Evaluation of 4 years of psychosomatics in bachelor program at the university of applied science Utrecht: looking back and having dream’s

Selma May¹.

Background

Since 2012, psychosomatics is implemented in the physical therapy bachelor program at the University of applied science Utrecht. Although it is acknowledged by our students, that knowledge and skills related to psychosomatics are important, the topic is considered “vague” by the majority of the bachelor students during major program. We developed a minor program (30 EC) related to this topic for further understanding the underlying mechanisms related to psychosomatics to reduce vagueness. The lecturers are all specialized physical therapist working in the field. Whether or not we succeeded was annually evaluated concerning organization, lecturers, examination and content.

Methods

Each course was evaluated systematically by digital questionnaires using general questions as well as specific questions related to the topic. Furthermore, qualitative information was gathered by using verbal interviews with the student group.

Results

In total 221 students took part in the course. General evaluation score was 8.0 on a 1-10 scale (range 7.0-9.1). Positive items were the interaction with real patient during a one day internship, passionate lecturers, integration of theory and practice during clinical reasoning and de theme-oriented structure of the course. The students experienced a greater understanding of behavior, physiology and clinical reasoning strategies during (major) internship.

Negative feedback was given on transparency of examination and organization aspects as schedule.

Discussion/ Implications for (clinical) practice

What we experience during our work with students and what do we want impact we want to achieve in their work as a physical therapist. For our students, seeing and experiencing the real patients, and physiological approach of the topic, made the topic very appealing to our students. Although a psychological explanatory model is considered valid in clinical psychosomatic physiotherapy, specific attention to physiology of diagnostics and treatment in psychosomatics is advised, to match the students’ preferences, and finally deliver better physical therapists.
Our knowledge of mental health issues connected to the impostor phenomenon calls for new ways of addressing the topic in educational settings – and we need to acknowledge and highlight the connection between mental and physical health. Impostor symptoms are one set of signs - exercise addiction is another current trend seen among physiotherapy students.

Implications for clinical practice

There is a need to acknowledge the impostor-phenomenon as present among physiotherapy students and to support and give students ways of coping with these feelings and experiences – in clinical practice as well as in their first years of clinical Work.

Funding

Physiotherapy Department, UCN
The impostor phenomenon – does it also apply to physiotherapy students?

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Title

The impostor phenomenon – does it also apply to physiotherapy students?

Background

The impostor-phenomenon relates to people who are both skillful and capable, but sees themselves as frauds and as someone who is not worthy of good grades, appraisal for their work or promotions [1]. Across a wide range of different educations and professions, as well as faculty, the impostor-phenomenon is a reality.

Students having impostor symptoms often fail to thrive and might be in danger of dropping out of studies. The purpose of this study was to explore whether the impostor-phenomenon is present among physiotherapy-students and to what extent.

Methods

Through a group interview with 1st semester-students and a questionnaire sent to students on all semesters, we wanted to explore the spread of the phenomenon among physiotherapy-students. The semi-structured interview was explorative in its nature and served as the basis of forming the questionnaire. Before answering the questionnaire, students were asked to take a test related to impostor symptoms and they were linked to a brief article. The test was a Danish version of the “Clance Impostor Syndrome Self-Assessment Tool”.

Results

70 students answered the questionnaire, equally ranging from first to 7th semester. 80% of participants were women, which aligns with the literature. 80% of students either “agree very much” or “agree” that they show signs of the impostor-phenomenon. In the "Clance Impostor Syndrome Self-Assessment Tool", 31% scored the highest score in the test, indicating that they have intense impostor-experiences. Another 45% scored second highest in the test, indicating that they often have feelings attached to the impostor-phenomenon. 88% of respondents think that the phenomenon is widespread among physiotherapy-students in general.

The impostor phenomenon is clearly present among Danish physiotherapy-students, and students think the phenomenon is widespread in general among fellow students.

Discussion
PIMH educational institutions around the world. By combining experiences we can enhance global education in PIMH.

Funding: -
One-year follow-up of basic body awareness therapy in patients with posttraumatic stress disorder. A small intervention study of effects on movement quality, PTSD symptoms, and movement experiences

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Background: Patients with posttraumatic stress disorder (PTSD) often contact a physiotherapist, because they experience bodily pain and physical dysfunction. Emotionally traumatic events have profound effects on the nervous system. Suffering from unsolved trauma can entail pain, muscle tension and other physical sensations, the effect of strong emotions triggered by reminders of the trauma.

Purpose: The present study with mixed methods design evaluated the long-term effects of Basic Body Awareness Therapy (BBAT) for patients with PTSD.

Methods: Fifteen patients received 12 individual sessions of BBAT treatment and treatment as usual (TAU) when needed. The patients were assessed at baseline (T0), directly after treatment (T1) and at one-year follow-up (T2), using the Body Awareness Scale of Movement Quality and Experience (BAS MQ-E), the Visual Analog Scale (VAS), and the Impact of Event Scale - Revised (IES-R).

Results: The results at T1 showed significant improvement in the quality of movement (p = 0.001), body experience (p = 0.007), and symptoms (p = 0.001). At T2, the improvements were sustained. Pain in stillness (p = 0.017) and during movement (p = 0.007) had decreased. The verbal ability to describe the body experiences in words was poor at T0, but became more detailed at T1 and even more so at T2.

