiotherapist, Ma.Sc., Spec. in Psychiatry and Psychosomatics

1430-1445:

EFFECT OF PAIN EDUCATION ON COPING, CATASTROPHISING, KINESIOPHOBIA AND PAIN IN PATIENTS WITH CHRONIC FATIGUE SYNDROME: A RANDOMISED CONTROLLED TRIAL

Mira Meeus^{1,2}, Jo Nijs^{1,2}, J. Van Oosterwijck¹, V. Van Alsenoy¹, S. Truijen. Division of Musculoskeletal Physiotherapy - Department of Health Care Sciences – University College Antwerp (HA), Antwerp, Belgium. Department of Human Physiology – Faculty of Physical Education and Physiotherapy – Vrije Universiteit Brussel (VUB), Brussels, Belgium

1445-1500:

”BUT I NEVER SHOW MY SHAME” – A QUALITATIVE STUDY OF AFFECT-ORGANISATION AND CHRONIC PAIN

Physiotherapist Inger M. Norland, Spes. Psychiatric and Psychosomatic Physio-therapy, Master of Clinical Health. Rosendal Psychodynamic Body Therapy (PDK), 5470 Rosendal, Norway.

1500-1515: AUDIENCE - Questions and reflections with the speakers

SCIENTIFIC SESSION E

SUBJECT: Physiotherapy - Strategies in Different Countries

Chair: Ekerholt



1400-1415:

(PROFESSIONAL) MASTER IN PSYCHOSOMATIC PHYSIOTHERAPY IN THE NETHERLANDS. HOW DO YOU START A THING LIKE THIS?

Rutger Ijntema PT. Program coordinator psychosomatic physiotherapy at the academy of health in Utrecht, Hogeschool Utrecht, Bolognalaan 101, Kamer 2.034, Postbus 85182 - 3508 AD Utrecht, the Netherlands.

1415-1430:

PSYCHOMOTOR THERAPY IN SCHIZOPHRENIA TREATMENT

Hátlová, Běla, Špůrková Alena, Adámková Milena. Charles University in Prague, Faculty of Physical Education and Sports, Department of Education, Psychology and Didactics, Czech Republic. belahatlova@centrum.cz

1430-1445:

HEALTHY AND ACTIVE- A TREATMENT PROGRAMME FOR PSYCHIATRIC PATIENTS WITH BMI > 30

Birthe Kingo Christensen and Jane D.M. Sørensen, Department of Physiotherapy, Aarhus University Hospital, Risskov, Skovagervej 2, 8240 Risskov, Denmark.

1445-1500:

A FUNCTIONAL GROUP FOR DRUG ADDICTION REHABILITEES GUIDED BY PHYSIOTHERAPY STUDENTS

Merja Kurunsaari, Lic.Sc.(Health Sciences), Senior Lecturer of Physiotherapy. Jyväskylän University of Applied Sciences, School of Health and Social Studies Keskussairaalantie 21E, 40620 Jyväskylä, Finland.

1500-1515: AUDIENCE - Questions and reflections with the speakers

SCIENTIFIC SESSION F

SUBJECT: Developing the Profession

Chair: Van der Horst

1400-1415:

EMOTIONAL AWARENESS IN PHYSIOTHERAPY

Gunvor Gard, Ass.Prof.and Amanda Lundvik Gyllensten Ass Prof. Dept of Health Sciences, Lund University, Lund University Hospital,221 85 Lund, Sweden.

1415-1430:

THE ATTITUDE OF PHYSIOTHERAPY STUDENTS TOWARDS MENTAL HEALTH AND PSYCHIATRY

M. Probst, PT, Ph.D, Professor, Department of Rehabilitation Sciences and Physiotherapy, Faculty of Kinesiology and Rehabilitation Sciences K.U.Leuven, Head of Physiotherapy Service, UPC-K.U.Leuven, campus Kortenberg, Belgium.

1430-1445:

FROM STUDENT TO “PATIENT WHISPERER”: MENTAL HEALTH EDUCATION BRIDGING AWARENESS

Bev Sarin, School of Healthcare Studies, Wales College of Medicine, Biology, Life & Health Sciences Cardiff University Ty Dewi Sant Heath Park Cardiff CF 14 4XN, UK.

1445-1500:

COERCION FREE SERVICES: RESTRAINT AND SECLUSION MINIMISATION AND THE ROLE OF PHYSIOTHERAPY



Rebecca Armstrong, BHSc Physiotherapy, MNZSP, ANZCP, Auckland District Health Board, Auckland, New Zealand.

1500-1515: AUDIENCE - Questions and reflections with the speakers

BREAK

1515-1545: *Coffee, tea, lemon water and fruit*

WORKSHOP I-V

1545-1645

WORKSHOP I

Chair: Kurunsarii

A WORKSHOP IN BASIC BODY AWARENESS THERAPY (B BAT) USED IN THE PSYCHIATRIC FIELD – A WAY TO GET IN TOUCH WITH YOURSELF

Kent Skoglund, Vaxholms sjukgymnastik, Stockholm Sweden. Liv Helvik Skjaerven, Faculty of Health and Social sciences, Department of Physiotherapy, Bergen University College, Norway. Amanda Lundvik Gyllensten, Department of Health Sciences, Division of Physiotherapy, Faculty of Medicine, Lund University, Sweden

WORKSHOP II

Chair: Armstrong

PHYSIOTHERAPY AND EATING DISORDERS

Marit Danielsen, Physiotherapist specialist in the field of psychiatric and psychosomatic physiotherapy. Working place: Specialized unit for eating disorders in the health region of Helse Midt-Norge, Levanger, Norway. Marit Nilsen, Physiotherapist. Working place: Specialized unit for eating disorders in the health region of Helse Vest, Haukeland University Hospital, Bergen, Norway.

WORKSHOP III

Chair: Zimmermann

BASIC BODY AWARENESS THERAPY AND USE OF THE VOICE IN MENTAL HEALTH CARE

Skatteboe, Ulla-Britt, Norwegian Institute Basic Body Awareness Therapy, Jomfrubråteien 30,1179 Oslo Norway.

WORKSHOP IV

Chair: Parker

PHYSIOTHERAPY AND BODY AWARENESS WITH EATING DISORDERED PATIENTS: PRESENTATION OF A FILM ABOUT PRACTICAL APPROACH FOR INDIVIDUAL AND IN GROUPS

Christiane Klein, Physiotherapist, Yoga-teacher, formation in Dancetherapie Psychosomatische Klinik, Dr.med.Jantschek, Universitätsklinikum SH, Campus Lübeck, Germany.

WORKSHOP V

Chair: Nybøe

MIRROR, MIRROR ON THE WALL ... MIRROR BEHAVIOUR AND MIRROR EXERCISE OF PATIENTS WITH EATING DISORDERS

M. Probst, PT, Ph.D, Professor, Department of Rehabilitation Sciences and Physiotherapy, Faculty of Kinesiology and Rehabilitation Sciences K.U.Leuven, Head of Physiotherapy Service, UPC-K.U.Leuven, campus Kortenberg, Belgium.



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MEETING: Establishing the ic-ppmh BOARD

1700 – 1800

Chair: Probst, Nilsen

Subject 1: Establishing the ic-ppmh Board

Subject 2: Next ic-ppmh Conference, the ic-ppmh/2010: Where?

Subject 3: The ic-ppmh Board – planning to establish a subgroup in WCPT





FRIDAY, February 28, 2008



BREAKFAST

0700 - 0800

MORNING ROUND TABLE DISCUSSION – GR. 1-10

0800-0900

GR 1: Role and task

Chair: Jensen

What is the PT's role and task in Psychiatry and Mental Health? How is it today? What are the future demands?

GR 2: Team

Chair: Parker

What is the PT's Role and Level of Communication in the psychiatric team? How is the Physiotherapist organized at your work or in your country in this particular field?

GR 3: Use of Movement groups

Chair: Røe

How can we use movement groups as a professional approach in physiotherapy in the field of Mental Health? How can we use "open" and "closed" groups in a professional way?

GR 4: Research Questions

Chair: Lundvik Gyllensten

What are the Research Questions we need to ask within the field of PT in Psychiatry and Mental Health? What are the "answers" we need in order to develop the profession?

GR 5: Education

Chair: Skjærven

Education and professionalism – how can we build the future PT in Psychiatry and Mental Health? What are the needs in society that the PT must be prepared to respond to? How can they be reflected in the Bachelor and the Master education?

GR 6: Communication with society

Chair: Matamaros

How can we communicate and distribute information about the PT in Psychiatry and Mental Health? What are the demands and question from the society we need to respond to?

GR 7: Person-centered approach

Chair: Gard

How can empowerment and a person-centered approach be concretely integrated by the PT working in Psychiatry and Mental Health?

GR 8: Physical Activity

Chair: Lindbeck/ Danielsson

What is the need for Physical Activity in field of Physiotherapy in Psychiatry and Mental Health? What kind of adaptation in Physical Activity is necessary to meet the needs of the clients?



GR 9: Mindfulness

Chair: Spencer

What do we mean by the phenomenon "mindfulness" in Physiotherapy? Is this an accepted phenomenon in our professional context? What are the Therapeutic approaches available in Physiotherapy to integrate "mindfulness"?

GR 10: Building therapeutic relations

Chair: Skatteboe

What factors are involved in developing relationship between patient/ client and the PT in Psychiatry and Mental Health?

REGISTER: Register on a list, **Wednesday evening**, for the Morning Round Table Discussion, GROUP 1-10, Thursday and Friday. Each group will be limited to 10-12 participants. If one group is full, you register in another. There will be one chair person in charge of each of the groups. You will find what room to be in when coming to Solstrand.

BREAK

0900-0930: *Coffee, tea, lemon water*

PLENARY SESSION

0930-1030

Chair: Gard

0930-1000:

PSYCHOMOTOR THERAPY IN (SUB) ACUTE PSYCHOTIC PATIENTS: A FLEMMISH APPROACH

Davy Vancampfort, U.P.C.-K.U.Leuven, campus Kortenberg, Dienst Psycho-motorische Therapie en Kinesitherapie, Leuvensesteenweg 317, 3070 Kortenberg, Belgium.

1000-1030:

"AN EYE FOR MOVEMENT QUALITY" – A QUALITATIVE STUDY OF MOVEMENT QUALITY REFLECTING A GROUP OF PHYSIOTHERAPISTS' UNDERSTANDING OF THE PHENOMENON

Liv H. Skjaerven^a, Kjell Kristoffersen^b, Gunvor Gard^c: ^aInstitute of Physiotherapy, Faculty of Health and Social Sciences; Bergen University College, Bergen, Norway; ^bSection of Nursing Science, Department of Public Health and Primary Health Care, Faculty of Medicine, University of Bergen, Norway; ^cDepartment of Health Sciences, Faculty of Medicine, Lund University, Lund, Sweden

BREAK

1030-1100: *Coffee, tea, lemon water and muffins*

SCIENTIFIC SESSION G-I

1100-1215



SCIENTIFIC SESSION G

Chair: Majewsky

SUBJECT: Treatment – Focusing Awareness

1100-1115:

THE PROGNOSTIC VALUE OF THE FOUR-DIMENSIONAL SYMPTOM QUESTIONNAIRE (4DSQ) IN THE PRESENCE OF MENTAL DISORDERS IN PHYSIOTHERAPY PRACTICE

M.van der Horst, MSc, RPt, Zorggroep Almere, Almere, the Netherlands. Lindeboom, PhD, Department of Clinical Epidemiology, Biostatistics and Bioinformatics, Amsterdam. C. Lucas, PhD, RPt, Academic Medical Centre, University of Amsterdam, Department of Clinical Epidemiology, Biostatistics and Bioinformatics, Amsterdam. B. Terluin, PhD, MD, VU University Medical Centre Amsterdam, The Institute for Research in Extramural Medicine, Amsterdam.

1115-1130:

MEASUREMENT OF AWARENESS OF CLINICAL AND NON-CLINICAL SETTINGS

Zimmermann, Y., Hölter, G. Dortmund, Germany. Technical University of Dortmund, Faculty of rehabilitation sciences, Department of adapted physical activity and movement therapy, Emil-Figge-Str. 50, 44227 Dortmund, Germany.

1130-1145:

FRAMING AWARENESS – ACCEPTANCE AND COMMITMENT THERAPY APPLIED TO PHYSIOTHERAPY PRACTICE

Felicity Spencer, Child and Adolescent Mental Health Unit, Sydney Children's Hospital, Sydney, Australia. Physiotherapy Dept, Sydney Children's Hospital, High Street Randwick 2031, NSW Australia.

1145-1200:

BRIDGING AWARENESS – HOW?

Marie Larsson, Elsa Eriksson, Henry Eriksson and Göran Kurlberg. Unit for Functional Gastroenterology, Pavilion 2, Depts. of Surgery and Medicine, Sahlgrenska University Hospital/Östra, SE-416 85 Göteborg, Sweden.

1200-1215: AUDIENCE - Questions and reflections with the speakers

SCIENTIFIC SESSION H

1100-1215

Chair: Matamaros

PROFESSIONAL AND EDUCATIONAL ISSUES FOR PHYSIOTHERAPY IN PSYCHIATRY AND MENTAL HEALTH

Discussion forum on Professional and Educational Issues for Physiotherapy in Psychiatry and Mental Health in the future – sharing experiences from today. How can we build the future? What is the need in Society? What needs are to be reflected in post-graduate courses and in the Bachelor and Master Program?

This is an invitation to discuss the development of the profession within Psychiatry and Mental Health.



SCIENTIFIC SESSION I

SUBJECT: Treatment – Individual and Group Perspective

Chair: Meeus

1100-1115:

BASIC BODY AWARENESS THERAPY AS A TREATMENT FOR PEOPLE SUFFERING FROM MYALGIC ENCEPHALOPATHY

Anne Marie Bøhme, Physical Medical Rehabilitation, Porsgrunn, Norway. Final project B BAM 2007, Bergen University College, Norway.

1115-1130:

THE PROCESS OF CHANGE IN BASIC BODY AWARENESS THERAPY

Louise Danielsson, RPT, Psychiatric Physiotherapy Unit Björkängen, Hospital of Södra Älvsborg, Klinikv.42, 50182 Borås, Sweden. Final project B BAM 2007, Bergen University College, Norway.

1130-1145:

HOW IS THE GROUP USEFUL TO THE PATIENTS IN A GROUP THERAPEUTIC PROCESS OF BASIC BODY AWARENESS THERAPY?

Maria Lindbeck, reg. PT, Psychiatric Physiotherapy Unit, Södra Älvsborgs Hospital, Borås, Sweden. Final project B BAM 2007, Bergen University College, Norway.

1145-1200:

THE BODY FRIEND OR FOE? ONES-SELF AS A RESOURCE IN THE PHYSIOTHERAPY TREATMENT OF CHRONIC MUSCULAR PAIN.

Jane Fulford. Gulsbogen Physiotherapy, 3048 Drammen, Norway. Final project B BAM 2007. Bergen University College, Norway.

1200-1215: AUDIENCE - Questions and reflections with the speakers

POSTER PRESENTATION - A GUIDED TOUR

1315-1345

Presenters 9-12:

Chair: Backe

9: PSYCHOLOGICAL VARIABLES AND HEALTH COMPLAINTS IN PATIENTS SEEKING PSYCHOMOTOR PHYSIOTHERAPY

Minna Hynninen¹, Cand. psychol., Monica Breivte², Cand. psychol., Alice Kvåle³, PhD, ¹ The Bergen Group for Treatment Research, Faculty of Psychology, University of Bergen, Norway. ² Alderspsykiatrisk avdeling, Haugesund Hospital, Health Region of Fonna, Norway. ³ Section for Physiotherapy Science, Department of Public Health and Primary Health Care, University of Bergen, Norway

10: NEW METHODS IN THE ASSESSMENT OF BODY-IMAGE AND MOVEMENT ANALYSIS

Annette Degener, Universität Dortmund, Emil-Figge-Str. 50, 44227 Dortmund

11: BODY AWARENESS AS AN ISSUE IN DEVELOPING PROFESSIONAL COMPETENCE IN PHYSIOTHERAPY?

Lymke Dehde, Bachelor of Health in Physiotherapy, Master of Public Health, Körperwege - Practice for Body Awareness, Dorotheenstraße 26, 33615 Bielefeld, Germany.



12: GASTROINTESTINAL SYMPTOMS IN 50 YEAR OLD WOMEN SHOWS A STRONG CORRELATION TO PSYCHOSOMATICS. CONTINUATION OF THE EPIDEMIOLOGICAL STUDY MEN BORN 1913.

Elsa Eriksson, Saga Johansson, Marianne Wallander, Catharina Welin, Göran Kurlberg, Henry Eriksson. Div. of Preventive Medicine and Surgery, Sahlgrenska University Hospital/East, S-416 85 Gothenburg, Div. of Epidemiology, AstraZeneca, S- 431 83 Mölndal, Sweden.

Presenters 13-16

Chair: Ijltema

13: PSYCHOLOGICAL DETERMINANTS OF CHRONIC MUSCULO-SKELETAL PAIN IN CHRONIC FATIGUE SYNDROME

Mira Meeus^{1,2}, Jo Nijs^{1,2}, Evelyne Van Mol¹, Steven Truijen¹. 1. Division of Musculoskeletal Physiotherapy - Department of Health Care Sciences – University College Antwerp (HA), Antwerp, Belgium. 2. Department of Human Physiology – Faculty of Physical Education and Physiotherapy – Vrije Universiteit Brussel (VUB), Brussels, Belgium

14: NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY: MASSAGE GIVING ENTRANCE TO OWN BODILY PERCEPTION AND REFLECTION

Kirsten Ekerholt, Ass. Prof. Faculty of Health Sciences; Oslo University College, Norway. Astrid Bergland, Prof. dr. philos. Faculty of Health Sciences; Oslo University College, Norway.

15: USING BODY AWARENESS THERAPY IN CONJUNCTION WITH ACTING IN TREATMENT OF SERIOUS EATING DISORDER

Kirsten Kabbe Ytterbø, Physiotherapist, specialised in psychiatric and psycho-somatic physiotherapy, with approved competency in Body Awareness Therapy. Address: Sykehuset Asker og Bærum HF, Dr.Høstsvei - døgnavdeling, Pb 83,1309 Rud, Norway

16: BASIC BODY AWARENESS METHODOLOGY – AN INTERNATIONAL POST-GRADUATE COURSE (60 ECTS) FOR PHYSIOTHERAPISTS AT BERGEN UNIVERSITY COLLEGE

Skjærven, LH, MSc, PT, Associate Professor, Department of Physiotherapy, Faculty of Health and Social Sciences, Bergen University College, Norway. lhs@hib.no. http://student.hib.no/fagplaner/ahs/basic_bam/

MOVEMENT SESSION

1315-1335

“Tai chi – an introduction”

Teacher in Basic Body Awareness Therapy, Kent Skoglund, PT, Vaxholms sjukgymnastik, Stockholm, Sweden.

WORKSHOP

1345-1445

WORKSHOP I

Chair: Norland

A WORKSHOP IN BASIC BODY AWARENESS THERAPY (B BAT) USED IN THE PSYCHIATRIC FIELD – A WAY TO GET IN TOUCH WITH YOURSELF

Kent Skoglund, Vaxholms sjukgymnastik, Stockholm Sweden. Liv Helvik Skjaerven, Faculty of Health and Social sciences, Department of Physiotherapy, Bergen University College, Norway. Amanda Lundvik



Gyllensten, Department of Health Sciences, Division of Physiotherapy, Faculty of Medicine, Lund University, Sweden

WORKSHOP II

Chair: Kobbe

PHYSIOTHERAPY AND EATING DISORDERS

Marit Danielsen, Physiotherapist specialist in the field of psychiatric and psychosomatic physiotherapy. Working place: Specialized unit for eating disorders in the health region of Helse Midt-Norge, Levanger, Norway. Marit Nilsen, Physiotherapist. Working place: Specialized unit for eating disorders in the health region of Helse Vest, Haukeland University Hospital, Bergen, Norway.

