

Workshop psychomotorische therapie

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Visie

- Holistische uitgangspunt
- LECS als observatie en interventiekeuzes
 - Lichamelijk
 - Emotioneel
 - Cognitief
 - Sociaal
- Biopsychosociaal model

- Grootschalig onderzoek binnen de PMT;
 - Ruud Bosscher (1991). ; 'Running therapie' voor mensen met depressie
Runningtherapie bij depressie. Amsterdam: Thesis
 - Annemarie Droës (1991); 'PMT bij demente bejaarden'
In beweging. Over psychosociale hulpverlening aan demente ouderen. Nijkerk: Intro.
 - Monique Hammink (2004): 'Psychomotorische diagnostiek binnen het kinder- en jeugdpsychiatrisch zorgveld'
Dissertatie Erasmus Universiteit Rotterdam
 - Claudia Emck (2009); ontwikkeling van de Psymot, een vervolg en beter hanteerbaar instrument dan het PMDC
 - Lia van de Maas (lopend promotieonderzoek)
- Daarnaast veel kleinschalig- en praktijk onderzoek; er moet nog veel gebeuren!!

Psychomotor therapy in multidisciplinary rehabilitation for persons with chronic musculoskeletal pain: the importance of body awareness. A proposal.

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Background

Cognitive behaviour therapy is considered an effective treatment for chronic pain, although not all people benefit from this treatment. Treatment of chronic pain in the Netherlands is advocated on the basis of biopsychosocial principles. According to this view, self management has to be strengthened to reach the primary goal of improving quality of life.

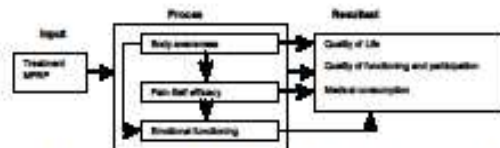


Figure 1: Positioning of body awareness in the rehabilitation process.

Self management in chronic pain patients is impaired because of a disturbed interaction between aspects of physical, cognitive and social functioning. Self-management may be improved by increasing body awareness, i.e. to pay more attention to body signals and to understand these signals in connection with thoughts, emotions and behaviour. In this way, the body may function as a reliable messenger for the state the person is in. In turn, by having more confidence in one's own body, self efficacy will increase, the attribution style becomes less depressive, and emotions will be faced better. Increasing body awareness will channel emotions by placing them in a more realistic perspective. As a result of this process the patient has an increased feeling of control and better self management, which will result in a more positive quality of life.



Psychomotor Therapy

Psychomotor therapy is a mind-body therapy directed towards improving body awareness by movement- and body-oriented activities. By performing these activities and having the opportunities to experiment with other behaviours, the patient acquires understanding of body signals, emotions and behaviour, and may experiment with other behaviour. Until now, psychomotor therapy has hardly been integrated in Dutch multidisciplinary pain rehabilitation programs (MPRP) and there has been no explicit attention for methods to improve body awareness.

Purpose of the study

1. What are the short-term and long-term effects of a MPRP on quality of life of patients with musculoskeletal pain?
2. Is there an additional short- and long-term effect of a MPRP that includes psychomotor therapy on body awareness and quality of life compared to a MPRP without psychomotor therapy?
3. Do body awareness and pain self-efficacy mediate the effect of a MPRP (with or without psychomotor therapy) on quality of life in patients with musculoskeletal pain?

Method

The subjects studied are patients with chronic musculoskeletal pain who are included in the MPRP of Rehabilitation Centre Amsterdam or Rehabilitation Centre Hoensbroeck. During 2 years (end 2007 – end 2009) new subjects will be included. Each subject will be monitored for 1 year and 3 months.



(BDI, POMS), pain intensity (NRS) and pain affect (MPQ). Possible mediating or moderating variables are body awareness (SBC, BIS, bodyscan, measure of balance), pain self-efficacy (PSEQ), patient expectations and patient satisfaction.