Conclusion: Our findings suggests that BBAT in addition to TAU can be a viable physiotherapeutic treatment for patients with PTSD. The results also indicate an increase in the possibilities of resuming working life. This knowledge may influence future treatment strategies for patients with PTSD and be of guidance to physiotherapists working with persons with trauma experiences in the community of psychiatry/mental Healthcare areas.

Funding acknowledgements: This study was supported by grants from the Swedish Association of Physiotherapists and Värmlands County Council (FoU) has contributed with funding for the ethical review.

Ethical considerations: The Regional Ethical Committee in Uppsala approved the study.
THE BENEFITS OF PSYCHOPHYSICAL PHYSIOTHERAPY EXPERIENCED BY THE PATIENTS IN HUH PSYCHIATRY

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Background: The aim of this study was to gather information on the benefits and methods of psychophysical physiotherapy from the patients’ point of view across the inner divisional borders. The purpose was to gather information on the following: reasons for entering into physiotherapy, the length of the treatment periods, physiotherapy methods used, and benefits the patients experienced from physiotherapy.

Methods: The method used was a survey form. The survey was constructed for this study to suit all physiotherapy patients in adult psychiatry as extensively as possible. The survey contained both multiple choice questions and open-ended questions. Each adult psychiatry patient who received physiotherapy in HUH Psychiatry was asked to fill in the voluntary feedback survey form during the 9 month research period.

Results: 168 adult psychiatry patients filled in the survey. The most common reasons chosen for entering into psychophysical physiotherapy were anxiety, depression and nervousness. Respondents who had 10–12 physiotherapy visits experienced the most benefit and respondents who had 1–3 physiotherapy visits experienced the least benefit. The most common therapy method was group physiotherapy, the second most common method was individual physiotherapy, and the remaining reported attending both individual and group therapy. Most often the physiotherapy included relaxation exercises, breathing exercises, and body awareness exercises. Also methods of anxiety control, rehabilitation and exercising instructions, and body image work were common. 95.6% of the respondents experienced at least some benefit from physiotherapy, and 74.4% benefitted moderately or greatly.

Discussion: Of the 168 respondents, the majority experienced moderate or high amount of benefit. The most benefit was experienced from individual therapy or from a combination of individual and group therapy. The majority had 7–9 physiotherapy appointments. The respondents experienced that they had learned methods for relaxing, controlling anxiety, and for falling asleep. The respondents learned to be present in, to listen to the messages of, and to trust their bodies. Physiotherapy was also reported to help with distorted body image. Respondents also reported progress in their abilities to move and function, improvement in balance, and reduced muscle tension and pain. The exercises included in psychophysical physiotherapy were seen to be useful and to promote overall health.

Implications for clinical practice: Based on this study, adult psychiatry patients widely benefit from psychophysical physiotherapy. In future, the resources of physiotherapy must be considered from a more patient-centred view.

Funding: None.
The effect of pelvic floor complaints after childbirth on sexual embarrassment

Alma Brand

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Background: In pelvic physiotherapy practice many women are treated for pelvic floor complaints after childbirth. The most common complaints women report are urinary incontinence, fecal incontinence, flatus, prolapse, dyspareunia and pain in the pelvic floor area whilst sitting. Many of these women also seem embarrassed in relation to sex. It is unclear if this embarrassment is related to particular pelvic floor complaints and this study seeks to investigate this.

Methods: A total of 153 parous women between the age of 18 and 45 participated in this study, each having experienced a vaginal birth within the last two years. Pelvic floor complaints were considered to exist if they scored positive on urinary incontinence, fecal incontinence, flatus, prolapse, dyspareunia and/or pain in the pelvic floor area whilst sitting. The Sexual Self-Consciousness Scale was used to measure sexual embarrassment (6 items). Univariate analysis of variance was used to answer the research question. Age was added as covariate.

Results: In the research sample 81 women reported pelvic floor complaints and 72 women did not. Only pain in the pelvic floor area whilst sitting had a significant effect on sexual embarrassment, (F(1,127) = 4.33, p = .04). No significant effect of any other pelvic floor complaint was found on sexual embarrassment. Also no significant interactions were found.

Discussion: It is surprising that only pain in the pelvic floor area whilst sitting had an effect on sexual embarrassment. A possible explanation for this result could be found in differences in pelvic floor muscle dysfunction in relation to the specific complaints. In the scenario of pain in the pelvic floor area, the pelvic floor muscles are often found to be overactive and there seems to be a constant: bother of this pain during activities that involve actively sustained lumbar flexion, which can occur during sex. The other complaints could be due to inadequate or poor tonic support or strength of the pelvic floor muscles.

Implications for clinical practice: In view of the above findings, it seems appropriate to inform women before or during their pregnancy about pelvic floor muscle function, prevalence and causes of common pelvic floor complaints after childbirth and their consequences on sex. These women could be taught and trained how to use their pelvic floor muscles and above all how to relax them in the presence of pain and so reduce the likelihood of developing sexual embarrassment.

Funding: None
To measure changes in dysfunctional breathing patterns in patients with chronic pain - A single subject experimental design

Sara Murray, Björklund Marianne.

To measure changes in dysfunctional breathing patterns in patients with chronic pain - A single subject experimental design

Background: Patients with chronic pain often report stress-related respiratory distress that can be related to dysfunctional breathing. This small study aimed to evaluate the impact of a multimodal rehabilitation, including breath therapy, on dysfunctional breathing and health-related quality of life in patients with chronic pain. Following international recommendations both subjective and objective measures were used. There are few previous studies on breathing exercises in chronic pain.

