



Western Norway
University of
Applied Sciences

STUDENT STORIES FROM

Basic Body Awareness Methodology (BBAM)
Physiotherapy in Mental Health and Psychiatry



Western Norway University of Applied Sciences

Liv Helvik Skjaerven
2017

Forword

Colleagues have asked: How come the development of Basic Body Awareness Methodology (BBAM)? How come the internationalization? Who are the BBAM-students? From where do they come? How did they get to know about BBAM? How do they reflect upon the study program - today?

You find in this booklet, short stories told by graduating students of BBAM 2015-2017 and BBAM` teacher candidates, teachers, researchers and clinicians, all graduated from BBAM. The stories provides a glimpse on the culture from where these physiotherapists come, their professional needs and findings, at BBAM, HVL, Bergen, Norway in 2017.

The stories reflect physiotherapists with a high level of motivation to study BBAM at Department of Occupational Therapy, Physiotherapy and Radiography (EFR), Faculty of Health and Social Sciences (AHS), Western Norway University of Applied Sciences (HVL), students coming to Bergen, with no grants, using their summer holiday to study. The high motivation has effected the intensity of professionalization in BBAM, which in return has been enriching and stimulating as coordinator and teacher.

Sincere thanks to all who have supported the idea of BBAM, to make it qualitative strong and professional within physiotherapy in mental health, with human movement as the core. Especially thanks to Dean at AHS, Mildrid Haugland, to Head of EFR, Bjørg Hafslund, and all in the HVL administration, who has provided solid and enduring support for BBAM, its existence and quality.

Thanks to the international community, to physiotherapy professors and colleagues for providing a developmental richness, critical reflection, and research methodology to BBAM: Leuven University (Belgium), Lund University and Umeå University (both Sweden), Arcada Nylands Yrkeshögskola and

Metropolia University, (both Helsinki Finland), University of Applied Sciences Utrecht (Netherlands), Edinburgh Royal Hospital (UK), Almeria University (Spain) and Kobe Gaukin University (Japan).

Thanks to the fourteen supervisors and teacher candidate at BBAM, from 8 countries, qualifying to become teacher – all equally willing to share, teach, guide and study the pedagogy of movement learning, at HVL, for weeks over years – students and teachers have gained from this.

Thanks to the local community: to professor Eva Langeland and Associate professor Graziella Van den Bergh, who have participated in the teaching team through the years.

Last but not least, thanks to assistant professor Mary Anne Sundal, specialist physiotherapist and BBAT teacher for the quality in the numerous discussions, reflections and precision in the teaching of clinical decision making.

The future BBAM, from 2018, is in the hands of Almeria University, SPAIN and the international management team, led by BBAM graduate, Daniel Catalan-Matamoros, PT, PhD, University Carlos III of Madrid, Spain. I wish BBAM to be the best container of professional quality and joy - an international melting pot with movement quality and movement awareness learning, under a magnifying glass.

Bergen 01.10.2017

Liv Helvik Skjærven, PT, MSc

Coordinator of BBAM, Professor in Physiotherapy, BBAM, EFR, AHS, HVL

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Introduction

NORWAY, Bergen

By Liv Helvik Skjærven



Basic Body Awareness Methodology (BBAM)

Background

Basic Body Awareness Methodology (BBAM) has been an academic, internationally, post-graduate physiotherapy study program of 60 ECTS at Western Norway University of Applied Sciences (HVL), Faculty of Health and Social Sciences (AHS), Department of Occupational Therapy, Physiotherapy and Radiography (EFR), within the field of physiotherapy in mental health, in the period of 2003-2017.

Its origin was developed during the 1980s and -90s, in Norway, by Ulla Britt Skatteboe and Liv Helvik Skjærven, consisting of a series of 4 post-graduate courses designed for the physiotherapist to gain clinical competence in Basic Body Awareness Therapy (BBAT).

These stepped courses were offered by the Norwegian Association of Physiotherapy, Subsection of Psychiatric and Psychosomatic Physiotherapy. The treatment modality was accepted as a physiotherapy approach in Norway at the end of the 1980s. About 100 Norwegian physiotherapists gained such clinical competence through this period.

The principles in BBAT theory and practice originated from the French psychotherapist and movement educator Jacques Dropsy, who collaborated with a group of Swedish-Norwegian physiotherapists for a long period. Dropsy's presentation of the clinical hypothesis of the three-fold contact problem, describing human being's lack of contact with the body, made the ground for the multi-perspective view and approach to human movement. Such a broad scope of perspectives integrated in movement guidance was appealing to the profession of physiotherapy in mental health who needed a broader scope of treatment, especially physiotherapists working within the field of psychiatry.

In the same period of time, the group of Swedish-Norwegian physiotherapists founded the teacher group in BBAT, aiming to promote transference and further development of the movement awareness principles into physiotherapy. Among the developers in this group were Amanda Lundvik Gyllensten, Monica Mattsson and Kent Skoglund from Sweden as well as the two Norwegians, Skatteboe and Skjærven. Until the end of the -80's, the group was lead by the Swedish physiotherapist Gertrud Roxendal (PT, PhD 1985). Today, the teachers group is constituted as an international association for teachers and candidates in BBAT (IARBBAT), responsible for content and quality of the BBAT's education and courses. The early development of evaluation tools with roots in the BBAT started in the 1970ties, both in Sweden and Norway.



Professional development

As a result of professional development within physiotherapy in general, emerging research and Evidence-Based Practice (EBP), post-graduate BBAT-courses were further developed into an official study program at Bergen University College (HiB), now Western Norway University of Applied Science (HVL). It was initiated by a Norwegian, governmental request for study programs with an internationalized design, upon which HiB invited teachers to apply for funds to develop international, English-based courses. The application for BBAM was accepted and fresh money was given for such a development and start. The program was given the name of Basic Body Awareness Methodology (BBAM), highlighting clinical, research and educational principles.

BBAM started in 2003, based on an academically accepted curriculum, designed as a two-year international, part-time program of 60 ECTS. Under regular review, the curriculum has provided theory, research methodology and methods, skills training, clinical implementation in individual and group therapeutic settings, self-training in the movement program, accomplishing clinical projects. Communication with patients, health team and society is part of the training, as well as presenting projects at international research conferences in mental health physiotherapy.

The program has a structure of shifting between blocks of movement awareness learning at HVL and internet-based self-study, at home, including theory, clinical practice, skill training, self-training in the specific movement program and clinical projects (1).

Long-lasting musculoskeletal disorders and mental health problems are leading causes of disability (2). Physiotherapists have a central role in the treatment of these disorders (3). To obtain a positive treatment outcome, it is important for the physiotherapists to understand how life experiences and/or diseases can create a lack of contact with the body and the self, expressed in human movement and function. (4, 5). Drawing on principles from BBAT, the BBAM` study program qualifies the physiotherapist in body and movement awareness learning, re-establishing contact with the body, refining movement quality and habitual, functional movement, enhancing personal insight and coping strategies for daily life.

Conceptual elements

The conceptual elements of BBAM are person-centered, health-directed and process oriented, weaving a scope of perspectives into the movement awareness teaching and learning. The integration of anatomical, physiological, psychological, social, cultural and existential components is used to strength-

en self-identity through being in movement (6). Becoming aware means to take mental contact with the body and its movements, monitoring internal sensations and external environment, and providing sensitivity to experiences, with emphasis on finding resources for health (7). The movement pedagogy includes for the physiotherapist to acquire know-how in the BBAT-movements. Embodying movement elements and aspects, by being present in and becoming aware of own movement potentials, the physiotherapist gains insight as basis for the treatment of patients (8). BBAM includes teaching BBAT movements designed for everyday life, lying, sitting, standing, walking, relational movements, use of the voice and massage (9). The movements are simple, small and soft, intended to foster more functional movement quality and a variety of movement strategies. The educated physiotherapist in BBAT learns to act as a guide, bridging physiotherapy with the person's everyday life and needs.

An eye for movement quality and health

BBAM is known for its focus on movement quality, "how the movements are performed and experienced in relation to space, time and energy" (10). The Movement Quality Model (MQM 2008) offers a structure consisting of identified perspectives, elements and aspects in the phenomenon of MQ. When integrating basic movement elements and aspects into the movement quality, a set of therapeutic factors, including the Movement Awareness Learning Cycle, provides the teacher/learner with steps to follow. The cycle includes conceptualization and reflection on self-experiences. This provides meaning and insight in coping strategies related to life situations. At BBAM, the valid and reliable evaluation tool of Basic Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE) and structured therapeutic strategies are provided (5).

Influences and Contribution

At the start of BBAM, influences on the study program grew from collaboration with Lund University, Umeå University and close collaborators in Norway, such as

Skatteboe. Critical reflections were provided by colleagues at Duke University, Doctor of Physical Therapy Program, (from 2005-2008) and at Flinders University, South Australia, through visiting professor at Center for Evidence-Based practice at HiB/HVL. The collaboration with Superintendent AP Parker, Edinburgh Royal Hospital, Psychiatric ward, have contributed with the growth of a professional English vocabulary.

BBAM developed to become a forum for ERASMUS's teacher exchange with universities in Belgium (Leuven University), Finland (Metropolia University of Applied Sciences and Arcada Nylands Yrkeshögskola, both Helsinki), Spain (University of Almeria) and Sweden (Lund University and Umeå University), crossing cultures in physiotherapy teaching.

Furthermore, BBAM has drawn on collaboration with University of Bergen, Norway and Jyväskylä University, Finland, through supervision of MSc and PhD-students and with Kobe Gaukin University, though yearly visiting by a guest lecturer over the last 6 years.

Participation in the development of, and thus close relationship with, the International Organization of Physical Therapy in Mental Health (IOPTMH) has made the international conferences in psychiatry and mental health (ICPPMH) an arena for project presentations from many of the BBAM's students. Accordingly, BBAM has fostered projects at Bachelor-, Master- and PhD levels, contributing to professionalization of movement awareness learning within physiotherapy (11-14). HVL was also the host of the second International Conference for physiotherapists in mental health (ICPPMH) at Solstrand, Bergen, 2008.

Through the collaboration with Professor, Dr. Michel Probst, PhD, within the IOPTMH, the idea and process of the first international book for physiotherapists in mental health has been realized: *Physiotherapy in Mental Health and Psychiatry - a scientific and clinical based approach*. It is published by Elsevier, 2017.

BBAM's has close relationship with the International Association of Teachers in BBAT (IATBBAT), and its

research network. Pioneering research has developed since the first PhD by G Roxendal, in Sweden (15-17). Research has demonstrated that persons suffering from depression (18, 19) and schizophrenia (20-22) have benefitted from BBAT. Research reveals that participants become more aware of their body as a means to connect to oneself and to life, attuning inner sensations and emotions as well as relating to other people and actions in life (23-28). Based on promising results from a pilot study in 2014, a randomized controlled study is currently conducted to investigate effects of BBAT for daily functioning and management of hip osteoarthritis (14).

In addition, aspects from BBAM and research has been presented at WCPT` conferences, in Washington, Japan, Canada, Netherland, and Singapore, in IOPT-MH` conferences, in Belgium, Norway, Sweden, UK, Netherlands, Spain, and in different courses in UK, Finland, Sweden, Denmark, Island, Faroe Island, Netherlands, Belgium, Spain and Russia and Norway.

Needs in Society – Needs in Physiotherapy

BBAM is increasingly attracting international interest, which indicates a need for extended physiotherapy qualification in order to meet a documented need in society. The movement principles and therapeutic strategies, terminology and ethical values, are reported clinically important. Its strength seems to be rooted in an embodied presence, in simple, human movements closely related to everyday life, the stepwise structure and the transferable learning, useful to patients as an ultimate aim.

Creating BBAM, our goal was to develop an educational program for mental health physiotherapists in need of professional qualification in multi-perspective, body-and movement awareness learning strategies and principles possible to implement within the field of psychiatric and psychosomatic physiotherapy, in treatment, rehabilitation, health prevention and preventive health care. As academic and clinical educators, we are advocates of an evidence-based practice, with high professional standards. Increased scientific

training in physiotherapy degree programs must prepare students for meeting patients who lack contact with own body, feelings, and movements, also in the relationship with others. The combination of promoting movement quality through the movement awareness learning program, together with objective tools of scientific methods and evidence-based practice is a proposal for consideration as educational strategy – it adds meaning to the student as well as the patient.

State of the art of BBAM 2017

BBAM at EFR, HVL has been a learning forum for more than 110 English speaking licensed physiotherapists, from 20 countries and 4 continents. In addition, 50 Nordic physiotherapist (from Finland (1), Iceland (1) Denmark (3), Sweden 21 and Norway 24) has passed a “privatist exam” *, a final BBAM exam, organized by HVL.

14 BBAT physiotherapists (14 physiotherapists graduated from BBAM (12 clinical and 2 academic), from Spain (2), Netherlands (1), United Kingdom (1), Faroe Island (2), Finland (3), Estonia (1), Japan (1) and Norway (3) are studying to become teacher in BBAT; 4 of them have already graduated. In addition, 8 MSc and 5 PhD thesis have been / is growing from BBAM, HVL, as well as new international publications (29).

Today, October 2017, 27 physiotherapists are graduating from BBAM 2015-2017, representing the countries of Hong Kong (1), Singapore (1), Japan (1), Brazil (1), Mexico (2), Canada (1), Turkey (1), Austria (1), Spain (7), Estonia (2), Denmark (6), Sweden (1), Norway (2), an amazing cultural and professional melting pot in physiotherapy in Mental Health.

BBAT is known for its developed criteria for use in observation of movement quality, its vocabulary for describing, analyzing, guiding and being in dialogue with the patient, individually and in group therapeutic settings. It is, however, important to underline that BBAT cannot be implemented in physiotherapy for all kinds of health problems, and it is not for everyone. When implementing awareness strategies, the therapist

need to be conscious of the fact that increased awareness may be associated with a tendency to become too preoccupied with bodily signals and sensations, intensifying them and interpreting them as symptoms. This needs to be professionally managed by the physiotherapist, promoting healthy actions. The physiotherapeutic evaluation and clinical reasoning is basic to all clinical choices, also deciding when to change and end treatment. To conclude, there is still need for critical valuation, research and reviews for further development of BBAM.

MSC BBAM SPAIN –a next step of internationalization for PT in MH

BBAM at HVL is closing October 2017. However, initiative have been taken and accordingly, the application was made for the MSc-BBAM program at Almeria University, Spain, through a former BBAM graduate, Daniel Catalan-Matamoros at University Carlos III of Madrid, Spain. The application and curriculum were accepted late July 2017, as MSc study program of 60 ECTS. The study program will start in mid-January 2018. See more information later in the Booklet.

This Booklet – short stories from students

Below follows small descriptive stories from students at BBAM 2015-2017 and earlier graduates from BBAM – enjoy reading!

* By “privatist exam” is meant that HVL arranged for the possibility for an authorized physiotherapists, with completed clinical competence in Basic Body Awareness Therapy arranged as post-graduate courses by their National Physiotherapy Association, could apply to HVL to study BBAM during 3/4 year, supervised by coordinator of BBAM, and thus pass the final exam of BBAM, completing a written clinical project (7000 words) and a clinical/practical exam of a) Theory presentation, b) guiding a movement session in a group setting and c) present the clinical project.

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Part 1

BBAM 2015-2017 Graduating Students

AUSTRIA, VIENNA

By Stefan Perner

My name is Stefan Perner and I live in Vienna, the capital of Austria, a small country in Central Europe with around nine million inhabitants. I graduated as a physiotherapist in 2012, entering the Viennese world of work in a very well recognized health profession.

Currently, I work as a physiotherapist in a private practice, in individual and group setting. Most of my patients suffer from mental health problems, psychosomatic disorders and chronic pain. Besides that, I teach physiotherapy students at the University of Applied Sciences in Vienna.

From the beginning of my basic studies, mental health was the most fascinating field within physiotherapy for me. Actually, I felt quite alone with my interests but continuously followed them. I worked in a psychiatric ward and in an outpatient clinic and felt the need to professionalize within the field.

Attending the International Conference of Physiotherapy in Psychiatry and Mental Health in Utrecht, The Netherlands, I met Liv Helvik Skjærven and former BBAM students who shared their learning experiences from Bergen. They made me very curious and I decided to apply for the study programme. I started my studies in 2015 and will graduate in 2017.

Being a BBAM student at Western Norway University of Applied Sciences essentially enriched and confirmed my professional identity. With stringent theory and practice, BBAM imparts a holistic treatment method



within physiotherapy - focusing on human movement, movement quality and body and movement awareness. To see resources and to learn to express them in specific vocabulary meant a shift in perspective that is so valuable for my physiotherapeutic work.

In my clinical practice, I use elements of Basic Body Awareness Therapy (BBAT) in almost every session. An important learning process was to develop my own movement and body awareness. I see this as the starting point for therapy, to have a clear and subjective “reference system”. It seems to me this is the basis for meeting the patient in his/her problems and resources. From my clinical experience the tools from BBAT are meaningful, empowering and wholesome for many patients. I once wrote in my clinical diary: “It seems building up bodily resources made the symptom obsolete”.



A specialty of BBAM is its internationality. Students come together from all over the world, yielding their cultural and professional points of view. This unique richness is a wonderful platform and a strengthening factor to develop within physiotherapy.