WORKSHOP III

Chair: Sviland

BASIC BODY AWARENESS THERAPY AND USE OF THE VOICE IN MENTAL HEALTH CARE

Skatteboe, Ulla-Britt, Norwegian Institute Basic Body Awareness Therapy, Jomfrubrâteien 30,1179 Oslo Norway.

WORKSHOP IV

Chair: Bøhme

PHYSIOTHERAPY AND BODY AWARENESS WITH EATING DISORDERED PATIENTS: PRESENTATION OF A FILM ABOUT PRACTICAL APPROACH FOR INDIVIDUAL AND IN GROUPS

Christiane Klein, Physiotherapist, Yoga-teacher, formation in Dancetherapie Psychosomatische Klinik, Dr.med.Jantschek, Universitätsklinikum SH, Campus Lübeck, Germany.

WORKSHOP V

Chair: Griffiths

MIRROR, MIRROR ON THE WALL ... MIRROR BEHAVIOUR AND MIRROR EXERCISE OF PATIENTS WITH EATING DISORDERS

M. Probst, PT, Ph.D, Professor, Department of Rehabilitation Sciences and Physiotherapy, Faculty of Kinesiology and Rehabilitation Sciences K.U.Leuven, Head of Physiotherapy Service, UPC-K.U.Leuven, campus Kortenberg, Belgium.

REGISTER: Register on a list, **Wednesday evening**, for the Workshop I-V, Thursday and Friday. Each group will be limited to 20-25 participants. If one group is full, you register in another. You will find what room to be in when coming to Solstrand.

BREAK

1445-1500: *Coffee, tea, lemon water and fruit*

CLOSING the Conference

1500-1520

Chair: Skjærven

Summing up

Poster Award; Next Conference - Where and When





Poster Award



There is organized for a Poster Award

You find in your Conference Portfolio, a questionnaire for you to deliver to the organizing staff, for the Poster-award Committee to sum up.

As a participant you choose the poster you find to be “*the best*” from the exhibited posters. Choose the one which should, from your opinion, receive the FIRST PLACE, according to the following criteria:

1. Scientific Novelty and Excellence
2. Concise clear and informative Introduction and Purpose
3. Brief Methodology
4. Local and clear presentation or description of Results / Findings
5. Clear concise and comprehensive summary and conclusion
6. A visual balance between text, figures, tables
7. Overall readability and impact (scientific and aesthetic)

Please return the questionnaire to the organizing staff,
not later than Friday 29, before 1300 pm



ABSTRACTS





INNER EXPERIENCE AND OUTER EXPRESSION – THE UNITY OF HUMAN MOVEMENT

Creator: Kyrre Texnæs, Oslo, Norway

“If our thoughts and body are moving the same way- what is the point in dividing them apart?”

Everything is movement. In our body. In our mind. In our stomach and but. In our legs and arms. In the bank account. In our breakfast cereal. In a tree. In a lion. In civil war. In a movie. On another planet. In our feelings.

I have learnt to appreciate the energy of movement as an essential factor for insight into human life. In the same way as the movement is created in the search for balance, in a world of imbalance, my left and right leg have taken their first steps in the choreography of life. In the free and unfolding movement and with the clear and organizing power of consciousness, I find my balance. These two are following each other in a dynamic dance full of life.

We always carry the movement, no matter where or how we go forward in life. That is why we would benefit from learning how to move. Just as an art piece is an expression of the spiritual state of the artist, we should do what we can to express through our physical body, who we really are.

Vulnerable, contracted, high tension, aggressive, open or free, - you can read everything in the body's coordination of movements. Hips, breast, neck etc., are words that become sentences when you put them together. The movements create meaning. The movements create dance when blockages are taken away. Words become poetry”.

From the book "Beveger" ("Creator of Movements"), written by Kyrre Texnaes.



Kyrre Texnaes is a dancer, a movement creator, a consciousness researcher, a multi-artist and a communicator. He has created educational programmes, books, films, chairs, performances and more. Throughout his work he hopes to inspire for conscious compassionate actions, in joyful and creative ways, with an essential understanding of the reality we live in.

Expressed about Kyrre Texnæs:

"Kyrre has a unique control over the uncontrollable and he has the ability to communicate on other levels than most people." Choreographer Jo Stromgren.



THE RELATIONSHIP BETWEEN CLINICAL PRACTICE AND RESEARCH IN PHYSIOTHERAPY IN THE FIELD OF PSYCHIATRY AND MENTAL HEALTH – REALITY OR UTOPIA?

Author: Michel Probst, PhD PT, K.U.Leuven, FaBeR, Rehabilitation Sciences & UPC-KULeuven, campus Kortenberg Belgium

Today the field of physiotherapy in psychiatry and mental health is still too often considered irrelevant, unimportant and sometimes even marginal by a number of medical doctors and physiotherapy schools.

This is an intriguing constatation knowing that approximately one fourth of our population is faced with a mental dysfunction and seeing that physical exercises and the attention payed to the body are hot topics in our society today and that both exercise and body awareness are important factors in our rehabilitation programs. But – so it seems – these are not sufficient reasons to award both a full place in mental health care. Therefore, greater attention should be paid to both networking and research. Unfortunately, unlike networking, for most physiotherapists the term research has a negative connotation.

Two topics are being analyzed:

- (a) why is research so necessary and
- (b) how can we do research in a simple but relevant manner?

An analysis of our field of action indicates that we've got plenty of competitors. Other health care professionals are also claiming interventions that are specific to us. The proliferation of all kinds of professionals in the mental health care certainly calls for domain fading or broadening. But the pressure of complementary and alternative therapies seeking recognition should not be underestimated either. This explains why preserving or acquiring a place in the world of therapy is getting harder. In order to survive as a physiotherapist in the long run and to present a distinct profile of ourselves regarding the policy makers, we need to prove that what we do is well-founded and represents a significant surplus value for the person who requests aid.

Therefore research is very important and even vital. Physiotherapy has been recognized within conventional medicine; physiotherapists get an in-depth training regarding the body as well as exercise; physiotherapists are trained in acquiring therapeutic competency. This starting point is not to be despised as it is the base of our warranty of quality. In this, we are to our advantage compared to some more exotic therapy forms or therapy forms whose quality is subject to questioning. Our task is to safeguard this position and to prevent ourselves of being bullied. Therefore the question is how to tackle research. By clinicians research is often (and wrongfully) considered too complicated. Of course some statistic procedures are very complicated, but there are also simple qualitative and quantitative methods to do research in everyday practice. Furthermore, a lot of websites have been developed which are helpful in the research field (for instance: www.constort-statement.org). In this contribution a number of very specific examples, all applicable in normal clinical practice, will be presented. This will help us explain how a simple evaluation project can be carried out and enables us to prove that research is sexier and less utopian than most professionals think. The aim is to supply tools to incite them to consider research with a more open mind.

Physiotherapists working in mental health care are in a unique position to provide an extensive range of physical approaches to treatment aimed at relieving symptoms, boosting confidence and improving quality of life. This is why mental health is an exciting and constantly evolving work field for the physiotherapist.



Thursday, February 28, 2008
Plenary Session, two speakers

**BODY, MOVEMENT AND MENTAL HEALTH –
HISTORICAL AND PRESENT CONSIDERATIONS**

Honorary Lecture for Liljan Espenak (1905–1988) from Bergen, Norway

by

Prof. Dr. Gerd Hölter, Dortmund University of Technology, Dortmund, Germany

This 2nd International Conference is subtitled '*Bridging Awareness*'.

Awareness might be a bridge to a better mental health; it might bridge the gap between body and mind or bring people closer to themselves, to others or to the society and the environment.

Bridge as a metaphor can be applied as well to a time span or to a connection between different spaces. This will be the central topic of my attribution.

Looking at the time span awareness has always played an important role in body concepts of the early 20th century (e.g. B. Mensendieck, E. Gindler, Mary Wigman). The Norwegian Liljan Espenak has been influenced by all those and she was the first person who started a post graduate program of dance-movement therapy in a re-known medical institution of the US in 1966. Her work in observation, diagnosis and treatment became a model for many movement therapists all over the world. The importance of her work is shown by some selected examples and videotapes.

My second 'bridging' is a short reflection on the role awareness plays in the wide range of body and movement oriented therapies. Although different interpretations of this term exist it is obvious that it plays an important role in the development of all movement therapies, especially for psychiatry.

Recently a clarification of the confusing terminology was suggested by English and German psychiatrists and this opens a gate for a professional communication in research and practice for the future.



THE EFFECT OF BASIC BODY AWARENESS THERAPY – A LONG-TERM FOLLOW UP OF A RANDOMISED, CONTROLLED STUDY IN PSYCHIATRIC OUT-PATIENT CARE

Authors: Amanda Lundvik Gyllensten, Department of Health Sciences, Division of Physiotherapy, Lund University, Sweden. amanda.lundvik_gyllensten@med.lu.se, Charlotte Ekdahl, Department of Health Sciences, Division of Physiotherapy, Lund University, Sweden.

Lars Hansson, Department of Health Sciences, Division of Nursing, Lund University, Sweden.

Purpose: The purpose was to evaluate the long-term effects of a Physiotherapeutic intervention in psychiatric out-patient care, where patients in a randomised, controlled study in addition to treatment as usual also received 12 times of Basic Body Awareness Therapy (B BAT). **Relevance:** B BAT is a treatment intervention used in psychiatric physiotherapy with documented effects in the short term, consisting of: improved body awareness, improved self-efficacy, improved sleep and improved attitude to the body and physical activity as well as improved physical coping strategies. The long-term effects have however not been studied.

Participants: Sixty patients diagnosed as having mood or anxiety disorders, somatoform or personality disorders with bodily symptoms (muscular tensions, vegetative or breathing problems), 30 patients in the treatment group and 30 patients in the control group were included in the study. **Methods:** The patients were assessed at baseline, after 3 months (treatment termination) after 9 months and after 12 months. The focus in this study was the results at the 9- and 12- month follow-up. They were assessed concerning body awareness, attitude to the body and physical function, severity of symptoms, self-efficacy, health related Quality of life and Sense of Coherence. The costs of Psychiatric care and the use of social insurance were also investigated. There were no differences between the groups at baseline in any of the assessments. **Analysis:** The data were statistically analysed (Mann-Whitney U-Test was used for the non-parametric assessments. Chi-square test or Fisher's Exact test were used for categorical data and to compare age, for the use of health care and social insurance system Students T-test was employed). **Results:** At the 9-month follow-up the treatment group (B BAT) was showing significantly better body awareness and movement behaviour ($p < 0.001$) and significantly better self-efficacy ($p < 0.05$) than the control group. At the 12-month follow-up the treatment group (B BAT) showed significantly less use of psychiatric health care from health care professionals ($p < 0.05$) and significantly less use of the social insurance system ($p < 0.05$). **Conclusion:** The study provides evidence for significant positive long-term effects of B BAT on both bodily and psychological health for patients in psychiatric out-patient care, as well as lower costs for psychiatric health care and less use of the social insurance system during a 12-month period beginning at the treatment start. **Implications:** There is evidence for the effectiveness of psychiatric physiotherapy with B BAT also in the long-term.

Key words: Basic Body Awareness Therapy, randomised, psychiatric out-patient care, evidence.



Scientific Session A

SOMATIC AND MENTAL DISTRESS IN INDIVIDUALS WITH OR WITHOUT SOMATIC INJURY AFTER THE TSUNAMI

Authors: Keskinen-Rosenqvist, Riitta, RPT, MScPT; Michélsen, Hans, PsyD, PhD; Schulman, Abbe MD, PhD. Center for Community Medicine, Stockholm County Council and Karolinska Institutet, Stockholm, Sweden. **Contact:** Riitta Keskinen-Rosenqvist, CeFAM, Alfred Nobels allé 12, S-14183 Huddinge, Sweden. Tel +46 8 70 484 25 63, E-mail: riitta.keskinen-rosenqvist@sll.se

Purpose: It is well known that exposure to a disaster can lead to somatic complaints as well as mental distress. When the Tsunami hit Southeast Asia in 2004, about 4000 inhabitants of Stockholm County, Sweden, were in the disaster area. Stockholm was one of the most heavily affected cities of the industrialized world, 205 individuals lost their lives. The survivors were exposed to the disaster in a variety of ways, and thereby ran the risk of mental and somatic ill-health. The aim of this study was to investigate, 14 months after the Tsunami, how and to what extent the disaster influenced somatic health of people with different kinds of exposure. Another purpose was to study the relationship between somatic symptoms and mental distress. **Relevance:** In physiotherapy, there is little attention paid to health consequences of disasters and other single traumatizing events. There is a need for more knowledge of how a disaster can influence physical health in order to develop strategies to help disaster affected people with somatic complaints. **Participants:** 1505 residents of Stockholm who stayed as tourists in the disaster area and who were exposed to serious injury (n=76), loss of a loved one (n=190), threat to life (n=677) and only being on the beach when the wave hit (n=199). Some individuals have been exposed to more than one exposure. The controls were 536 individuals, not reporting any exposure. **Methods:** A questionnaire was sent 14 months after the disaster to all survivors living in Stockholm County who returned from Southeast Asia after the Tsunami. Background variables, data of exposure, psychological health (General Health Questionnaire, GHQ 12) and physical symptoms (22 questions) were collected. **Ethics:** The design of the study was approved by the Ethics Committee, Karolinska Institutet, Stockholm. **Analysis:** Statistical analyses with Logistic regression, Wilcoxon Scores (Rank Sums) and Chi-Square were calculated. **Results / findings:** In comparison to controls, both injured and non-injured participants reported more physical symptoms like headache, tension and stiffness, palpitation, muscular pain, clumsiness and weakness experienced every day or several times a week 14 months after the disaster. Severely injured individuals as well as severely exposed to the Tsunami but without somatic injury, reported significantly raised levels of mental distress according to GHQ 12 in comparison to non exposed. Symptoms of GHQ 12 also correlated with physical symptoms. **Conclusions:** 14 months after the disaster, injured as well as non injured reported physical symptoms. The results also show a strong correlation between different kinds of exposure and mental as well as physical health that need to be taken into account in development of strategies for physiotherapy to support individuals being victims of a disaster. **Implications:** Understanding the relationship between somatic symptoms and exposure as well as the interaction between mental and physical health is important in physiotherapy following a disaster.

Keywords: Somatic and mental distress. Exposure to disaster. **Funding acknowledgements:** This study was supported by Stockholm County Council and Swedish Emergency Management Agency.



FROM ACUTE MUSCULOSKELETAL PAIN TO CHRONIC WIDESPREAD PAIN AND FIBROMYALGIA: PHYSIOTHERAPY ADDRESSING COGNITIVE EMOTIONAL SENSITISATION AND BEYOND

Author: NIJS Jo, PhD, PT, Department of Human Physiology, Faculty of Physical Education & Physiotherapy, Vrije Universiteit Brussel, Belgium, Division of Musculoskeletal Physiotherapy, Department of Health Care Sciences, University College Antwerp, Belgium.

Correspondence: Dr Jo Nijs (assistant professor), University College Antwerp, Van Aertselaerstraat 31, B-2170 Merksem, Belgium (phone +32 3 6418265 fax +32 3 641827 e-mail j.nijs@ha.be)

Purpose: During the past decade, scientific research has provided new insight into the development from an acute, localized musculoskeletal disorder (e.g. a whiplash trauma) towards chronic widespread pain and Fibromyalgia (FM). By applying science to practice, it is explained that physiotherapy might be able to influence this process in 3 different ways.

Relevance: When applying science to practice, physiotherapy might be able to *desensitise* the central nervous system.

Description: An in-depth review of basic and clinical research resulted in a clear understanding of the processes involved in the development from an acute, localized musculoskeletal pain problem towards chronic widespread pain and FM. Both peripheral and central causes of ongoing pain complaints have been identified, and provide a solid base for designing a theoretical framework for physiotherapy in these patients. Finally, the theoretical framework was confronted with evidence from randomized controlled clinical trials.

Evaluation: The proposed role of physiotherapy in the management of chronic widespread pain and FM represents a theoretical framework, strongly supported by basic science and epidemiological research, and in part supported by evidence from randomised clinical trials.

Conclusions: Chronic widespread pain and FM are characterised by sensitisation of central pain pathways. Inappropriate cognitions and personality traits like catastrophizing, hypervigilance, avoidance behaviour, and somatisation have a negative impact on the descending pain-inhibitory mechanisms (cognitive emotional sensitisation). In order to prevent chronicity in acute or subacute musculoskeletal disorders, it seems crucial to limit the time course of afferent stimulation of peripheral nociceptors. In addition, it is important for clinicians to realise that pain cognitions like fear of movement and catastrophizing may well be crucial at the stage of acute/subacute musculoskeletal disorders. In case of chronic widespread pain and established sensitisation of central pain pathways, relatively minor injuries/trauma at any location are likely to sustain the process of central sensitisation and should be treated appropriately with physiotherapy accounting for the decreased sensory threshold. In addition, the role of physiotherapy in such patients encompasses improving pain beliefs (e.g. pain neurophysiology education to decrease pain catastrophizing) and exercise interventions, which should account for the process of central sensitisation by using low to moderate intensity, aerobic exercises using multiple recovery periods and if available hydrotherapy in warm water. However, physiotherapists unaware of, or ignoring the processes involved in the development and sustaining of chronic widespread pain and FM, may cause more harm than benefit to the patient by triggering or sustaining central sensitisation.

Implications: Physiotherapy, when applied successfully to acute musculoskeletal disorders, might have the capacity to prevent chronicity. Conversely, when physiotherapists ignore the processes involved in the development and sustaining of chronic widespread pain and FM, then they may cause more harm than benefit to the patient. Physiotherapy to (sub)acute musculoskeletal disorders should account for the processes involved in chronicity, and physiotherapy has its place in the comprehensive management of those with chronic widespread pain and FM.

Keywords : chronic pain, fibromyalgia, sensitisation

Funding acknowledgements : none to declare in relation to the present report



VIOLENCE AND ABUSE IN THE DEVELOPMENT OF FIBROMYALGIA AS EXPERIENCED BY FEMALE PATIENTS – IMPLICATIONS TO PHYSIOTHERAPY

Author: Merja Sallinen, Pt, MSc, Satakunta University of Applied Sciences, Maamiehenkatu 10, 28500 Pori. Finland. merja.sallinen@samk.fi

Purpose: The purpose of this study is to elucidate meaning of violence and/or abuse in development of fibromyalgia through narratives of female patients with a long history of fibromyalgia.

Relevance: It has been shown in several quantitative studies that the prevalence of violence in the history is higher in patients with fibromyalgia than in patients with no pain or other chronic pain illnesses. However, the connotations of the violence by the patients have been less studied.

Participants: Female fibromyalgia patients (n=20) who had participated to a rehabilitation course for FM patient in the Rheumatism Foundation Hospital in 1999-2000. This is a part of a long term follow-up study of 160 patients.

Methods and analysis: Data were collected through narrative interviews. The interviews were recorded and then transcribed verbatim for analysis. In the analysis the emphasis was to find the key elements describing the life course of a patient with violent history and how the symptoms of FM were connected to other life events.

Results: Three reconstructed “cases” with implications to physiotherapy are presented as results.

Conclusions: in physiotherapy practise it is essential recognize the patients with a history of violence or abuse in order to provide good and efficient physiotherapy service.

Keywords: Fibromyalgia, narrative research, victimization

Funding: The study is funded by the Rheumatism Foundation, Heinola, Finland.



BODILY SYMPTOMS IN SEVERE DEPRESSION

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Purpose

The aim of the study was to describe bodily symptoms in severe depression testing the hypothesis, that patients with depression compared to healthy controls have more pain complaints, muscular tension, restricted breathing and negative attitudes toward physical appearance and ability, and less flexibility and centring in movement.