Methods: Single Subject Experimental Design (SSED) with AB-design. Four patients in multimodal 8-week rehabilitation reporting breathing symptoms were recruited. CO₂ in the exhaled air (ETCO₂), respiration rate and heart rate were measured with Air Pas cStress. Breathing pattern was measured with Respiratory Movement Measuring Instrument (RMMI). Before and after the intervention, health-related quality of life (SF-36) and breathing symptoms (Nijmegen Questionnaire) was scored. Statistical analysis of data was done by "2 SD-band" and is reported graphically for visual analysis.

Results: Two subjects showed unchanged objective measures, one of them met the criteria for diagnosis of Chronic hyperventilation syndrome. Those two individuals also reported the highest scores in breathing symptoms (Nijmegen Questionnaire). Two subjects showed significant improvement in two of four measures. In subjective measures, there were clinically significant improvements in most of the subscales of the SF-36 for three subjects and the subscale mental health for all individuals. Three individuals improved in pain subscale of the SF-36/36 Rand, two had, however, increased pain medication. One of the individuals understated significant deterioration in most of the subscales. One of four individuals reported significant improvement in breathing symptoms.

Discussion/ Implications for clinical practice: The study indicates that multimodal rehabilitation that includes breathing exercise can have effect on dysfunctional breathing, but they seem to need a longer period for changes in objective measures. Patients need guidance and support to practice for a long period. One individual was diagnosed with Chronic hyperventilation- are there a dark number? Nijmegen Questionnaire can serve as an easy-to-handle clinical tool for screening and evaluation. Further and larger studies are needed for clinical guidelines.

Funding: No funding
Body Awareness in healthy subjects Relation to oneself, others and society.

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Background: To better understand impairments in patients we need a better understanding of the normal adult population in order to make comparisons. To know more about body awareness in healthy subjects also helps to formulate obtainable goals for treatment for patient groups e.g. psychiatric conditions, work-related stress and depressive disorders, and chronic pain conditions. Body awareness is a core category in physiotherapy in mental health. In many conditions the patient’s body awareness is a focus for treatment, and body awareness is rated before and after treatment to show change. Little is known about healthy subjects body awareness for example views and experiences of the body. The aim of this study was to explore body awareness in healthy adults, with a focus on interpersonal and social aspects. Research so far has been focused on experiencing the body and the relation to one’s self.

Methods: A qualitative study of a healthy, adult population. Semi-structured interviews were conducted with 15 participants according to an interview guide. The interviews were analysed by content analysis according to Graneheim and Lundman (2004). The participants aged ranged from 18 to 65 years, six men and nine women were interviewed. The interviews lasted 35-70 minutes and were recorded. Recruitment was made by advertising on public notice-boards.

Discussion and results: On-going research. Results will be published during spring 2018.

Funding: No external funding
EFFECTS OF PHYSICAL EXERCISE IN METHAMPHETAMINE DEPENDENCE. A SYSTEMATIC REVIEW

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Background: Methamphetamine is a rapid absorption stimulant for the Central Nervous System, with adverse effects on all organ systems, and capable of altering cortical functions. It has become the greatest threat to health worldwide and has a considerable share of the global burden of disease. At present, there is no pharmacological treatment established, so it is necessary to propose adjunctive treatments to reduce this great problem of global public health. Physical exercise has been shown to reduce the adverse effects of substance addiction.

Objectives: To investigate the scientific literature, identifying the effects of physical exercise on methamphetamine dependence.

Methods: For this systematic review, the PRISMA statement guidelines has been used. We performed a systematic review of the literature from randomized controlled trials that met the inclusion criteria established in the PICO strategy: Patients: Methamphetamine and Dependent; Intervention: physical exercise; Control: usual treatment; Outcome: efficacy. The studies might be written in English or Spanish and with a score greater or equal to 5 out of 10 on the PEDro scale. We conducted an electronic search at Medline, PEDro, Scopus and Science Direct (Jan 2010 e May 2017). The main MESH terms were "Methamphetamine", "Dependency", "Anxiety", "Physical Activity", and "Physical Exercise".

Results: 2,111 articles were identified through database searches. 80 articles were assessed for eligibility, of which only 9 met the inclusion criteria. 5 studies reported in 9 articles were included. These studies included programs of aerobic physical exercise and strength training and resistance. Studies show positive effects of physical exercise on physical condition and cognitive processes, depression and anxiety, and decreases the desire to consume methamphetamine.

Conclusions: Physical exercise in methamphetamine dependence has statistically significant effects on the individual's physical, cognitive and behavioral components. Perforating in the post intervention time and improving the functional quality of the individual. Physical exercise may be considered adjunctive therapy in the treatment of methamphetamine dependence.

Implications: Current scientific evidence suggests that physical therapy programs with physical exercise improve both physical and mental health in people with methamphetamine dependence.

Funding acknowledgements: None.

Ethical considerations: It is not necessary.
Good Sleep Program for Adolescents

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Background: Many mental health conditions such as depression, anxiety and psychosis can begin with sleep problems. This, along with the natural change in adolescent sleep-wake cycle means that a high number of 13-18 year olds complain of problems related to sleep. At the Helsinki University Hospital (HUS)'s Department of Adolescent Psychiatry, many adolescents are prescribed medications for these problems. These medications include melatonin, antipsychotic medications (ie. quetiapine) or antidepressant medications with sedative effects (ie. mirtazapine).