I want to express my deep gratefulness to Western Norway University of Applied Sciences and Liv Helvik Skjærven as the coordinator of BBAM. For me, it is a great gift to study in Norway in this international study programme. I want to thank all the welcoming Norwegians who made me feel close to this beautiful country and from whom I learned so much, professionally and personally.

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BRAZIL, São Paulo

By Jeanette Canales



My name is Janette Canales, I am Brazilian and I live in São Paulo, Brazil (South America). In Brazil, the Physical Therapy began within the Santa Casa de Misericórdia de São Paulo in 1929, but it was only in 1951 that the first course for physiotherapists was created. Brazil is divided in 12 Regional Councils (Crefitos) that go from the Crefito-1 to the Crefito-12, separated by regions. There are 53,181 physiotherapist registrations, being 50% southeast, 21% northeast, 18% south, 7% midwest and 4% north.

The specialty of Physical Therapy in Mental Health does not yet exist in Brazil. As a physiotherapist, I am in contact with the Regional Council to open this new specialty. A study conducted in 2010, “Epidemiological Studies of Mental Disorders in São Paulo Megacity”, identified that 29.6% of individuals in the Metropolitan Region of Sao Paulo had presented mental disorders within the 12 months prior to the interview.

Depression disorder were the most common with 26.5%, anxiety disorders affecting 19.9% of the interviewees. Behavior disorders (11%), impulse control disorders (4.3%) and substance abuse (3.6%) followed.

There are many physiotherapists who conduct research in the area of Mental Health and who work in this area. I work with research since 2005, in the Department and Institute of Psychiatry of the Clinicas’ Hospital of the University Of Sao Paulo (USP), the best institution in the country.

I finished my master degree in 2009 with the title “Posture and Body Image Assessment in Major Depressive Disorder”. This study yielded 2 scientific articles and many interviews in magazines. I currently work with the validation of two body awareness questionnaires and work specification with adults with Mood Disorders.

There are studies showing that depression will be until 2030, the disease with the highest prevalence in the population. In Sao Paulo there is a high rate of people with depression and the physical therapists need to understand the diseases and their consequences in order to help the population. In the educational background of the physiotherapist it is necessary to include such matters as Mental Disorders, and Treatment. In my private practice I treat many patients with Mood Disorders, I believe and defend that studying BBAM should be mandatory as it is a method with many scientific evidence. I found the BBAM course through internet, I had the knowledge about the WCPT subgroup and found the BBAM course.



CANADA, QUEBEC

By Dannie Cormier



My name is Dannie Cormier and I am from the province of Quebec, a french speaking province in eastern Canada. I live and work as a physiotherapist in a small town called New Richmond, situated along the east coast in a beautiful touristic area called Gaspé Peninsula, renowned for the beauty of its nature. I also have a regular practice in visual art (painting, etching, video) and enjoy expressive dance, nature, backcountry skiing, camping and hiking. With this description, you surely understand that studying in Norway is a great gift for me!

I have been working as a physiotherapist for the last 28 years. The first 20 years were in hospital settings, mostly in the pediatric, geriatric and neurologic field. In 2009, I opened a clinic which specializes in women's health and pelvic floor related problems.

Many clients came to me because they suffered from chronic pelvic pain and I progressively developed new skills to treat long lasting pain. But I felt limited with my physiotherapy tools. A large proportion of my clients need a more global approach, helping them to be more in contact with their body and mind.

Apart from the work at my clinic, I also work one day a week in a First Nation community near my home town. Because of their past history, the first nations population in Canada encounter more mental health issues and chronic illness. A more global approach could promote a better treatment outcome. I was exploring and searching.

Along the way I met physiotherapists who integrate approaches like yoga, tai chi and mindfulness. But it felt like improvisation to me. One day, I decided to «google» some key words like «Mindfulness and Physiotherapy» and «Body Awareness and Physiotherapy». This research brought me directly to the International Conference of Psychiatry and Physiotherapy in Mental Health, ICPPMH website. I discovered BBAT and the fact that physiotherapists can be involved with patients suffering from mental health issues. After contacting BBAT practitioners, I learned that BBAM is an International program, which was unexpected. A whole new world was opening to me and it almost felt like a miracle. This training was exactly what I was looking for.

As you may have already understood, in Canada, there are few physiotherapists who are directly involved in mental health and even for those, all this is only embryonic. Also there is no network of exchange in this field of practice. And the probability seems high that I am the only BBAT Therapist in North America.

I am ending the BBAM study programme in October 2017. It has been a very rich and great learning experience to travel to Europe and meet all those colleagues and now friends from all around the world. And as a skier and hiker, it was a dream come through to have a chance to discover the rich nature of Norway!



And what about the future?

I now strongly believe that physiotherapists can greatly help patients dealing with mental health issues. I have a strong desire to share this view and my new knowledge with as many colleagues as possible. My short term goals are to be more involved in the mental health field. Already, discussions are currently underway with a few psychologists about future collaborations.

It may be utopian, but as each realization begins with a dream, in the longer term, I believe I can participate to promote the fact that physiotherapists are well positioned to positively impact on the well-being of people with mental health conditions and I seriously reflect upon the possibility to become a BBAT teacher one day.

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DENMARK

By Christian Karlsen-Hansen, Eva Norre, Trine Stårup Madsen, Karen Nissen, Marie Thorsen, Britta Thaugaard

In Denmark, the population is 5,6 mill people, and there are approximately 11.000 physiotherapist employees registered in the trade union. These are distributed by the municipality, region hospitals, private clinics and organizations.

Mental Health Care (according to psychiatry) is a part of the general public health care system, which means that the system is free for all citizens and paid through the taxes. Also mental health care about recovery and psychiatric rehabilitation in the community are paid through taxes.

The number of physiotherapists working in the public mental health care is unknown, but the way of treating psychiatric diseases and organizing physiotherapy are changing, so the treatment are shortening the inpatient

period and patients are treated in outpatient departments. The patients can follow psychoeducation in the community or at the hospital, and the community will offer rehabilitation. Physiotherapists can be employed in private organizations treating stress, job-rehabilitation or teaching body awareness therapy for patients suffering from lifestyle-diseases as stress, depression, anxiety, musculo-skeletal disease.

BBAT is an accepted physiotherapeutic approach in Denmark and there is growing interest of BBAT within Danske Fysioterapeuter (the trade union of physiotherapists in Denmark). BBAT is explicitly mentioned in the official presentation of Physiotherapy in Denmark, developed by the board of the trade union, and the value of physiotherapy in mental health is also officially recognized.

Mental health care in hospitals is constantly challenged by low budgets. This is a big problem, since mental health illness is by far the largest disease burden in the society by 25 % compared to the overall diseases (psykiatrifonden.dk).





Mental health illnesses are characterized by complex issues, many of these are expressed in the body, and physiotherapists have tools for the body as an approach to treat and to support the patients in coping with their difficult life situations. BBAT is one of the tools, which is an evidence-based methodology.

The Basic Body Awareness Methodology (BBAM) study at Western Norway University of Applied Sciences (HVL) in Bergen, Norway, is all in English, which can be challenging. However, it has been a great learning experience for all of us students to get in contact with so many wonderful colleagues and teachers from around the world. To learn about how physiotherapists are educated and organized, to share experiences both in practice and about theory, to participate in networking-groups throughout during the two year BBAM study-program has been enriching. It has also been a pleasure to immerse ourselves in the substance of BBAT in beautiful Bergen.

The study program is at high level of professionalism, immersion and taught by passionate BBAT-teachers and teachers from at HVL, at Campus Kronstad, in Bergen. We sincerely hope that the education will continue both for the physiotherapists, but especially, also, for the patients/clients all over the world.

Christian Karlsen-Hansen

My name is Christian K. Hansen and I am 32 years old. I live in Copenhagen, Denmark. I have been working as a physiotherapist at the psychiatric department of the main hospital in Copenhagen, Rigshospitalet, for more than two years. In my clinical work I address people suffering from various mental illnesses such as depression, schizophrenia, bipolar disease and anxiety.



BBAT offers a professional physiotherapeutic approach for treating people suffering from mental illnesses. The premise of BBAT is that body and mind are unified. Suffering from a mental disease affects the whole person, both body and mind and comorbidity in addition to the psychological aspects, like within cardiovascular disease, diabetes, metabolic syndrome and other serious health conditions, are commonly known. The need for a treatment modality that recognizes the close interrelation between body and mind in the process of recovery in the psychiatric field is evidently there. This was the main reason for me to sign up for the BBAM education program.

In BBAT movement quality is said to reveal the mental health state of a human being. Movement quality refers to the way we move in daily life - our movement habits and our behavior in relation to others. It is my experience that mental disease is connected to dysfunctional

movement quality caused by complex mental and physical mechanisms.

As a physiotherapist practicing BBAT I have validated assessment tools to address the movement quality of the patient, to clarify what needs to be the focus of therapy. From here the process of working systematically with movement quality can begin. By promoting movement quality, using guidance rather than correction and movements inspired by everyday life, I offer strategies to overcome and possibly manage some of the challenges of living with a mental illness.

The first time I was introduced to BBAT was during my years of study to become a physiotherapist. I completed an introduction course of BBAT and I also had the chance to experience BBAT in a clinical setting, as an observer, which convinced me of its relevance, especially in the psychiatric field. As I was employed within the psychiatric field later on it was only natural for me to develop my skills within the arena of BBAM, which was offered by the education program of BBAM, 2015-2017.

So far, it has been an exciting journey, both on a personal and professional level. In addition to developing my professional skills. I have developed my English skills as well as the education brings together physiotherapist from all over the world and English is the common language. Obviously, there are vast cultural differences and traditions within physiotherapy from one continent to another, but it has been really interesting to see how this common interest of BBAM has brought us together and created a platform for us to share and continuously develop a common language within physiotherapy.

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Eva Norre

I am in this writing moment 29 years old and working as a physiotherapist in a fixed term working position at Aalborg University Hospital at the psychiatric department for children and adolescents.

Formerly, I have been working with adults also within the psychiatric field. In that mental hospital there was a culture for working with BBAT and BBAT groups. Before starting my current position I was very excited about how to implement BBAT in the work with children and adolescents. However, BBAT is about movement quality. So I use BBAT all the time because now I am able to observe and describe movement quality as an expression for the inner state of the patient; physical, psychological, relational and existential aspects of life.

I have often used the evaluation tool, Body Awareness Rating Scale – Movement Quality and Experience, BARS-MQE, working with adolescents but it has sometimes been challenging to make BBAT meaningful for teenagers. And you never know. One “football boy” tells “it is the best to work with BBAT movements” and another “gymnastics girl” reports “it is the strangest thing in the world”. Therefore, I have often been working with implementation of BBAT elements in other kind of movement to promote movement quality; working with stability, free breath and bodily presence.



I attended BBAM because I wanted tools for working with a complex target group; having to deal with psychiatric, psychosomatic and chronic problematics.



And, I definitely got that. But, what I did not expect, was to gain so much on a personal level which again is reflected in my professional life. Having worked with own movement quality through the movement awareness approach and self-reflection makes a big benefit as a therapist, when having to teach others how to do so.

I am very thankful for my learning process and for having met so many inspiring and supportive colleagues, teachers and teachers candidates from all over the world.

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Karen Nissen

My name is Karen and I have been working as a physiotherapist for 22 years, and in 2015-2017 I have followed the postgraduate study programme of BBAM in Bergen. For the past 5 years I have been working in the field of psychiatry and mental health, part time in an interdisciplinary team in Clinic for PTSD and Trans-Cultural Psychiatry (CPTP) Aarhus University Hospital, Risskov, treating veterans of war suffering from PTSD. The other half of the time I have a private clinic where I am treating people with stress related symptoms and long lasting musculoskeletal problems.

My job is to support the patients in decreasing their physical symptoms, for example muscle tension, pain and restlessness, and teach them coping strategies to handle physical symptoms related to PTSD, anxiety and stress. I chose to study BBAM to get a validated physiotherapeutic tool, where the focus was on the whole person and not just on the biomechanical or physiological body, and where the person was actively involved. Another important factor for me was that BBAT is a health and resource oriented approach, where the person is active in his/her healing process. The fact that it was an international study has been an advantage, and it is very inspiring to meet and share with physiotherapists from all over the world.



Especially for the veterans with PTSD, BBAT is experienced as a very different way of using and being in the body, compared to the way they are used to in the army. However, it observed to be like a valuable method that can teach them to be in contact with their bodies and find new movement strategies, which is reported to help them in their healing process. For some of the patients though, it takes some more time to understand and accept being in and reflecting on these simple and soft movements.

During the last 2 years I have been using BBAT as the main method in my work. In the treatment sessions where I have used other physiotherapy methods, I am still implementing the BBAT philosophy and principles, for example, the resource oriented way of thinking, the 4 perspectives approach and the 3 elements: stability, breathing and awareness, all to be integrated into movement teaching and learning. The self-practicing part has also been an experience that I can use both on a personal level and in my daily, professional work with my patients.

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Marie Thorsen

My name is Marie, I am 34 years old, and I work in the mental health care system, at a psychiatric hospital near Copenhagen. As a part of my job, once a year I am teaching students who are about to become physiotherapist in “physiotherapy for mentally disorder”.

I started in the BBAM program in 2011, but after finishing the first year, I put the study on hold, since I became mom to two lovely boys. In 2016 I applied to complete the BBAM-program and I’m expecting to complete the BBAM in October 2017.

There is a large span between my patients’ resources at my work, so I use the movements from all positions, lying, sitting, standing, walking. Furthermore, “relations to others” is often an issue for the patients, why the pair (relational)-movements can be beneficial to include in the treatment. I also use the massage since the massage in BBAT is a gentle way to work with relation and well-being in body and mind. The patients’ feedback is often that BBAT is a nice way to work with the body, support them to become more present here and now, and that BBAT is something they can use in their everyday life.



Even though I don’t use the movements from BBAT every day, I still implement BBAT principles in my way of meeting the patients, my resource-oriented approach, reflections, body and movement awareness, my vocabulary etc. I can see that I fundamentally have changed my professional approach to patients/clients, a change that will always follow me, and be useful no matter the target group. Furthermore, the self-training in the BBAT-movements, for me as a physiotherapist, has been rewarding, not only in relation to my role as a physiotherapist, but also for myself at a personal level, it has indeed been a great journey!

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Britta Thougard

My name is Britta, and I have been working in psychiatry since 1991, and have always been interested in working with the person and the whole body. When I got the chance to study BBAM in Bergen, encouraged by a colleague, who studied BBAM from 2007, this was a great way to work professionally with this evidence based therapy and methodology.

I work at Psykiatrisk Center Nordsjælland, in Hillerød north of Copenhagen. For many years I worked with child and adolescents psychiatry, and specialized in eating disorders, where I developed a method to work with BBAT in the family as an additional treatment to family based therapy. This was a very interesting experience for me to work with movement quality, and to work with the body and movement awareness, as many of the patients were very dissatisfied with their body. Approaching the adolescent as PT, my aim was to work with the interrelationship with body and mind, aiming at the whole person. I found BBAT was a very relevant method, as it offers an implementation of four perspectives, both physical, physiological, psychological and existential. However, the adolescents were not able to work with all perspectives I both observed improvement and heard them report improvement in body experience and motivation to learn.

Due to private circumstances I changed my employment one year ago and I work now in the psychiatric field with elderly, both inpatients and outpatients. It is great to experience patients at + 70 years. This population have much experience in life, and caused by their mental disease have to realize how they are affected of "getting older". They have good benefit of the BBAT, as they get improved balance, awareness in breathing, but it also gives them an existential insight of acceptance, realizing both mental and physical state. I often get captivated of the way they care for each other, the way they support each other, the way they manage to give in, both working with BBAT, but also reflecting about life and how to get on and handle life, despite mental illness, somatic disease and severe challenges in family situations.



As a personal interest, I spend much time with music, dancing and singing. It is a great experience to use the BBAT movement quality to be more curious about movements, how to move, how to use my energy, how to be more aware of my movement center and midline, and there is a lot of transfer value in using B-BAT terms while dancing, as the vocabulary and the metaphors are similar. Use of voice is a challenge according to singing, as it enlarges the understanding of resonance, harmony and relations, and being more in the use of voice is a great personal experience. This is a field I want to explore more in the future physiotherapy.

At the BBAM, it has been very interesting to see, both the different ways the physiotherapist work in other countries and at other continents, but also interesting to see the difference of physiotherapists working in hospital, community, organizations and private clinics. The BBAM study is of very high professionalism and commitment.

My future vision for the BBAT as physiotherapeutic approach is to explore, develop and understand more of the existential aspect in BBAT. I can see a necessity to give the elderly more courage in life, as the patients often will talk on daily existence and the way of being in and handling reflections in the BBAT-group.

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Trine Stårup Madsen

My name is Trine. I am a 33-year-old Danish physiotherapist (PT). I studied Basic Body Awareness Methodology (BBAM) in Bergen from 2015-2017. I work at a private company in Copenhagen called Plan & Handling. We work to rehabilitate adults who are on sick leave. Clients are referred to us from the municipality with complex conditions such as chronic pain and mental illness.