Relevance

Patients with depression have several somatic symptoms such as insomnia, psychomotor disturbances and reduced libido according to ICD-10. Experience from physiotherapeutic practice in psychiatric rehabilitation is that patients with depression have other somatic complaints and difficulties than those described in ICD-10. These can be pain and ache from muscles and joints, inactivity and poor physical condition, disturbed body awareness, general bodily tension and anxiety, restlessness, slowness and lack of coordination in movements, changes in body posture, restricted breathing and negative attitudes towards own body.

Participants

Psychiatric in-patients, (n=29) Aarhus University Hospital, Risskov, and healthy controls (n=29) matched on gender and age attended the study.

Methods

Bodily symptoms were assessed with The Body Awareness Scale and the degree of depression was assessed with Hamilton Depression Rating Scale. The patients' results were compared with healthy controls. Patients were assessed twice – firstly on admission to hospital and secondly when discharged in order to investigate if changes in depression correlated with changes in bodily symptoms. The healthy controls were only assessed once.

Analysis

All data was analysed using non parametric statistics performed by the SPSS-PC package (version 10.0).

Results

There were statistically significant ($p < 0.001$) differences in bodily symptoms such as pain complaints, muscular tension, centring and breathing, between patients with severe depression and healthy controls.

Conclusions

The study gives supplemental descriptions of bodily symptoms in depression and may emphasize the importance of investigating bodily symptoms in depressed patients.

Implication

The findings of the study indicate the need of a specific physiotherapeutic treatment of patients with severe depression.

Keywords

Major depression, physiotherapy, psychomotor disturbances



Scientific Session B

BRIDGE OVER TROUBLED WATER PSYCHOSOMATIC PHYSICAL THERAPY IN THE NETHERLANDS

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Purpose: Explanation of the Psychosomatic Physical Therapy in the Netherlands. What is past, presents and future of Psychosomatic Physical Therapy in the Netherlands?

Relevance: Awareness of the organization of psychosomatic physical therapy in the different countries helps us to look and find our common goal. Finding our common goals gives the strength to build solid bridges together over troubled water. By doing this we make sure that the psychosomatic physical therapy all over the world unites.

Description: Observation of the development and SWOT-analyze of the psychosomatic physical therapy (PPT) in the Netherlands. The society exists since 1984. Since then we have worked hard to gain a solid position in the physical therapy in the Netherlands. In 2005 the PPT has gain the status of specialization in the physical therapy. Since then the society is trying to get a different compensation for the treatment. In 2007 some healthcare insurance pay a higher compensation for PPT. The society counts over 400 members. Most of our members work in a private practice. Only a few work in hospitals and rehabilitation centers. The recent developments show a need to organize the healthcare in to care units. This is a big change to get the healthcare of psychosomatic problems more organized.

Evaluation: This presentation is built on my own experience as being a chairman for the society since 2005. Since 2005 I have made observations and analyzes from the context in which the psychosomatic physical therapy is situated. This is to set course for the society.

Conclusions: The psychosomatic physical therapy has some threats and a lot of opportunities. As society it is up to us to help bridging awareness and create the possibility for the psychosomatic physical therapist to benefit these opportunities.

Implications: This presentation is developed for managers in healthcare and gives information on management and policy.

Keywords: SWOT- analyze; psychosomatic physical therapy; management

Funding acknowledgements: Unfunded.



PHYSIOTHERAPY A STRATEGY FOR THE FUTURE - CONNECTION DIRECTION PROMOTION

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Purpose: The purpose of the strategy is set out in the following points: 1) To promote the role of physiotherapy in meeting the needs of clients in the provision of a holistic approach to mental healthcare, enhancing health, well being and quality of life. 2) To provide a framework for present and future physiotherapy practice in all healthcare settings based on an up-to-date evidence base and client centred practice in mental healthcare. 3) To provide leadership to the physiotherapy profession, and enable Commissioners to include physiotherapy in the delivery of high quality and effective evidence-based mental healthcare services. 4) To provide a framework for the education and professional development in physiotherapy for all physiotherapy staff, and to establish a clear framework in relevant competencies in mental healthcare, based on up-to-date evidence base. **Relevance:** Internationally a key need is to evidence the worth of physiotherapy in mental health care. At this time in U.K. the governmental drivers are shaping the provision of services. Commissioners who have the role of requesting services both in primary care and in specialist provision often have little or no idea of what physiotherapists might do in mental health. They are concerned with provision of service not who provides it and are keen that skills are shared and transferable and fall within the guidelines of the 10 key roles for Allied Health professionals (AHPs) Therefore we need to show that alongside our allied health professional colleagues we are well placed to fulfil the needs of clients with mental health disorders and also to lead on training and expert advice to specialist mental health teams and physical health providers. **Description:** The special interest group CPMH and the Professional body CSP worked together with representatives of service users and carers to create a non- static strategy which would carry the profession and services through the next few years. **Method:** 1) We had focus and ideas meetings, 2) We drafted sections on New Ways of working, policies and drivers, education, marketing and promotion 3) We will Launch the strategy at national events.

Evaluation:

- We will gain feedback from users, carers, voluntary organisations, physiotherapists in mental health, general physiotherapists, Universities
- We will instigate a review of use

Implications for physiotherapists in the UK:

- The strategy will provide a clear view of the possibilities for providing equitable service for physical needs of mental health clients.
- The strategy will provide Educational support, advice on curriculum development.
- The Strategy will provide advice on influencing planners and commissioners

For our patients/clients and carers 1) patients may lead action plans to implement the strategy. 2) Real involvement of users and carers in education of professionals will be encouraged. 3) The 'blue sky thinking' of Equity of access for mental health clients to physical health service will be promoted.

In Wider world it is hoped that the strategy may provide a Model which involves service users with a structure for influencing those in power and that it will be basis for discussion of physiotherapy skills as part of whole work force team.

Key words: Service provision; education; equity of provision



INTEGRATING BASIC BODY AWARENESS THERAPY INTO MENTAL HEALTH PHYSIOTHERAPY IN EDINBURGH

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Purpose: Mental Health Physiotherapy is a developing speciality. For a long time it has needed an evidence - based physiotherapeutic approach. Since encountering Basic Body Awareness Therapy (B BAT) in 2000, my aim as superintendent physiotherapist has been to improve the quality of care by integrating the modality into clinical and educational practice at the Royal Edinburgh Hospital Physiotherapy Department. **Relevance:** Current mental health strategies aim to provide evidence - based, person centred approaches of patient care in the community with greater emphasis on prevention. This project is highlighting challenges facing physiotherapists in providing a service for an increasing psychiatric population. The project outlines how B BAT used both individually and in group work can stimulate relational aspects of life and movement for patients in a mental health institution with 450 beds. **Description:** B BAT is a relatively new movement approach in treatment of mental health conditions. Containing a structured assessment, B BAT consists of everyday movements that provide a process oriented rehabilitation programme. It was introduced into the clinical, supervisory and teaching role after all staff attended courses and I completed a qualification in B BAT at Bergen University. The project describes how its use has been implemented in the practice of specialist physiotherapy in mental health on several levels. This includes patient management, education of students, education and supervision of staff and as a means of communicating with other professionals. B BAT is both evidence and experience based. Encouraging experience of movement quality it promotes a person's healthy resource. By meeting demands for mental health physiotherapy in the community B BAT may be a means of providing preventive healthcare. **Evaluation:** The project of integrating B BAT into current practice has been evaluated during 5 years. This has been achieved by systematically collecting notes containing the reflections on practice and verbal communications with patients, students and staff. The evaluation has shown that integrating B BAT provides a practical tool in assessment and treatment of individuals and groups. **Conclusions:** The project evaluation indicates that since integrating B BAT into clinical practice and staff education a new culture has been introduced. The treatment has provided a person centred approach where the experience of the individual is paramount for treatment progress. The experience as therapist leads me to think that B BAT is the way forward for mental health physiotherapy. **Implications:** The project acknowledges the importance of personal development as therapist, and is proposing an integration of B BAT into the recognised training for specialist mental health physiotherapists. The project is also suggesting that B BAT groups can provide mental health physiotherapy and preventive medicine in the community. As an educational tool it is a means of learning how to organise and promote group processes, especially important as many patients suffer from relational problems.

Keywords physiotherapy, psychiatry, Basic Body Awareness Therapy

Funding acknowledgements – the author gratefully acknowledges the support from the Chartered Physiotherapists in Mental Healthcare (CPMH) and the River's Centre now Edinburgh Trauma Clinic towards the BBAT qualification.



PHYSIOTHERAPEUTIC TREATMENT IN IN-PATIENT PSYCHIATRIC CARE, COPENHAGEN, DENMARK

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Purpose

During the last four decades Physiotherapy has become a part of In-Patient Psychiatric Care in Denmark. There are some differences in the way Psychiatric Physiotherapy treatment has developed in different parts of the country. However, in general, the theoretical background for all is founded in the Norwegian and Swedish traditions in the area. Specifically the theories developed by the Norwegian physiotherapist, psychologist, Ph.d Berit Bunkan, Psychomotor Physiotherapy and Swedish Dr. med. Vet., Physiotherapist Gertrud Roxendal, Basic-Body Awareness Therapy.

Relevance

Bodily disturbances and dysfunction play a part in psychiatric diseases. According to the above mentioned theories, Psychiatric Physiotherapy can influence the outcome of psychiatric treatment. This has been confirmed by studies and clinical practice throughout Scandinavian countries.

Description

Through many years of experience as Psychiatric Physiotherapists the authors have collected a great amount of knowledge about organization and treatment in this area. Currently Psychiatric Physiotherapists are collecting data and discussing how to promote acceptance of Psychiatric Physiotherapy as a treatment modality within psychiatric in-patient care.

Conclusions

During clinical work the value of using more than one physical treatment modality has become clear and the authors have worked with both Body Awareness and Adjusted Physical Activity.

This presentation will focus on the organization and treatment, as it is currently carried out in Copenhagen, Denmark. It includes examples of how the treatment is organized, and difficulties as well as successful approaches will be discussed.

Key Words: Physical Therapy, In-Patients, Clinical Practice



Scientific Session C

DOES THE IBS – PATIENT OF TODAY GET AN OPTIMAL TREATMENT?

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Purpose: At the Division of Functional Gastroenterology we have examined and treated 152 patients with the medical diagnosis of IBS (Irritable Bowel Syndrome). The aim of the study was to use a “holistic/wider” approach for characterisation of the patients and to use Body Awareness Therapy as treatment.

Methods: The patients was examined with two body examinations ROBE (Resource Oriented Body Examination) and BAS-H (Body Awareness Scale–Health), questionnaires for gastrointestinal symptoms (GIS), psychological symptoms (Symptom Checking List 90, Dissociation Scale, Locus of Control), psychosocial status (Sense Of COC, Psychosocial Rating Scale), pain picture, food diary and biochemical analysis of stress parameters in blood and saliva,. The patients underwent Body Awareness Therapy (BAT) during 24 weeks and were examined according as described above, at 0, 12, and 24 weeks.

Results: The examinations showed that these patients as compared to a control group, to a greater extent

- a) had symptoms from the GI tract more than 5 years (79%)
- b) had seen a doctor for their symptoms, more than 5 times (64%)
- c) had other medical diagnoses besides IBS
- d) showed deviations in the body examinations
- e) showed deviations in stress parameters in blood and saliva
- f) reported “traumatic” experiences in their lives
- g) seventyfive percent have autonomic nervous system disorder (ICD-10 G90.8)
- h) had poorer psychosocial status/Quality of Life

After treatment patients improved both in bodily and mentally status. The patients obtain less GI symptoms, less psychological symptoms and less pain. The patients affect their tensions/symptoms in such a way that they moved towards normalisation of their body tensions and biochemical stress parameters and they generally felt better (as measured by the questionnaires). With this treatment, the patient acquires tools with which they can counterbalance/delay symptom relapses. They also become more aware of their resources and their needs in life. **Conclusion:** Today, these patients are mostly treated pharmacologically, receiving temporary symptom relief. Our data suggest that our BAT-treatment produce a good effect on the tension pattern of the IBS patient¹⁻². **Implication:** Most likely, more IBS patients would benefit from a combined body/mind treatment. Also, we strongly believe that treatment of our kind would prove beneficial both to the singular IBS patient in earlier stages of the disorder as well as to our health economics. Maybe these IBS patients are strongly related to the tension/psychosomatic/traumatic patients who seek medical care at many different medical services.

1) *BAT: A new strategy for relief of symptoms in irritable bowel syndrome patients, World J Gastroenterology* 2007; 13(23):3206-3214.

2) *Effects of BAT in patients with Irritable Bowel Syndrome. Adv. in Physiotherapy.* 2002; 4:125-135.

Key words: Body awareness therapy (BAT), psychosomatic awareness, IBS



NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY: RESPIRATION AS A VITAL ELEMENT IN THE PROCESS OF CREATING REFLECTION, UNDERSTANDING AND COMPARISON

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Purpose: The intention of this study was to elucidate patients' experiences of the respiration connected to therapeutic processes in Norwegian Psychomotor Physiotherapy (NPMP).

Relevance: Breathing patterns should be of vital interest in physical therapy, representing the contact between the body and the conscious thinking. Respiration is closely connected to the body's autonomic functioning, is of vital importance for establishing an inner room for reflection and a cognitive consciousness. This can help a person to get to know one's feelings and one's body, thereby one's own identity.

Participants: 10 participants, nine women and one man aged between 41 and 65 years.

Methods: Qualitative in-depths interviews. The Regional Committee of Ethics approved the study.

Analysis: The data were analysed with the aid of Grounded Theory using the first two steps; open and axial coding.

Results: Three categories were identified from the patients' experiences: "Respiration: an isolated and disintegrated phenomenon", "Respiration: access to meaning and understanding" and "Respiration: enhancing the feeling of mastery". Initially breathing troubles are described as a physical reaction, utterly incomprehensible to the afflicted person. The informants learned to recognize changes in their breathing patterns in different ways, they became familiar to new sensations from their body, and they got new ways to interpret the sensations. The feeling and understanding of being an entity, - "body and sole" emerged during therapy. Communication, verbally and bodily, between the patients and physiotherapists are described, as well as the importance of conscious attention during the treatment session. An increased state of consciousness and the therapeutic dialogues gave possibilities for exploration, reflection and empowerment.

Conclusion: Experiencing breathing, the informants became able to access and identify the muscular and emotional patterns that, linked to particular thoughts and beliefs, had become their characteristic styles of relating to themselves and to other people. As human beings, our breathing experience and express meaning through the manner of being in reciprocal relation to the surrounding world.

Implications: It should be important for physiotherapists to know the importance for the patients to be familiar to one's own respiration. The informants developed a deeper understanding of how emotional and physical experiences are connected with their personal breathing patterns.

Keywords: Respiration, psychomotor physiotherapy, patients' experiences.

Funding acknowledgement: Oslo University College, Norway



REFLECTIONS ON “WORKING TOGETHER”. EXPERIENCES FROM THE CO-WORK BETWEEN A PSYCHOMOTOR PHYSIOTHERAPIST AND A PSYCHOTHERAPIST

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Purpose: During the last 5 years, the actual co-work between the physiotherapist and the clinical psychologist has developed and increased. People will call for physiotherapy because of their somatic complaints, and for a psychotherapist, if there's a need to "sort out their lives". Patients coming to psychotherapy might have a body language, which at times is difficult to understand and differentiate correctly for the psychotherapist, due to lack of knowledge regarding levels of expression in body language. On the other hand, people coming for physiotherapy, might have mental problems being too serious to the physiotherapists to deal with, feeling incompetent to meet the needs required. We intend reflecting on our working processes. What are the important issues of the co-operation? As we see it, we are working together at different levels of the patients' self-expression systems, - at the same time. We see these levels of expression as parallel processes more than seeing one level of expression as more predominant or important than the other. We want to explore whether working together facilitates changes and a deeper and more profound integration of the patients mental and bodily expressions and reflections. We also want to see whether this co-operative approach increases the total effectiveness of therapy. **Relevance:** Norwegian psychomotor physiotherapy is a holistic approach, where the body is understood as a centre of experience and knowledge, meaning that bodily as well as verbal communications are of great importance. People, showing un-developed ability to mentalize their thoughts and feelings, often have a tendency to react somatically. It is important to increase the ability of interpreting bodily sensations and experiences, since emotions contain a strong somatic component. **Description:** The material is based on several patient cases, describing and reflecting on similarities and differences between the parallel therapeutic processes. The main purpose will be showing processes of joint treatments, presenting patients with various kinds of problems, mainly concerning people in crisis. **Evaluation:** At this point, different therapeutic processes are our main sources of information. In the context of a qualitative exploration, we pursue joint reflections on these processes. Our results are tentative, and we are open to a more in-depth exploration in the future where reflections from our patients can increase our sources of information. **Conclusions:** The material is showing the importance of the co-work between psychomotor physiotherapist and psychotherapist. It is essential to retain certain differences between health care professions, to show their professional differences and responsibilities, i.e. physiotherapists are authorized to touch the patients, whereas most psychotherapists are not. At the same time, the material shows the importance of certain regularity in exchanges of information and professional views. **Implications:** The implications of this work are at a practical level, a more effective approach to patients with mentalization problems, with a strong tendency to somatise. It is also interesting to explore whether this joint approach is effective in working with patients where emotions and cognitions are poorly integrated and the patients have difficulties in experiencing a coherent sense of self.

Keywords: Psychomotor Physiotherapy, Psychotherapy, Co-operation

Funding acknowledgements: Oslo University College, Norway.



IF NOT SOMA AND PSYCHE – WHAT? BEARING AND MOVEMENT, AWARENESS IN SENSATION AND UNDERSTANDING THROUGH LANGUAGE EXPRESSING IMPRESSIONS

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Purpose: This study elaborates on the theoretical basis of Norwegian Psycho-Motor Physiotherapy (NPMP), with focus on how to overcome the problematic division between soma and psyche. **Relevance:** A theoretical basis is important to professional development, clinical practise and communication with patients and other professions. **Material:** 3 texts by the Norwegian psychiatrist Braatøy considered central to the theoretical bases of NPMP. **Methods/analysis:** The study is methodologically inspired by Ricoeurs hermeneutic understanding of interpretation. The texts were recontextualized and interpreted through the Danish philosopher Løgstrups thinking, with methodical techniques from investigation of written sources. **Findings:** Three main topics appeared: bearing adaptation, tuning of sensations, and personal language. Bearing and movement are seen as basic and complex phenomena. They represent intertwined meanings embedded in different functions, a dynamic interaction between: *posture and movement* in physical activity; *attitude and affect* in regulation of emotions; *norm and spontaneity* in individual adjustment to the socio-cultural context. As uniting opposites their interaction will support the individual's relation to herself and others and tune self-expression and withdrawal by and to the surroundings. If the opposites become conflicting, however, the individual may come in conflict with himself, causing overload and possibly disease, as may be when bearing is strongly moulded by occupying norms. Impressions actuate spontaneous reactions as motion and affect. Impressions also mould bearing and tune attitude. In this analysis human mind is understood as the tuning of sensation. Løgstrup says that we are overwhelmingly open in our senses, vulnerable and inlaid in nature. We make distance by using language to create room for understanding, and thus sensation is the source of our ability to make sense. Humans are aware in the senses as well as in understanding. Tuning of sensation illuminates how emotional conflicts can develop, and how retuning is a possibility in therapy. Impressions actuate expressions in movement and language. Language is a cultural phenomenon but also individual expression of personal impressions. Tone, breath and rhythm as well as gestures and gesticulations express preverbal meaning, and verbal meaning is full of individual experience. Therapy therefore demands the ability to find and follow the patient's personal language. **Conclusion:** This analysis suggests that Braatøy's understanding, interpreted through Løgstrups` philosophy, is compatible with developing the theoretical bases of NPMP in an existential direction. In this case, further work is needed to elaborate on how this may contribute to developing a therapeutic attitude.