Cognitive Behavioral Therapy – Insomnia (CBT-I) is a psychotherapy which has been developed for adults to assist in good sleep hygiene as well as reduce the use of sleeping pills. This program specifically caters to adult patients, and is difficult to modify for use in adolescents.

Aim: To develop a Good Sleep Program for adolescent patients

Methods: This program includes physiotherapy with mental health techniques (relaxation), psychoeducation, cognitive behavioral therapy techniques (concern moments, harmful thoughts) and peer support. Every session has its own content and includes a specific mind-body technique.
The program consists of six group sessions with six participants, parent meetings and an individual follow-up meeting. The group therapy structure can also be used in individual therapy and the program is open for all types of sleeping problems.

Results: The first Good Sleep Group Therapy Program was held in the spring of 2017. After the success of the first group a further two groups have completed the program. Feedback from the adolescents has been that the group meetings felt safe and that the adolescents have learned about their own sleeping problems and learned ways to actively improve their own sleeping patterns. Also participants thought that relaxation exercises were important part of this group.

Discussion: Sleep problems can affect adolescent mental health in many detrimental ways. The creation of a program that specifically focuses on this problem has been welcomed by both therapists and the management at the HUS Adolescent Psychiatry Department. This program will continue to be available in the department, and further studies into its effectiveness in reducing the burden of sleep problems in adolescents is required.
Meaningful Experiences for the Body

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Basic Body Awareness Group Therapy for parents of children with disabilities.

Background: Children with complex medical conditions live longer and stay with their family as long as possible. According to the literature, factors influencing the health of caregivers include: child’s level of disability and adjustment to life, socioeconomic status and coping strategies of the caregivers.

Basic Body Awareness Therapy (BBAT) is a method practised in physiotherapy. It is a personal experience of movement learning. Focus is on postural stability, free breathing and movement awareness. BBAT consists of 12 general movements, massage and use of voice.

Method and Material: The approach was phenomenological and qualitative. Participants were eight parents of children with different kinds of disabilities, attending five to ten sessions of BBAT group work over a period of 11 weeks. Data was collected by semi structured focus group interview with six participants. In the analysis of the data, the four state methods by Giorgi were used.

Results: Four main themes emerged. First theme “The I.” The participants expressed their need to have time for themselves and to take contact to mind. Theme two “The three key elements” the group members became more in contact with their posture and the awareness of the breathing. In the Third theme “Relation”, the participants expressed the importance of the family. It meant a lot to them to be in a group with people with similar background. The phenomenon memory came into this theme and they felt guilty to send their children away from home. The last theme was “Challenge”. The participants talked about the unfamiliarity of the BBAT movements, it came as a pleasant surprise. Some thought it was a challenge to give and receive massage. Concerning the time factor it was challenging for some of the participants.

Discussion: Participants in the focus group interview experienced unfamiliarity in the beginning of BBAT. They thought it was important to have some time for themselves. They also talked about contact to the breathing and thought it was important to meet other parents with similar background and not have to explain their situation.

Implication: After this work, the author believes that BBAT could be used as a preventive method for parents of children with disabilities.
THE FLEMISH PHYSICAL THERAPY EDUCATION IN MENTAL HEALTH.

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In the Flemish part of Belgium, the higher education of physical therapy is instructed at university level. To graduate in the Physical Therapy and Rehabilitation Science, two consecutive study programs have to be followed. Bachelor programs are the first stage of university education and consists of 3 years. The master program (Master in Science) comprises 2 years and requires a broad theoretical knowledge and basic practical skills.

All students in physiotherapy follow a ‘basic truncus’ in their bachelor years and the first master year that consists of different courses in several domains: human sciences, movement sciences/kinesiology, rehabilitation sciences in the different domains of specialization (muscloskeletal, neurology, cardio-respiratory, internal disorders, geriatrics, pediatrics and mental health) and research methodology. Mental health courses are integrated in both in the bachelor and master program. The masters are in English.

Only at the KU Leuven, students can choose to graduate in the ‘Rehabilitation sciences and Physiotherapy specialization mental health care’. Since 1962, this specialization was started and evaluated during the last sixty years. Today, the major aim of this study track, which is mainly given in the second year of the master program, is to train physiotherapists in the expert knowledge, insight, skills and professional attitude needed in rehabilitation sciences and physiotherapy in mental health.

All courses start from a lifespan perspective (including children, adolescents, adults and old age psychiatry) and include psychopathology and psychotherapeutic methods. The rehabilitation courses are (1) rehabilitation in mental health care, (2) advanced rehabilitation methods in mental health care and psychomotor therapy, (3) Evidence based clinical reasoning in mental health care and psychomotor therapy and (4) an internship. The advanced course comprises three parts, namely (2a) Assessment in mental health care, (2b) Rehabilitation in primary mental health care and (2c) Psychomotor therapy. Psychomotor therapy is the translated Flemish term, mostly referring to group physiotherapy in psychiatry.

The physiotherapist specialized in mental health is able to apply evidence-based physiotherapy in both global health care and mental health care. He/she is able to develop patient assessment and intervention programs through clinical reasoning and critical scientific reflection. He/she is able to set up and conduct clinical and applied research independently.

For more information: see www.kuleuven.be/ma/MAREHSCPH
group context was described as valuable facilitating the participants' ability to feel safe enough to start exploring new ways to manage anxiety.