Most of the people I meet in the clinic have tried pretty much everything already. They have been through years and years of being tossed back and forth between hospitals, clinics and healthcare professionals but nothing has helped. Understandably, these people are frustrated and exhausted. I have found Basic Body Awareness Therapy (BBAT) to be a very useful tool when treating people who are on sick leave. BBAT is a holistic physiotherapeutic approach. It provides a way to work with human movement that includes all aspects of a person, not only the biomechanical but also the psycho-socio-cultural and the existential aspects. I have found it to be useful in situations where classical physiotherapy has not had an effect. BBAT goes deeper and helps the individual to explore how to take back the responsibility for their own bodies and their own lives.

I first learned about BBAT when I was still a PT student. I got an introduction to BBAT at the psychiatric hospital where I did my clinical placement and even got to use it for individual treatments and in groups. I heard about BBAM when I completed the BBAT 1 course with Jonna Jensen in Denmark in 2014. After the course, I was lucky to collaborate with The Competence Centre for Transcultural Psychiatry in Copenhagen on a scientific article. It was published in 2016 titled *Refugee experiences of individual Basic Body Awareness Therapy and the level of transference into daily life. An interview study*, Journal of Bodywork and Movement Therapies, online 2015 I was still working on the article when I started BBAM and received great support and encouragement from everyone in the BBAT community. Besides from the BBAT approach itself, the international aspect of BBAM, was my main reason to apply for the study in Bergen. I have very much enjoyed learning about how PT's from other cultures work within mental health.

The global perspective on physiotherapy and the new network of wonderful PT colleagues has been an invaluable part of my BBAM experience.

Completing the two-year BBAM course while working full time has been challenging at times. Even so, I have loved to be able to implement newfound knowledge and experiences directly into my clinical practice and see the effect of it. It has also provided me with time and room to reflect upon my therapeutic approach and how to best convey my knowledge of BBAT, as a supervisor of the PT students who come to complete their clinical education with us.

In BBAM, I have found a way to meet each person in a holistic, professional and dignified way. I use the BBAT methodology regularly for individual and group treatments and I use the BBAT approach in all aspects of my professional life. BBAT has been of great value to me both professionally and privately. Learning to balance between turning "one eye in and one eye out" is important when treating people with complex conditions. Exploring this myself, I am also able to facilitate a similar journey in the clients I meet.

BBAT will continue to be a key element in my clinical practice. I find that the more I work with BBAT the more nuances I discover. I wish that the knowledge and practice of BBAT among PT's will keep growing worldwide. I hope this will still be possible when the BBAM program is gone so that all the people who need it get to experience and practice BBAT.

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ESTONIA

By Kaisa Vahesalu

I am Kaisa Vahesalu and I come from Estonia. Estonia is a country in Northern Europe, borders the Baltic Sea and Gulf of Finland. The population of Estonia is approximately 1,3 million. University of Tartu and Tartu Health Care College are the institutes, where you can study physiotherapy. Unfortunately, during the studies, there are only a few courses in mental health physiotherapy and there is no possibility to specialize in this field. The latest statistics says, that there are over 1000 physiotherapy graduates, but there is no accurate information about how many of them are working as physiotherapists after graduating. It is known, that only four Estonian physiotherapists have graduated the BBAM studies in Bergen and only two physiotherapists work in the field of mental health.

I found out about BBAM program from one of the postgraduate student. BBAM is very new physiotherapeutic method in Estonia and working with people with mental health problems is also a new direction.

I work in home adjustments department in Astangu Vocational Rehabilitation Center as a physiotherapist. Last five years I have worked mainly with children and adults.

After finishing my master degree in University of Tartu, I was interested about the opportunities to study abroad. I liked to challenge myself to study in English and be in multicultural environment.



We have a little community of people, who have or are studying in Bergen. We try to get together twice a year to exchange ideas and experiences, support and motivate each other.

I hope I can challenge myself in the future and find opportunities and possibilities to practice BBAT in Estonia.

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ESTONIA

By Kristi Neeme

I am Kristi Neeme, also from Estonia. I have been working in a private rehabilitation center for the last 5 years. The center collaborates with national institutions (health, social and unemployment insurance funds, also doctors and general practitioners) and provides rehabilitation services to people in the local community. When I started there, I mainly worked with adults suffering from chronic skeletomuscular or neurological conditions. For the last 2 years, I have been mainly working with children (babies, toddlers and school-aged kids).

Treating adult patients with chronic conditions made me feel powerless and helpless from time to time. Seeing that conventional physiotherapy isn't always the answer for some people, forced me to look for other approaches and ways to provide the necessary tools for the patients who came seeking help.

I read about BBAM in the Estonian Physiotherapy Association e-mail, where Marin Rändur (one of the first Estonians to study BBAT) described the methodology and studies in Bergen briefly. I didn't hesitate to apply for the course. The studies being abroad and multicultural made it even more appealing.

To travel abroad and study in English to me was rather a big plus. I had been studying and working abroad before and the whole concept of people from different countries, cultures and backgrounds working together as a group had amazed me several times before. And, the studies in Bergen proved it to me once more – there is something very special in working within multicultural groups.

Studying BBAT made me realize that there is so much more to physiotherapy and human movement than I had ever imagined. It is a whole new mindset - to comprehend the importance of movement quality and awareness, and re-educate yourself as a specialist and your patients how to use body and mind as a whole to improve well-being as such.



I am very glad that the field of mental health is rising in Estonia and that society has reached to the point of realization that mental health is as important as physical well-being and that these two are closely intertwined. In the future, I hope I can pass on the knowledge and experiences gained in Bergen to improve the situation in our country and reach people who are in need.

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HONG KONG

By Fiona Lai Wah Tang



Pursuing Evidence-Based Practice in Mental Health

I am a Physiotherapist working in a hospital in Hong Kong. I work in the psychiatric field and have around 20 years' experience. Clinically, I come across growing number and increased diversity in the presentation of distortion in bodily schema or experience in mental patients. Moreover, literature reviews ascertain the concept of “disembodiment” or “lack of body ownership” amongst psychotic and neurotic patients. It certainly implies that mental patient presented with “apparently normal” physical appearance, does not allude to a sort of “mental awareness” of his own body. In particular, to a physiotherapist, the possible roles in “correcting” this distorted bodily perception worth further exploration.

I believe that physiotherapists have an extensive wealth of skills and knowledge in physical health and combined with our skill in mental health, uniquely placed to meet the needs of patients who have both physical and mental needs. Concerning the impaired body awareness and body image amongst my patients, I try body-orientated work on them for the years. Primary results are encouraging. However, I am still searching for concrete outcome measures in my clinical practice all the way.

Coincidentally, impressive published articles review that Scandinavian physiotherapists have been contributing to mental health with Basic Body Awareness Methodology (BBAM); with expanding accreditation and reputation for evidence-based practice. In addition, I have strong determination to pursue BBAM after meeting Professor Amanda Gyllensten in Hong Kong and got to know about BBAM program in Norway.

It is grateful that Professor Liv Helvik Skjaerven offered me a place in the BBAM international program in 2015. It is a precious opportunity to learn BBAM from the perspective of Physiotherapists; develop knowledge and skill transfer in Hong Kong. Thus, Physiotherapists can ensure the contribution of physical wellness on mental patients' psychological wellbeing with the evidence-based approach.

The Therapeutic Value of BBAM

Globally, the health condition of the mental patients has been challenging and here came with the increased boost of non-pharmacological rehabilitation approach. There is evidence that experiences of stressors in daily life influence physical, physiological and psychological processes in the patients; with the impact on human movement and function, both on coping strategies and relationship to the external environment. In Chinese society, the traditional cultural belief such as Taoism, Confucianism, and Buddhism are crucial in stress and coping behavior. Particularly, there is a belief on external authority instead of self-efficacy is observed in help-seeking behavior. It impinges strong influence on the mental health of Chinese population.





BBAM is based on the hypothesis of the human being's lack of contact with the body and how such state can be expressed in poor balance, blocked breathing, dysfunctional movement quality and relationship with others. It represents a Physiotherapeutic and person-centered approach, focusing on movement awareness, movement quality and function and how to cope with and handle daily life stressors and challenges. It includes reliable and valid assessment tools for evaluating clinical outcomes, such as the Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE) and Body Awareness Score-Interview, etc.

With the knowledge and skill I gained from the BBAM program, I tried BBAM on individual patients with schizophrenia, affective disorders, and substance abuse. Moreover, I ran pilot BBAM class on groups of patients with depression, as an adjunct to conventional pain management program. Preliminary results are encouraging. Nevertheless, further skill consolidation and modification into Chinese culture needed enduring and enormous effort.

Looking Ahead

The learning experiences of BBAM in Norway not only upgraded my knowledge, skill, and competency in working with mental patients; but also the building up of transnational podium amongst Physiotherapists from

different countries. It is auspicious that we were groups of people sharing the genuine vision and mission in promoting physiotherapy in mental health. Undoubtedly, overwhelming challenges are expecting in assimilating BBAM into local Chinese population from a Western culture of psychosomatic medicines.

As the physiotherapists working with mental patients, we are proud of our unique roles in bridging the physical and psychological aspects. Learning BBAM broadens my perspective in integrating anatomical knowledge, body and movement awareness into psychological self-awareness; connecting the body and mind in achieving thorough multi-dimensional bio-psycho-social outcomes. Evidence-based practice definitively ascends Physiotherapists' recognition and reputation amongst stakeholders in mental health setting; as a certainty of multi-disciplinary team members. In conclusion, it is to proclaim that Physiotherapists having particular skills and knowledge about physical health and psychological wellbeing which make us indispensable in the field of mental health.

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JAPAN

By Yuki Ishihara



My name is Yuki Ishihara, I work as a physiotherapist in Japan. I have a license in physiotherapy obtained in March 2015. I have been participating in Basic Body Awareness Methodology (BBAM), and will complete the course in October 2017. I am a graduate school student working as a part-time physiotherapist at a day service center and a hospital. I completed my master's degree in March with a thesis related to schizophrenia and I currently belong to a PhD course and engage in research in the field of physiotherapy for mental health.

Since the law on physical and occupational therapy was established in 1965, there are 100,670 therapists belonging to the Japanese Physical Therapy Association in 2016. Moreover, the number of physical therapists has been increasing by around 10,000 each year. This number is one of the largest in the world, and we can see that Japan is interested in rehabilitation.

However, according to a survey by the Japanese Physical Therapy Association, the number of physiotherapists who work in psychiatric hospitals is 95 in 2017. Less than 0.1% of physiotherapists work in psychiatric hospitals in Japan. I think that here are

two main reasons why Japanese psychiatric physical therapy has not developed.

First, according to the law on physiotherapists in Japan, the subject of physiotherapy is defined as people with "physical disability". Therefore, even if physical therapy is implemented on people with mental disorders, medical fees do not apply because it is not covered by medical insurance. Second, in the curriculum of physiotherapists, the number of lectures in psychiatry is small, and it is almost not present in psychiatric physical therapy. As a result, it seems that physiotherapists who are interested in psychiatric hospitals are no longer available. Psychiatric physiotherapy in Japan is underdeveloped for these reasons.

I was interested in the connection between the mind and the body, so I decided to work on the development of psychiatric physical therapy in Japan. However, there were no opportunities to learn psychiatric physical therapy in Japan. At that time, Dr. Yamamoto, who graduated from BBAM and was my teacher, recommended BBAM and I joined BBAM in 2015.

I have met classmates of various nationalities, from 15 countries. And, each one wishes to contribute to the development of psychiatric physical therapy. My purpose is the development of psychiatric physical therapy, which is a minority in Japan, but BBAM makes it a majority. So, learning at BBAM became the most important learning in physiotherapy. Through BBAM, I have returned to what originally physiotherapy is. It is stated that the direct purpose of physiotherapy in Japan is recovery of "motor function". However, the World Confederation for Physical Therapy states that "Physical therapists are concerned with identifying and maximizing quality of life and movement potential within the spheres of promotion, prevention, treatment/intervention, habilitation and rehabilitation."

I realized that physical therapists should focus not only on motor function but also focus on movement. Human movement can never be measured only by quantitative methods. BBAM aims to teach methodology on how to



capture the movement qualitatively from various perspectives and how to promote the quality of movement. I believe that BBAM is not just one of the psychiatric physical therapy methods, but the fundamental method of physical therapy.

Basic Body Awareness Therapy (BBAT) is the only treatment approach established by physical therapists in Japanese psychiatric physical therapy. The development of psychiatric physiotherapy in Japan is difficult without BBAT. Dr. Yamamoto, a former teacher, also established BBAM in Japan. I would like to contribute to the development of psychiatric physical therapy in Japan with BBAM.

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MEXICO CITY

By Susana Josefina Aburto Hernández and
Norma Elisa Gálvez Olvera



We are Susana Josefina Aburto Hernández and Norma Elisa Gálvez Olvera, from México City. The official name of Mexico, is United Mexican States. It is a country of the American continent, located in the southern part of North America. It has a population of 120 millions inhabitants, its capital is Mexico City. Metropolitan area of 22 millions inhabitants. Politically it is a democratic, representative and federal republic composed of 32 states including Mexico City. The Mexican territory has an area of 1,964,375 square kilometers making it the 14th largest in the world and the third largest in Latin America. It is the eleventh most populous in the world. Most Mexicans speak Spanish as mother tongue, it is Mexico's official language.

About 67 indigenous languages are spoken in the country and Mexico is the most populous Spanish-speaking country, as well as the seventh most linguistically diverse country in the world. It is the ninth most visited country in the world, as it has 32 natural sites considered World Heritage by UNESCO; it is first on the continent and sixth in the world.

It is also one of the countries with the greatest larger diversity of climates in the world considered one of the 12 mega-diverse countries of the planet. It is home to 10-12% of the world's diversity and hosts more than 12,000 endemic species.

Currently there is no specialty in Mental Health Physiotherapy in Mexico, but there are 3 physiotherapists who have specialized in this area in Norway, at BBAM. There is only one course in Physiotherapy in Mental Health in the country, which has a promotion with 6 graduate physiotherapists.

There are 15 million people with some mental disorder in Mexico; the main sufferings are: 1. Depression, 2. Anxiety disorder, 3. Attention deficit disorder, 4. Autism and 5. Eating disorders. Due to the high prevalence of these mental disorders, more specialized physiotherapists are required. Currently, according to the General Direction of Professions, there are 3,000 physiotherapists with professional title. Although it is estimated that there are about 2,000 more certified at the technical level.

We are involved in Clinical Rehabilitation, Health Promotion and Preventive Health Care, in private practice, such as teaching at University. We treat adults and old people mainly. In our professional practice we find patients with emotional state that limit or delay their recovery (such as anxiety or depression), which made us seek other methods of physical therapy in mental health that would strengthen our practice. Since we had the need to be able to help the patients beyond the physical and physiological area, with an integrated perspective (socially, psychologically and existentially).

Searching in the Internet, we found the thesis of Dr. Daniel Catalan, and after reviewing it we learned what Basic Body Awareness Therapy (BBAT) was. We got in touch with him, and he introduced us to this methodology and gave us the contact details of Bergen University College, now Western Norway University of Applied Sciences, with the BBAM study programme.

We requested to participate in the training in the 2015-2017 generation, and we were happily accepted. Being in a Norwegian's University it has been a great experience, not only from the professional point of view, but also in the personal area. Getting to know different cultures, lifestyles, sharing, coexisting and making friends with physiotherapists from more than 15 countries all over the world, has given us a different vision of physiotherapy, but above all we have had a sense of belonging. Perhaps the most difficult thing was to study in a language that is not ours, and although we know it, on several occasions we feel frustration for not being able to ask everything we would have wanted or to communicate more.

We come to study under the guidance of notable specialists in physical therapy in mental health, who not only taught us the techniques, but also gave us a great example of human quality, professionalism, patience, tolerance, warmth, support and simplicity at all times of training and at the same time they gave us tracking and feedback with firm hand.

In BBAT we find mainly the integration of the human being as a whole – implemented through focusing on human movement, from a more intimate contact with myself from the four following perspectives: biomechanical, physiological, psycho-cultural and existential.

Regarding the usefulness that we could experience and observe with patients, it was very interesting to discover in the work with overweight or obese people that they realized that “they had forgotten themselves”, and when realizing this, they changed, consciously, also to look for healthy habits, such as: taking care of their food, starting a movement exercise program, going to a psychotherapist and thus strengthening their personal power, making themselves responsible for their own health.

It has being very useful in this evidence-based physiotherapy to have the two models of the Movement Awareness Learning Cycle and Movement Quality Model, the scales, BARS-MQE and BAS-I, and the

vocabulary that guide us in this movement awareness method. It was also important to have personal training as physiotherapist, as this becomes meaningful learning and it became easier, after that personal learning, to teach and treat patients.

Through the personal movement awareness training we gained greater awareness in the present moment, empathy with patients, as well as improved the quality of our own movements, achieving greater sensitivity and energy, which leads us to have better physical, mental balance and quality of life.

Currently we participate in different social networks of BBAM (in facebook, BBAM 2015-2017 and BBAT sharing circle), as well as whatsapp group of Spanish speakers. In them we can share or receive information and support from other BBAT's physiotherapists.

Our future objective is to improve the knowledge of this area of physiotherapy in Mexico.

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SINGAPORE

By Paola Wei Leng NG



My name is Paola and I come from the little red dot of Singapore. The country gained independence in 1965 and education and training of local physiotherapists only started then. Currently there are around 1340 practicing physiotherapists in main areas like musculoskeletal, cardiorespiratory and neurological rehabilitation. Special interests in older people, paediatrics, electro-physical agents, manual therapy etc have only emerged in recent years.