Keywords: Norwegian Psycho-Motor Physiotherapy, theory development, bodily-existential processes.

Funding acknowledgements: This work is funded by the Foundation for Education and Research in Physiotherapy, Norway.



Poster presentation

ACUPUNCTURE IN MENTAL HEALTH: A REVIEW OF NEURO-PHYSIOLOGICAL EFFECTS

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Purpose: To discuss the psychological effects of acupuncture for mental health service-users by increasing understanding of the neuro-physiological basis of acupuncture.

Relevance: Acupuncture is a growing area of practice for physiotherapists in mental health and whereas musculoskeletal acupuncture is well reviewed there is little understanding about the psychological effects of treatment.

Description: This paper outlines a literature review of the current understanding of the neuro-physiological effects of acupuncture and relates this to our understanding of mental health pathologies. Side-effects, precautions and contra-indications of using acupuncture for mental health service users are discussed. The paper also outlines the clinical use of acupuncture by physiotherapists in both adult and adolescent acute mental health services in Auckland City Hospital (ACH), New Zealand.

Evaluation: An increased knowledge of the neuro-physiological effects of acupuncture has led to a greater support for its use on the mental health units at ACH. This has derived from an ability to explain acupuncture in standard medical terminology to colleagues.

Conclusion and Implications: With an increased knowledge of the potential effects acupuncture can have on mental health service-users, physiotherapists can employ acupuncture more effectively and safely.

Keywords: Acupuncture, neurophysiology, mental health.

Funding acknowledgements: Work was unfunded.



THE BODY AS AN ARENA FOR FRIGHT AND SHAME – STRENGTH AND SELF-AWARENESS; A CASE REPORT

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Purpose: To illustrate how physiotherapy and working through the body with basic grounding movements can help patients get access to their own strength and self-awareness.

Relevance: To question if Basic Body Awareness movements can be a useful therapeutic intervention for this kind of problem. **Description:** A woman, 40 years, was referred to physiotherapy, suffering from severe anxiety, tensions, eating disorder and low self-esteem.

Patient's history: The patient tells that her mother was a perfectionist; her father was critical and never gave any positive feed-back. The patient is married and has three children. She is a pre-school teacher and competent in her work. She had a long time exposure in her job to an extremely invading person which led to a collapse; 100% sick leave because of depression, suicidal thoughts, very much anxiety. She reported that closeness to her children became impossible. She was out of work for 1 ½ year, now 60% job. She had cognitive psychotherapy for 2 years when referred to me to have physiotherapy. The physiotherapy program offered to her has lasted for one year, twice a month. Her wish for physiotherapy was to learn to tolerate more closeness from her children and, if possible, to be more confident and relaxed in her body. I observed that she was very tense, shoulders up, the breath high in the chest. She did not dare to look at her own hands when I first met her. The physiotherapy program: Basic Body Awareness Therapy was chosen as intervention, using sitting and standing position, integrating movement-exercises with emphasis on marking own boundaries and using her voice. No physical touching was chosen. The therapeutic situation included talk and reflection about her bodily and emotional reactions. The distance between us doing exercises had to be at least 4 meters when we started. **Result:** She fairly soon could find her balance in both sitting and standing position. There has been a remarkable change from being very tense to find a good balance, the breathing became more free and flowing, she developed a good self-awareness in doing the exercises, a more relaxed look, a little smile on her face. Her description: *“It is so easy when my breath is down to my stomach”*. But if I, as physiotherapist, tried to stand just a little closer, she was instantly back in her tensions, hiding her hands, feeling frightened. From the first cautious “border exercises”, she now dares to use her arms more free, even to see them, and also use some voice. **Conclusion:** In the physiotherapy of this woman I have observed a great bodily change in her ability to get access to own strength. She can more easily find her balance, and she uses what we have worked with when dealing with parents and colleagues at work. She reports that she more often dares to say no and marking borders. She can tolerate to have her daughter sitting in her lap. She uses less time thinking about food. The size of clothes has been reduced from 52 to 48, but still she has a feeling of being fat. Although she still has much fear, she can also feel a good strength in her body, and hopefully as time goes by also more joy. **Implication:** This case report search to illustrate that physiotherapy, for a woman with anxiety disorder, low self-esteem and vulnerable borders, has been useful through working with Basic Body Awareness Therapy. Finding balance, gaining more freedom in her breath and being mentally present has been a help for her to get access to her own strength and self-confidence.

Key words: Anxiety disorder, Basic Body Awareness Therapy, movement therapy



PSYCHOMOTOR THERAPY AND MENTAL HEALTH IN PATIENTS WITH PSYCHOTIC DISORDERS: AN EXPERIMENTAL COMPARISON BETWEEN AN ITALIAN AND A BELGIAN EXPERIENCE

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Purpose: To individuate the essential characteristics of the differences in use of physical activity for improving (physical and mental) health and autonomy in psychiatric patients in Belgium and Italy.

Relevance: To the best of our knowledge a comparison between the Flemish and Italian approach in use of physical activity in mental health care was never a topic of interest before.

Description: The differences between an Italian fitness approach and the psychomotor therapy programme (PMT) applied in a Flemish psychiatric clinic, for the care of psychotics in-patients are summarised while the context for possible differences between those two cases, is further examined.

Evaluation: The article is based on the practical experience of an Italian teacher of physical education after two months of observation and evaluation of the PMT programme.

Conclusions: However the focus in both programmes, the Italian and the Flemish, is completely different; both are widely accepted by the patients. In the Flemish programme the fitness is part of a more integral approach. The theoretical base is more developed and different approaches are integrated and based on a research. This way, the application for use in psychotic patients is broader than in Italy. The differences may be related to the difference in contextual history. While in Flanders the PMT has a long tradition, in Italy the interest in movement in mental health is still relatively recent and therefore still limited. Secondly, in the Flemish educational system there exists already more than 40 years a ‘master in psychomotor therapy’ in which the focus mainly has been put on movement exercises, tasks and the body, all as a mean at one hand and therapeutic objectives starting from a good observation at the other: you can evidence in English literature. In this way professional therapists are trained and a more scientifically based approach is introduced in the working field.

Implications: The present research demonstrates that an evidence-based psychomotor therapy programme is necessary in Flanders as well as in Italy. In Italy a scientific base is needed to introduce the benefits of exercise as therapy and to position physical activity in mental health care while in Flanders the quality of the PMT needs to become more visible and transparent. This way, the importance of a well developed educational programme and scientific research in the domain of psychomotor therapy may not be underestimated.

Keywords: psychomotor therapy, psychosis. **Funding:** No



MOVEMENT THERAPY FOR SENIORS WITH DEMENTIA

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The theme of this study is verifying the suitability special kineziotherapeutical programme for seniors with dementia and to formulate specifics of used approaches. This kineziotherapeutical programme are realized with the 40 patients with dementia who took part in everyday kineziotherapy in the daily centre. Character of the study is randomised controlled experiment with double blind evaluation before and after intervention by movement programs. The course of disease, their behavior etc. is described together with the results of tests: Mini-Mental State Examination (MMSE) after Folstein, Clock test and Behavioral Pathology in Alzheimer's Disease Rating Scale – BEHAVE-AD which are evaluated.

We make use of integrative character based exercises accompanied by one own somatic scheme recognition, its integrative character and possibilities. Small objects manipulation exercises, manipulation tasks solving, nonverbal communicative programmes, easy collaboration type of communicative exercises and verbal communication.

The exercise creates a part of treatment programme 3 times a week. Exercise unit length 60 minutes.

The stabilisation of disabilities was observed with the patients who were able to actively participate in the programme . Even a passive participation in the programme had a positive influence on patients.



PHYSIOTHERAPY AND SLEEP QUALITY, WHAT WE CAN DO?

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Purpose: The relation between pulmonary pathologies and sleep alterations is demonstrated by many authors. To sum up in COPD, in that we know that is related with sleep apneas. These investigations demonstrated that patients with sleep alterations have sometimes depression and anxiety processes. Something that we don't know is if the chest physiotherapy has any effects in those alterations. We don't know if respiratory physiotherapy can improve the sleep quality. The first objective of this work is to see the relation between sleep quality and depressive and anxiety processes. The second one is to see if we can find other investigations who related physiotherapy and quality of sleep.

Relevance: This study can modify the management of sleep alterations in patients with pulmonary pathologies and reduce the prevalence of their anxiety and depression processes. We have not many bibliography who related the effects of physiotherapy programs in sleep quality, as being as this the future relevance of this experience can be very important in the management of these processes.

Description: the methods of this work are: We revised all the bibliography that is related with sleep and physiotherapy, and with pulmonary and mental processes. Clinical practice is very relevant because observing real patients we can see their really sleep problems.

Evaluation: the program can be evaluated with some questionnaires: Pittsburg, Pichot. The Pittsburg questionnaire evaluate the quality of sleep, is validated by some authors and it has a high correlation with sleep alterations like apnoeas. Pichot questionnaire evaluate the daily fatigue that is a relevant factor to evaluate in relation with depression and anxiety processes. We can evaluate the programme with other physiological test like spirometry; oximetry and we can use the respiratory poligraphy to see if we have changes after a physiotherapy program.

Conclusions: the objectives of futures works are to design a physiotherapy program in COPD patients and to evaluate the effects on the quality sleep. These programs usually have chest physiotherapy, exercise training, and relaxation techniques.

Implications: if we demonstrated this relation we can design best management for COPD patients, improve their oxygen consumption and reduce their anxiety and depression processes.



MENTAL HEALTH STIGMA: ATTITUDES OF PHYSIOTHERAPY STUDENTS AND THE ROLE OF EDUCATION IN ATTITUDE DEVELOPMENT

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Purpose: To identify the attitudes that 1st and 3rd year physiotherapy students have towards people with Mental Health Disorders (MHD). To identify the role that clinical experience and the 2nd year Mental Health teaching block play in influencing student attitudes towards people with MHD. **Relevance:** Physiotherapy students are the next generation of qualified therapists. Interaction between physiotherapists and patients with MHD can take place in every area of their practice; therefore their education needs to challenge prejudicial views, and identify and develop skills to produce confident practitioners, capable of effective engagement and management of people with MHD, whatever the context. An understanding of their attitudes towards people with MHD can be used to inform design and delivery of curriculum of undergraduate courses. **Participants:** 40 1st year and 40 3rd year students from the Physiotherapy BSc (Hons) course at Cardiff University from each year class (cohort sizes 85 and 91 respectively) volunteered to participate in this unfunded BSc project. 1st year students were pre-clinical, whereas 3rd year students had undertaken the Mental Health teaching block and 6 months clinical experience. **Method:** A questionnaire based design was used, composed of closed, ordinal point questions for attitude frequency, and open questions where further explanation was required. Questionnaires were completed and returned at the end of a lecture. CU Research Ethics Committee approved. **Analysis:** Frequency data associations were analysed using SPSS cross-tabulation and Chi-square calculations. Thematic analysis was used on open question responses. **Results:** 74 completed questionnaires were returned, n=37 1st year, n=37 3rd year. Both 1st year and 3rd year groups demonstrated positive attitudes towards people with MHD (74% and 70% respectively); with media ($p=0.005$) and education ($p=0.002$) playing statistically significant roles in influencing their attitudes. Only 4 students had undertaken a Mental Health placement, all of whom indicated a more positive view of people with MHD post placement. 25% of 3rd year students reported a positive change in attitude following the Mental Health teaching block. No students reported a negative change of attitude. **Conclusion:** Education and media were found to provide the most influence on attitudes of undergraduate physiotherapy students. Attitudes were predominately positive, and these were further enhanced by the Mental Health teaching block and clinical placement as part of their undergraduate training. **Implications:** The inclusion of Mental Health specific teaching within undergraduate physiotherapy training provides essential support for students in the development of a positive attitude, with resultant reduction in stigma, towards their engagement with clients with MHD. In assisting positive change in attitudes, and providing increased confidence and awareness of patient needs through education, the physiotherapist of the future is better placed to provide best care for their patients and act as role model to others within their working environment.

Key words: Mental health, physiotherapy students, education



MENTAL HEALTH EDUCATION: EFFECTS ON PHYSIOTHERAPY STUDENTS' EMOTIONAL ATTITUDES TOWARDS WORKING WITH PATIENTS WITH MENTAL HEALTH DISORDERS

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Purpose: To explore the emotions that Level 2 physiotherapy students' associate with their engagement with patients with mental health disorders (MHD). To identify changes in these emotions following a Mental Health teaching block (MHTB). **Relevance:** Empathy, an emotional response to another person, is the basis on which effective therapeutic relationships are developed. When engaging with a person with MHD, negative emotional biases may be due to lack of understanding or fear, which act as barriers to appropriate empathic communication and the ability to develop therapeutic rapport. Education needs to address these cognitive and affective aspects of students' professional development to allow them to engage effectively with people with MHD. **Participants:** 75 Level 2 (pre clinical) students from the Physiotherapy BSc (Hons) course, University of Wales College of Medicine (cohort of 75), volunteered for this unfunded BSc project. **Method:** A questionnaire was used, using vignettes to introduce a patient scenario (the 'no MH' scenario). 3 MH conditions (stable depression, stable schizophrenia and dementia) were added to the 'no MH' state, to produce 4 scenarios in all. Subjects were asked to grade 11 emotions (3 positive, 8 negative) in association with each of these scenarios, using a 7 point Likert scale. Questionnaires were completed 2 days before and 1 week after the MH teaching block. UWCM Research Ethics Committee approved. **Analysis:** Trends in data were described using SPSS for mean, median and range of scores. Differences between pre and post MHTB responses were analysed using the Wilcoxon Signed Ranks Test. **Results:** 56 sets of paired questionnaires were returned (75%). Post MHTB there was: an increase in the expectation of feeling relaxed with the schizophrenia scenario (p 0.015), but less likely to feel empathy for no MH (p 0.029), depression (p 0.004), dementia (p 0.013) and schizophrenia (p 0.006). Of the negative emotions, there was a reduced likelihood of feeling fear & wariness with schizophrenia (p 0.012 and p 0.000 respectively). There was also a reduction in feelings of nervousness with the depression (p 0.013), dementia (p 0.003) and schizophrenia (p 0.014) scenarios, and anxiousness with the dementia (p 0.003) and schizophrenia (p 0.017) scenarios. There was also a reduction in understanding for the no MH scenario (p 0.016) post MHTB. Results for feelings of 'anger' and 'disgust' were all within the 'unlikely' range for all scenarios, both pre and post MHTB. **Conclusion and Implications:** The highest negative emotions were associated with the schizophrenia scenario, which also showed the most significant reduction after the MHTB. Although there was a reduction of empathy recorded for all scenarios post MHTB, this may be due to a misinterpretation of empathy as 'sympathy'. Increasing knowledge and understanding of MHD with the MHTB has lead to an overall reduction of negative and increase in positive emotions associated with MHD. This shift in emotional associations allows greater objectivity in decision-making, widens opportunities for enhancing interpersonal communication, allowing a greater understanding of the 'patient experience' and enhancing the therapeutic relationship.

Key words: Mental Health, Emotion, Therapeutic relationship



THE EFFECT OF MENTAL HEALTH EDUCATION ON PHYSIOTHERAPY STUDENTS' BEHAVIOURAL EXPECTATIONS WHEN WORKING WITH PATIENTS WITH MENTAL HEALTH DISORDERS

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Purpose: To explore Level 2 physiotherapy students' expectations of behavioural responses associated with working with patients with mental health disorders (MHD). To identify changes in these expectations following a Mental Health teaching block (MHTB). **Relevance:** The general population, including healthcare professionals, tends to hold generally negative stereotypical views of people with MHD. These views are based on personal central values which guide the individuals' behaviour. Undergraduate physiotherapy education needs to inform and challenge these views, assisting students to understand how views affect behaviour; provide understanding of the reasons for altered behaviours due to MHD; and enable students to deal with these behaviours through skill development, to enable effective treatment of their patients. **Participants:** 75 Level 2 (pre clinical) students from the Physiotherapy BSc (Hons) course at University of Wales College of Medicine, Cardiff (cohort size 75) volunteered for this unfunded BSc project. **Method:** A questionnaire was used, using vignettes to introduce a patient scenario (the 'no MH' scenario). 3 MH conditions (stable depression, stable schizophrenia and dementia) were added to a 'no MH' scenario to produce 4 scenarios in all. Subjects graded 5 behaviours (2 patient, 2 patient management and 1 professionally orientated behaviours) in association with each of the scenarios, using a 7 point Likert scale. Questionnaires were completed 2 days before and 1 week after the MHTB. UWCM Research Ethics Board gave approval. **Analysis:** Trends in data were described using SPSS for mean, median and range of scores. Differences between pre and post MHTB responses were analysed using the Wilcoxon Signed Ranks Test. **Results:** 56 sets of paired questionnaires were returned (75%). Post MHTB there was: a reduction in expectations of aggression with schizophrenia (p 0.025) and disruption with depression (p 0.002) and schizophrenia (p 0.002); a reduction in perceived need for care with depression (p 0.026), dementia (p 0.021) and schizophrenia (p 0.008), and challenge in managing dementia (p 0.007) and schizophrenia (p 0.004). Feelings of competence increased when dealing with the no MH label (p 0.007), dementia (p 0.005) and schizophrenia (p 0.006) patient scenarios post MHTB. **Conclusion:** The greatest changes in expectations of behavioural barriers were with schizophrenia, which had the most negative profile pre MHTB. Management difficulties perceived by students were significantly reduced with MH labelled scenarios, which were further supported by an increase in feelings of competence when dealing with the no MH, dementia and schizophrenia patient scenarios. These results present a positive outcome of MH education at undergraduate level. **Implications:** For increasing acceptance and integration of patients with MHD into generic services, physiotherapists need to feel competent and happy to engage with them wherever they are encountered. The inclusion of a MHTB in undergraduate education has been shown to enable this. These findings can now act as a basis for further investigation into this training at a postgraduate level.

Key words: Mental Health, Behaviour, Education



Scientific Session D

A RCT ON A PHYSIOTHERAPEUTIC INTERVENTION IN PATIENTS WITH EATING DISORDER

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Purpose: This study has been made to show the effectiveness of the physiotherapeutic intervention in patients with eating disorders and to spread out these treatments in areas where it is not established yet in the mental health units.

Participants: 22 patients voluntary accepted to participate in the study from which 11 had anorexia nervosa diagnosis, and 11 bulimia nervosa. All patients were pre-evaluated and then, an experimental and control group were randomly created.

Methods: This is a randomised controlled clinical trial. The following questionnaires were used in order to obtain the data in a pre- and post- setting. The assessment was carried out twice, firstly as a pre-test and secondly as a post-test. The assessment tools employed were the following: Body Mass Index, Body Size Distortion, EDI, BAT, EAT-40, SF-36, Body Image Scale – Gardner, BAS-I, BARS and “draw a person” assessment. The experimental group received traditional treatment (psychiatry and psychotherapy) and the physiotherapeutic intervention, while the control group only received the traditional treatment. The physiotherapeutic intervention mainly consisted of basic body awareness therapy and psychomotor therapy with some adaptations for patients with ED. 12 sessions were offered to the experimental group, 2 individual ones once per week, and 10 group sessions twice per week..

Analysis: In the result analysis, firstly it was used a statistic analysis of the effects in two measures (pre-test and post-test) as intra-subjects factor. Secondly, it was done a statistic analysis of the effects comparing both groups of treatment (experimental and control) as inter-subjects factor. **Results/findings:** It was observed that patients receiving the physiotherapeutic intervention improved their quality of life mainly in the aspects related to psychological wellbeing such as phobias, aggressive feelings, energy, obsessions, etc., as is clear from the results in the BAS-I scale and the questionnaire SF-36. These patients also experienced a better integration of the four dimensions (physical, physiological, psychological and existential) showing an improvement of movement quality according to the BARS scale. Improvements in EDI and EAT were also found which may show a change in eating attitudes.