Implications for clinical practice

The results from this study suggest that a physiotherapeutic approach using AMMR can be a useful add-on treatment to the standard treatment models of anxiety disorders including psychotherapy and pharmacotherapy since it targets the bodily, non-verbal domain of anxiety. Additional research is needed, since important questions remain regarding the effect size of the treatment and regarding how AMMR compares to established treatment methods.

Funding

The study is a result from a master thesis at the Sahlgrenska Academy, Gothenburg University, Sweden. No funding is to be declared.
Anxiety management – Participants’ experiences of a physiotherapeutic group treatment in Swedish psychiatric outpatient care

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Background

Anxiety disorders are among the most persistent mental health syndromes. There is extensive research showing effectiveness of pharmacotherapy and psychotherapy interventions targeting anxiety, while knowledge is still sparse for alternative treatment options. The aim of this study was to explore how participants with anxiety disorders experience a physiotherapeutic group treatment in psychiatric outpatient care, and their perceived ability to manage anxiety within two months after participating in the treatment.

Methods

The treatment evaluated in this study consisted of physiotherapy group treatment called Anxiety Management in Movement and Rest (AMMR) combining body awareness exercises from Basic Body Awareness Therapy (BBAT), mindfulness practice and experience based exercises drawn from ACT. Semi structured interviews with 11 participants were conducted to explore experiences from the treatment. The participants were recruited from a psychiatric outpatient care unit in the south western part of Sweden. An inductive qualitative content analysis was employed to analyse the interviews.

Results

Analysis of the interviews resulted in one main theme: re-connecting to the body in a supportive atmosphere. Six subcategories reflects the main theme: (1) sharing with others supported by the group (2) grounding oneself in the body, (3) understanding the body and its reactions (4) learning to tolerate bodily sensations of anxiety, (5) gaining a more compassion focused attitude towards oneself and (6) challenging old patterns to become more active in life.

Discussion

In this study, results from the qualitative analysis of patients’ experiences describe how physiotherapeutic treatment with AMMR was experienced to increase participants’ abilities to re-connect to their bodies and “stay with” the experience of anxiety so that anxious sensations became less frightening, and more endurable and acceptable after treatment. The supportive
Pain acceptance-based groups and their differences in anxiety, depression and avoidance levels

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Aim: This paper sets out to examine how patients with different pain acceptance levels differ in terms of depression, anxiety and avoidant behaviors.
Method: 308 chronic pain patients clustered into four groups based on their pain acceptance answered self-report questionnaires regarding their levels of depression, anxiety and experiential avoidance. The differences between groups were analysed with a one-way ANOVA.
Result: The results show that the group with high acceptance reported lower levels of depression, anxiety and experiential avoidance. Furthermore, the two groups with high activity engagement scored lower on all these outcomes compared to groups with low activity engagement, indicating activity engagement to be more beneficial than pain willingness in these matters.
Conclusions: This study supports the role of pain acceptance as a good indicator of psychological health in chronic pain patients. Levels of pain acceptance has shown to be associated with different psychological and behavior patterns which could be useful for clinicians when designing pain rehabilitation programs to better fit patient needs.
EXPERIENCES FROM IMPLEMENTING BASIC BODY AWARENESS THERAPY AS A TREATMENT FOR FOUR VETERANS SUFFERING FROM POST TRAUMATIC STRESS DISORDER – A PILOT STUDY

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Background:
Post Traumatic Stress Disorder (PTSD) is a complex disorder caused by exposure to traumatic events. Soldiers are in a high group of risk, and about 10% of the veterans are estimated to be suffering from long lasting PTSD. PTSD has far reaching consequences both mentally and physically.

Purpose:
As a part of my final exam at BBAM, my purpose of this project was to investigate how four patients experience and responded to BBAT, focusing on changes in movement quality.

Method:
A qualitative method was used, and Malterud’s Systematic Text Condensation was used for data analysis. The participants where four veterans suffering from PTSD who were referred to physiotherapy as a part of their interdisciplinary treatment in Clinic for PTSD in Denmark. The intervention was individual BBAT during a period of 11-16 treatment sessions. Ethical considerations were made and followed.

Results:
The systematic text condensation emerged the following 3 code groups.
1) To get in contact with oneself. All the patients experienced that they got more in contact with their bodily sensations, and it gave most of them the possibility to handle their reactions more consciously. Being used to avoid contact with emotions and unpleasant bodily sensations, two of the veterans also experienced it as a challenge and sometimes anxiety provoking to get more in contact with themselves.
2) Exploring another way to be in life. All the patients experienced the therapy to be a very different approach to life compared to “soldier way” which was difficult for some.
3) The transference of BBAT into daily life. All four patients expressed that they could use some of the movements in daily life to calm themselves or increase their ability to be able to concentrate.

Discussion:
This project is regarded as a pilot study and indicates that BBAT can be a relevant approach for veterans with PTSD, especially in the way of offering methods to cope with their symptoms. BBAT is a different approach compared to what they are used to as soldiers, which can be challenging. Further studies on a larger population could be recommended.
Implication for education: Observing movement quality is of particular importance within physiotherapy as an indication of mental health. The form and structure of the learning process in tuition and syllabus may have implications on students’ development of observational skills.

Funding: The study is unfunded.

Key Words: Movement Observation, Movement Analysis, Movement Quality, Movement Awareness Learning, Body Awareness Rating Scale, Basic Body Awareness Methodology.

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Learning to Evaluate Movement Quality using Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE). A Comparison of Students’ Observational Scores

Cecilie Ravndal Nilsen 1.