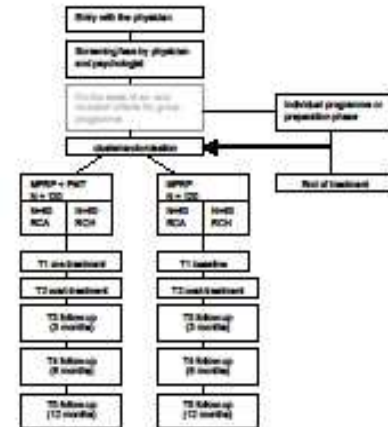
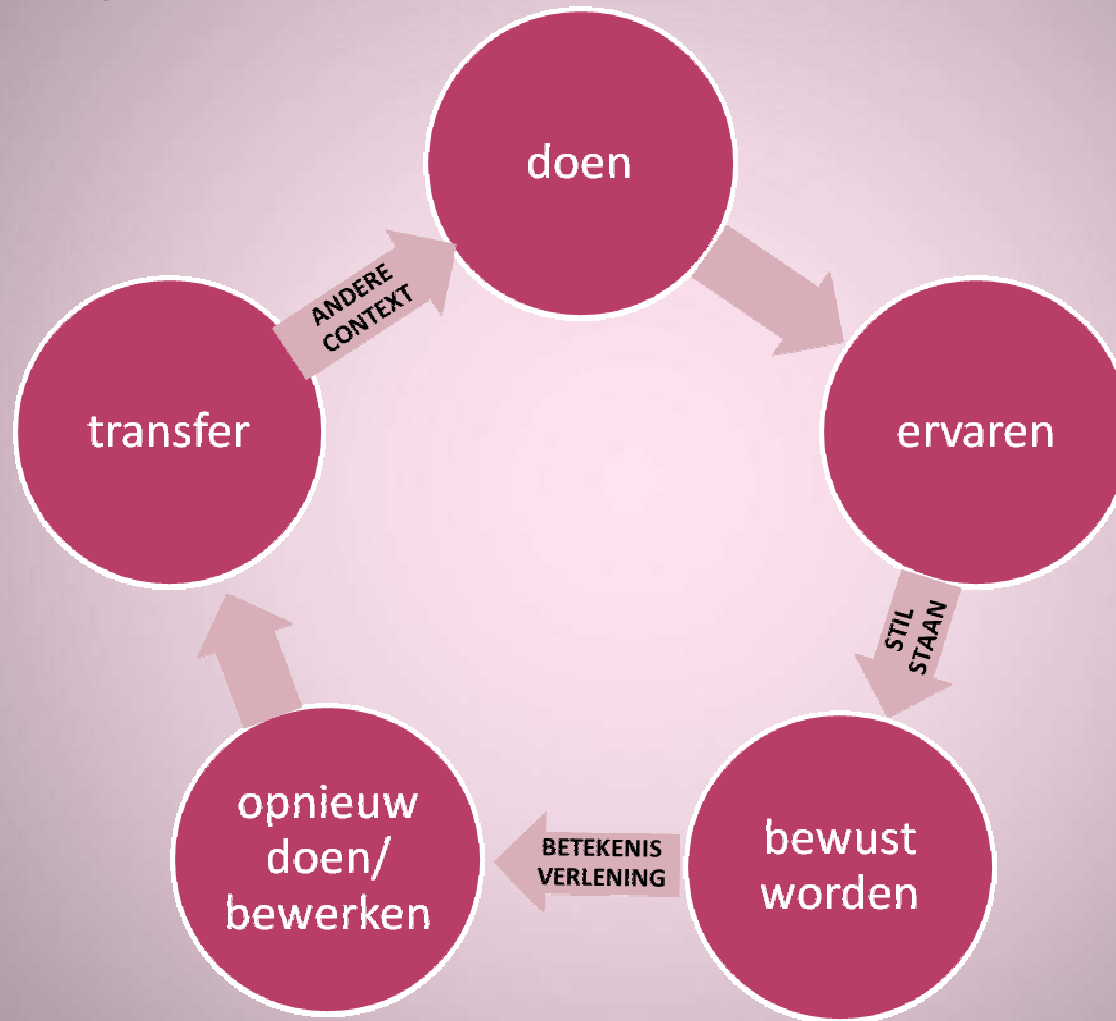


Figure 2: Flowchart of Participants. MPRP: multidisciplinary pain rehabilitation programme, PMT: Psychomotor Therapy, RCA: Rehabilitation Centre Amsterdam, RCH: Rehabilitation Centre Hoensbroeck

Both treatment conditions last 12 weeks in which subjects will receive treatment 3 days a week. The primary outcome measure is quality of life (SF-36). Secondary measures are physical functioning (PDI), medical consumption, emotional functioning



psychomotorische therapie



ZELF AAN DE SLAG

- VRAAG AAN JULLIE IS OM NA DE OEFENINGEN MET ELKAAR UIT TE WISSELEN OP;
- 1. ERVARINGEN OP LECS
- 2. WAT ZEGT DIT MOGELIJK OVER MIJ/DE ANDER
- 3. BETEKENISVERLENING
- 4. PARALLELEN MÉT EN/OF VERTALING NÁÁR ANDERE CONTEXTEN

The additional effect of Psychomotor Therapy in treating chronic musculoskeletal pain: preliminary results

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INTRODUCTION

Chronic pain often results in loss of contact with other bodily signals than pain. Learning patients how to remake contact with their body and how to interpret body sensations combined with thoughts, emotions and behaviour, may return the body into a reliable messenger of the state the person is in. By regaining more confidence in one's own body, self-efficacy will increase, the attribution style will become less depressive, and emotions will be faced better. Furthermore by paying more careful attention to one's body and knowing how to interpret body sensations, catastrophizing and fear of movement may be reduced. Eventually this may have a positive effect on quality of functioning and quality of life. Psychomotor therapy is an experience-directed treatment in which body awareness is one of the central concepts.