Implications: This study shows the improvement of certain aspects in patients with eating disorders suggesting the suitability of the physiotherapists in mental health services.

Keywords: Eating disorders, physiotherapy, mental health.

Funding acknowledgements: This study has been funded by the University of Almería (Spain) and The Research Council of Norway.



THE BODY ATTITUDE TEST (bat) AND YOUNG PEOPLE WITH AND EATING DISORDER FROM 21-17 YEARS.

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Purpose: To see if there was a difference in BAT at first assessment between the group from 12-15 years and the group from 16-17 years. To see if there was a difference between the diagnostic Eating Disorder group's at first assessment.

Relevance: The BAT test is one way of getting information on body attitude and type of Eating Disorder. It can be used in putting a treatment plan together, and to evaluate treatment goals in this area

Participants: Patients seeking treatment at a specialized eating disorder unit aged 12- 17 years between 1998 and 2006

Methods: Data was collected at their first visit at the unit. They filled out BAT, Body Size Estimation (EGON), Eating Disorder Inventory- Child (EDI-C), a physical examination, history of the illness, prior treatment and medication

Analysis: The data analysis is not ready yet, t-test to look at group differences.

Results and findings: The data is collected but not yet analysed. I hope to be able to see some differences between the diagnostic group and between the age groups, my clinical experience is that it is a small difference that might show in a larger sample. So I will present some preliminary results

Conclusions: Not ready yet



EFFECT OF PAIN EDUCATION ON COPING, CATASTROPHISING, KINESIOPHOBIA AND PAIN IN PATIENTS WITH CHRONIC FATIGUE SYNDROME: A RANDOMISED CONTROLLED TRIAL

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Purpose: The present study aimed at investigating whether an education session on the neurophysiology of pain is capable of reducing pain catastrophising, kinesiophobia, passive coping and pain in patients with the Chronic Fatigue Syndrome (CFS), suffering from chronic widespread pain. **Relevance:** In patients with chronic low back pain the efficacy of pain neurophysiology education has already been shown. The education aims at reconceptualising “pain” by providing correct information on the function and mechanism of pain. Up to now, there is no evidence for the efficacy of such education in CFS patients with chronic musculoskeletal pain. **Participants:** Forty-eight patients fulfilling the 1994 Centre of Disease Control and Prevention (CDCP) criteria for CFS and the 1990 American College of Rheumatology criteria for widespread pain were included in the study. All participants had Dutch as native language and were aged between 18 and 65 years. **Methods:** Participants were subjected to a pain threshold measurement and filled out a list of Dutch questionnaires evaluating their knowledge on pain neurophysiology, coping strategies, kinesiophobia and pain catastrophising. Afterwards patients were randomly assigned to the experimental group or the control group. The experimental group (n=24) received a 30 minutes-lasting individual information session about the neurophysiology of pain: the mechanism, the function and the modulation of pain. The control group (n=24) had an individual lesson of 30 minutes on self-management pacing techniques. Finally the second blind researchers repeated the pain threshold measurements and patients completed the questionnaires for the second time. **Analysis:** Repeated measures ANOVA was used to reveal a possible therapy effects on the questionnaire scores and pain thresholds. **Results:** After the intervention, the experimental group presented a significant better knowledge on the neurophysiology of pain, a significant reduction in the passive coping strategies "worrying" and in the subscale “ruminating” of the Pain Catastrophising Scale, and a significant increase in the active coping strategy "distraction", compared to the control group. Pain thresholds of the treatment group increased after the education session, but compared to the control group it was not a significant therapy effect. **Conclusions:** The present study revealed interesting therapy effects of an individual education session on the neurophysiology of pain for CFS patients experiencing chronic pain. Despite frequently reported concentration problems, CFS patients are able to understand and learn the neurophysiology of pain, and this knowledge has immediate effects on pain behaviour. Reconceptualisation of pain by educating pain neurophysiology influences pain catastrophising and pain coping. **Implications:** With these results in mind, physical therapists could provide education for CFS patients with pain, in order to influence negative thoughts, pain behaviour and on long term eventually pain, since catastrophising is known to be a predictor of chronic pain. **Keywords:** Chronic Fatigue Syndrome, chronic pain, catastrophising, coping, kinesiophobia, education, pain neurophysiology

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”BUT I NEVER SHOW MY SHAME – A QUALITATIVE STUDY OF AFFECTORGANISATION AND CHRONIC PAIN

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Purpose: The intention of this study is to examine if women with chronic muscle pain have a low ability to experience and express the affects shame, guilt and anger. The study also intends to examine if increased consciousness and acceptance of these affects result in reduced physical pain.

Relevance: Women with chronic muscle pain present the experience of guilt for not being able to live up to all that is expected of them. They are seldom angry, and they try to avoid conflicts. These patients constitute nearly 50% of compensated sickness benefits in Norway. Most therapies offered in primary health care to-day seem to fail in their aim to obtain pain reduction for these patients. This may be caused by the fact that conflicts and existential problems are included to a lesser degree in somatic therapy.

Participants: 2 female informants with chronic pain disorder constitute the sample.

Methods: This study has a qualitative and descriptive design. The qualitative research interview is used as method. A phenomenological analysis has been done from parts of the data material from the Multicenter study ”Evaluation of Psychodynamic Body Therapy (PDK) in patients with chronic pain disorder”.

Analysis: The affectconsciousness interview (ACI) is used as analysing method.

Results/findings: The informants in this study show differentials in pain at the end of therapy. Informant A still has pain but to a lower extent. Informant B is painless. The feeling of guilt is not among the affects showing the lowest affectorganisation in any of the informants. The feelings of shame, jealousy and sadness seem to be the affects lowest organized for both informants. At the end of therapy informant A still is low on affectorganisation for shame. Informant B who is painless at this level has increased her affectorganisation for shame to an adaptive level. The findings for both informants show a more increased change in the ability to experience than in the ability to express. Follow-up tests 2 years after the end of therapy informant B is still painless. Informant A is also painless at this level. Both have achieved a level of normal affectorganisation for the affects presenting as maladaptive at start of therapy. The Body Examination shows improvement for both informants in respiration, function of the column and muscles related to thorax. Face muscles and muscles related to the extremities shows improvement to a lower extent.

Conclusion: The informants in this study appear to have a more obvious connection between increased experiencing ability, increased respiration, increased function of the column and reduction in chronic pain. It can in addition be postulated that increased ability for experiencing shame is important for pain reduction.

Implications: It can be discussed if physiotherapy offered to women with chronic muscle pain needs intervention both on a somatic and psychological level to be successful.

Keywords: Chronic pain, affectorganisation, shame.

Funding acknowledgements: Monsen, Kirsti.(2002). A study of patients with pain disorder. University of Oslo,Oslo.



Scientific Session E

(PROFESSIONAL) MASTER IN PSYCHOSOMATIC PHYSIOTHERAPY IN THE NETHERLANDS. HOW DO YOU START A THING LIKE THIS?

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Purpose: This presentation has the purpose to share information about a master program in psychosomatic physiotherapy and stimulate cooperation to this subject on European level. This presentation gives you insight in how it is done in the Netherlands. September 2006 was the start of a new master education program for psychosomatic physiotherapy in the Netherlands. The Academy of health Sciences in Utrecht developed this 3 year program in cooperation with the Dutch Association of psychosomatic physiotherapists (www.kngf-nfp.nl) and many colleagues in the field. The necessity of starting a totally new master program is found in European law. In 1999 European ministers of education decided to introduce the bachelor master structure for higher education. This decision led to development of psychosomatic physiotherapy education on master level instead of bachelor level. **Relevance:** Because of structural cooperation with relevant partners in the Netherlands this education program is strongly related to physiotherapy practice. Besides building up to a level of specialist students learn how to be professional leaders, innovators in the field and consultants for other professionals. Because of this program the European/Dutch standard and recognition of psychosomatic physiotherapy is much more guaranteed for the future. Students learn how to interpret scientific literature with the aim of being a professional who works with the best evidence in the field of psychosomatic physiotherapy. They become no scientist but a professional master. The professional master is however, able to advice physiotherapy scientist on relevant research. Probably other countries in Europe feel the need to renew their education programs. **Description:** In cooperation with educationalist within the academy developed problem oriented education, project education en action learning where students can set their own goals. Besides the important didactics several stress theory's, stress approach programs, theory and methods of work stress, psychic surmenage, burnout, somatisation, depression, fear, somatoform disorders and personality factors are processed during this 3 year course. The international standard of functioning (ICF) is used as a common language tool. Beside the ICF the DSM-IV is used for diagnostics. A lot of effort is put into interpretation en application of scientific literature. All effort leads to a better professional (master level) standard of psychosomatic physiotherapy. 28 students enrolled in 2006 and 21 students in 2007. **Evaluation:** The professional master program is evaluated by the Dutch Belgian Accreditation Association (NVAO). The academy has to give account for the program to this association. The NVAO guides the bachelor master structure descriptions the European ministers agreed on. Annual meetings take place with the Dutch Association of psychosomatic physiotherapists. The NVAO agreed on this program. Student evaluations indicate a 7.1 appreciation on a 10 scale. **Conclusions:** In the Netherlands there is a need and a necessity for master education in psychosomatic physiotherapy. More master programs are needed in Europe to strengthen en reinforce psychosomatics in physiotherapy, so we can share knowledge. We must think and talk about a European board of education / knowledge of some kind. The academy of health in Utrecht the Netherlands is willing to work on this in concerted action. **Implications:** Should all specialized psychosomatic physiotherapist in Europe work on a master level of education, because of the new European standard? Should we work together in Europe to reach this goal? **Funding:** This work is unfunded.



PSYCHOMOTOR THERAPY IN SCHIZOPHRENIA TREATMENT

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Purpose: Main goal of this study is to verify the suitability of implementation of integrating and communication kinesiotherapeutic programmes as supportive method into standard treatment of patients diagnosed with schizophrenia.

Method and Material: Study was conducted in Psychiatric Hospital in Prague-Bohnice, in the department specialized for long term hospitalized patients during a years 1992 - 2006. The experimental group included 89 patients (43 men and 46 women) 50,3 years of age, diagnosed with schizophrenia. The average age in the time of first hospitalisation was 28,8 years. The period of time interval since the last hospitalisation was longer than 9,1 years. Character of the study is randomised controlled experiment with double blind evaluation before and after intervention by movement programs. Psychic state of patients is evaluated using standardized psychiatric scale “Brief Psychiatric Rating Scale” (BPRS, Gorham Overal).

Result: Participation of patients in each program showed significant improvement of their psychic state: lowering global problems (global score: $p < 0,001$), lowering problems in anxiety-depression syndrome (ANDP: $p < 0,001$) and in hostility-suspiciousness syndrome (HOST: $p < 0,001$). Changes in thought disturbance are not significant. There is quite high attendance, activity and acceptance of programs by majority of patients.



HEALTHY AND ACTIVE- A TREATMENT PROGRAMME FOR PSYCHIATRIC PATIENTS WITH BMI> 30

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Purpose: Obesity is a well known health problem in many psychiatric patients. Some anti-psychotic medicine may induce overweight as a side-effect to the treatment and unhealthy habits of lifestyle ex inactivity also contribute to obesity. It is scientifically documented that psychiatric patients have a higher mortality and are in greater risk of evolving life-style related illnesses ex diabetes-2, cardio-vascular diseases, COL and some cancer-diseases. The efficiency of physical activity regarding obesity and the mentioned life-style diseases is highly evident. It is a common experience from physiotherapeutic practice, however, that some of the obese, psychiatric patients have difficulties in attending the various physical activities provided at Department of Physiotherapy, Aarhus University Hospital. The “Healthy and active – group” was established in order to provide a specific evidence-based treatment for psychiatric patients with severe obesity (BMI>30). The aim of the treatment was to increase physical health and fitness and to enhance levels of physical activity in every patient attending the group. Loss of weight is not considered a goal in it self, but merely a positive side-effect of the treatment. **Description:** Participants are psychiatric in –and out-patients with severe obesity (BMI>30). Patients are referred to treatment by the psychiatric team after medical examination. After referral patients attend an individual session with the physiotherapist to assess habits and levels of physical activity in daily life, discuss the individual motivation to join the group and to change habits of lifestyle and finally to assess pulse rate at a given workload as well as waistline. Two physiotherapists provide the treatment in groups of 6-14 patients, two times weekly in 1-1½ hour sessions. Every session consist of various types of physical activity consisting of both aerobe training and weight training. In combination with physical activity a various topics in cooperation with clinical dietician ex healthy food, difficulties in changing habits, motivation and support of network are taught and discussed. Assessment of waistline is done every 2nd week and pulse rate every 12th week as a way of focusing on goal achievement and ongoing motivation. **Evaluations:** Our early experiences with the treatment program “Healthy an active” are very positive. Firstly there is good compliance with the treatment and the referred patients have a high attendance rate and positive changes in levels of physical activity in daily life. Secondly patients have positive effects regarding pulse rate, reduction in waistline and also loss of weight. **Conclusions:** Psychiatric patients are motivated to change unhealthy habits of lifestyle but are in need of supervised and weekly training in order to succeed. **Implications:** Physiotherapists play an important role in preventing life-style diseases in psychiatric patients. Physiotherapist in psychiatric care can provide specific, evidence-based treatment and thereby ensure compliance and high quality in treatment.

Keywords: Obesity, evidence-based treatment, physical activity



A FUNCTIONAL GROUP FOR DRUG ADDICTION REHABILITEES GUIDED BY PHYSIOTHERAPY STUDENTS

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Purpose: The purpose is to describe a functional group for drug addiction rehabilitation clients, in which students familiarized themselves with the problems and rehabilitation of drug addicts, gained experience in planning and guidance, and contributed to the development of drug addiction rehabilitation. **Relevance:** Body awareness disorders, concentration difficulties, anxiety, disturbances of equilibrium and coordination, and relaxation disorders are common among drug abusers. It is also difficult for them to estimate their own coping, and their overall physical condition is poor. The rehabilitation of drug abusers has been based on cognitive behavioural therapy and a model of community care, which has included very little physical rehabilitation and rehabilitation enhancing body awareness. **Description:** The drug addiction withdrawal programme was implemented as institutional rehabilitation lasting from 4 to 8 weeks. Once a week the clients participated in a functional group of 90 minutes, the average number being 3 clients. The group had a total of 30 sessions. The group was guided by 2 physiotherapy students and 1 occupational therapy student, supervised by teachers. The objective was to provide the clients with experiences of the use of their own body. Furthermore, the aim was to strengthen their body awareness, help them use their body in a more relaxed way, and reduce anxiety or make it more manageable. The experiences of different exercise forms, creative methods and “doing together” also provide the clients with tools for life-management. Every client filled in a questionnaire on health and exercise habits. For example, body awareness therapy, adapted physical exercise, games with different equipment, and relaxation methods were used in the group. **Evaluation:** The physiotherapy students self-evaluated the implementation after every group, and the employee of the ward evaluated the functionality of the group. The clients provided answers to the questionnaire, and based on the results. The physiotherapy students considered that the objectives of the group were achieved. They experienced guidance as a challenge, but also as a facilitator of learning. Motivating the group, the ability to change plans quickly and flexibility in providing guidance to the group in order to activate the participants, the planning of different forms of adapted physical exercise, the recognition of individuality, and genuine caring were considered of major importance. Evaluation by the employees: various resources were discovered in the clients within the group, they became more tranquil and relaxed during the group, the group experiences were shared at the ward in the following days. Experiences of the clients in the group: the group provided new, positive sensations of different exercise forms and one’s own body, improved body control, and reduced anxiety. After the group sessions, they felt more relaxed and whole. Moreover, they emphasized the experiences of genuine caring from other people. The most longed-for event of the week. **Conclusions:** The functional group model which was developed adequately supports the rehabilitation of drug addiction clients. It provides the clients with experiences of different forms of physical exercise and the use of their own body, as well as enhancing body awareness and enabling the training of relaxation skills. The plans for the future also include the development of group evaluation methods. The functional group model is a versatile learning method for physiotherapists. **Implications:** The functional group model implies new opportunities for the physiotherapy of drug addiction recovery clients.

Keywords: Drug addiction rehabilitation, functional group, physiotherapy students



Scientific Session F

EMOTIONAL AWARENESS IN PHYSIOTHERAPY

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Purpose: To study the role of emotions in interactions between individuals receiving physiotherapy and their therapists providing services to them in psychiatric care.

Relevance: Emotions are of great relevance, but not frequently studied within physiotherapy. To be aware of emotions and have the capacity to express emotions can be seen as a prerequisite for having emotional intelligence, an ability highly needed in treatment situations in physiotherapy

Participants: Eleven informants, all experts in interaction with patients were interviewed in a qualitative study

Method: A qualitative case study was performed. Three different instruments were used to collect data; a multiple sorting of important events contributing to expertise in interaction, an exemplar about a critical interaction situation of relevance and a key informant interview.

Analysis: A cross-case analysis was performed across all interviews and all data collected according to Shephard (Shephard et.al.,1993) and Merriam (1988). The interviews were separately read and coded for categories by the two researchers. The coding was performed over all cases.

Results: All informants experienced that emotional awareness was important for good interaction between physical therapist and patient. It was considered important to identify and express emotions as a PT but also to identify emotions in patients and help patients to express emotions. The interaction situation was perceived as both a logical and an emotional process at the same time. The following categories were identified: 1) emotions as a basis for interaction 2) identifying and using one's own emotions as a PT 3) separating one's own emotions from the patient's emotions 4) motivating forces and emotions 5) body language and emotions 6) body awareness and emotions 7) emotional awareness in PT and 8) emotional awareness in patients.

Conclusions: Recognized and expressed emotions are vital to treatment results in psychiatric physiotherapy.

Keywords: Emotional awareness, psychiatric physiotherapy, qualitative study

Funding acknowledgements: Unfunded



THE ATTITUDE OF PHYSIOTHERAPY STUDENTS TOWARDS MENTAL HEALTH AND PSYCHIATRY

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Background: The mental health discipline and more specifically psychiatry is not favoured by health care providers amongst whom the physiotherapists.

Purpose: The attitude of physiotherapy students towards psychiatry was examined considering gender, previous experience with mental health and psychiatry and the evaluation of the impact of a specific course on the attitude.

Subjects: 219 physiotherapy students (first & second bachelors) and 112 non medical university students completed a questionnaire “Attitude Towards Psychiatry” of Burra.

Method: This experimental study compares physiotherapy students with non medical students and compares - within the group of physiotherapy students - the effect of a course on their attitude.

Results: The attitude towards psychiatry was moderately positive. Female students had more positive attitudes than male students. Prior experience with mental illness was associated with more positive attitudes. The attitudes grew more positive after completion of a course ‘Pathology and psychomotor rehabilitation for patients with psychopathological illnesses’.

Discussion & Conclusion: In order to assure adequate basic physiotherapeutic care for the mentally ill, physiotherapeutic education should aim at promoting positive attitudes towards the mentally ill as well as towards psychiatry through high quality courses and personal interaction with patients or practice.

Key words: Physiotherapy in mental health & psychiatry, Physiotherapy education

Funds: This work was unfunded



FROM STUDENT TO “PATIENT WHISPERER”: MENTAL HEALTH EDUCATION BRIDGING AWARENESS

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Purpose: To provide educational support aligned to Physiotherapy students’ learning needs to develop appropriate skills for patient-centred Mental Health (MH) practice. To shape a course that stimulates students to explore the increasing complexity of their skills, and inspire them to actively engage with people with Mental Health Disorders (MHD). **Relevance:** Traditional ‘information-transfer’, lecture-based teaching of the Level 2 MH teaching block (MHTB) provided standard textbook knowledge and superficial understanding of MHD and treatments, but failed to address students’ concerns and apathy towards engaging in MH healthcare. The Department of Health (UK) and Chartered Society of Physiotherapy advocate the need to develop a flexible, capable MH workforce, based on relevant competencies and evidence-base. The introduction and development of ‘Patient Whisperer’ skills, the complex, transferable skills that allow for effective engagement in therapeutic relationships and treatments, would address some of these issues. A review of how and what students were learning was needed to inform the development of appropriate educational support.