Title: Learning to Evaluate Movement Quality using Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE). A Comparison of Students’ Observational Scores

Abstract category: Special Interest report

Preferred format: Poster

Background: Observing movement quality is of particular importance within physiotherapy since movement quality reflects various health aspects. The ability to observe, describe, score and analyze movement quality is a skill, which requires experience and learning. The purpose of this investigation was to explore whether students of the international, post-graduate study programme in physiotherapy, Basic Body Awareness Methodology (BBAM), improved their ability to observe, describe and score movement quality, using the evaluation tool Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE).

Methods: Cross-sectional and longitudinal designs were used. 30 first-year students in BBAM evaluated movement quality in a video-recorded client, using BARS-MQE at the beginning of the study (fall 2015), and when completing the BBAM study programme (fall 2017). A reference group of four skilled physiotherapists defined a “gold standard” of movement quality score. The curriculum of BBAM, based on conceptual, experiential and self-regulative knowledge, promoted the movement awareness learning process, and constituted the intervention in the study.

Results: The investigation found less variability and more concordance in observational scores after completing the BBAM study programme. The students also scored more similar to the reference group, supporting validity of their BARS-MQE scores.

Conclusion: The students acquired better skills as a group in evaluating movement quality, in accordance with criteria of BARS-MQE, after completing the BBAM study programme.
Remote momentary assessments – a brave new future challenge!

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Background: In the last decade, the extensive development of technologies has given rise to novel approaches in different research fields to collect and monitor data and to predict certain outcomes. The objective of the Remote Assessment of Disease and Relapse—Central Nervous System (RADAR-CNS) project is to capture data on speech, stress, sleep, social interactions, mood, physical activity, and cognition that might predict disease course and relapse in major depressive disorder (MDD), multiple sclerosis (MS), and epilepsy.

Methods: In this 1-year longitudinal study starting in 2018, RADAR-CNS will use passive remote measurement techniques (RMTs) such as wearable devices and sensors to gather objective data on stress, sleep, and physical activity. Additionally, active RMTs such as the experience sampling method (ESM) or ecological momentary assessment (EMA) will be used via a smartphone application to capture participants’ perceived mood, stress, activity, social interactions, physical state, sleep, and cognition.

Results: Using RADAR-CNS as an illustrative example, the purpose of this presentation is to discuss how active and passive RMTs can be used and combined in studies on physiotherapy in psychiatry and mental health in general. Various methodological topics will be covered including the choice of active and passive RMTs that can be used to capture momentary daily life data and the challenges and pitfalls there might be in combining them. For instance, different self-reported momentary assessment strategies have shown variability over time and different dynamic or static patterns of reactivity in daily life experiences.

Discussion: To monitor patients’ physical activities and experiences, it is important to understand what methods can be used to capture these outcomes as they are experienced in daily life. In disorders such as MDD, MS, and epilepsy, being able to monitor and ultimately predict clinical course and relapses can have major effects on patients’ daily life functioning and quality of life. Hence, combining both active and passive RMTs without increasing burden to patients’ daily life is of high interest.

Implications for clinical practice: Using self-reported momentary assessments alongside wearable devices can provide new insights in patients’ daily life experiences and their quality of life for both researchers and to practitioners, which ultimately can help to prevent and treat certain clinical symptoms or diseases.

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A WORKSHOP IN BASIC BODY AWARENESS THERAPY (BBAT) – A HOLISTIC APPROACH ON HUMAN MOVEMENTS USED IN PHYSIOTHERAPY AND MENTAL HEALTH CARE.

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Aim: In all physiotherapeutic fields and in mental health care there is a need for patients to get in touch with themselves through increased awareness of their bodies. The aim of this workshop is to experience yourself through the holistic method Basic Body Awareness Therapy (BBAT).

Description: BBAT consists of simple movements from daily life. These movements are done lying, sitting, standing, walking and also movements done together with and in relation to a partner. Breathing and use of the voice are integrated in the exercises.

Awareness of yourself is very fundamental. Man is looked upon as a whole consisting of physical, physiological, psycho-social-relational and existential aspects. It is considered important to be in touch with all of these aspects of yourself to be able to grow as a whole person. To better understand yourself and to reflect on yourself and your behaviour bodily and mentally is important. When you are concentrated and aware of yourself doing these exercises you get involved in the movements through experiencing different aspects such as balance, fbw, rhythm, intention as well as emotional aspects.

For the physiotherapist it is important to be in touch with himself as well as the patient in order to be able to stimulate personal growth both bodily and mentally.

In this workshop we will try to find some of these movement qualities doing BBAT exercises and there will also be time to put questions and to share experiences with each other’s.

Relevance: BBAT started in psychiatric physiotherapy more than 30 years ago. Due to its growing popularity it is today used within all physiotherapeutic fields. It is a health-and resource oriented rehabilitation program/methodology working with body/mind unity. BBAT is used individually as well as in group therapy. The method has been thoroughly evaluated in several scientific studies and has been found to be effective in treating patients with different kinds of problems such as depression, anxiety, personality disorders and muscle-skeletal pain.

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PHYSIOTHERAPY EDUCATION AND MENTAL HEALTH: Preparing the 2020 ER-WCPT education conference in Leuven (Belgium)

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In 2020, the ER-WCPT will organise an education conference in Leuven. This will be an opportunity for the IOPTMH to formulate some consensus statements concerning the implementation of mental health courses in physiotherapy education.