The field of mental health specialization in physiotherapy in Singapore is still underdeveloped. Since 2012, my work within the psychiatric hospital and community settings sparked my interests in the field of mental health. I discovered gaps and limitations in clinical practices that reveal large divides and fragments of what holistic health means.

It is through my quest for more knowledge that I came across the International Organization of Physical Therapists in Mental Health (IOPTMH). That led me to the Basic Body Awareness Methodology (BBAM) education, at Western Norway University of Applied Sciences (former Bergen University College), Bergen, Norway.

It was a lonely struggle bringing awareness to the medical community to talk about the “elephant” within healthcare. I struggled to find an appropriate model

to explain person centred care in the specific context of physiotherapy. It was a relief when I embarked on BBAM in 2015 and found this platform that addressed and provided tools to my concerns. I was made aware of how human movement quality through the different perspectives can reveal a huge potential of information.

The fruits from this education was not apparent to me initially but through perseverance and passage of time, the awareness of my “self” slowly exposed my blind spots and revealed how deep this education has contributed towards my approach in life and professional practice. Revelation of my own movement habits and self-awareness also contributed to recognition of my patients’ movement awareness and learning processes. Application of BBAT principles and philosophy in my clinical practice became a strong base for communication with patients.

The kind gestures of Western Norway University of Applied Sciences together with the passionate stewards of BBAM to cater such a profound education in English for the international community leaves a deep impact on me.

Influenced by this attitude, there is an impetus to advocate and share with fellow colleagues how rich this approach can enhance our professions as health care facilitators

Below are some reflections shared by fellow colleagues on their impressions on BBAT and how it can impact their clinical work.





What are your experiences with movement awareness training through BBAT so far?

(ST) *“It has been a great experience to be thinking about movement closely. But a key takeaway is that I can produce good movement without using much strength or force. Gentle movements feel as complete and seem to be able to last me longer!”*

(PT) *“Every session includes a reflection after movements. It’s through exploring these thoughts that typically just be forgotten after performing the movements that we come to terms with how we move.*

How do you think this training can potentially help you, personally, professionally?

(OT) *“As a trained ballerina, movements and body awareness was something which I thought I was familiar with. However, I have come to realize the difference between “feeling” what the body is doing compared to what the body can do. As a dancer we are always trained both physically and mentally to achieve the maximum potential of what our body can achieve. BBAT appears to highlight another aspect of mental state. And this is what I hope BBAT can help me better understand this and my own body.*

Professionally, in the Asian culture of “conformity and compliance”, this has reminded me of “client-centredness”. Most patients, especially the elderly will probably see this concept as something foreign because even I struggled with it. It is not something we are expected to do.

I look forward to continue to embark on this movement awareness journey, to understand more about myself, but also how I can relate to my patients and also help my patients relate better through this common language of “movements”

Summing up

The experience of sharing and observing participants develop body and movement awareness during BBAT gives one a sense of Déjà vu and quiet fulfilment. It is indeed enriching to listen, observe and continuously learn how different people’s movement expression reveal about themselves. Henceforth, it is important to create more awareness on how BBAM is pivotal in physiotherapy as a profession specializing in physical movements.



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SPAIN

By Silvia Cases Montfort and Anna Sendra Domingo

We are Silvia and Anna, from Spain attending the BBAM study programme of 2015-2017. Spain is made up of different autonomic communities, having a big wealth for their varieties of landscapes, cultures and languages. We live in an autonomic community called Catalonia, where our language is named Catalan. In Catalonia, you can find different landscape and spectacular mountains, like pyrenes or paradisiac beaches like “Brava”’s coast. The most important mountain is Montserrat, our dance is “la Sardana”, where people dance in a circle -in a position similar as in BBAT- and shaking hands and we create human towers as a hobby, calling them “Castellers”. Catalonia is famous for our olive oil, wine and cava.

After this little introduction we speak about us -

Silvia



I’m from a little town called Agramunt, in Lleida’s area, and I’m physiotherapist since 2011. Since I finished the physiotherapy degree, I specialized in different fields; a postgraduate on hippotherapy and horse riding therapy and a master’s in neurological physiotherapy. Nowadays I’m working in “La Manreana” Foundation. In this place, I work in an interdisciplinary team. In the mornings, we are doing group sessions in adults as well teenagers with different kind of needs and problems;

areas as mental health, sensorimotor, psychomotor and mental disability. In the evenings, we attend children with different kind of disabilities and needs, either more cognitive and emotional, or more physical.

Anna



I’m from a little city called Igualada, close to Barcelona, and I finished the physiotherapy degree in 2006. After that I specialized as a technician in the assessment of the Spain dependence law, working on it by the Igualada’s Hospital since 2007.

Silvia and Anna

Both of us started the BBAM postgraduate in Bergen in 2015, because our friend and colleague, Cristina Bravo, told us about BBAM and we decided to come.

As physiotherapists we have experienced that the evaluation of the patients is complex, because in the daily practice we treat patients with physical problems but also emotional problems like anxiety and depression. Since we finished the PT degree, both of us have been working in interdisciplinary teams, treating patients with different areas or kind of affectation. Working in an interdisciplinary team, helped us to understand the complexity of human being, working in a more holistic way.

Actually in Spain, there isn’t formation in physiotherapy in mental health; this field is also unknown yet in Catalonia, even inside the sanitary professionals and



the physiotherapists. In Spain there are few treatments apart of psychiatric and pharmacological. There are many people with pharmacological treatment, whom don't know any other kind of treatment. Pharmacological treatment is very important, but there may be the need to complement treatments like psychological and pharmacological with a physiotherapy, to support the patient to change habits and learn different ways to cope with different challenging situations in daily life. The other problem in Spain is the “wrong” tradition to work only with people when they are sick; if we work also in preventive health care and focusing on health promotion, we can also provide improvement of quality of life of population and prevent additional problems. Then we consider our future will be better – through physiotherapy.

Through our experience with BBAT at BBAM in Bergen, we collected much data about the experiences of the patients and our self-experiences as therapist. Thanks to BBAT, we now can understand better the importance of the physiotherapist's role focusing on movement. We even learned to take care of our self and to listen to our moving body and mind, learning strategies to become more comfortable, learning through our body and movements. Furthermore, we have learned to support the patients in their own process. Through our own experiences, we have learned more of the possibility to help others, and through this experiences with the patients, we can also observe not only the improvement in movement quality but also the improvement

in the image of one self and in the daily life habits. We think that the process of becoming more conscious of ourselves as physiotherapist is crucial to create new and deepened learning and thus treatment.

We may say that BBAT have been showing us the perspective of movement as a tool to learn, not through a corrective way to the patients, but more as a gentle guidance. This is a different point of view and action for implementation in physiotherapy.

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SPAIN, MURCIA

By Ana M^a Pagán Fernández



Personal background

- > Ana M^a Pagán Fernández, Murcia (Spain)
- > Physiotherapy 2003 (UMU)
- > Nursing 2007 (UMU)
- > Master in psychosocial Intervention through Gestalt Therapy 2017 (UMU)
- > Integrative Body Therapy training course 2017-2018 (Tabaire Psychotherapy)
- > Speciality in Water Therapy: 13 years, one-to-one/group sessions, children/adults/elderly people (Musculoskeletal, Neurological, Rheumatologic patients)
- > Currently: nurse in the psychiatric service at a public university hospital (Virgen de la Arrixaca, Murcia) since March 2017

Mental health and physiotherapy in Spain

The role of the PT within mental health teams is not very common. The Spanish Physiotherapy Association have supported the creation of the specialty in Physiotherapy in Mental Health. Some activities are promoting Physiotherapy in Mental Health in Spain such as the university teaching in “Cognitive and functional intervention in dementias” within the Master in Physiotherapy in children and adult neurological

approach, in the university of Murcia (UMU) and also through the web page about Physiotherapy in Mental Health in Spain (www.fisioterapiasm.es). Stronger efforts are needed to include the physiotherapist into the mental health services in Spain, starting from including it within the study plans at the universities.

Need of physiotherapy in mental health in society

Working as a physiotherapy I could observe how body and mind are closely connected, how some physical problems were connected with mental and emotional troubles or difficulties and how they were expressed through the body movements.

Working as a nurse in Psychiatry I can observe how mental health problems are connected to movement and social interaction disorders.

Training body therapy in different psychotherapy groups I’m observing how body and mind are connected from my own experience, and I also realize the importance of self-training as a precondition for working with people in this field. I think that we all need to train our body awareness in order to improve our daily life movements. I wanted to study BBAM to go deeper in my own movement awareness and be able to train with patients using more holistic methodologies because I felt that just working with the physical dimension was not enough for me and for my patients.

How I got to know about BBAM

I got to know about BBAM through the Professional Physiotherapy Association in my city (Murcia) through the monthly bulletin.

How was the experience for me

I will finish studying BBAM next October, this is being a really rewarding personal and professional experience, I have met really nice people from many different countries and cultures, all for a common purpose: improve people health. I feel at home in Bergen, looking forward to come back every year. It is being also a positive experience to improve my English skills, learning specific vocabulary from this methodology and being able to communicate with people from all over the world.



What I have found in BBAM

As a said before, I have found in BBAM a holistic physiotherapy approach that takes into account all the dimensions of the human movement, also the potentials of the patients, not only the limitations, and it leaves an important space and time to let the patients reflect on their immediate experiences.

Usefulness for patients/clients

It is being really useful for my patients to have a space and time to take contact with themselves, for the first time for the majority, and to share their experiences in a group. Besides, some of them train BBAM in their daily life while working or doing housework.

My views on human movement

Little by little I got used to the vocabulary used in this methodology, integrating it better every time in order to promote movement quality when guiding movements during BARS-MQE and sessions. I find BARS-MQE a really useful tool to asses movement quality, reflect on the observations and listen to the patients' immediate movement experiences.

After BBAM

I'm getting much more knowledge about movement quality observation (perspectives, elements and characteristics) as well as action strategies for promoting it.

I've also realized how therapeutic working in groups and sharing experiences are for patients and PT.

Future vision

I would like to continue training BBAT with groups in the same association and trying it in mental health services, as well as keep contact with the BBAT partners and associations to develop this methodology and help to spread it out and raise awareness of the importance of including Physiotherapy in mental health services.

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SPAIN, MADRID

By Rebeca Fernández Guijarro



My name is Rebeca Fernández Guijarro. I was born in Madrid, capital of Spain. Since I was a child I live in a little town of the north called Colmenar Viejo. It has about 55 thousand habitants.

Country perspective

The field of mental health in Spain is occupied by the nurses. They have the specialization in terms of postgraduate and chances of working here. Mental health is not name in any assignment of the physiotherapy degree in Spain. It is only in the field of physical rehabilitation where we have the opportunity to work in the psychiatric field. The movement quality is named in anyway. In Spain the only physiotherapist trained in mental health are the professionals who went to Bergen, and in Madrid they build the Association of physiotherapy in mental health.

How am I working as Physiotherapist

I made my degree studies of physiotherapy in the public university Rey Juan Carlos in Madrid. It took me 4 years to finish. In 2013 i got my physiotherapy title and started to work until now. Most of the time in Elder care day centres. Neurodegenerative diseases have been my specialty, such as Parkinson and Alzheimer disease. We work every day in prevention and rehabilitation, and also we work with the families

teaching in every aspect of how to develop skills to care their parents while caring themselves first.

Physical exercises, breathing exercises, psychomotricity, re-education of gait and balance, and neurological rehabilitation. These are the main themes I treat as physiotherapist in this area.

Need in society

Personally, I think the society needs to experiment this kind of physiotherapy. They must know by themselves that emotions affect the movement. The connection with the self and the free breathing will provide them more quality and less effort in the movements of their daily live. To active the deep muscles will help them decreasing the injuries. And obviously, there is a lack of contact in the society with the self, the environment and with each other. Physiotherapy in mental health works in this emptiness of feeling. That is why it is important to add more mental health professional in the health care system.

How did I get to know about BBAM?

I knew about BBAM by accident. I really did not remember what was first: my mum telling me about the conference of physiotherapy in mental health, or me watching by accident the webpage of the Spanish association of physiotherapy in mental health (AEF-SM). The main thing is that I felt in live with the postgraduate BBAM studies. It was very attractive to study abroad, in English, and a different approach that we have not in Spain.

How was it to study all in English, meeting other PTs?

To study in English was a “desired challenge”. I have been lucky of having a mum who taught me English since i was a little child, but I must admit that the English education in Spain has many deficits. That is why this challenge was desired because I wanted to develop my English abilities and improve my communication. Meeting other BBAM students gives me the opportunity top but this obligatory in practice. It was very funny and difficult to change the idiom between my foreign partners and the Spanish ones. Most of us end talking in English with ourselves, even when English is not our idiom.



What did I “find within” BBAM?

What I found in BBAM is a completely different approach of physiotherapy. I focus more in the connection of mind and body. The four perspective model of movement quality is the perfect definition of the bio-psycho-social model of treatment in the patients. You give the importance to the whole human being. Also I found very important the bridges between breathing, balance and self-awareness. They have become in the main elements of my therapies. Every exercise involves these three. Above the methodology

I have found two basic concepts that have also become my internal laws:

- > “Here and now” Training my self-awareness has made me gain the sense of being, doing and relating. I try to focus in my daily activities, to feel what and how I am doing them.
- > Development of the “Eye in”: now I see how important is to train first, to experience everything by myself in order to explain and guide my patients. To take care of my-self, is not only about my physical body, is also about my mental body, my self-awareness.

BARS-MQE – How was the usefulness of this evaluation tool?

The use of BARS-MQE is not only for evaluation. It’s a tool to make a plan for the therapy, it’s a way to introduce the patient in BBAT, and a way to observe and make the patients conscious of their own movements by asking the self-experience. We constantly need to train in BARS, how we observe, the vocabulary we use to describe and how to score. It is a very important and necessary tool.



What I have gained from BBAM – professional and personal

I have gained as person and as professional. And with BBAM I cannot separate one from each other. I gained in observing, in self-awareness and in being aware of the patient. Develop my “eye in and out”. I have gained in knowledge about mental health, pathology, symptoms, and how they interfere in the quality of movement of every person. I have developed my English skills, the quality of my dialogue and writing. I have gained in terms of BBAM vocabulary. I have been helped by marvellous partners and teachers who supported all my training these three years. Everything has changed for better.

Network of BBAM

BBAM Sharing circle in Facebook. Also, all the Spanish speakers are connected by Whatsapp.

Future vision

The hardest part here is the future vision. Once I am in Norway where everybody talks about physiotherapy in psychiatry I am so jealous, but motivated. But I come back here and this motivation decreases because I see that we are not recognised, only for working in a traumatology field. But then comes the part of self-training or doing BBAT with my groups, and I realized that this need to be changed. We are the key to open the mind of Spanish health care system, and be recognised as physiotherapist in mental health. There is hard work still to do.

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SPAIN, Burgos

By Carmen Fraga Domingo

I am Carmen Fraga Domingo, 26. I was born in Burgos, a medium city in the north of Spain, very famous for its cold, World Heritage Cathedral, black pudding, roast lamb and fresh cheese, in that order.

Spain is member of the European Union and has a population of 46.56 million. When I studied the Physiotherapy Degree, there were many specialties to choose as locomotive system, pediatrics, sports, neurology and respiratory, but nothing about mental health. However, we did have theoretical subjects on psychiatry and psychology in order to know the pathology and physiology.

In Spain there are physiotherapists working in psychiatric hospitals, but the main goal is to eliminate the stiffness that produces the medication in many cases, addressing this through physical exercise plans.

In patients with chronic or persistent pain, two PT (Galán MA and Montero F) are testing the effects of a program in neuroscience of pain and physical exercise to promote neurogenesis and neuroplasticity.

Till the date I have worked in clinical rehabilitation with patients of all ages.

Choice to study BBAM: Physiotherapy as something specialized in mental health was totally innovative for me, of which I had never spoken in the degree. Psychiatry and MH is a field that I find attractive. I did not think twice to apply for BBAM.

About BBAM International Postgraduate:

The first time I read about BBAM was through the web www.aefi.net/ the Spanish Association of Physiotherapists.



This whole BBAM experience has been a nice, interesting and enriching both personal and professional process, which has allowed me to grow personally as a human being and professionally as physiotherapist in the field of mental health. I think I have improved considerably the level of understanding and management of English. And, of course, this has been a great opportunity to know wonderful people and great friends from all parts of the world. Professors have always been above our expectations, giving us the best from them.





Usefulness for patients: The greatest learning has been to observe the effects that therapy has had on me as well as on my patients. They have been new, curious and positive experiences for all of us. It is satisfying to see how in practice it fulfills what in theory seemed quite a challenge. I love the wide range of possibilities that BBAM has, being able to use this method in so many people and pathologies.

Views on Human Movement: It is very interesting the MQM with its 4 perspectives, in order to approach the person in a global way, giving insight into both their physical and mental health, and see how both interrelate. It is curious how much information we can get from a human being by analyzing their quality of movement.

Future Vision: I am not sure about the future, but I would like to oppose for the public service of Spain and there try to implement this methodoðoøgu. I should study other options such as giving some seminar at the University.