Description: An ongoing review of the MHTB was undertaken by the MH lecturer (unfunded), Department of Physiotherapy, Cardiff University between 2003 and 2007. Traditional methods previously used lacked impact, as product-driven, teacher-focused teaching limited students’ engagement with the subject. A change of teaching delivery was introduced providing a ‘process-led’, student-centred learning environment. Sessions became more interactive; using workshops, case scenarios, tutorials, small group discussion and self study. This facilitated the students to develop understanding of concepts underpinning their skills through shared experiences and application in different contexts. Using facilitatory text, patient stories and experienced clinicians’ support, students were empowered to learn more deeply, motivating them to explore and apply their ‘Patient Whisperer’ skills in the realistic contexts provided. **Evaluation:** The ‘Approaches to Teaching Inventory’ was used to indicate the balance of ‘conceptual change/student-focused’ versus ‘information transfer/teacher-focused’ elements of teaching content. 2003 scores of (60+37) v (80+80) indicate the strong focus on information transfer. 2007 scores, (88+76) v (64+53), present the substantial shift towards the intended student-centred approach for deeper learning. Successive student feedback has shown a positive shift of understanding and enthusiasm for the subject; this was further supported by a number of students’ requests for MH placements after the MHTB. Several students have also engaged with MH topics for research projects, adding to evaluation and evidence-base for future work. **Conclusions and Implications:** Student-centred, process-driven education provides an environment which is conducive to active, deep student learning. Use of such a delivery for the MHTB has been shown to effectively engage students in the development of their knowledge and ‘Patient Whisperer’ skills, ready for clinical practice. By increasing their confidence in working with people with MHD, physiotherapy graduates entering clinical practice can act as role models for others and provide inspiration for change where stigma is evident. This promotes a more flexible workforce, more willing and able to engage with people with MHD whenever they are encountered, within generic as well as MH services. **Keywords:** Pedagogy, transferable skills



COERCION FREE SERVICES: RESTRAINT AND SECLUSION MINIMISATION AND THE ROLE OF PHYSIOTHERAPY

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Purpose: To share the process of implementing a coercive-free environment on an acute adult inpatient mental health unit. Further to this we will highlight the vital role that physiotherapy and occupational therapy has played in minimizing restraints and seclusions.

Relevance: Physiotherapists and Occupational Therapists working in mental health understand and utilise the dynamics of the mind-body connection to enhance sensory modulation and integration. By sharing our knowledge of sensory tools with colleagues we can prevent escalation and minimise coercive practices. When used effectively, sensory tools can help to reduce the need for seclusion and restraints. This enables service users to pursue recovery and benefit from hospitalization rather than being traumatized by their experiences.

Description: The coercion-free project at Auckland City Hospital's acute adult mental health services (MHS) began in 2006 following the integration of the recovery approach. The project has required significant changes to the unit environment, policies, service delivery and staffing practices. It has been the role of Physiotherapy and Occupational Therapy to educate unit staff regarding sensory modulation and tools to prevent crises.

Evaluation and Implications: Unit statistics show a decline of restraint and seclusion since project implementation. Staff awareness of de-escalation strategies and alternatives to seclusion and restraint has assisted in this outcome. There have been challenges in the coercion-free project which will be identified and key learnings will be presented.

Conclusions: Physiotherapy has a vital role to play in providing coercion-free environments in mental health units. Physiotherapists understand how to use the mind-body connection in modulating sensory input. We have a responsibility to share our knowledge to promote safer environments for service-users.

Keywords: Coercion, restraint, sensory

Funding acknowledgements: Auckland District Health Board, New Zealand.



WORKSHOPS (in parallell)

Workshop I

A WORKSHOP IN BASIC BODY AWARENESS THERAPY (B BAT) USED IN THE PSYCHIATRIC FIELD – A WAY TO GET IN TOUCH WITH YOURSELF

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Purpose: Physiotherapeutic assessment and treatment methods are developed in order to help people with long lasting muscle-skeletal pain and deficits in the body awareness. Within the psychiatric field there is a need for patients to get in touch with themselves through increased awareness of their bodies. The purpose of this workshop is to experience one of these methods, Basic Body Awareness Therapy, (B BAT). **Relevance:** In order to meet the whole human being the methodology of B BAT has been developed. B BAT is a health- and resources oriented rehabilitation program working with the body/mind unity. The program is widely used within psychiatric and psychosomatic physiotherapy in the Scandinavian countries as well as in primary health care. B BAT is both evidence- and experienced based. **Description:** B BAT represents a holistic approach in physiotherapy and consists of simple movement exercises from daily life. B BAT includes exercises lying, sitting, standing, walking, use of the voice and relational exercises. Balance, free breathing and awareness are fundamental elements to be trained and integrated into the movements. The patient becomes involved in the movements through experiencing and reflecting on movement aspects like flow, rhythm and intention as well as emotional aspects connected to the movements. B BAT is used in individual and group therapy. It challenges and develops the physiotherapist role and interrelation with the patient. The significance of B BAT is the introduction of body awareness through four dimensions. It prepares the patient, as well as the physiotherapist, for personal growth through an embodied understanding of human balance and movement. **Evaluation:** B BAT has been used in psychiatric physiotherapy for at least 25 years and has been thoroughly evaluated in several scientific studies. The results revealed B BAT to be effective on bodily and mental factors. **Conclusion:** Today B BAT is used not only in the psychiatric field but also within psychosomatic physiotherapy, primary healthcare, pain rehabilitation as well as for health promotion and personal development. The main objective within education in B BAT for physiotherapists is to enhance the professional and personal competence in body-mind integration. **Implications:** B BAT has shown to be an effective and useful physiotherapeutic methodology suitable for the psychiatric and psychosomatic field, for example eating disorders, traumatic stress and long lasting muscle-skeletal pain problems. B BAT is a method including physical, physiological, psycho-socio-relational and existential aspects in movement, perspectives valuable and needed in physiotherapy. For physiotherapists B BAT is offered through free courses and at university levels; it is part of several research programs. In a workshop presented at the Conference 2008 the participants are invited to experience an extract of the B BAT movement-exercises.

Keywords: Basic Body Awareness Therapy, movement quality, psychiatric and psychosomatic physiotherapy.



Workshop II

PHYSIOTHERAPY AND EATING DISORDERS

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Purpose: The purpose is to develop the quality of the physiotherapy in the field of eating disorders. Many physiotherapists have worked with patients with eating disorders. Very little has been documented in this field. When both of us had to develop the physiotherapy programme in each of our specialized unit, we collaborated in order to secure the quality of the physiotherapy. **Relevance:** Based on the documentation that exists both in the field of physiotherapy and the field of eating disorders, experiences from physiotherapists that have been working with eating-disordered patients for decades, and our own experiences as physiotherapists, we have developed the physiotherapy programme in each of our specialized units. We have also together with Grete Ege Grønlund, been authors of the Norwegian Guidelines for Physiotherapy and Eating Disorders, which were presented in IC-ppmh 2006 in Belgium. Our physiotherapy programmes are based upon these guidelines. **Description:** We would like to present parts of our physiotherapy-programme at IC-ppmh 2008. This is to give the audience an understanding of how we can use our knowledge as physiotherapists in the process of recovery for these patients. We would like to do a practical presentation together with the audience, and have time to discuss and reflect upon the different parts we go through. We will go through basic physiotherapy with movements and massage, but try to show how we adjust to these patient's needs. **Evaluation:** As we both work in multi-professional teams, we can't isolate the physiotherapy, to evaluate the effect. But we are at both our units, working with establishing evaluation tools to be able to observe the effect of the treatment. Documentation from similar units in the United States show good results. **Conclusion:** Even though the effect of this physiotherapeutic programme is not yet well-documented, the research that is available supports this work. The patients themselves report that they find this part of the treatment useful, and also the other professions in the team see the usefulness of this approach. **Implications:** We both teach physiotherapists, students and other professions on the topic of physiotherapy and eating disorders, and give courses for the Norwegian Association for Physiotherapists. We are also working to improve the Norwegian Guidelines for Physiotherapy and Eating Disorders, which are published on the internet http://www.nmsf.no/fysioterapi/fysioterapi_og_spiseforstyrrelser.pdf In this work we collaborate with the Norwegian authorities to heighten the scientific aspect of the guidelines.

Funding acknowledgements: The Norwegian authorities, by the department of health and social services paid for the development of the Norwegian Guidelines for Physiotherapy and Eating Disorders.



Workshop III

BASIC BODY AWARENESS THERAPY AND USE OF THE VOICE IN MENTAL HEALTH CARE

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Purpose: Use of voice as a therapeutic tool is not a very common aspect in clinical physiotherapy. Through many years of clinical work with Basic Body Awareness Therapy (B BAT) my interest for linking voice and B BAT movements together has been successive growing. I have searched to develop this clinically, in the Psychiatric field and as well as in the Community Health Care. It has been elaborated into the curriculum for physiotherapists in the psychiatric and psycho-somatic field, at a national and international level. **Relevance:** B BAT is based on movements from daily life, directed towards integrating balance, free breath and mental awareness, including bodily, mental and a relational aspects in movement. For people in the psychiatric and mental field those elements are more or less missing. An integration of movements and voice aims at helping the patient to keep a better contact with him/herself. **Descriptions:** This approach is directed towards patients suffering from muscle-skeletal problems, psychiatric and psychosomatic problems, long lasting pain problems, traumatic stress disorders, eating disorders and life style problems. The patients are characterized by movements that are bound of flow, unbalanced, uncoordinated and in disharmony. The ability to stay in contact with them-selves and to observe what is going on inside them-selves is weak. This has an influence on the speech and the quality of the voice concerning volume, resonance, energy and intensity. An integration of voice and movement harmonizes both movement and voice. To be aware of the sound of the voice is connected to an understanding of my self as human being. **Methods:** The methodological approach is based on years of experiences where an integration of Basic Body Awareness movements and voice is actively used together. Movements and voice are trained lying, standing and sitting, individually and in groups, all aiming to connect to daily life. When the voice finds a more healthy quality it is characterized by a free breathing and vital energy in voice and movement. The mental awareness, the centring process and free breathing are important for the balance and for the resonance in the voice. Training the pronunciation of basic vowels is important as the sound of the voice is carried by vowels. Pronunciation of consonants is practised together with movements to assist breathing and voice through continuous circular movement. Vertical circular movement as well as horizontal circular movement will support the integration. These movements are highly effective for increasing vocal resonance in the body. **Evaluation:** My experiences for training the voice together with the B BAT movements is based on my observation documented in my journals and the patients and participants positive reports in the form of subjective feedback of the work. They have underlined the support use of the voice has for the awareness of themselves and for their health. **Conclusion:** Promoting the quality of the voice with the B BAT movements has shown to be of clinical importance. It is, however, necessary to make research of a method that has shown to be a powerful therapeutic tool. **Implications:** Use of the voice together with movement exercises based on the B BAT implies new opportunities for the physiotherapy in Psychiatric and Mental Health.

Keywords: Basic Body Awareness Therapy, voice, movement therapy



Workshop IV

PHYSIOTHERAPY AND BODY AWARENESS WITH EATING DISORDERED PATIENTS: PRESENTATION OF A FILM ABOUT PRACTICAL APPROACH FOR INDIVIDUAL AND IN GROUPS

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Purpose:

The purpose of the workshop is to show how patients with eating disorders, who are treated in an in-patient psychosomatic ward with other patients in a heterogeneous group of patients, can experience and change their body awareness. In a first diagnostic step we observe the expression and quality of movement of the patients with eating disorders and give them a feedback for better harmonizing and group adapted exercises. The eating disordered patients learn in the group to change their movement behaviour. In addition an individual treatment improves the group experience and gives the opportunity to demonstrate the results of a better body awareness.

At the end of the film the patients with eating disorders discuss among themselves about their experience with body awareness and relaxation exercises after lunch.

The cooperation of all patients was exceptional; they allowed us to present the film on the congress. They are all talking in English, so that the participants can understand it more easily. The film has a duration of 25 minutes and I hope that it can be a base for a interesting discussion.

Aim:

The aim is to show the importance of physiotherapy in the treatment of eating disordered patients with negative body self experience, body awareness and lack of body borders and how to accept this form of body therapy.



Workshop V

Mirror, Mirror on the Wall... Mirror Behaviour and Mirror Exercise of Patients with Eating Disorders

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Background:

Patients with eating disorders experience an intense fear of gaining weight and present a negative body experience. They are concerned about certain body parts and distrust objective standards such as mirrors. Mirrors can play an important role in this experience. They tend to make the person self-conscious, critical and suggestible. They can also be turned into a therapeutic ally. Mirrors can bring about a stable integrated mental perception of the own body, disrupt the denial and bring about an intense reality testing.

The goals of the workshop:

- To give a review of the literature concerning mirror exercise in eating disorders
- To analyse the research data of mirror behaviour in eating disorder patients
- To analyse body checking and body avoidance behaviour on body experience.
- To propose “mirror exercise” based on our clinical experience
- To discuss the pros and the cons, the therapeutic and practical implications

Conclusions:

Mirror exercises seem to be appropriate to obtain a stable mental position.

Keywords: Eating disorder, body image, mirror exercises,



Friday, February 29, 2008
Plenary Session, two speakers

PSYCHOMOTOR THERAPY IN (SUB) ACUTE PSYCHOTIC PATIENTS: A FLEMMISH APPROACH

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Purpose: Recently, in Flanders more and more emphasis is set on improving the functional outcome and quality of life in psychotic and schizophrenic patients. Especially, psychomotor therapy is taking a central place in the multidisciplinary care of this population. The psychomotor therapy programme tries to anticipate on the increasing demand.

Relevance: This complementary treatment focuses on the patient's body in contact with the other and the environment.

Description: During the last 40 years there has been a development of the domain of psychomotor therapy in mental health care in Flanders. Today the psychomotor therapy (PMT) is an established complementary treatment and commonly recognised in the multidisciplinary approach of psychotic and schizophrenic patients. Indeed, the positive effects of physical exercise and structured movement and body oriented tasks upon the general well-being and the quality of life in psychotic patients is clinically well accepted. At the moment however scientific evidence still is limited. Nevertheless, psychomotor observation and evaluation take an important role in the diagnosis-setting and the development of a multidisciplinary treatment program. Based on a good observation motor, social-affective and cognitive objectives are formulated for use in the psychomotor therapy. Safety, structure and support are the basic conditions for success. Especially with the common use of atypical antipsychotics weight gain as an adverse effect of pharmacotherapy has become a topic of special interest in the care of psychotic and schizophrenic patients. Even more, weight gain in psychotic and schizophrenic patients is associated with impairing quality of life and a reduced well-being and vitality. Psychomotor therapy with a wide variety of movement tasks, fitness-training, sport activities, running therapy, psycho-education, aqua-therapy, relaxation and body oriented exercises may be an important intervention for improving the functional outcome and the patients' quality of life. Even in the early stages of a rehabilitation program for (sub) acute psychotic patients psychomotor therapy takes an important role in the Flemish mental health care. Future research should focus on the scientific evidence of the programme.

Evaluation: Evaluation - tools are in development. At the moment only the 'Louvain Observation Scale for Objectives in Psychomotor Therapy' is used. **Conclusions:** The psychomotor therapy is taking more and more a central place in the multidisciplinary care in (sub-) acute psychotic patients. The varied programme is clinically well accepted. Future research should focus on the scientific evidence of the programme. **Implications:** Theoretical background of psychomotor therapy in (sub)acute psychotic patients in practice

Keywords: psychomotor therapy, psychosis

Funding: None



”AN EYE FOR MOVEMENT QUALITY” – A QUALITATIVE STUDY OF MOVEMENT QUALITY REFLECTING A GROUP OF PHYSIOTHERAPISTS` UNDERSTANDING OF THE PHENOMENON

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Background: In watching human movement and focusing on movement quality, we often observe movement pattern that are unbalanced, uncoordinated, stiff, staccato, un-rhythmic and in disharmony. Movement quality is a phenomenon frequently used by physiotherapists with little clarification. **Purpose:** The aim of the study was to reveal a tacit knowledge in a group of experts` physiotherapists investigating clinical experiences in order to identify features and characteristics considered important in a physiotherapeutic context. **Method and material:** A phenomenological study using in-depth interviews was chosen. In the interview situation the informants were encouraged to describe what they meant by movement quality based on clinical situations. Ten copies of Fine Art were used to stimulate the description of the phenomenon. The informants were 15 physiotherapists, five from each field of neurology, psychosomatic/ psychiatry and primary health care. They were nominated by physical therapist leaders in the region. The informants were all known to have a record in successfully promoting movement quality in their clinical practice. After being nominated, each physiotherapist was contacted and invited to participate. They ensured their willingness by giving a written informed consent. The informants had post-graduate education in Bobath, Feldenkrais and in Laban, in Norwegian Psychomotor Physiotherapy, Basic Body Awareness Therapy, Priklers` concept, prost-graduate education in treating chronic pain patients and athletes on a high level. Each interview lasted for about 1 ½ hours. The interviews were audio-taped, transcribed and sent to the informants for confirmation. Giorgis` recommendation concerning analysis of the interview data was followed including multiple levels of interpretation. **Results:** This study revealed that the phenomenon covers two layers: a general impression of movement quality and four themes of basic elements and movement characteristics. They are all interacting processes that cannot be separated. On the background of the findings, the Movement Quality Model (MQM) was developed to give an overview of the essence of a whole. It illustrates the two layers, the synthesis of the whole and the four themes: the bio-mechanical, physiological, psycho-socio-cultural and existential. Each theme includes the precondition to movement quality and movement characteristics. Precondition refers to fundamental elements important to be integrated in movement, like postural stability, free breathing and awareness. By characteristics is meant an aspect or a particular quality expressed in movement, like the path of movement, flow, elasticity, rhythm, intention, self-awareness. **Conclusion:** The Movement Quality Model (MQM) illuminates essential features and characteristics in the phenomenon. The data developed gives support to a multi-dimensional ground as basic category in physiotherapy. This is analogous with a holistic view on human movement. Further research is needed to validate the model and for clarification and application in clinical practice.

Keywords: Movement quality, quality of movement, movement awareness, movement analysis, Basic Body Awareness Therapy.



Scientific Session G

THE PROGNOSTIC VALUE OF THE FOUR-DIMENSIONAL SYMPTOM QUESTIONNAIRE (4DSQ) IN THE PRESENCE OF MENTAL DISORDERS IN PHYSIOTHERAPY PRACTICE

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Purpose: The purpose of this study was to determine the presence of mental disorders in primary care physiotherapy practice using the 4DSQ. The Four-Dimensional Symptom Questionnaire (4DSQ) is a Dutch self-report questionnaire developed to assess mental disorders, such as distress, depression, anxiety and somatization in primary care patients. We identified most common patients' profiles and their relationship with physiotherapy treatment results. **Relevance:** Physiotherapists do have the ability to treat non-specific general distress, however they are not specifically trained to recognize and treat more complex mental disorders. Since in the latter physiotherapy shows failure of treatment result, knowledge and early detection of these psychosomatic disorders is needed to improve efficacy of care.