Physiotherapy in mental health has a long tradition of more than 60 years, but unfortunately, this is not the case in all countries. The theme of the 7th ICPPMH conference “Mental health is all physiotherapists’ business” underlines the necessity to include at least some courses related to mental health into the curriculum of physiotherapists. The IOPTMH supports the development of high quality physiotherapy education and based on their knowledge and contacts, the members can develop an IOPTMH education statement about the implementation of mental health in physiotherapy education.

In this workshop, a first step will be made in setting up the minimal requirements/competencies concerning mental health issues in bachelor/master physiotherapy programs. Ideas concerning topics such as “What should be the final attainment level of knowledge, skills and attributes related to mental health at bachelor, master level and specialisation” and “What are the minimum requirements to be accepted as a physiotherapist specialised in mental health?” will be inventoried.

To increase the feasibility and focus of this workshop, different physiotherapy educations in mental health will be invited to make a poster concerning the mental health approach in their curriculum.
4. Practice how to bring about motivation and sustainability in the behavioural changes that are prompted in the rehabilitation program

Leader: Graciela Rovner is the only ACBS-peer reviewed ACT-trainer in the world that is a physiotherapist. She has three masters and her PhD is in Rehabilitation Medicine.
WORKSHOP, 90 min: ACTiveRehab: Acceptance and Commitment Therapy (ACT) for the physiotherapist in chronic pain: skills training.

Graciela Rovner¹.

In recently published book "Physiotherapy for Mental Health and Psychiatry" you can read applications of Acceptance & Commitment Therapy (ACT) for a Physiotherapist in the area of chronic pain. And ACT is currently recognized in the Swedish definition of our profession.

The state-of-the-art in pain rehabilitation is group-based interventions to prompt behavioural changes (increased activity level, awareness, etc). Research and clinical experience show that not group participants all benefit from the same group intervention. Furthermore, there is no clear implementation model that guides the physiotherapist to implement psychotherapeutic processes in a precise and pragmatic way.

In this workshop, you will learn more about ACTiveRehab and practice how to implement the therapeutic mechanisms of ACT as a physiotherapist.

ACTiveRehab offers a framework for assessment, selection, grouping patients and develops rehab-programs that target each group. This grouping algorithm clearly identifies the patients shared mental, physical and social functional level (Rovner 2014, 2015, 2017 and in press).

ACTiveRehab offers a systematic triage taxonomy (ACTiveAssessment, in press) to identify each patient’s functional level (physical mental and social). This, in turn, informs the therapists about the patient rehabilitation needs in terms of ACT-based therapeutic processes. These processes are those needed to prompt sustainable behavioural changes, which are different for patients, even if they have the same diagnosis.

The ACTiveRehab processes guide how to assess and increase levels of awareness, motivation and how to handle setbacks with openness and acceptance. These same process (the ACTive mechanisms) are then the ones that will be combined in different ways to tailor and modularize rehab-programs that safety targets each group’s needs and responsiveness to rehab.

With ACTiveRehab you will able to perform a step-by-step assessment and then be able to select and group the patients into four distinct groups of matched patients and offer each group a tailored and ‘individualized’ but group-based rehabilitation program.

Learning objectives

1. Understand and be able to explain the three basics therapeutic processes of ACTiveRehab: interoceptive capacity, engagement and openness
2. Implement these processes as a physiotherapist using your own interventions’ ‘tool-box’
3. Recognise the differences in rehabilitation needs based on ACT therapeutic processes
Physiotherapy for reducing manic symptoms

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Background

Patients in an acute manic state (ICD-10 F30 or F31.0, F31.1, F31.2 and F31.6) have several physical symptoms. Hyperarousal, increased muscular tension, alertness, susceptibility to sensory impressions, hyperactivity, restlessness and reduced need for sleep. In combination with higher self-esteem and weakened anger management many patients develop an inappropriate behavior that may lead to coercive measures including mechanical restraints.

Methods

Physiotherapy intervention is provided as non-pharmacological treatment of mania. In a workshop different soothing and relaxing methods is demonstrated as well as specific physical exercises. Theories on neurophysiology in relation to arousal, patient cases and practical experiences from physiotherapy in affective disorders will be presented.

Results

The participants may have the opportunity to try out and experience the effect of different intervention methods in order to contribute to and qualify the treatment of manic symptoms.

Discussion

The workshop invites to further discussion of the applicability of the presented interventions and other ideas for actions in relation to patients with mania.
PSYCHOPHYSICAL PHYSIOTHERAPY – STABILIZING TRAUMA-GROUP

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1. Purpose and relevance
The purpose was to develop a psycho-physical physiotherapy group for patients suffering from post-traumatic stress disorder and dissociative disorder resulting from sexual abuse, assault, torture or violence. Every patient has a primary contact to psychologist or psychiatric nurse at the psychiatric clinic at the same time that they participate the group.

2. Description
The group met 10 times. Each weekly meeting was 75 minutes. There were 5-8 participants. The group included different themes based on physical symptoms of PTSD, for example alertness management, personal boundaries, relaxation, insomnia, body awareness and further resources. In the group we didn’t discuss the trauma experiences. We instructed stabilizing body awareness exercises and discussed how the participants experienced them. Based on every theme we had psychoeducation including theory, discussion and homework. Group session began with exercises that enabled the participant to be more present and aware – with calm and focused movement. After that we practiced body awareness therapy based on the theme. Towards the end of the group session we returned to the stabilizing exercises. Peer support within the group was very essential for the process.