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SPAIN, Navarre

By Jugatxi Apodaca

Hello. My name is Jugatxi Apodaca and I'm Spanish physiotherapist. I studied physiotherapy at Public University of Navarre, Spain, in 2014. Since then I've been working in several places in my country, mostly with elderly and with mutual insurance companies.

I discovered BBAM in 2015 thanks to vice-dean of the Faculty of Health Science at the Public University of Navarre, she sent me an e-mail with some information about this therapy. After checking university post-graduate study program offered in Bergen, I decided to join, because it offered a different point of view of physical therapy. Physiotherapy in Mental Health in Spain is almost unknown, I never listened about it before going to Bergen.

Now, after being part of BBAM program in 2015-2017 I think it is a really interesting physical therapy approach for patients and therapist. I've learn to be aware of myself, body and mind together, in every moment. Most of my patients are very happy with this therapy because they are now aware of their body, and improve in their daily life with less pain.

BBAT has been an amazing discovery for me, and this last 2 years have been incredible. I've learn a lot and I've meet many colleges from all over the world. I'm really grateful for everything that happened this 2 years and for what is coming in the future...

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Panoramic view of Pamplona on the background of mountains. Navarre, Spain

SWEDEN

By *Susanne Andersson*

My name is Susanne Andersson, and since 25 year I work as physiotherapist in 2 Psychiatric clinics in south Sweden (Hässleholm och Kristianstad). I have previously worked, and also educated myself in several different areas, including orthopedics, neurology, pain, acupuncture and classical massage as examples.

In Sweden there are physiotherapists employed in Psychiatric clinics, and Basic Body Awareness Therapy (BBAT) is a common method of treatment both in psychiatry and in primary health care.

The Swedish candidate education to physiotherapist are organized by the Swedish state's college/högskolor and located in 8 different cities in Sweden, the candidate education includes an introduction to BBAT.

In Sweden you can get specialist competence as a physiotherapist in mental health, ergonomics, sports medicine, cardiovascular disease, intensive care, neurology, obstetrics – gynecology and urology, oncology, orthopedics, OMT, pediatrics, primary health care, respiration, rheumatology, pain and pain rehabilitation. Specialist courses are arranged privately and not at state college/högskolor.

When I began to work in the psychiatric field I felt that I needed more education in BBAT. I searched for courses at the world wide web and found that there was only one BBAT education in the whole world, organized by the state and giving 60 ECTS; Basic Body Awareness Methodology (BBAM) at Högskolen i Bergen (now Western Norway University of Applied Sciences).

I applied, and was admitted to the BBAM education, in Bergen, Norway 2015. It has been 2 intensive and very developing years, personally and professionally. I have studied half-time and at the same time worked full-time as physiotherapist. It has, however, been worth every effort!



Through BBAM I have gained a solid theoretical, scientific and practical competence that I use in my clinical work. What I have learned in BBAM I use every day in my work with my patients.



Through the two years, I have got in-depth knowledge to assess and promote movement quality through the Movement awareness learning program in BBAT and how to implement its principles in different clinical situations. I use the evaluation tool Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE) when I examine new patients and to evaluate treatment periods. I use BBAT to treat patients both individually and in group therapeutic settings.

Another important part in the BBAM education has been to work with oneself and to do own practice in the specific BBAT-movements and being mentally aware and paying attention to bodily signals both, being in movement and in silence. The own practice is an ongoing process for personal development and as a professional physiotherapist. This is fundamental to be able to meet and guide each patient at the level he/she is. To study in English has been an extra challenge and made the studies more time consuming than if I had studied in my own language. However, the opportunity to study BBAM in Bergen, Norway has been worth every effort. I feel that I have developed as person, as physiotherapist and I have got the amazing benefit of meeting, discuss with and learn from physiotherapists, teachers and professors from many different countries and continents.

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TURKEY

By *Gozde Gür Yagci*



I am physiotherapist and research assistant in Hacettepe University, Faculty of Health Sciences, Physiotherapy and Rehabilitation Department. The university is located in Ankara, the capital of the Turkey. There is about fifty more University on physiotherapy in Turkey, currently. The number of graduated physiotherapist was 3750 people in 2009, while it is about 15270 people in 2017. But physiotherapist specialty in mental health is not common in Turkey. There is an apparent need of mental health specialization as a PT in Turkey. There is lack of classes in universities and also conducted studies about physiotherapy in mental health.

The area that I'm mainly involved in physiotherapy is scoliosis rehabilitation, biomechanics and orthotics.



I've worked on scoliosis rehabilitation for nine years. The scoliosis rehabilitation process includes detailed and multidirectional assessments, exercise and orthotic approach. I've met with the BBAM with this purpose. I was working on the idea that we can improve posture and curve angle by improving vertical perception in patients with scoliosis. Therefore I wanted to use BBAT approach. I used BBAT in adolescent or adult scoliosis patients and I've got several benefits on the patients, besides improvement in vertical perception. Then I've tried in patients with hemiplegia and patients suffered from neuropathic pain. There are many improvements in those patients with BBAM, as well.

I've first learned BBAM from one of my colleague, who has participated in first level training of BBAM in Turkey. Then I've decided to participate too, to study in Bergen. It was a great experience for me to live in Bergen, to have many friends around world, and to attend the study program of BBAM, at HVL, with them, as a big family on the same road.

There was a great atmosphere in the BBAM training with all BBAM students. I've learned many things from the teachers, and from my friends, as well. We have learned more and more, deep and deep as a whole, with myself, and with my friends. The best part of this process is being a team and family. The group practice is the best way of learning for me and furthermore, the assessments and assignments at BBAM are best way for me to discover more and more about me, the therapy and as a whole together. I will graduate from BBAM in 2017; I am still a student and continue learning.

BBAT can be defined as body-and movement oriented physiotherapeutic approach using different perspectives in physiotherapy treatment directed towards an awareness of how the body is used, in terms of body and movement function, behavior and interaction with self and others. BBAT incorporates four perspectives into its movement awareness-training program: biomechanical, physiological, psycho-socio-cultural and existential.



BBAT offers training situations focusing on healthy movement aspects, lying, sitting, standing, walking, running, use of voice, relational movements and massage. Embodied and mindful presence, awareness and movement quality represents keys in the therapeutic approach. Therapeutically, being in movement, exploring, experiencing, integrating, mastering, and reflecting upon own movement coordination is a core to gain more functional movements, strengthening the self and prepare for daily life.

With BBAT, I witness a severe scoliosis patients suffered from intensive pain became more comfortable with her scoliosis and had less pain for the first time in her life. In addition, I've great experiences and observed many improvements in adolescents with scoliosis.

I used to analyze the data with quantitative methods. Qualitative method of data analysis was so far from me. I've learned how to use qualitative methods for data analysis with BBAM. This method makes possible to explore and experience patients' experiences and look at the therapy process from the patients' perspective.

Furthermore, I can analyze my experience. In addition BBAM provide to focus therapeutic factors in therapy process by the PT, to view human movement with four

perspectives, and to explore self-experience directly in the movement as a PT. The approach has its own assessments tools like BARS and BAS-I, which assist you to learn about the patients deeply, her/his main resources and problems, the therapy process, and to observe and score the improvements with time.

I will continue using BBAT in my own personal life and in my patients who seek help whatever the health problem does. I've learned many things from BBAM and continued learning, as well. I don't want to interrupt the relationship between my BBAM friends, teachers and society. I want to continue participating activities of this society and to update my knowledge and share experiences with more patients. My future aim is to experience the BBAT in patients with psychiatric disorder clinic in my University.

I want to thank you for introducing the BBAM to me, including me this big family and society, having met me this friends on this road, and all your efforts on me.

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BBAM 2015-2017

The following students also participate at BBAM 2015-2017

NORWAY

Bjørg Irene Hansen



SPAIN

Edurne Egana Alustiza



NORWAY

Valgjerd Helene Nistad



BBAM 2015-2017

HVL october 2015



Part 2

BBAM Graduates Teachers and Teacher Candidates

ESTONIA, Tartu

By Marin Randur

I would like to present my experience as a physiotherapist from Estonia. It is a small country at northeast of Europe with 1,3 million citizens. Our physiotherapy education in Estonia is rather new and during our studies we barely learn about physiotherapy in mental health. It does not mean that in our society we have less mental health problems. Quite the opposite, every year there are about 100 000 people treated at outpatient units and about 25 000 - 27 000 new cases diagnosed in this field (Leinbock 2016).

Before I started my BBAM studies at Western Norway University of Applied Sciences, Estonia did not have a single physiotherapist working in psychiatry. I heard about this education from one Finnish physiotherapy teacher, who knew about my interest in psychiatry and she recommended it strongly. This education created the conditions that gave me the opportunity to start as the first physiotherapist at Tartu University Hospital Psychiatric Clinic. I have worked at the adults' inpatient unit since 2012 and I see mostly people suffering from mood, personality and eating disorders.

During the last five years I have been supporting the development of physiotherapy in mental health in Estonia. Together with other BBAM graduates we have established a work group of Physiotherapy in Mental Health within Estonian Association of Physiotherapists and in 2015 we joined IOPTMH (International Organization of Physical Therapists in Mental Health).



Besides my everyday work at the hospital I have been collaborating through courses, seminars and workshops with two schools who are responsible for physiotherapy education in Estonia. Four years ago Tartu Health Care College implemented subject "Physiotherapy in Mental Health" in their bachelor program curriculum and invited me to conduct it. From this year we plan to increase the volume of the subject up to 2 EAP. This cooperation started from a school project during my BBAM studies. I made my final project about physiotherapy students' experience from BBAT groups and after graduation in 2013 I got the invitation from HVL/ BBAM to continue study to become a BBAT-teacher.

I will say that studying abroad in an international education program is not easy. It comes with many challenges - time, foundation, language and cultural



differences, etc. However, these years of hard work have been very inspiring. My personal and professional development has been rapid and enriched. The concept of how we work with movement awareness learning to promote movement quality in BBAT changed my perspective as a physiotherapist. I see much more resources in my patients and my therapy planning is meaningful to them. It gives a great base to build a therapeutic relationship and work as a team with the patient.

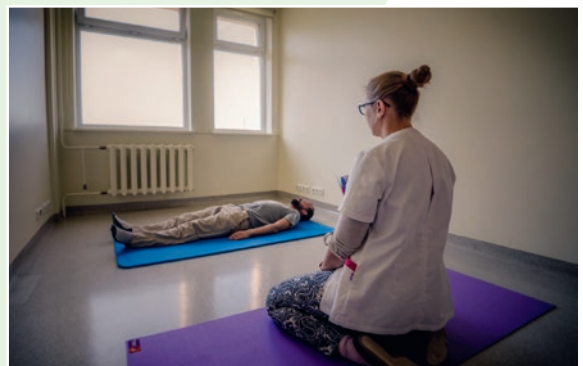
If you ask me what helped me to overcome these challenges during BBAM education? I believe that I got much support from the structure in BBAM. The education is very well planned and organized. One part of the education is to work in groups during self-study period. This creates an environment to discuss, reflect and inspire each other. It is very important to boost your motivation during this period. I had rather difficult group work experience during those two years. It was great learning experience how to respect, support and lift each other. I am very grateful for the international network of physiotherapists with similar interests

whom I found during these studies. I believe that every physiotherapist could benefit from BBAM. It gives you tools to create therapeutic atmosphere, see patients resources and promote one's movement quality.

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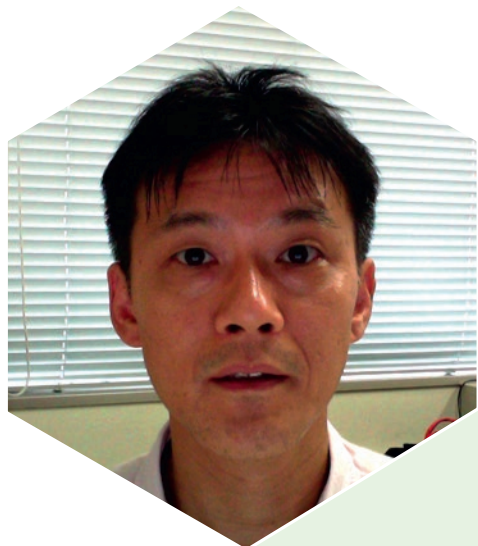
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Reference: Riina Leinbock (2016) Health in Statistical Yearbook of Estonia 2016 Tallinn.

JAPAN, Kobe

By Taisei Yamamoto



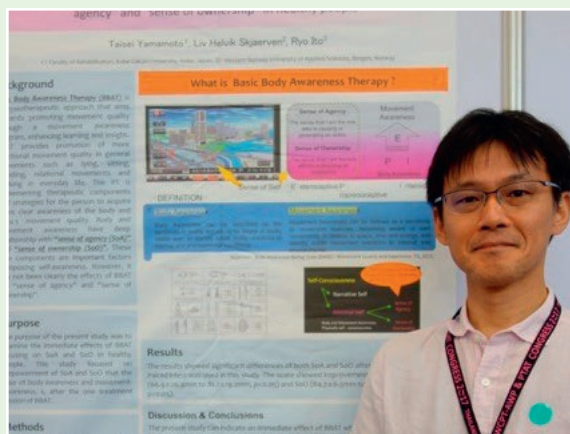
I am a physiotherapist, PhD, and have been a full-time lecturer of Kobe Gakuin University in Japan since 2005. I had worked as a physiotherapist at the clinical ward in General hospital for nine years after gaining the license of physiotherapist qualification in Japan. I am now working as a researcher and educator at the Kobe Gakuin University. My major subject for teaching is physiotherapy in Neurology.

There are about 130,000 physiotherapists in Japan (Japanese population is about 130 million), and over 12,000 people obtain a qualification of the physiotherapy a year. This situation has made several problems in Japan, considering the quality of physiotherapist, work place, earnings and so on. Most physiotherapists have interest in physical problems that problems caused by somatic reason in Japan. Thus, movement problems in people with Mental Health disorders are not given much attention. In Japan there are some physiotherapists who work at psychiatric hospital, but they “see” and direct attention only to physical symptoms caused by somatic reason. We need more education to qualify physiotherapists to approach movement dysfunction caused by mental health disorder.

I graduated from Basic Body Awareness Methodology (BBAM) at Bergen University College (now Western Norway University of Applied Sciences, HVL) in 2011. I have continued to study the educational system and particularly the movement health pedagogy implemented within this methodology, together with the BBAM coordinator, teachers and students at HVL after my graduation.

My attention for the in-depth study at BBAM, HVL, has towered to how I can establish BBAM education in Japan, based on the principles from the Bergen education. I have learned many things in BBAM, especially how the phenomenon of movement quality is a key within physiotherapy, and how the skill of observing, describing, and analyzing human movement is a main role of the physiotherapists. Physiotherapy treatment approach can change if we learn and become aware how to observe and promote movement quality. This is because the physiotherapy profession is especially focusing on promoting more functional movement.

Through my work in Japan, I implement BBAT in treatment for persons suffering from schizophrenia, borderline disorder, depression etc in my clinical practice at the psychiatric hospital. I hope many physiotherapists qualify in BBAT for getting also a professional PT approach in mental health as well as within physical health.





I have continued research giving attention to the relationship between mental illness and movement in the field of psychiatric rehabilitation. I mainly focus on studying the effects of Basic Body Awareness Therapy on “the sense of self”, “body awareness” and “movement awareness” for persons with schizophrenia and mental health disorders. I am concentrating on the effects of what BBAT brings to promote movement quality through the BBAT movement awareness learning process. This has a deep connection with the sense of self, cognition and awareness of body and movement.

My studies, on how body and movement awareness are relating to the sense of self for people with schizophrenia, is indicating that functional movement quality can be improved by the structured intervention of BBAT.

Based on the hypothesis, the intervention with BBAT can contribute to promote more functional and healthy movement quality and, thus, lower psychiatric symptoms in people with schizophrenia. I endeavor to show clearer in my research how physiotherapy can provide and thus contribute to improved health through a body and movement awareness, enhancing the persons` movement quality and thus contribute in the multi-professional team within the psychiatric field and as well as in society.

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FAROE ISLAND

By Jorunn Simonsen and Liv Egholm



In the Faroe Islands we are 2 physiotherapist specialist and teacher candidates in Basic Body Awareness Therapy (BBAT), working at the psychiatric unit at the National Hospital. We graduated from the BBAM study in Bergen University College respectively in 2011 and 2013. As Teacher Candidate (TC) we are members of the International Association of Teachers in BBAT (IATBBAT)

The health care system in the Faroe Islands is organized into primary, secondary and tertiary care. There is one Psychiatric Unit and the only treatment facility for people with psychiatric and mental health problems. The unit covers all diagnoses and all in and outpatients. Annually 1000 adults and adolescents and 180 children require some sort of psychiatric treatment.

We are the only PT in the Faroe Islands specialized in the BBAT method. In our work, we emphasize health promotion, preventive care and treatment with focus on the BBAT method. Regularly we teach patients, relatives, health colleagues, physiotherapy students and once a year BBAM students. The main subject of our teaching is the connection between body and

mind based on the Movement Quality Model (MQM) (Skjærven 2008). Patients and physiotherapy students experience BBAT through movements, supplemented with theoretical explanations, while the information to relatives, health colleagues and public is mainly through oral presentations. The MQM is an important physiotherapeutic tool for promoting the quality in the BBAT movement, and a central support to structure development of treatment and teaching. In the teaching of movement quality, the movement awareness learning cycle is being a crucial tool to support the patient and students own learning process (Skjærven 2010).