AIM

To investigate the short-term outcome of interdisciplinary group treatment of chronic musculoskeletal pain (treatment as usual; TAU) with or without psychomotor therapy (PMT).

METHODS

Participants

Patients with chronic musculoskeletal pain at the Rehabilitation Centre Amsterdam were cluster randomized into a group with (PMT N=32) or without PMT (TAU N=20).

Interventions

* **TAU:** A multicomponent treatment package in closed groups; relaxation, graded activity, rational emotive therapy, occupational therapy, chronic pain education, sport sessions and partner sessions. Three days per week during 12 weeks. Two follow-up sessions after 3 and 6 months.

* **PMT:** Ten sessions of 1,5 hour in addition to TAU. PMT is an experience-directed therapy in which behaviours, feelings and thoughts are explored in relational bodywork. The programme addresses the themes body experience and interaction and communication.

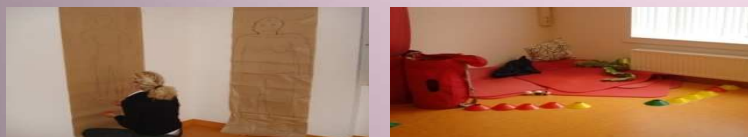


Figure 1. Examples of exercises within PMT, drawing your own body (left), exploring your boundaries by creating your own space (right).

Questionnaires

Scale of Body Connection (SBC); Pain Self-Efficacy (PSEQ); Profile of Mood States (POMS); Beck Depression Inventory (BDI); Pain Catastrophizing Scale (PCS); Tampa Scale of Kinesiophobia (TSK); Pain Disability Index (PDI); RAND-36.

RESULTS

Within groups

Table 1 shows that the PMT group changed significantly on most of the variables with medium to large effect sizes. The TAU group only changed significantly on two subscales of the RAND and on pain intensity with medium effect sizes.

Table 1. Mean values on pre and post treatment and Effect size (ES), bold blue if the Wilcoxon-rank test within PMT and/or TAU group was significant ($p < .05$)

	PMT			TAU		
	Pre	Post	ES	Pre	Post	ES
SBC body awareness	3.5	3.9	.45	3.4	3.6	.33
PSEQ	33.2	41.9	.52	30.1	32.9	.21
POMS	30.4	14.3	.43	34.2	25.1	.27
BDI	19.0	10.2	.57	16.8	13.2	.23
PCS	20.2	12.0	.51	22.8	20.3	.29
TSK	22.9	19.0	.46	25.8	22.9	.40
PDI	40.8	33.0	.45	39.9	36.5	.25
RAND-36						
- physical functioning	49.5	55.3	.26	46.8	44.7	.10
- vitality	38.3	48.3	.37	37.8	41.1	.14
- mental health	60.4	64.8	.23	57.2	65.0	.35
- general health	44.6	53.8	.29	41.1	44.0	.15
- health change	47.9	67.7	.32	38.2	54.0	.35
Pain intensity	6.2	5.4	.26	6.1	5.2	.38

Between groups

On post treatment the PMT group scored significantly better than the TAU group on body awareness, self-efficacy, catastrophic thinking and fear of movement with medium effect sizes.

Table 2. Mann-Whitney test and Effect size (ES) between PMT and TAU group at post treatment (only significant differences are shown)

	z (p)	ES
SBC body awareness	2.36 (.018)	.38
PSEQ	2.83 (.005)	.40
PCS	2.94 (.003)	.43
TSK	2.10 (.036)	.31

Also significant differences were found with the Mann-Whitney test on change scores (T2-T1) between groups on BDI ($z=2.22$, $p=.027$, $ES=.35$) and PCS ($z=2.24$, $p=.025$, $ES=.33$).

CLINICAL MESSAGE

PMT as an addition to the interdisciplinary group treatment is a useful supplement to the treatment of people with chronic musculoskeletal pain. The PMT group shows more positive progression on most of the variables in comparison to the TAU group. Especially with regard to self-reported self-efficacy, depression and catastrophic thinking.