3. Results
Participants experienced the group as beneficial. They felt that the atmosphere was safe and soothing. Majority of them expressed that the most therapeutic element in the group was the support of the other participants. Some of them felt that there was too much discussion and others would have wanted to talk even more. It was important to keep the balance between psychoeducation and stabilizing exercises. The participants listed their experienced positive effects of the group as: improved sleep, peaceful mind, self-compassion, empowerment, increased knowledge and exercises how to better manage the trauma symptoms.

4. Conclusions and Implications
Group physiotherapy for post-traumatic stress disorder sufferers has been experienced as beneficial and effective. It is important to keep the focus of the group in stabilizing physiotherapy. It is essential to educate patients on the effects and symptoms of the post-traumatic stress disorder. Development ideas for future groups: separate group for sexually abused patients, a group for men, a group in English or with the interpreters.


Rovner (in press) ACTiveAssessment: A clinically useful method of pain acceptance
WORKSHOP, 90 min - Pain acceptance as indicator of mental, physical and social function and the experience of the body in pain and the sense of self.

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Quantitative and qualitative understanding meets when it comes to accepting pain. Acceptance and Commitment Therapy (ACT) merged with a phenomenological approach allows understand and conceptualize pain acceptance in a deeper way (Afrell, Biguet et al. 2007, Rovner 2012, 2014, 2015, Biguet, et al. 2016, Rovner and Skinta 2018). This cross-fertilization enriches the empirically developed taxonomy (ACTiveAssessment, Rovner, in press) that identifies four distinct ways to handle and accept chronic pain and the process of rehabilitation.

These four ways are normal and healthy strategies we use to ‘navigate’ different situations in life being able to choose flexibly among them depending on the weather and wind. However, if we get stuck in one way to ‘navigate’ or behave when keeping the same sail even though the wind changes, this rigidity in our behaviour will create pain.

In this workshop, you will learn how to understand these four different meanings of pain acceptance and use it to assess and group your patients according to their ‘navigation pattern’. This, in turn, indicates the patients’ needs and responsiveness to rehabilitation.

We will be working on own ‘cases’ and learn how to identify these four groups different verbalizations and behaviours in a systematic way and how to best approach their needs in physiotherapy and rehabilitation practice.

1. To be able to bridge behavioural principles with phenomenological concepts and implement them in your clinical praxis
2. Understand the different meanings of pain acceptance as behaviours (mental, physical and social) in relation to the rehabilitation process
3. Identify these different ways to accept pain and how to best help your patient in different stages of acceptance

REFERENCES:


EXPERIENCES FROM IMPLEMENTING BASIC BODY AWARENESS THERAPY AS A TREATMENT FOR FOUR VETERANS SUFFERING FROM POST TRAUMATIC STRESS DISORDER – A PILOT STUDY

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Background:
Post Traumatic Stress Disorder (PTSD) is a complex disorder caused by exposure to traumatic events. Soldiers are in a high group of risk, and about 10% of the veterans are estimated to be suffering from long lasting PTSD. PTSD has far reaching consequences both mentally and physically.

Purpose:
As a part of my final exam at BBAM, my purpose of this project was to investigate how four patients experience and responded to BBAT, focusing on changes in movement quality.

Method:
A qualitative method was used, and Malterud’s Systematic Text Condensation was used for data analysis. The participants where four veterans suffering from PTSD who were referred to physiotherapy as a part of their interdisciplinary treatment in Clinic for PTSD in Denmark. The intervention was individual BBAT during a period of 11-16 treatment sessions. Ethical considerations were made and followed.

Results:
The systematic text condensation emerged the following 3 code groups.
1) To get in contact with oneself. All the patients experienced that they got more in contact with their bodily sensations, and it gave most of them the possibility to handle their reactions more consciously. Being used to avoid contact with emotions and unpleasant bodily sensations, two of the veterans also experienced it as a challenge and sometimes anxiety provoking to get more in contact with themselves.
2) Exploring another way to be in life. All the patients experienced the therapy to be a very different approach to life compared to “soldier way” which was difficult for some.
3) The transference of BBAT into daily life. All four patients expressed that they could use some of the movements in daily life to calm themselves or increase their ability to be able to concentrate.

Discussion:
This project is regarded as a pilot study and indicates that BBAT can be a relevant approach for veterans with PTSD, especially in the way of offering methods to cope with their symptoms. BBAT is a different approach compared to what they are used to as soldiers, which can be challenging. Further studies on a larger population could be recommended.
“Body image” and physical activity, two cornerstones of physiotherapy for patients with eating disorders

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Physiotherapeutic techniques focusing on the body and the body in movement represent a potential clinical addition to available treatments of eating disorders in influencing the negative body experience and their drive for activity. Physiotherapists have a wide array of therapeutic interventions at their disposal, including postural exercises and postural awareness, relaxation exercises, respiratory exercises, massage, exercises targeting self-perception, sensory awareness training, body and movement awareness, exercises and physical activities. There is clinical based evidence that these exercises can help eating disorder patients to overcome the negative attitude towards their own body and their drive for activity.

The goal of this workshop is to present practical guidelines for physiotherapeutic management in eating disorder patients, recommendations that are based on more than 35 years of clinical experience. The focus lays on “how to treat a patient with eating disorders in an individual outpatient clinical practice”.

The goals of the workshop:

- To start up an individual physiotherapy treatment intervention for patients with eating disorders

- To explore the physiotherapy goals, assessment and intervention methods

- To discuss the pros and the cons, the therapeutic and practical implications, the pitfalls.