Modern society projects high requirements on individuals. This is believed to be one of the causes of increased occurrences in people suffering from stress, anxiety, depression and somatic diagnoses like irritable bowel syndrome, fatigue etc.

In our search for physiotherapeutic tools applicable to the psychiatric and mental health field and at the same time applicable to our private and working situation, we discovered Basic Body Awareness Methodology (BBAM). BBAM gave us the opportunity to study and work at the same time. We were additionally introduced to colleagues, from all over the world and involved in network on an international basis, this is a vital asset when living in a small isolated community like the Faroe Islands.

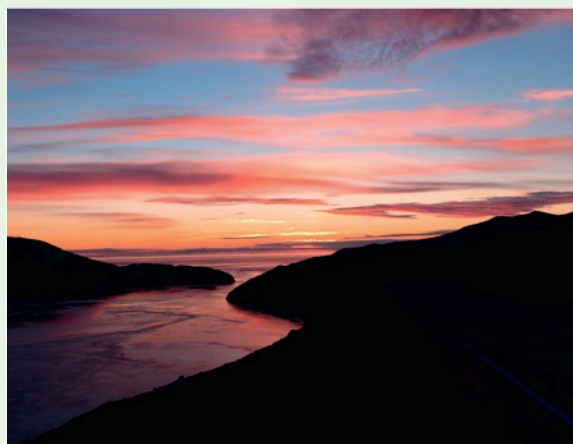
The structure in the BBAM study is to combine theory, practice, and documentation of own practice. As an integrated part of the study, BBAT movement has to be self-experienced, before you can teach others. The BBAM education has given us a much clearer notion of what physiotherapy is all about when it comes to the connection between mind and body, between illness and resources and how movement quality is a combination of postural stability, grounding, breathing, flow, awareness and self-awareness.

The strength in BBAT is to bring health and human resources to the person as a whole (Antonovsky 1987). The pedagogy is all the time to work alongside the

person encouraging, guiding and leading him in his own process to increase the movement awareness and movement quality. Remembering that the patient is the expert in own life while the physiotherapist through their thorough knowledge in physiotherapy, guides the patient in his/her own pace.

In 2014 we were invited to enroll as teacher candidates by L. H. Skjærven in connection with the BBAM study in Bergen, Norway. Together with the positive feedback from our patients, our own experience and beliefs in the BBAT treatment, we continued and in the Autumn 2014, we became clinical supervisors for third year Bachelor Physiotherapy students.

As clinical supervisors and Teacher Candidates in BBAT, we introduce and teach the physiotherapy students in BBAT movements and the assessment BARS-MQE (Body Awareness Rating Scale – Movement Quality and Experience). The teaching is balanced between practice and theory, where the Movement Quality Model (MQM) is an essential part.



The model explains the basic connections in the human body, seeing movement quality not merely as a physical issue, but as a connection between physical, physiological, psycho-socio-cultural and existential sides of the human being. The MQM gives furthermore support and structure to the physiotherapy students and their clinical practice, they experience and learn, how they can integrate the BBAT movements and BARS-MQE into their clinical practice.

Being educated in BBAM and having worked with BBAT movements, an evidence based treatment method, with valid and reliable examination tools, it has strengthened our foundation as physiotherapists and teacher candidates. The positive feedback from our patients and students has encouraged us to initiate our own small research project.

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FINLAND, ESPOO

By Kirsti Niskala



My name is Kirsti Niskala, from Espoo in Finland. I am a Physiotherapist in Occupational health care, BBAT Therapist, BBAT Teacher, NLP Trainer. I have been working as a physiotherapist mostly in health promotion in different companies, but also 8 years in rehabilitation centers.

The Finnish Association of Physiotherapists (FAP) founded in 1943, has today about 9000 members, nine areal societies and five national special interest societies. One of those special groups is the Finnish Psychophysical Physiotherapy Association (PSYFY) with 270 members.

The roots of Finnish physiotherapy in mental health are from the 1960's when physiotherapists gave relaxing therapies in psychiatric hospitals. The interest for physiotherapy in psychiatry and mental health has been increasing since early 1990's as result of visits of the two physiotherapists, Berit Bunkan, Norway and Gertrud Roxendal, Sweden, providing introduction courses.

PSYFY was established in 1994 to promote physiotherapy in mental health, and is today organizing

educational courses, newsletter, websites, Facebook and a conference once a year, where national and international lecturers are presenting research.

In Finland there is an increase in sick leaves because of mental and physical health problems. Basic Body Awareness Therapy (BBAT) is one important physiotherapy approach supporting patients/ clients to become more conscious about own body and how to use the movements more ergonomic, learning to be more present at work and at rest.

My first contact with BBAT started when inviting the French movement educator and psychotherapist Jacques Dropsy to Finland to in 1996. When he withdraw from teaching in Scandinavia in 2000, I met Liv Helvik Skjaerven, Bergen and invited her to continue his courses in Finland.

In 2003 I applied to become a student at the international study program of Basic Body Awareness Methodology (BBAM) at Bergen University College (now Western Norway University of Applied Sciences), Norway. I graduated in 2005 together with 14 others PTs'.

I was invited to be a teacher candidate and became the first Finnish physiotherapist certified as BBAT-teacher in 2012. Thus, BBAT has been possible to study in Finland since 2010. Visiting BBAM, in Bergen, has been stimulating, meeting new, international students. It has been interesting to see how they developed during the weeks when I attended the program.

BBAM provided a completely new and professional movement-methodology within physiotherapy and an evidence-based approach that is immediately applicable and practical. This has been reported to be professional stimulating and clinical useful. BBAT makes the physiotherapist involved in a special way and is important because it strengthens the knowledge and provides a broader view through the multi-perspective approach within physiotherapy.



The Finnish BBAT study program is developed from BBAM, in Bergen and is in line with the regulation of International Association of Teachers in BBAT, IATBBAT. Among physiotherapists in clinical, health promoting and preventive health physiotherapy, there has been an increasing interest to qualify in BBAT. The BBAT education is organized in co-operation with official institutions offering degree programs at three universities of applied sciences.

BBAT education includes four steps, each of a one-week course, followed by months of self-study, clinical practice, literature studies, self-training, seminars in BARS-MQE and Project. The qualification ends with an exam including a clinical BBAT project, followed by an oral exam in BBAT practice and theory.

The first nine Finnish PTs qualified in BBAT in 2015. In 2018 there will be 12 new BBAT clinicians. 14 Finnish BBAT PT's are educated from BBAM, in Bergen. Currently there are two qualified BBAT teachers and three teacher candidates in Finland. From 2010 10 BBAT I, 5 BBAT II, 3 BARS, 3 BBAT III, 3 Project seminars and 1 BBAT IV, have been organized.

How to guide human movement as professional physiotherapists in the field of mental health is enriching, but demanding. The movement awareness learning cycle (Skjærven et al 2010) adds meaning, concerning how to practice. The vocabulary in BBAM is slightly different from the words implemented in PT's work. BARS-MQE is a useful evaluation tool, through the physiotherapists' observation of movement quality, followed by interviewing the patient of self-experience directly in the movement.

BBAM has empowered me to continue working as BBAT teacher and BBAT therapist. Every day at work I observe how patients as well as students learn to listen to their bodies, mind and movements and how their lives can change. As a BBAT teacher, I have got a rich contact with other PTs in Finland and also in several countries all over the world.

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FINLAND, HELSINKI

By Sirpa Ahola



My name is Sirpa Ahola, PT, MSc, and now a PhD student, at Jyväskylä University, Finland. I work as Senior Lecturer in Physiotherapy at the bachelor program in physiotherapy at Department of Human Movement and Functioning at Metropolia University of Applied Sciences, Helsinki, Finland. I have gained clinical competence in BBAT as well as pedagogical competence in BBAT, now being a teacher in BBAT.

I graduated from postgraduate studies on Basic Body Awareness Methodology in 2011 from Western Norway University of Applied Sciences (former Bergen University College) and graduated as BBAT teacher in 2017 with the supervision of the valuable guidance provided by Professor in Physiotherapy Liv Helvik Skjaerven.

The postgraduate studies at BBAM during the years of 2009-2011 provided me within evidence based methodology within the Movement Awareness Domain in Physiotherapy: Person-, process-centered and resource-oriented Basic Body Awareness Therapy (BBAT), aiming at re-establishing new movement habits and ways of being and handling daily life situations. The focus in teaching of human movement and

function in bachelor degree program in physiotherapy strengthens the Bachelor Degree PT students' professional development. The movement awareness learning program with therapeutic factors represents a movement awareness learning by being in movement focusing on the quality of the movement, integrated and experienced, from a personal point of view. The importance of strengthening the PT student's perception of movement quality is a) to come in contact with, b) to explore, c) to experience and d) integrate, e) master, f) experiencing meaningfulness, and last to e) to conceptualize and reflect upon the experience to gain insight into own and patients experience of their movements, habits as well as resources. This is central for PT when seeing, observing, describing, scoring, evaluating and guiding movement quality.

At first, in Metropolia University of Applied Sciences, the elective studies within the movement awareness principles of BBAT was offered for Bachelor Degree PT students to promote the PT students' own movement quality through the movement awareness learning program in BBAT with structured movement practice sessions at the end of each session, providing time to describe by writing and sharing own movement experiences with other group members.

Within physiotherapy, BBAT offers movement awareness learning situations focusing on healthy movement aspects, to gain more functional movements, including strengthening the self, all to prepare for daily life. My work as a physiotherapy teacher in Metropolia University of Applied Sciences consist teaching neurological physiotherapy and currently more mental health in physiotherapy within BBAT, which is nowadays an obligatory part of the mental health studies in physiotherapy. It is important for PT educators to create movement awareness learning situations for Bachelor Degree PT students to take contact with, explore, experience, to integrate, to create meaning, reflection on the movement experiences in connecting understanding and insight into professional usefulness.

According to WCPT (2016) movement is an essential

element of health and wellbeing and is dependent upon the integrated, coordinated function of the human body at a number of levels. Movement is purposeful and is affected by internal and external factors. Physiotherapy is directed towards the movement needs and potential of individuals and populations. Movement quality is an umbrella term embracing physical, physiological, psycho-socio-cultural and existential perspectives on human movement. In PhD studies in University of Jyväskylä, Department of Health Sciences, Faculty of Sport and Health Sciences, my research subject aim towards a deeper understanding of the Phenomenon of Movement Quality in Physiotherapy and Movement Awareness Learning Pedagogy. I am curious to deepen understanding of the phenomenon of movement quality in physiotherapy and how the teaching of that phenomenon can be implemented in physiotherapy education and for clinical practice.

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FINLAND, HELSINKI

By Sanna Mastola



My name is Sanna, and I am a Physiotherapist, Specialized in Physiotherapy in Mental Health. I am a BBAT Therapist and BBAT teacher candidate, and lives in Helsinki, Finland.

I graduated from the postgraduate study program in Basic Body Awareness Methodology (BBAM) in 2009 from Western Norway University of Applied Sciences (former Bergen University College). The BBAM studies provided me with evidence based physiotherapy approach where the focus is in human movement, movement quality and body and movement awareness learning surrounded by a resource-oriented and salutogenic framework. This provides an access to the wisdom in the living body that promotes an experience of health and wellbeing.

I have been working in the field of psychiatry for 15 years and 10 years with BBAT. At the moment I am working in out-patient clinics in department of psychosis and forensic psychiatry. Patients that are referred to physiotherapy are mainly diagnosed with schizophrenia and spectrum of schizophrenia.

Usually they are suffering from anxiety, social phobias, bizarre body image and/or pain, muscle tension and problems in breathing. Working with BBAT provides the patients with tools in everyday life for coping and handling their challenges and promoting change towards a better health. As a physiotherapist, it is rewarding to see and follow the processes where the patients are getting more contact with their bodies and through movement are exploring and finding a more functional balance, free breathing and mental awareness, all expressed in a richness of movement aspects.

As a teacher candidate (TC) I have had great learning experiences when following the teachers in BBAT both in Finland and Norway, at BBAM. The phenomenon of Movement Quality and the therapeutic factors of the Movement Awareness Learning cycle and movement aspects are in focus of my interest when continuing my teacher candidate path and learning more about the specific movement pedagogy in BBAT. It is also a privilege to have this national and international network of the BBAT people.

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THE NETHERLANDS

By Jordy den Engelsman



My name is Jordy den Engelsman, I work in the field of physiotherapy since 2006. I live in Dordrecht, a medium sized city in the Netherlands.

The Netherlands have a long tradition within physiotherapy and have an official master of applied science Psychosomatic physiotherapy since 2006. There are almost 18.000 physiotherapist in the Netherlands and around 400 of them are educated on a master level in the field of physiotherapy in mental health.

In 2016 a registered 11,5% of the population, older then 12 year, experienced some sort of mental health problem in the Netherlands. A large group are experienced being stress related.

My work as Physiotherapist

Three days per week I work as a general physiotherapist in a health center in primary care, a large percentage of my clients are refuse to me with mental health problems. Secondary I have my own company in which I organize education for health professionals, act as a trainer/coach for clients with work related issues, both in individual as in group setting.

Other projects that I am actively involved in are in the field of health preventive care and health promotion.

How I got to know about BBAM

I wrote my bachelor thesis about 'body awareness' and its place within the field of physiotherapy. Research articles brought me in contact with Liv Helvik Skjaerven. After sending my abstract; I applied to the BBAM education in Bergen and was accepted as a student.

Need in society

As a physiotherapist we claim to be experts in human movement and function. As a general physiotherapist I experienced a lack of knowledge to describe healthy, functional movement as well as the lack of knowledge on how the mind affects movement quality.

Growing numbers of physical problems are labelled as non-specific, chronic or even somatically unexplained physical complaints. These problems require a broader perspective for evaluating and understanding these clients and their experienced health problems.

Graduating from BBAM

I graduated from BBAM in 2009. After graduation I was invited to become a teacher candidate connected to the Norwegian Institute of Basic Body Awareness Therapy (NIBK). I was accepted in the autumn of 2010. It has been a luxury to continue working in an even larger international group of professionals within the International Association of Teachers in Basic Body Awareness Therapy (IATBBAT). Being surrounded by highly experienced persons from different cultures and backgrounds, helped me to look from a more reflective level towards my work field. In addition I got the possibility to develop a more professional attitude in my every day work as physiotherapist. In addition, this position as teacher candidate, led especially to the experience of being invited to participate in the organizing committee for the international conference of Physiotherapy in Psychiatry and Mental Health (ICPPMH) in Madrid (2016). Furthermore, my work at the board of the International Association for Teachers in BBAT (IATBBAT) has been of great value for further my professional development.



Meeting with BBAM students as teacher candidate

It is a luxury to meet the BBAM students at at Western Norway University of Applied Sciences (HVL) as teacher candidate. Experienced physiotherapist from different cultures and countries from all over the world has shown to be eager and open to learn and share experiences and knowledge with a focus on movement quality and movement awareness learning.

I enjoy the role of being a teacher candidate, it challenges me as a professional to develop and reflect. It gives me the possibility to share, discuss and explore while creating a platform for learning developing professional competence in the field of physiotherapy in mental health – all from a pedagogic / educational point of view.

My views on human movement as a teacher and my way to guide as PT

After completing the BBAM education I learned how to approach each client with a broader perspective on how human movement is influenced by physical and mental factors, visualised in the Movement Quality Model. Movement quality in human movement and function, with all its aspects and elements, has shown to be very useful in the treatment of my clients as well as health promotion and preventive care. Other health professionals experience education on ‘movement quality and awareness’ a useful addition in their way of professional work. It is often described to me to be ‘the missing link’ in physiotherap

Future vision

I hope to stay active as a teacher in BBAT on an international level, supporting countries to develop a professional system and approach in the still very young field of physiotherapy in mental health. And to establish an international network for sharing professional experiences and knowledge.

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NORWAY, Bergen

By Aarid Liland Olsen



I live in Bergen, Norway, and have been working as a physiotherapist for 27 years, mostly within the field of rheumatology in hospital settings.

Personal experience as a starting point for BBAM

In 2003, I was invited to a series of evening sessions with Basic Body Awareness Therapy (BBAT) in a group of 10 physiotherapists. At the time, I had no intention of becoming a BBAT therapist myself, and so I felt free to take in and process the experience without contemplating on how to use it professionally. Walking home after the sessions, I found myself thinking how good it felt to move in a playful, easy way, and I was surprised that the small and gentle BBAT movements could make me feel stronger. The most inspiring outcome was that I learned to recognize my own needs and resources as well as my way of relating to the other group participants. I experienced a strong sense of enablement, and it became less important to compare myself to the others. The pedagogic principles used in BBAT; asking how it was for me to be in movement, rather than how much I could move, was new and inspiring for me. It became clear to me that my patients might benefit from the therapy in similar ways. Consequently, as the new postgraduate program Basic Body Awareness Methodology (BBAM) was launched later that year at

Bergen University College (now Western Norway University of Applied Sciences), I was part of the first group of students, - ready to learn more.

BBAM – study and practice

In the BBAM study, I met students from Norway and other Nordic countries, communicating in English. We learned systematically through theory and practice how to evaluate and guide patients and to document clinical work. During the years of BBAM, I offered BBAT as a supplementary group therapy at my working place. Patients reported health benefits such as increased balance, softness and more appropriate use of energy in daily life activities.