Participants: A total of 600 consecutive patients referred for physiotherapy treatment by their general practitioner, were recruited from 14 primary care physiotherapy practices. Exclusion criteria were: chronic disorders, patients also receiving mental treatment, patients without doctor's referral to the physical therapist, younger than 18 years of age, and bad understanding of the Dutch language. **Methods:** During the first physiotherapeutic assessment, possible presence of mental disorders was assessed using the 4DSQ. In the 50-item 4DSQ patients' status on four dimensions: distress (16 items), depression (6 items), anxiety (12 items) and somatisation (16 items) were identified. Sum scores of all these ordinal scales indicate a low, mild or severe mental disorder. Results of physical therapy were categorized at the end of the treatment period. **Analysis:** Cluster analysis based on the 4DSQ was used to determine patient profiles. Clusters were compared in terms of treatment outcome and duration. **Results:** Thirty-three percent of all patients had a high score on the Distress-scale, 14% on the Depression scale, 6.1% a high score on the Anxiety scale, and 32.4% of the patients had psychosomatic symptoms. Four clusters were identified: a 'symptom-free' cluster (A), a cluster with a high score on the Somatization scale (B), a cluster with a high score on the Distress scale (C), and a cluster with a high score on both the Distress scale and the Somatization scale (D). Physiotherapy treatment was most successful in cluster A. Failure of physiotherapy and reinvestigation by the general practitioner was needed in 25% of patients in cluster B, while 25% of patients in cluster D stopped treatment on their own initiative. The relative risk of treatment failure was 1.5 in patients with Somatization. **Conclusion:** Between 6.1% and 32.4% of patients consulting a primary care physiotherapist suffer from a mental disorder. Physiotherapy is most likely to be ineffective with a high score on the Somatization scale compared to patients without mental disorders or with distress only. **Implication:** In case of non-specific general distress physiotherapeutic intervention showed to be effective. However, in case of more complex mental disorders patients should be treated by a psychiatrist, psychologist, social worker or physiotherapists specialized in treating these disorders. In order to improve treatment results, early detection is essential to set adequate treatment indication. **Keywords:** Physiotherapy, Mental Disorder, Four-Dimensional Symptom Questionnaire (4DSQ). **Funding:** Not applicable.



MEASUREMENT OF AWARENESS OF CLINICAL AND NON-CLINICAL SETTINGS

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Purpose: An overall objective in a lot of movement and body oriented therapies is the amelioration of body awareness and body experience. The theoretical background for this term has different roots. One root is influenced by the French philosopher Merleau-Ponty, whose ideas were transferred into bodywork by Jack Dropsy. The observational method of BARS (Body Awareness Rating Scale – Skatteboe/Skjaerven 1999) is based upon these ideas. Another root is the German ‘Lebensreformbewegung’ and the ideas of Elsa Gindler and Heinrich Jacoby which later on had in large influence on the concept of sensory awareness thru Charlotte Selver. A third root is based on the mindfulness approach of J. Kabat-Zinn, which is based upon a Buddhist background and which became very popular in actual psychological research. Purpose of this study is to investigate as described above empirically whether there are relations between the different conceptualizations of awareness. This will be investigated for clinical and non-clinical settings.

Relevance: Nowadays therapeutic procedures have to undergo a quality control and a long-term evaluation concerning their effects and their efficacy. As body awareness is an important objective of different types of movement therapy, it needs to be evaluated empirically as well.

Participants: In several clinical and non-clinical studies we have investigated so far whether the MAAS as a questionnaire of mindfulness and awareness is able to reflect change before and after movement therapy (e.g. Maczkowiak/ Hölter/ Otten 2007/Heimbeck 2007). This is the case. What we don’t know whether there is a link between an observational instrument like the BARS and two questionnaires. Out of 30 university students investigated by the MAAS two ‘extreme groups’ (high/low perform in awareness) are selected and investigated with the BARS instrument.

Methods: For this actual pilot study we are using two questionnaires MAAS (Brown/Ryan 2003) and the Freiburg questionnaire for awareness (Wallach et al. 2003) as well as the BARS (Skatteboe/ Skjaerven 1999) instrument.

Results/ Findings: Ongoing study. Results will be expected in January

Implications: Valuable instruments for physical activity and mental health.

Keywords: Evaluation, Mindfulness, Awareness, Physical Activity, Mental Health

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FRAMING AWARENESS – ACCEPTANCE AND COMMITMENT THERAPY APPLIED TO PHYSIOTHERAPY PRACTICE

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Purpose: To explore the core processes of Acceptance and Commitment Therapy in the context of physiotherapeutic interventions for psychiatric disorders and illustrate this application through a case example of a young client with anorexia nervosa. **Relevance:** It is important for physiotherapists in psychiatry to have a working knowledge of psychotherapeutic reasoning to guide their practice and work seamlessly with their multidisciplinary colleagues. Acceptance and Commitment Therapy (ACT) is a mindfulness based, values-directed behavioural therapy that aims to develop one's ability to contact the present moment and the psychological reactions it may generate with openness and acceptance. It differs from Cognitive Behavioural Therapy (CBT) by not challenging negative private experiences, but accepting them and learning to live a full and effective life in their presence. Physiotherapists have long incorporated principals from CBT into their practice. Yet our work to improve mental health by developing both body awareness and physical health may be more compatible with a psychotherapeutic model that teaches self awareness skills and encourages behaviour in the service of life values. **Description:** There are six core processes described in ACT: Contact with the present moment, acceptance, defusion, self-as-context, values and committed action. Uniquely, symptom reduction is not viewed as a direct goal of ACT, but a byproduct. Each process will be briefly described and applied to the goals of physiotherapy. A case example of a young client with anorexia nervosa will be used to illustrate how ACT principals can be applied to physiotherapy practice to introduce mindfulness skills in an accessible form, promote self awareness and acceptance, achieve physical relaxation, and encourage values-directed behaviour. **Evaluation:** ACT has a number of questionnaires that aim to measure psychological flexibility in different contexts. The body image - acceptance and action questionnaire, body attitude test, body size estimation test, and visual analogue scales for anxiety and muscular tension were used along with percentage of ideal body weight to evaluate our case example. Subjectively she reported the repetition of themes and use of the same language across professionals was helpful to her recovery process. Colleagues in clinical psychology and occupational therapy who also use ACT in their work reported clients grasped themes more readily. **Conclusion:** ACT theory sits well with the goals of physiotherapy in psychiatry. Understanding ACT processes and allowing them to guide our therapy may enhance our clinical effectiveness. Our ability to create therapeutic dialogue that is in harmony with the work of our colleagues may improve consistency of care delivery and patient outcomes. Both qualitative and quantitative research studies are necessary to examine the benefits of incorporating such principals into physiotherapy practice. **Implications:** Physiotherapists who interface with psychiatric populations may wish to investigate ACT as a therapy that can inform multidisciplinary team practice.

Keywords: awareness, theory, acceptance and commitment therapy

Funding acknowledgements: No special funding was provided.



BRIDGING AWARENESS – HOW?

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Purpose: Highlighting the opposing factors, and the hindrance of another paradigm to be acknowledged in orthodox medicine, when introducing evidence based and best practice in traditional care units. **Introduction:** Although we have published papers on this subject¹⁻⁴ we have difficulties in being seen and not all doctors acknowledge our work. Earlier research done in biochemistry received a more positive understanding. We believe the reason to be, that we have two different paradigms to see the world. a) The dominating view is that treatment with advice and drugs are sufficient, adopting the view that patients can take care of their deviating symptoms/tensions by themselves. b) The other view is that a person in medical care is undergoing a process. The body is capable of hiding experiences from the past and that might cause many different symptoms. This is the paradigm of psychotherapy, psychosomatic medicine and body therapy, which are not represented in the hospital unless in very small quantities. Neglected traumas and stresses will lead to more serious syndromes or illnesses. The result is expensive –both in human suffering and economically. **Analysis:** We believe we have to bridge not only these separate perspectives, but also the difference in power between gender, professions and the borders of academic competition. We know that the Body Awareness Therapy (BAT) gives the IBS-patients lower gastrointestinal symptoms and a better quality of life. To have a more holistic awareness works very well among our patients and this has strengthened the therapeutic effect. Although much research is done, we feel that in general, orthodox medicine and its patients would benefit from developing a more open mind when dealing with these contexts. **Conclusion:** We have to highlight these differences in paradigms and discuss them. In bridging this psychosomatic awareness we will gain not just medically, but also on a social level.

Implication: There are different and important bridges to work on in order to make a change:

- 1) Building multidisciplinary units. Researchers nowadays report that this is good efficiency⁵
- 2) Introduce the different paradigms to students in Medical educations.
- 3) Introduce the different paradigms to Social insurance office, Company health service and politicians involved with healthcare and hospital care.
- 4) Introduce studies in health economy to compare the outcome strategies for patient care related to different paradigms.
- 5) Introduce the paradigms in media.

1) *BAT: A new strategy for relief of symptoms in irritable bowel syndrome patients, World J Gastroenterology 2007; 13(23):3206-3214.*

2) *Gastrointestinal symptoms in 50 year old women show a strong correlation to psychosomatics. Poster*

3) *Does the IBS patient of today get an optimal treatment? Poster*

4) *Effects of BAT in patients with Irritable Bowel Syndrome. Adv. in Physiotherapy. 2002; 4:125-135.*

5) *Paul Enck. Dept. of Psychosomatic Medicine and Psychotherapy, Tübingen. Germany. Neurogastroenterology conference, Göteborg 2007*



Scientific Session H

BASIC BODY AWARENESS THERAPY AS A TREATMENT FOR PEOPLE SUFFERING FROM MYALGIC ENCEPHALOPATHY

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Introduction/ Background

There are approximately 10 000 people in Norway suffering from Myalgic Encephalopathy (ME) (Dåvøy 2007). Five out of six are women. The main symptoms are feelings of fatigue and low tolerance for activity. Research shows that society and the health care system have little treatment to offer. The background for this project was to explore how group training with Basic Body Awareness Therapy (B BAT) could help women suffering from ME to cope with their situation. The physiotherapeutic modality B BAT offers a set of movements from everyday life focusing use of energy, rhythm and lightness in the movement quality (MQ).

Purpose

The purpose of the project was to study how a group of ten women suffering from Myalgic Encephalopathy respond to and experience Basic Body Awareness Therapy as group training focusing on their movement quality.

Method and Material

Ten women from the local ME group participated. The group training was arranged by the physiotherapist (PT) as a course over 10 times. The focus of the training was to develop MQ through experiencing and exploring movements. The data was collected through using the Body Awareness Rating Scale (BARS) and the Body Awareness Scale Interview (BAS-I). All ten participants were assessed before and after the period of group training. The data from BARS was then systemized to analyse the MQ before and after the period of training. The numerical scores from the BAS-I were put into graphs. Ethical considerations were taken.

Results

The BARS results showed that the MQ had improved in all participants after the training. Descriptions of the movements given by the participants were improved balance, more unity in the movements and improved contact with their body. They reported less pain during the movements and the breathing to be freer. Observations by the PT correlated with the above. The results from the BAS-I showed that all participants had problems of fatigue, poor concentration and poor physical ability. The graphs indicated less problems related to body related functions and the psychological aspects, and greater problems related to the physiological aspects. The after values showed some improvement in all areas.

Conclusion

The results showed that in spite of the low tolerance for physical activity the response to the training was positive. Further it showed that the MQ of all participants had improved after the period of B BAT. This opens for and motivates further and greater studies in this field.

Key words: Basic Body Awareness Therapy, Physiotherapy, Myalgic Encephalopathy, group training, Body Awareness Rating Scale, Body Awareness Scale Interview, movement quality.



THE PROCESS OF CHANGE IN BASIC BODY AWARENESS THERAPY

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Purpose and relevance: Musculoskeletal undefined pain and mental illness increase rapidly as reasons for sick leave in the European Union and have shown to be difficult to solve within the traditional biomedical framework. Several researchers suggest a holistic view on human beings; bringing in physiological, psychological and social factors. One method with such an approach is the physiotherapeutic treatment Basic Body Awareness Therapy (B BAT). However the effects of therapy have previously been studied, there is more to explore concerning the actual process in order to clarify aspects of the patient's development. The aim with this paper is to search for a deeper understanding of the process of change in B BAT.

Participants: Totally 14 patients took part in a semi-closed B BAT group for 16 weeks. The group consisted of patients referred from psychiatric out-care units and from primary health care. The medical diagnoses featuring in the group were: depression, anxiety syndrome, chronic fatigue and post-traumatic stress disorder.

Methods: A qualitative, phenomenological approach was used for this paper. Data consisted of a diary of field notes and from patient's experiences collected during a structured group discussion.

Analysis: The field notes were analysed through a content analysis. The group discussion were conducted and analysed through the steps of the Nominal Group Technique.

Results: a) The analysis of the diary showed four areas of change in this B BAT group; Change in group dynamics, Change in the experience of the body, Change in body attitude and Change through creation of meaning. b) The group discussion expressed the following as being of most significance regarding their process of change: "I am more attentive to and aware of what happens in the body, and to listen to it."

Conclusion: The process of change in B BAT concerns several aspects, which in this study were interpreted as four areas of change. Self-reflection and integration of movements into daily life promoted change. In relation to psychosomatics, B BAT may encourage flexibility and alternatives to dysfunctional habits in the body.

Implications: The findings from this work can hopefully inspire clinicians to consider the process of change in B BAT more. There is a need for further studying the subject for example through in-depth interviews with patients and/or physiotherapists.

Keywords: Basic Body Awareness Therapy, process of change, physiotherapy

Funding acknowledgements: This work was unfunded.



HOW IS THE GROUP USEFUL TO THE PATIENTS IN A GROUP THERAPEUTIC PROCESS OF BASIC BODY AWARENESS THERAPY?

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Purpose: The aim of this report is to explore the presence of the therapeutic factors, described by Yalom, in the group therapeutic process of Basic Body Awareness Therapy (BBAT). The findings will be related to how the patients in the BBAT-group have experienced the group as useful in their own processes. **Relevance:** In my work as a physiotherapist within the psychiatric field I use B BAT in individual- and group- treatment. Questions about how to create the most favourable climate and design of the group treatment has been raised by me and my colleagues. Gradually I have been more interested in the relating aspects in the group. My curiosity awakened reading about Yalom's therapeutic factors. In the factors I saw an evidence based tool that could give more information on the group therapeutic change in the B BAT-group. **Methods:** The research method is qualitative, phenomenological. **Participants:** In total 14 patients have been participating in the group treatment, participating shorter or longer periods. The B BAT-group has consisted of psychiatric outpatients and patients from the primary care. The diagnoses of the patients have been depression, anxiety, PTSD and stress related depression. An existing B BAT-group at our unit was used in this report. **Analysis:** The data on the group therapeutic process has been collected from paper journal and diary notes and analysed with a qualitative, phenomenological method. The Nominal Group Technique has been used to collect the patients' experiences. **Results:** The therapeutic factors are clearly present in the group therapeutic process of B BAT. The most frequent factors analyzing the group therapeutic process were interpersonal learning, group cohesiveness and installation of hope. In the responses of the patients the factors interpersonal learning, universality, group cohesiveness and installation of hope were present, ranked in this order considering importance. In the analysis there were more of the different therapeutic factors (10) compared to in the patients' responses (4). **Conclusion:** The results are in agreement with research evidence that indicates that the power of the interactional outpatient group emanates from its interpersonal properties, describing interpersonal interaction/exploration and group cohesiveness as the essential components of effective group therapy. This study is not large enough to make any final conclusions on the subject; it is as a beginning of finding common traits in how the therapeutic factors are present in the therapeutic process of a B BAT-group with outpatients with varied psychiatric diagnoses. Future studies may be directed towards how patients in B BAT-groups would rank the 11 therapeutic factors, to find out the comparative values of the factors to the patients. A larger number of patients would be needed to make more profound conclusions. **Implications:** The integration of the therapeutic factors in physiotherapeutic group treatment is crucial to be able to use the group as a resource to improve the individual patient's treatment outcome.

Funding acknowledgements: This work was unfunded.

Keywords: Basic Body Awareness Therapy, Physiotherapy, Therapeutic Factors



THE BODY FRIEND OR FOE? ONES-SELF AS A RESOURCE IN THE PHYSIOTHERAPY TREATMENT OF CHRONIC MUSCULAR PAIN.

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Introduction: My work in private practice consists of a large caseload of patients with Chronic Muscular Pain. Tension problems are not new, but the pace and demands of modern life multiply their negative effects. Pain is now a chief complaint in 40% of primary care visits, chronic pain reported in 20%. I earlier used traditional physiotherapy methods aimed at local areas, symptom relief and an outer perfection of movement. In this study I change my approach to Basic Body Awareness Therapy (B BAT) and focus on the subjective experience of being in movement. **Purpose:** The main purpose was to investigate and reflect upon the experiences of two patients suffering from Chronic Muscular Pain from using BBAT. To see if self-exploration and self experience of balanced movement could lead to a better understanding of ones self and to the development of ones own resources. **Research question:** What are the experiences of two women suffering from Chronic Muscular Pain of using Basic Body Awareness Therapy, focusing on the development of their own resources? **Method and material:** This was a qualitative study. I used the Body Awareness Rating Scale and a semi-structured interview as assessment methods. The semi-structured interview was taped and transcribed. I used Giorgi 4 steps to analyze and condense the material into meaning units. The informants were two women, forty years of age suffering from longstanding Chronic Muscular Pain. They attended both individual and group therapy, 12 sessions of each. Ethical considerations were taken. **Result:** Results of the BARS showed both women adapted their movement patterns. In the initial assessment both women had stiff and staccato movements, withheld their breathing and had difficulty releasing their body weight into their legs. They later used less energy and force, gained more flow and rhythm and integrated their breathing more with the movements. They became more aware of their movement and breathing patterns and could actively adapt. Results of the semi structured interview showed that six themes became evident. These were: experiences of individual and group therapy, self understanding and awareness of bodily signals, ability to influence own situation, pain levels, sense of connectedness and the therapeutic alliance. **Conclusion:** Both women are in a process of change in all dimensions of existence, physical and mental. They are changing bodily habits and integrating breathing with movements, have gained a greater understanding of their own needs and wishes and feel more balanced. Life challenges come and go but the women have a tool they can use.....themselves !

Clinical implementation: B BAT gives a sense of wholeness on both a physical and mental level- a sense of well being. By focusing on positives, resource development and coping skills pain becomes of less importance.

Key Words: Basic Body Awareness Therapy, Chronic Muscular Pain, physiotherapy, resources, coping, BARS, semi-structured interview.



Poster presentation

PSYCHOLOGICAL VARIABLES AND HEALTH COMPLAINTS IN PATIENTS SEEKING PSYCHOMOTOR PHYSIOTHERAPY

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Purpose: Norwegian psychomotor physiotherapy is a type of body awareness therapy that is used as a treatment modality for various health-related conditions, such as musculoskeletal problems and pain. The purpose of this study was to characterize the patients seeking psychomotor treatment in terms of psychological variables and health complaints, and to compare the help-seeking persons with normal population on these variables. **Relevance:** Previous research on patients seeking psychomotor physiotherapy is largely dominated by case studies, and there are not many comprehensive characterizations of the patient group. Studies on patients with unspecific pain conditions and musculoskeletal problems emphasize, however, factors such as depression, anxiety, fatigue, sleep problems, reduced quality of life, and other health complaints. **Participants:** Patients seeking psychomotor treatment (n=60) were recruited through physical therapists specialized in psychomotor physiotherapy. The inclusion criteria were age ≥ 18 years and having been referred to psychomotor physiotherapy by a physician. For a comparison group (n=66), adults who were not under psychomotor treatment or on a waiting list for such treatment were recruited, mainly from personnel in three nursing homes. **Methods:** Persons seeking psychomotor treatment were compared with non-help-seekers and population norms on anxiety (State-Trait Anxiety Inventory-Trait), depression (Beck Depression Inventory-II), fatigue (Fatigue Questionnaire), sleep problems (Bergen Insomnia Scale), quality of life (Quality of Life Inventory), and health complaints (Subjective Health Complaints). **Analyses:** Independent samples t-tests and chi-square tests were used for comparing the groups on socio-demographic and clinical variables. Bivariate associations between variables were expressed with the Pearson's product-moment correlation (r). **Results:** Patients (mean age 44.3) seeking psychomotor physiotherapy were mostly women (49 women, 11 men) with several types of long-lasting health complaints, mainly musculoskeletal problems. The comparison group (mean age 42.3) was similar concerning sociodemographic characteristics and gender (59 women, 7 men). Significant differences were found between the patients and the non-help-seekers on clinical variables. More than half of the patients had clinically significant depressive symptoms, and most patients had also significant sleep problems and fatigue. The patients' quality of life was reduced compared with non-help-seeking persons. A strong association between emotional symptoms and health complaints was found. **Conclusions:** Compared with non-help-seeking persons and population norms, patients seeking psychomotor physiotherapy suffer from a large number of long-lasting health complaints, psychological symptoms and sleep problems, and a reduced quality of life. **Implications:** The results indicate a need to pay attention to psychological symptoms, and depressive symptoms in particular, in the patient group. **Key words:** Psychomotor therapy, baseline, psychological variables. **Funding acknowledgments:** Department of Public Health and Primary Health Care at the University of Bergen has supported the project. **Ethics:** The study was approved by the National Data Inspectorate and the Regional Committee for Medical Research Ethics in Western Norway.