Master degree

I was curious to know more about patient experiences from BBAT, and as part of my master degree program at Bergen University College (now Western Norway University of Applied Sciences), I conducted a qualitative interview study in 2012. Based on the study, an article was published:

Olsen AL, Skjaerven LH. *Patients suffering from rheumatic disease describing own experiences from participating in Basic Body Awareness Group Therapy: A qualitative pilot study*. *Physiother Theory Pract*. 2016:1-9.





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PhD program

When I was asked to participate as a PhD-student in a planned RCT investigating effects of BBAT groups for patients suffering from hip osteoarthritis, this was a possibility to deepen my knowledge on two interesting fields; rheumatic/orthopedic disease and BBAT as a physiotherapy modality. In 2015, a pilot study was conducted with a smaller group of patients. Promising quantitative and qualitative results are published in two articles:

Strand LI, Liland Olsen A, Nygard H, Furnes O, Heide Magnussen L, Lygren H, et al. *Basic Body Awareness Therapy and patient education in hip osteoarthritis: a multiple case study*. European Journal of Physiotherapy. 2016;18(2):116-25.

Olsen AL, Strand LI, Skjaerven LH, Sundal M-A, Magnussen LH. *Patient education and basic body awareness therapy in hip osteoarthritis—a qualitative study of patients' movement learning experiences*. Disability and Rehabilitation 2016:1-8.

Besides the effect study, the PhD-project includes investigation of properties of the evaluation tool Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE). Responsiveness and patient experiences will be studied. In my experience, the structure of BARS-MQE offers a platform to encounter the patient as a competent collaborator in the therapy

process, and I look forward to investigating and discussing its value for clinical practice.

Today, it is common knowledge that long-lasting musculoskeletal conditions have impact on the whole person. It is important that physiotherapists acknowledge and involve the patient as a competent partner in therapy processes, and that disease management include psychological and social empowerment as well as physical functioning. Over the last years, I have engaged in teaching pre- and postgraduate physiotherapy students in Bergen, also in the BBAM education. As a BBAT teacher candidate (TC), I am part of an international network of BBAT therapists aiming to study and develop physiotherapy in mental health and long-lasting conditions within the movement awareness domain.

Through BBAM, the principles in BBAT have found their way to all continents of the world, and the network of clinicians and researchers is growing. The great variabilities of politics, traditions and cultures offer unique possibilities for critical evaluation and further development of BBAT as a physiotherapy approach adjusted to the needs of the global society. My best wishes for current and future BBAT therapists!

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NORWAY, Bergen

By Cecilie Ravndal Nilsen



I live in Bergen, Norway. I work at Haukeland University Hospital (HUS), with patients suffering from eating disorders.

Physiotherapy in mental health was established in Norway many decades ago, but the value placed in physiotherapy in mental health has been shifting. There may be many causes for this shift – treatment traditions and trends, politics, finance, or maybe even the structure of the education system.

Observing, describing and evaluating movement and function, and guiding the patients in core movement elements and aspects, are described as the primary roles of the physiotherapist within treatment, rehabilitation and preventive health care.

Traditionally, a physiotherapist is educated to treat movement dysfunction, focusing on impairment of the musculoskeletal, neuromuscular and cardiopulmonary systems of the body. However, therapeutic intervention should not only target dysfunction and impairment. A person's well-being can also be achieved through interventions targeting the person's resources:

“What can I do? What are my needs? What is the best for me?”

Being a former dancer educated at Laban Centre for Movement and Dance, London, movement expression and integration of movement quality has always been of particular interest to me. As a physiotherapist, I have been fascinated by the vital information provided by movement as a total coordination. I am intrigued by the possibility of observing health in movement, and how health can be expressed and promoted through movement.

Learning to observe movement quality should be of particular importance 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.

As a BBAM graduate of 2013, BBAT teacher candidate since 2014 and MSc graduate at University of Bergen 2017 I have had the privilege to follow BBAM from several perspectives, with a special focus on the evaluation tool of Basic Body Awareness Rating Scale – Movement Quality and Experience (BARS-MQE). As a physiotherapist working within the field of mental health, BBAM provided me with a methodology to see and meet the patients' needs. It has helped me to promote movement quality, and to plan and evaluate therapeutic interventions based on movement as a total coordination in order to promote healthy resources and empower the patients.

As a teacher candidate, I have recognized how the rich diversity in physiotherapy education described by The World Confederations for Physical Therapy is reflected in the students applying for BBAM enrolment. There is a need in the field of physiotherapy to meet the needs in society – all over the world – how to deal with physiotherapy and mental health?

The students of BBAM, representing four different continents and 20 different countries reflect The World Confederations for Physical Therapy's (WCPT's) recognition of education of physiotherapists



taking place in very diverse, social, cultural, economic and political environments throughout the world. My master thesis (2017), explored how BBAM students learn to observe movement quality using BARS-MQE. It showed that despite diversity in culture and traditions, prior knowledge and clinical experience, practical and experiential knowledge of the phenomenon of movement quality being an expression of a person's movement awareness, combined with conceptual and self-regulative knowledge acquired through BBAM, enabled the students to observe movement quality as an expression of health and resources. The pedagogy and structure of BBAT provides the physiotherapists with tools to meet the needs of society.

I sincerely hope BBAM will continue to empower physiotherapists!

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BBAM 2015 participating in the MSc study of BARS-MQE: «*Learning to Evaluate Movement Quality using Body Awareness Rating Scale – Movement Quality and Experience. A comparison of Students Observational Scores*». Cecilie Ravndal Nilsen, Master Thesis in Health Sciences, Physiotherapy, Department of Global Health and Primary Care, University of Bergen, June 2017.

NORWAY, Porsgrunn

By Anne Marie Böhme Hetlevik

I am Anne Marie Böhme Hetlevik and graduated from the BBAM study in 2007. I am now a BBAT teacher and a member of the International Association for Teachers in Basic Body Awareness Therapy (IATBBAT).

I come from Porsgrunn in Norway and work at Telemark Hospital.

Since I was educated in BBAT I have worked in different fields in the hospital. I have worked with movement groups in psychiatry, neurologic rehabilitation, with patients suffering from cancer and within the field of musculoskeletal disorders. In all these areas my qualifications in BBAT have been most valuable to me. To be able to observe and work with movement quality as a general and unifying phenomenon where the whole person is seen and heard, gives opportunity for change. Thus, I provide the patients tools to be active in their own process, and to support them find their resources.

In my work, I use both individual therapy and movement groups. Presence in and awareness of movement is a core in the therapy. The movements we use in BBAT are simple, and search to find more functional movement quality and habits with the aim for the patient to come in contact with, getting insight in, and learning new movement strategies. As a physiotherapist, I act as a guide, connecting the therapy situation with the everyday life and needs. In the movement learning the patients can develop more functional form, flow, rhythm, energy and intention in their co-ordinations.

I now work in an interdisciplinary occupational rehabilitation outpatient clinic. The team consists of physician, psychologist, work counselor and physiotherapist. We are two physiotherapists, both with specialization in the psychomotor direction. Our target group are people with musculoskeletal disorders or poor mental health that are on sick leave or in danger of falling out of work.



A lot of movement dysfunction is connected to various forms of stress. Together with the team the patients set their own goals for the three months they will be followed by us, and we start the therapy process. Together with the patient I facilitate a process of developing their movement awareness through getting in contact with themselves, exploring and experiencing in the movements. As we work, the patients gradually let go of their tensions and become increasingly able to find rest, breathe more freely and find balance and strength in their movements. Key elements are postural stability, free breathing and mental awareness. We work with simple movements in lying, sitting, standing and walking, and connect it all to their daily lives. In our team, we have a mutual understanding and respect for each other's professions, and we cooperate around the rehabilitation of our patients. It is a privilege to be part of a supporting team helping people getting back on track.

As a fresh teacher in BBAT I am looking forward to host courses on behalf of NIBK, our national association for BBAT, both in my own living area and other places



in the country. In the psychiatric field in my area, as in many other parts of the country, physiotherapy is given little priority in the treatment. Our knowledge and ability as BBAT therapists to address the body and movements is a highly valuable supplement to medical and speech therapy. We are responsible as professionals to use methods that are evidence based. BBAT as a beneficial approach in psychiatric treatment is well stated in numerous research studies documenting effects and experiences from professionals and patients. I hope that we can participate actively in the work of upgrading the education of physiotherapists within mental health and increasing the number of skilled physiotherapists in the psychiatric field.

Also for patients treated for somatic conditions, the situation of being ill is a challenge that involves the whole person. Therefore, as therapists, we need an approach that recognizes and meets the person as a whole. It is now ten years since I specialized in BBAT, these years I have worked mainly in the somatic field, and I have used it every single day since. Even if my

leaders at one point were skeptical, I now have their support, just as I have in my team and in my patients. My wish as a teacher is that physiotherapists and professionals also in these fields will open their eyes to what can be achieved by working with this approach—just like they have done in my hospital.

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SPAIN

By Daniel Catalan Matamoros

Mental Health Physiotherapy in Spain

Spain is a country of 46 millions of inhabitants and about 46.000 physiotherapists. As in many high-income countries, the prevalence of mental disorders among the Spanish population is increasing dramatically since the last decade, and at least the 20% of the population have suffered from mental disorders during their lives (Ascasam, 2013).

The Spanish Association of Physiotherapists in Mental Health (AEF-SM, according to the Spanish acronym) was built to improve health and quality of life in the society by advancing education, research, clinical practice and advocacy in the fields of Physiotherapy in Psychiatry, Psychosomatics and Mental Health.

AEF-SM was officially launched during the 14th National Congress of Physiotherapy in April 2012 and was included in the National Register of Associations (number 600555). Additionally, AEF-SM was adopted as a subsection by the Spanish Association of Physiotherapists and it's also the Spanish representative and founding member of the International Organization for Physical Therapy in Mental Health (IOPTMH).

The Spanish Association is promoting the research field by organizing national scientific meetings and disseminating research activities through its website (www.fisioterapiasm.es). A growing number of physiotherapists are preparing their PhD thesis since 2007 when the first Spanish PhD thesis was published with the title "Physiotherapy in Mental Health: the effectiveness of a physiotherapeutic intervention in eating disorders" (Catalan-Matamoros, 2007). Spanish physiotherapists are also publishing research articles in both national and international scientific journals working together within an international network of colleagues from Belgium, Norway, Sweden, UK and Holland.

In the field of education, AEF-SM is organizing training programs and providing support to educational institu-

tions to promote specialized mental health physiotherapists nationwide. At the moment, Spanish Universities such as the Autonomous University of Barcelona, University of Salamanca, University of Malaga, University of Murcia, University of Almeria, Nebrija University and University of Lleida are actively providing educational programs on mental health physiotherapy at the different levels of Bachelor, Master and Doctorate. Some of the contents of these programs were built with the advice of the Spanish Association of Physiotherapists in Mental Health. Moreover, the Spanish Association of Physiotherapists and some of the regional physiotherapy organizations are organizing post-graduate courses in the fields of Physiotherapy in Mental Health with special emphasis in Basic Body Awareness Therapy. Furthermore, AEF-SM organizes the biannual Spanish Conference of Physiotherapy in Mental Health since 2013.

Besides of this, there is a need of teaching competence in the field of physiotherapy and particularly in Mental Health in Spain, as it is an emerging field that is progressively gaining interest among our colleagues. Proof of it is the high number of Spaniards involved in the BBAM education in Bergen University College (now Western Norway University of Applied Sciences). For example, in the last edition, 8 students were Spanish and in previous ones a total amount of 11, representing among 20-30% of the total number of students following this postgraduate program.





With regards to clinical practice, physiotherapy in mental health is an emerging specialization that is progressively taking place in the national health system. Major mental health hospitals have recruited physiotherapists in order to meet their patients' needs, and an increasing number of physiotherapists are providing these services within the private practice. However, more clinical practice throughout the country is still needed.

AEF-SM is also organizing advocacy activities. The website is so far the only one in the Spanish language, consequently it has become a key resource tool for Spanish physiotherapists and many other Spanish-speaking colleagues from countries such as Mexico, United States, Colombia, Ecuador, Peru, Venezuela, Costa Rica, Brazil, Chile and Argentina (AEF-SM, 2014).

The future of Physiotherapy in Mental Health in Spain is promising. Milestones such as the increasing number of physiotherapists and patients demanding these services, and the organization of the 6th International Conference of Physiotherapy in Psychiatry and Mental Health in Spain in 2016, will undoubtedly strengthen this field in the country.

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Daniel Catalan

I am from Spain, currently living in Madrid, and holds a PhD in Mental Health Physiotherapy since 2007. The PhD examined the effectiveness of basic body awareness therapy (BBAT) in people suffering from eating disorders, being the first clinical trial conducted in Spain within the field of mental health physiotherapy. I am also trained in BBAT after completing the post-graduate BBAM education in Bergen University College (edition 2005-2007). Moreover, I have also been trained in other fields such as Master in Public Health which was taken at the Nordic School of Public Health in Gothenburg (edition 2002-2004), the postgraduate university expertise in epidemiology and lately, a MBA - Master in Business and Administration.

When completing Bsc of Physiotherapy in 2000, I worked as a primary healthcare physiotherapist in the rural communities of the Southern part of Spain, Andalucía and Castilla la Mancha. In 2004, I started working as a lecturer and researcher of Physiotherapy in many Universities such as University of Jaen, Almeria, Murcia, Valencia and the University Carlos III of Madrid where I am currently employed as an associate full-time professor since 2014. During the years 2008 to 2013, I worked as an official at the Ministry of Health in Madrid and in two international organizations: in the European Centre for Disease Prevention and Control which is located in Stockholm, and in the European Regional Office of the World Health Organization based in Copenhagen. During these years, I intensively worked in the field of public health internationally where I got a broad health perspective.

I am currently a teacher candidate BBAT, related to the BBAM education in Bergen, Norway. I am leading courses on this topic to Spanish physiotherapists. I am also been invited to train colleagues from other regions of the World such as in Mexico and Colombia. Thanks to sharing the same language, BBAT is being spread out to all these countries which are showing a high interest and recognition.



For example, I was invited as a key speaker at the 2017 National Congress of Physiotherapy in Colombia, where mental health physiotherapy was considered as a priority for the future of the Colombian society and the new era under the peace agreement. Mental Health physiotherapy is the key for the Colombian society to recover from so many decades with a “civil war”.

I first discovered BBAT when studying in Gothenburg (Sweden) in 2002 at the Nordic School of Public Health. One of my classmates was Marianne Bjerg, the head of the Department of Physiotherapy at Odense University Hospital. Marianne invited me to travel to Odense and make a visit to the hospital in order to meet other physiotherapists from the different Units (Cardiology, Mental Health, Reumatology, Pain, etc.). I was very much impressed by the Unit of Mental Health Physiotherapy since this had been the first time discovering the important role of the physiotherapists in this field. When returning to Spain, I initiated the doctoral studies.





Being willing to initiate this new area of mental health for the Spanish physiotherapy, this was a start to look for training in therapeutic methods in the field of mental health physiotherapy, finding key authors such as Amanda Lundvik Gyllensten and Monica Mattsson, asking them for training programs in the field. Amanda provided to me information about the post-graduate education program in BBAM at Bergen University College lead by Prof. Liv Helvik Skjaerven, and I decided to sign up in this very interesting physiotherapy training.

I have been working in research in mental health physiotherapy and BBAT, like collaborating closely with senior teachers in BBAT in the Consensus paper on core phenomena in BBAT, which has been recently accepted for publication. I am supervising PhD students in the fields of physiotherapy with 3 PhD finished and 3 ongoing.

My experience as a BBAT teacher candidate has been enriched by positive feedback from many physiotherapists. BBAT is acknowledged as a key for most of the physiotherapy clinical situations since human move-

ment comes to the first line priority in the relation with the patient. Many colleagues have found BBAM as a main method to approach chronic conditions, mental health disorders which are linked to most of other health problems, and as a professional strategy for disease prevention and health promotion.

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I am Patricia Serranos de Andrés, living in Madrid. I graduated in physiotherapy in 1998, since then I have been working in the fields of geriatrics, sports (soccer), private practice, disability and mental health; I have also been involved in education and investigation.

I currently work in a public psychiatric hospital in Madrid, involved in healthcare (mainly rehabilitation, but also health promotion and preventive health care). I am also involved in teaching healthcare professionals.

My teaching participation have consisted of taking part in national and international conferences, developing courses and participating in Physiotherapy Degree (in the subject “Physiotherapy in Mental Health”), teaching Physiotherapy in Mental Health and BBAT, mainly for physiotherapists, but also for mental health workers.

I started working in Dr Rodriguez Lafora psychiatric Hospital in 2004, and it wasn't until 2009 that I found Physiotherapy in Mental Health as a differentiated field.

As a PT working in mental health, I had the need to have a specific and professional treatment and assessment tools in this field and at that moment in Spain there were no references about this specialty.

I was searching for information that connected physiotherapy and psychiatry for a long time and finally I found an article in a physiotherapy magazine (surprisingly in Spanish) that talked about Physiotherapy in Mental Health and indicated a link to a PhD of a Spanish physiotherapist, Daniel Catalán and a web page about this field in Spanish language. It was a relief, because I found something I was looking for and a path to direct my steps.