NEW METHODS IN THE ASSESSMENT OF BODY-IMAGE AND MOVEMENT ANALYSIS

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For practitioners in the psychiatric field, it is obvious that a psychiatric disability is reflected/ visible in the patients' relationship to the body and is accompanied with special movement characteristics. In order to establish good movement therapy there is an increasing need for evaluation and quality control in that field. For the evaluation of the body-image there are several questionnaires which mostly dependent on cognitive facilities and exclude non-verbal and movement aspects. For the purpose of including those aspects over the last few years different instruments were developed which are partly based on creative arts and the theory of functional relaxation (Marianne Fuchs) or the qualitative analysis of movement following the ideas e.g. of Laban and Kestenberg..

In the presentation two new methods for the assessment of the body-image and movement analysis will be introduced. First the "Körpererlebensorientierte Bewegungsanalyse-KBA" (Bodyfocused Movement Analysis) conducted by H. Lausberg and second the "Körperbildskulpturtest -KST " (Body-image-Sculpture-Test) (by Wadepuhl, von Arnim, Thiel 2003). The KBA is divided into two parts. The first one consists of structured movement tasks, such as walking, running, stamping and turning. In the second part the patient improvises selected movement. The movement sequences are filmed and analysed separately by independent raters. Data analysis is simplified with the help of the digital video analysis program "Elan". In the KST the patient is asked to plasticise a human figure of clay with closed eyes. The created sculpture can be evaluated by external raters or in a structured interview. In the presentation the two instruments will be explained and illustrated on the basis of data of university students (n=10), patients with borderline personality disorder (n= 5) and patients with anorexia nervosa (n=20).



BODY AWARENESS AS AN ISSUE IN DEVELOPING PROFESSIONAL COMPETENCE IN PHYSIOTHERAPY?

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Purpose:

The purpose of this poster is to shed light on body awareness as an issue in developing professional competence in physiotherapy and to put this into discussion.

Description:

Tacit knowledge becomes more and more an issue in physiotherapy practice development and education. One aspect in this which seems to be barely considered is body awareness. This stands in great contrast to the fact that physiotherapists in their daily practice work with body and body awareness continuously on different levels.

Physiotherapists deal with the body awareness of patients. Besides this, physiotherapists themselves make use of their own body awareness, consciously or unconsciously. They do this for example when palpating tissue-structures, performing transfers or facilitating movement.

Furthermore physiotherapists engage in interaction with their patients during the entire treatment process. For this reason they, just like other health professionals, inevitably experience phenomena of interpersonal encounter. To what extent though have they learned to deal with the stresses and strains which result from this and to shape a professional relationship? Using body awareness intentionally could be a valuable tool in terms of psychohygienics.

As a particular characteristic of physiotherapy the interaction between therapist and patient is also a direct body-to-body interaction. Psychological models do not include this aspect and are therefore only conditionally useful to describe interaction in physiotherapy. Physiotherapeutic “vocabulary” does not seem to exist yet.

Conclusion and implication:

Physiotherapists know these phenomena out from their practical experience. Presumably most or a lot of them are highly competent in using body and body awareness. At the same time there does not appear to exist a language or barely any approach to describe what physiotherapists` performs here. There is an enormous potential in this field when using body awareness in physiotherapy practice can be described and thus can be used as a professional tool and be taught.

Keywords: body awareness, professional competence, physiotherapy, tacit knowledge, interaction, psychohygienics

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GASTROINTESTINAL SYMPTOMS IN 50 YEAR OLD WOMEN SHOWS A STRONG CORRELATION TO PSYCHOSOMATICS. CONTINUATION OF THE EPIDEMIOLOGICAL STUDY MEN BORN 1913.

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Purpose:

The study “men born 1913” started 1963 with examinations of 50 year old men. Every 10th year new cohorts of 50 year old men have been examined. The 5th cohort of 50 year old men and, for the first time, 50 year -old women were examined in 2003/2004. A random sample of 50-year-old women from the general population was studied. In this study the interest focused on gastrointestinal symptoms.

Methods:

The women were examined according to descriptive data as age, length, weight, BMI and circumference. Somatic data i.e. blood pressure, cholesterol, triglycerides and plasma glucose. Vegetative symptoms as dizziness, perspirations etc. Psychological expressions among others sleeping disturbances, nervous symptoms, psychosocial parameters, ie. work, economics, health parameters and extent of employment, experienced stress and sense of burn out. The variables, mostly ordinal and nominal data were analysed with Chi square, Kruskal Wallis or Mann Whitney U test. Calculation of significance was done in relation to the control group (no gastrointestinal problems).

Results:

Totally 668/994 (67%) women participated. Gastrointestinal symptoms were divided into three groups. Of the 668 examined women 492 (73.7%) had no gastrointestinal symptoms, 64 (9.6%) reported diarrhoea, 85 (12.7%) stated constipation and 27 (4 %) reported a mixture of diarrhoea and constipation (both). No significant differences were seen between the controls (no gastrointestinal problems) and those with gastrointestinal symptoms regarding descriptive and somatic data. However, those reporting gastrointestinal symptoms had significantly more vegetative and psychological symptoms, felt more stressed, had a worse psychosocial situation and were more on a sick-list and maintained more sickness pension.

Conclusion:

Our epidemiological study showed that gastrointestinal symptoms were more related to stress and psychosomatics, rather than to somatic parameters. The gastrointestinal symptoms contributed to an increased degree of sick-leave and early retirement pension.

Implication:

These data underlines the significance of a more psychosomatic attitude at consideration when treating patients with gastrointestinal symptoms. A more psychosomatic approach to women with gastrointestinal symptoms might be rewarding.

Key words: Population study, gastrointestinal symptoms, psychosomatic awareness



PSYCHOLOGICAL DETERMINANTS OF CHRONIC MUSCULOSKELETAL PAIN IN CHRONIC FATIGUE SYNDROME

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Purpose: The present study aims at examining the role of catastrophising, coping, kinesiophobia and depression in chronic, widespread, musculoskeletal pain complaints in patients with Chronic Fatigue Syndrome (CFS) having chronic, widespread musculoskeletal pain. **Relevance:** In addition to the debilitating fatigue, the majority of patients with CFS experience chronic widespread pain, in particular myalgias and arthralgias. This chronic pain contributes to self-reported activity limitations and participation restrictions. Despite the clinical relevance of this complaint, studies regarding chronic pain in CFS are scarce. However, evidence for the role of kinesiophobia, depression, catastrophising and coping strategies in maintaining the chronic pain complaints has been supported in patients with fibromyalgia (FM), chronic low back pain, and other disorders associated with chronic musculoskeletal pain. **Participants:** One hundred and three CFS patients with musculoskeletal pain participated in the study. They were selected following several criteria: all subjects fulfilled the 1994 Centre for Disease Control and Prevention (CDC) criteria for CFS, all patients experienced chronic widespread pain, as defined by the American College of Rheumatology and finally all study participants had Dutch as their native language, and were within the age range of 18 to 65 years. Thirty-nine patients participated in the follow-up study 6 to 12 months later. **Methods:** The participants completed a battery of standardized and valid questionnaires evaluating pain and psychological characteristics, such as the degree of depression, kinesiophobia, pain coping style, and pain catastrophising. Six to 12 months later patients completed the questionnaires evaluating pain for a second time and underwent algometry. **Analysis:** In order to examine the associations between pain and daily functioning on the one hand and cognitive and behavioural aspects on the other hand, Pearson correlation analyses were used. For interpreting correlation coefficients and defining predictors for pain and functioning, multiple regression analysis was performed. **Results:** The strongest correlations with pain intensity were found for catastrophising ($r=-.462$; $p<.001$) and depression ($r= -.439$; $p<.001$). The stepwise multiple regression analysis revealed that catastrophising was both the immediate main predictor for pain (20.2%) and the main predictor on longer term (20.1%). The degree of depression was responsible for 10% in the observed variance of the VAS pain after 6-12 months. **Conclusions:** Pain catastrophising and depression were associated with pain intensity and were immediate and long term main predictors for pain in patients with CFS having chronic widespread musculoskeletal pain. **Implications:** These findings give new insights in the history of chronic pain in CFS. It is shown that there is a relation between pain and these psychosocial factors and that they are even able to predict pain on longer term. Physical therapists, together with other health care providers, may be able to influence psychosocial factors and in consequence eventually pain. But this last hypothesis needs to be investigated in further research projects.

Keywords: Catastrophising, coping, kinesiophobia, depression, chronic musculoskeletal pain, chronic fatigue syndrome. **Funding:** Higher Institute of Physiotherapy, Department of Health Sciences, University College Antwerp, Antwerp, Belgium (G 807) and co-financed by Faculty of Physical Education and Physiotherapy – Vrije Universiteit Brussel (VUB), Brussels, Belgium (OZR project OZR.R. 1234/MFYs Wer2).



NORWEGIAN PSYCHOMOTOR PHYSIOTHERAPY: MASSAGE GIVING ENTRANCE TO OWN BODILY PERCEPTION AND REFLECTION

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Purpose: The intention of this study was to elucidate patients' experiences of the massage given in Norwegian Psychomotor Physiotherapy (NPMP)

Relevance: The material reflects the significant impact of massage for the therapeutic process. Massage might be a way to provide sensory stimulations which may help activate non-verbalized patterns of memories and meanings.

Participants: Ten participants, nine women and one man aged between 41 and 65 years.

Methods: Qualitative in-depth interviews. The Regional Committee of Ethics approved the study.

Analysis: The data were analysed with the aid of Grounded Theory, using the first two steps; open and axial coding.

Results: Three categories were identified from the patients' experiences: 'The ambiguity: pleasure and provocation', 'The ambiguity: Losing control - gaining control' and 'The intra- and interpersonal dialogue'. These three categories emphasise the importance of the NPMP massage in promoting relaxation and the release of tension. The touch of the therapist gives a psychological experience of non-verbal communication. Our study demonstrated that skilful listening and sensitivity in recognising patients' reactions and accepting patients' boundaries seems to be positive for the patients' experience of the massage.

Conclusions: By sharing the experiences that were obtained during the interaction of massage and reflection, patients seem to experience that the body represents the entrance to their own perceptions and reflection. Massage places emphasis on the body as a source of information and enables the possibility for mutual interpretation.

Implications: It should be of useful for clinicians to recognise the importance of using massage in the therapy. By sharing the experiences that patients and therapists obtain during the interaction of massage and reflection, the patients may develop a framework of consciousness and reflection which they can use in their daily life.

Keywords: psychomotor physiotherapy, communication, massage.

Funding acknowledgement: Oslo University College, Norway.



USING BODY AWARENESS THERAPY IN CONJUNCTION WITH ACTING IN TREATMENT OF SERIOUS EATING DISORDER

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This report describes the physiotherapeutic treatment of a young patient admitted to an emergency psychiatric ward with a serious eating disorder. Due to the patients` non-responsiveness to other forms of physiotherapeutic treatment, this author decided to introduce the patient to the art of acting through basic body awareness therapy (B BAT) - in conjunction with the hospitals local amateur theatre group. This author has not found references to B BAT used in conjunction with acting.

The report describes the patient, and how B BAT was used in the patients process from being suicidal, to wanting to embrace life again, through facilitating the use of the patients own, hidden resources. The combination of B BAT and acting is discussed with reference to both theory of theatre science and Body Awareness Therapy. Stories and "fairy tales" created by both patient and therapist, exchanged in both formal and informal meetings are recounted. They prove to be the key to discovering the patients` unknown interest for acting. Letting the patient become a member of "Cabaret for Øyeblikket", the hospital's theatre group allowed us to move from the traditional treatment room to the stage, where this therapist became an observer - from the first reading rehearsals to the opening night.

The observations were fed back to the patient through one-on-one sessions. The patient responded to the treatment, and showed progress and personal development. The patient started BAT treatment after 4 months on the emergency psychiatric ward, being moved to an intermediate ward 8 months after first admittance. One and a half years after first admittance, the patient was discharged. One and a half years after cessation of treatment a letter from the patient to this author confirms the suitability of using B BAT in conjunction with acting for this particular patient, indicating that this is a promising method which can be used for other cases.

This report is based on a paper written as part of a post - academic education in Body Awareness Therapy consisting of four levels, and is the fourth and last report submitted during the course. In accordance with ethical guidelines at Sykehuset Asker og Bærum HF - Blakstad, permission to use the patient's story has been obtained.



AN INTERNATIONAL COURSE IN BASIC BODY AWARENESS METHODOLOGY – A POSTGRADUATE COURSE (60 ECTS) FOR ENGLISH-SPEAKING PHYSIOTHERAPISTS

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Profile: Basic Body Awareness Methodology, B BAM, represents a humanistic / existential approach to human movement, psychiatry and mental health care. The course challenges the student to develop self-awareness and skills in basic movement elements and aspects, through 4 dimensions: physical, physiological, psycho-socio-cultural and existential aspects of human movement. The course can be a part of a Master Program. **Target group:** The course is for physiotherapists who work with people suffering from muscular-skeletal problems, balance problems, psychiatric, illness, Psycho-somatic problems, long lasting pain, lifestyle problems, eating disorders, violence and sexual abuse. The course is for Physiotherapists who want to develop personal and professional. **Content:** The course represents a therapeutic approach to body-mind aspects in human movement. It introduces a new pedagogical model for training movement quality. The course includes tools for systematic evaluation and a rehabilitation program for individual and group-intervention. The course is evidence- and experience based. The movement awareness program includes movements from daily life, lying, sitting, standing, walking, running, use of the voice, relational exercises and massage. The program offers training situations for promoting healthy resources through movement: personal, relational, social and existential. Therapeutic talk and reflection is integrated. The B BAT offers a strategy to make the person equipped to handle life more ably. **Organization:** The course is a 2 year, part-time course, with 3 concentrated periods of at Bergen University College (BUC); this gives in total 11 weeks in Bergen. There are two periods of self-study between the blocks. Clinical practice is obligatory and is guided by a qualified teacher in B BAT. This is estimated to about 1 day pr. week in 10 months, in Level 1 and 1 day pr. week in 10 months in Level 2. **Level 1, 30 ECTS, 1 year; Focus:** Individual intervention: Subject 1: Basic movement principles Subject 2: Clinical implementation and reasoning. **Level 2, 30 ECTS, 1 year; Focus:** Group intervention: Subject 3: Group intervention Subject 4: Project work, reflection and communication. **Competence:** The B BAM course qualifies the Physiotherapist to use B BAT in preventive health care, stress management, clinical rehabilitation, project and to communicate its content to clients, to health professionals and the society. The PT is trained to use the B BAT program, the valid and reliable assessments-tool Body Awareness Rating Scale, Body-Awareness Scale – Interview and Motivational Analysis. Qualitative research methods are in focus. **Implications:** The new pedagogical model for training movement quality through simple movement principles prepares the physiotherapist for a new and structured intervention as an evidence-based tool.

Keywords: Basic Body Awareness Therapy, Movement Quality, Rehabilitation, J. Dropsy



MOVING THROUGH LIBRARIES

Reading literature is a great way to get acquainted with a field or discipline. A library is a useful starting point. It gives ready access to material in a variety of subjects. The emerging field of physiotherapy in psychiatry and mental health will find relevant literature in several subject areas. It may not be possible to find an exact match for a specific research question, but by combining reading in adjacent areas one may come across new ideas and insights. These may in turn bring another perspective to the work at hand, whether it is clinical work or research.

One of the consequences of being a field in development is an evolving vocabulary. This may create difficulties in finding literature. Doing literature searches in a multidisciplinary field such as this can be challenging and intricate. Searching the databases must be done with creativity and doggedness. The key word lists are not able to express the exact concepts we are looking for and it requires imagination and ingenuity to get the results we want. It is also useful to look beyond the traditional databases. The physiotherapy used in psychiatry and mental health has grown out of a diverse background of body therapies. Going back in order to go forward can be a fruitful approach to doing a literature search in this field.

Our library serves the Department of Physiotherapy at Bergen University College (BUC), Bergen, Norway. Over the years we have build up a collection of literature connected to physiotherapy in psychiatry and mental health services. The library works closely with faculty on the selection and acquisition of books and journals. With evidence-based practice the use of journal articles and other research publications have increased significantly. Increasing access to full text articles have been a priority with the library. We participate in international inter library loan and copy services. Our English language web page can be found at: <http://www.hib.no/english/library/default.asp>

We have compiled a small bibliography of books and articles that may be of interest to the conference. It is in no way a comprehensive introduction to the field of physiotherapy in mental health, but intended to wet the participants appetite for further reading.

Best wishes,

The BUC-library at Møllendalsveien

by *Gunhild Austrheim*

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DIGITAL LITERACY THROUGH FLEXIBLE LEARNING

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INTRODUCTION

- Søk & Skriv [Search & Write] is an online tutorial aiming at promoting students' information and digital literacy as they work on a research paper or thesis.
- Søk & Skriv combines the searching and the writing processes students go through.
- Søk & Skriv is designed for postgraduate students taking distance or blended education

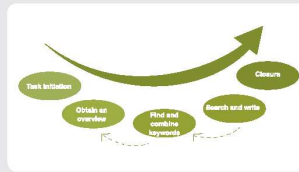
PEDAGOGICAL FOUNDATIONS

Søk & Skriv builds on pedagogical principles that promote 'learning by doing' and metareflection. Søk & Skriv is based on Kuhlthaus (2004) information search process and models of the academic writing process (Dysthe 2000; Bean, 2001).

The manual 'Søk & Skriv for kursholdere' ['Search & Write for course holders'] documents the pedagogical principles, and provides inspiration in teaching information literacy.

SEARCH & WRITE - THE PROCESS

- Søk & Skriv is divided into two levels: Basic for new students and Advanced for students at postgraduate level.
- Searching and using information are processes that go hand in hand with the writing process in the students' wider process of constructing meaning.
- Students are encouraged to reflect on the ethical, critical and creative use of information.



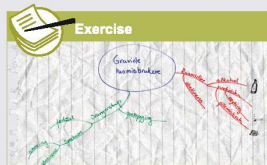
COURSE DETAILS

- Information searching and searching strategies
- Academic writing and writing techniques
- Writing an outline and a text draft
- Referencing and ethical considerations
- Siting and evaluation of sources
- Exercises
- Oda's diary



ODA'S DIARY

- Oda's diary is an example that illustrates a students' learning and writing process, and emphasis Oda's feelings and her progress in writing a larger academic text.
- Students often experience anxiety, uncertainty and lack of clarity at different stages of their work. These feelings can hinder their academic progress.



EXERCISE

- The course includes activities which encourage the student to produce different text types (e.g. brainstorming and outline writing) related to their own writing.
- There are also activities which help students become more aware of their information needs, and help them find strategies to meet those needs.



IMPLEMENTATION

- In collaboration with academic staff the library has developed course content and decided on course presentation best suited to the students' specific learning needs.
- Søk & Skriv is introduced to all new students through introduction courses and learning management systems.

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www.sokogskriv.no

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 Søk & Skriv is the product of a collaboration project between the libraries of Bergen University College, The Norwegian School of Economics and Business Administration and The University of Bergen.



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