I contacted this physiotherapist, who introduced me in the field of Physiotherapy in Mental Health and “opened me a window” talking me about existence of an International Organization in Physical Therapists in Mental Health (IOPTMH) and International Conferences of Physiotherapy in Psychiatry and Mental Health (ICPPMH).

This was a very interesting discovery, as I had been working in the field of Physiotherapy in Psychiatry and Mental Health for 5 years without any knowing (but searching and guessing that there could be something else) about the existence of this specific field of knowledge.

In 2010 I participated in my first international conference: the 3th ICPPMH in Lund (Sweden) and presented a poster there together with Daniel Catalán. In this conference I heard and read about the study program BBAM of 60 study-points, at Bergen University College (now Western Norway University of Applied Sciences), Norway and I found this very interesting. This fact, together with the enthusiasm instilled by other physiotherapists involved in BBAM (especially Maite Cenoz, a Spanish physiotherapist that was studying BBAM at that time) contributed to my decision to study BBAM.





So I studied BBAM from 2011 to 2013 and at the end of my studies Liv Helvik Skjaerven, coordinator of BBAM, invited me to become a teacher candidate and I happily agreed.

To be involved in an international education gives the opportunity to meet people and colleagues from different countries and continents of the world, which is very nourishing. As a physiotherapist it opens your scope and stimulates your thoughts, as different points of view can emerge. In this education discussions and reflections in teamwork are encouraged, inviting you to collaborate together and nourish each other in so many different ways, developing the profession of physiotherapy.

From BBAM, one of the concepts that captivated me was the phenomenon of salutogenesis, to understand the origin of health (what made people be healthy?); we, as physiotherapists, “are trained” to see mostly the pathogenic side, the lacks and its pathology. According to my opinion, there is a need among the physiotherapists’ collective to embed this phenomenon and thus perspective, in order to develop our profession, further, for the future. To search for the healthy resources in the

person (both as a therapist and as a teacher candidate) and including this perspective, instead of mainly focusing on what is lacking, is a very positive and health promoting way of relating to another human being, as it affects the relation and facilitates the development in physiotherapy. I have gained a lot from this.

When I started as a teacher candidate in BBAM I appreciated, even more than I previously did, the importance of pedagogy in this education; I became aware of every little aspect that had been unnoticed as a student, becoming conscious about all the work that is behind the building of this education, especially within the movement pedagogy.

BBAM can provide physiotherapists a wide vision on human movement, with a holistic approach and resource oriented, with a humanistic view, which can enrich the physiotherapy profession much.

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SWEDEN, Gothenburgh

By Louise Danielsson

My name is Louise Danielsson and I live in Gothenburgh, Sweden. For the last ten years, I have conducted research and clinical work in patients with depression, anxiety, and stress-related problems. I have also been involved in a health promotion strategy for newly arrived refugees. I recently started a job as a researcher at Angered Hospital, a new hospital in a suburb to Gothenburgh. Parallel to this, I have started as a teacher's candidate (TC) in Basic Body Awareness Therapy (BBAT). I also teach a postgraduate course about theoretical concepts in physiotherapy at the University of Gothenburgh.

My fascination for research began about the same time that I graduated from Basic Body Awareness Methodology (BBAM) Bergen University College (now Western Norway University of Applied Sciences, HVL), in 2007. I was encouraged to present my examination report at the International Conference of Physiotherapy in Psychiatry and Mental Health (IOPTMH). This encounter with researching physiotherapists from different countries, committed to developing a yet rather unexplored field of research, was very inspiring. The encouraging and friendly atmosphere, buzzing with ideas and involving many colleagues from the BBAM courses, was a good platform to start at.

Since then, I have been occupied with different research projects related to physiotherapy practice and theory development. It has not been an easy road. Besides the usual challenges to become a doctoral student (i.e. finances, collaborators, project description, supervisors), I stumbled upon two specific difficulties. First, the great advantage of BBAM's holistic approach, which we practice for example through the four different dimensions (perspectives on) of movement (physical, physiological, psychological and existential), was difficult to fit into any of the established research paradigms. Too biological for the social sciences, too complex for a biomedical approach. Second, the current gold standard of evaluations - the randomized



controlled studies (RCTs) - can be difficult to apply to BBAM. The person-centered, cooperative elements of BBAM are likely to be reduced within the RCT frame. The need for systematic evaluations, accepted by health care, that takes the complexity and human connectedness of BBAM into account, is an interesting challenge for the future.

Speaking about the future, I believe that BBAM is now at a stage where the scientific publications are increasing rapidly, which is very promising. The methodology of studies have broadened, including both qualitative studies, psychometric evaluations, intervention studies and theoretical papers. Since new research depends on the possibility to receive larger grants, the growing base of studies will give better opportunities to finance new projects. I see a need to conduct studies across countries, using a so called multicenter design. International research collaborations will facilitate the collegial exchange of experiences that has been a focal point in the BBAM education. It should also give practical advantages, for example in recruitment of participants, which is often time-consuming and expensive. By collaborating across clinics within the same study, fewer participants are needed from each site.



Photo: Bert Leandersson

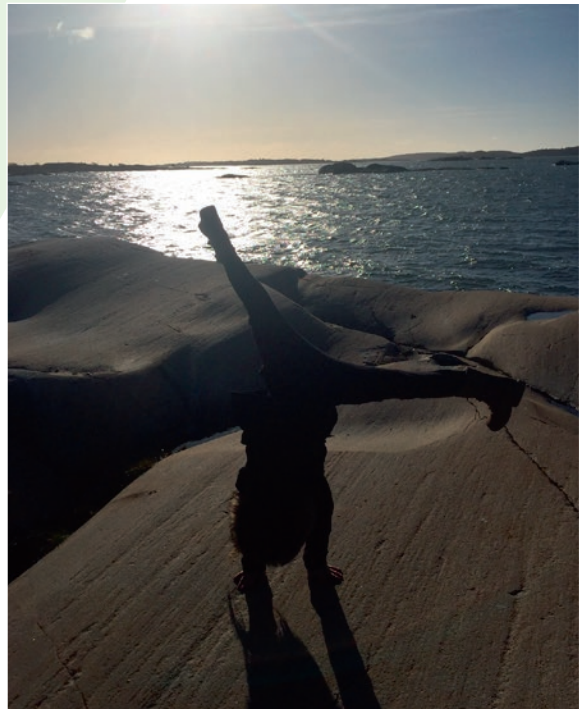
In my opinion, the gap between physiotherapy in general and BBAM as a particular methodology, can be further bridged, by exploring the common features related to body and movement, by keeping the essential characteristics and terminology of BBAM. This is in line with the application of BBAM in different fields; sports medicine, neurology, orthopedics and pediatrics. In addition, we need to keep finding clinical research collaborators outside the physiotherapy department: medical doctors, psychologists, occupational therapists and nurses. We may also think outside the box and approach researchers from the social sciences and humanities: social anthropologists, sociologists and philosophers.

From a European perspective, I believe that the recent years' large numbers of new Europeans who have migrated from countries at war, will impact on health care for many years to come, for example with regard to trauma-related disorders. In physiotherapy, we need to explore and evaluate appropriate ways to help these people. Since physical pain, dissociation, high tension and anxiety are common symptoms following trauma, BBAM should have a lot to offer.

To conclude: there is plenty to do. Let us take the opportunity of this symposium rooted in BBAM, HVL, Bergen, Norway 2017, to envision and plan ahead, together.

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Part 3

Basic Body Awareness Methodology (BBAM) – Future

SPAIN, Almeria

By Liv Helvik Skjaerven & Daniel Catalan

Since 2017, the BBAM education headquarters moves from Norway to Spain. The University of Almeria is hosting the new ‘Master of Physiotherapy – BBAM’ offering a 60 ECTS program adapted to the international physiotherapy community and following the World Confederation of Physical Therapy guidelines on education (www.wcpt.org/policy/ps-education). BBAM is directed towards physiotherapist, internationally. BBAM is taught by lecturers from countries such as Norway, Sweden, Denmark, Belgium, Finland and Spain. There is a good mixture of academics and clinical practitioners. The leading international academics and researchers in Physiotherapy in Mental Health are teaching at BBAM.

The program of the Master is pursued through a combination of on-campus and online education. The program is designed to give students maximum flexibility in progressing through the Master degree while also strategically offering in the format best suited for effective educational training. With these available formats, the entire degree may be earned without relocating to Spain. Courses which are offered on-campus, because of their unique advantage, are pursued through the intensive learning method. The rest of the program is provided online.

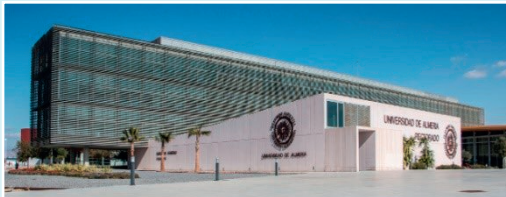
The study programme is designed on educational principles of personal experience and integration of the BBAM methodology and principles making the student work interactive. This is achieved through a variety of pedagogical methods constantly changing between theory, clinical studies, personal training,

group work, problem solving written assignments, through seminars, lectures and project work. Intensive “floor work”, role-play and case studies cover selected areas of the curriculum.

The program is optimally completed in one year (January – December). The study program is organized as a full time study over one year. The curriculum (60 ECTS) includes three (3) modules: 1) Health, physiotherapy and society, 2) Basic Body Awareness Methodology, and 3) Evidence-based clinical practice and research.

There are two blocks of on-campus education, in total, 4 weeks at UAL, and two periods of online self-study, each of 4 months, at home. The student is responsible for organizing the two periods of self-study in line with recommendations in the curriculum and guidance received by the lecturers. The period of self-study includes: study of theory, clinical practice, personal training in the BBAM methodology, written assignments and project work.

The University of Almeria (in Spanish: Universidad de Almeria, UAL) is a public university situated in Almeria, on the south coast of Spain. The University Campus is located on the shore of the Mediterranean Sea, and it offers 38 different degree programmes, with 871 lecturers, and 11,628 students. The University is composed by the following faculties: Health Sciences, Polytechnics, Labour Relations, Economics and Business Studies, Natural Sciences, Education, Law, Humanities and Psychology.



Welcome to the Master PT in BBAM!

More info at:

www.fisioterapiasm.es/masterbbam.htm

Skjærven

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**INVITATION
TO BBAM STUDENTS AND BBAM GRADUATES
TO PARTICIPATE
IN PRESENTING BBAM FROM YOUR COUNTRY
IN A PUBLISHED BOOKLET
For the coming Symposium as course material**

This is an invitation to you to participate in a presentation of BBAM to
“*the unknown but curious reader*”,
the physiotherapist and health professionals.

AIM

The aim is to collect a number of small stories and publish them in a “booklet”,
presented at the Symposium -
a simple but informative presentation –
from different corners and cultures of the world; YOU VOICE.

BBAM SYMPOSIUM 26.-27- October 2017

BBAM 2015-2017

**Movement Quality and Movement Awareness Learning in Physiotherapy – the State of the Art
BBAM 2003 - 2017.**

*Promoting Movement Quality through Movement Awareness Learning – perspectives, communication
and clinical implementation of BBAT within Mental Health Physiotherapy*

BACKGROUND

BBAM was designed as a two-year international, part-time study program (60 ECTS) based on a governmental initiated request for internationalization. From 2003 to 2017, the program has completed 7 editions, with intake every second year. Through the period about 100 students from several countries and continents have participated, from Japan, Australia, Hong Kong, Singapore, Brazil, Mexico, Canada, Turkey, Austria, Spain, Netherlands, Germany, UK, Estonia, Faro Islands, Sweden, Finland, Iceland, Denmark and Norway. The BBAM education has reached international attention and it has received a high recognition by many national physiotherapy associations and universities around the Globe.

Because of the international interest we invite YOU to represent BBAM, describing a glimpse of HOW you – from YOUR perspective/ you professional origin – have experienced BBAM, HVL, Bergen: what can be important to tell someone who does not know “*what BBAM is*”.

Invitation to send

1 Pictures (3): a) a picture of yourself – head only (presentable in a booklet), b) A picture of your country (one characterizing your country) and c) a picture of a professional physiotherapy setting to share (NB: ethical considerations – no picture of patients). For the photos: Please send photos of 1 MG (mega-bite)

Ethical: the pictures must be taken by you; you are to confirm the use by a signed consent and the use of them.

2 Text: You are invited to develop a text of about 500 - 700 words

- **Present yourself** – who are you and from where you come;
- **Country perspective:** Name of country – continent—short description of your country/ physiotherapy (how many PT's) – any PT specialty of mental health? - mental health problem in your country and need of mental health specialization as a PT
- **How are you working as a PT:** Which kind of physiotherapy are you involved in --- clinical –rehabilitation – health promotion – preventive health care --- working at an institution/what kind – in community health care. Are you involved in teaching --- in research in physiotherapy --- Do you work with children, adults, elderly persons?
- **Need in society recognized** by you as PT - What need did you see as a PT which made you want to study BBAM? What was your need? Professionally?
- How did you **get to know about BBAM – from where or whom?**
- When did you graduate from BBAM. How was this for you --- to travel abroad – go international – other language and culture.. any cultural diversity
- **How was it to study** all in English – how was the meeting with the other BBAM students?
- **What did you “find” in BBAM ?** Did anything become particular important for you or absolutely not ... in BBAM its self –
- **Usefulness** for patients/ clients? – a specific “story”?
- What about you **views on human movement**... and the way to **guide** as PT.. to promote.. vocabulary.. (keywords: movement quality – movement awareness (learning) – movement awareness domain in PT any reason to have it? BARS-MQ: how do you see the usefulness of an evaluation tool, of observation but also asking for self-experience directly in the movement? ?
- **AFTER BBAM** – what did you gain from BBAM – professional and personal ... has something in you work/approach as PT changed (you?) – or not?
- Any **network of BBAM** you participate in –
- Any **FUTURE VISION** for YOU – for BBAM – critical comment?

BE AWARE

OBS 1: These points are indications, but does not have to be – this is up to you, but also to HVL – you present/describe - professionally!

OBS 2: You are responsible for making a proofreading. So check you grammar!

OBS 3: You are responsible for Ethical considerations – signing confirmation to me

OBS 4: As editor I keep the right to adjust the text.

OBS 5: If more that 1 BBAM representative in your country you can – either send one together or send separate and collaborate (up to you), but MAX 2 from 1 country

OBS 6. When you write, keep in mind the unknown reader and that you represent Western Norway University of Applied Sciences (former Bergen University College).

DEADLINE: the 24th of June 2017: send to Liv: lhs@hvl.no

If any other ideas – please contact me! I look forward to see this completed.

Kind regards from LIV



An international study program:
Basic Body Awareness Methodology
 - a postgraduate education in Mental Health
 for English-speaking physiotherapists

Department of Occupational, Physiotherapy and Radiography
 Faculty of Health and Social Sciences

Bergen University College (HiB), Inndalsveien 28, 5063 Bergen, Norway



HØGSKOLEN
 I BERGEN

BERGEN UNIVERSITY COLLEGE

WELCOME to BERGEN

building an international network, meeting physiotherapy colleagues with the same interest and deepen your insight in human movement. The education can be included in a Master of Science Program for Physiotherapy in Psychiatry and Mental Health. The program offers 60 ECTS. There is no educational fee to HiB. **Application 1st of June 2015; Start 19th of October 2015 1015 am**

Profile

Basic Body Awareness Methodology is a physiotherapeutic movement awareness approach that represents a humanistic approach to human movement, psychiatry and mental health care. The education challenges the student to develop self-awareness and skills in basic movement principles, including physical, physiological, psycho-socio-cultural and existential aspects of human movement

Target Group

The education is designed for physiotherapists working with persons suffering from muscle-skeletal problems, balance problems, psychiatric illness, psychosomatic problems, long lasting pain, life-style problems, eating disorders, violence and sexual abuse. The education is for Physiotherapists who want to develop personal and professional.

Organization

The education is a 2 year, part-time education, with 3 block-periods at Bergen University College (HiB), in total 11 weeks. The period of self-study in between the blocks includes group-work on internet, clinical practice in individual-and group intervention, self-training in basic movement principles, study of theory, written assignments and project-work. Guidance by teacher at Bergen University College.

Block 1: Four weeks, October 2015 (19th of October – 13th of November)

Block 2: Four weeks, October 2016

Block 3: Three weeks, October 2017

Between Block 1 and Block 2, 10 months study; Focus: Individual intervention
 Between Block 2 and Block 3, 10 months study; Focus: Group intervention

A Training Modell for Movement Quality

The education introduces a new pedagogical modell for training the skill of movement quality. It includes tools for systematic evaluation, the Body Awareness Rating Scale (BARS), The Body Awareness Scale-Interview (BAS-I) and the treatment program for individual and group-intervention, Basic Body Awareness Therapy (BBAT). BBAM is evidence- and experience based.

Basic Body Awareness Therapy (BBAT)

The movement awareness program includes movements from daily life, lying, sitting, standing, walking, use of the voice, relational movements and massage. The program offers training situations for promoting healthy resources through movement: personal, cultural and existential. Therapeutic talk and reflection is integrated. The BBAT offers a strategy to make the physiotherapist as well as the patient/ client equipped to handle life more ably.



2013: Physiotherapists from Mexico, Portugal, Spain, Belgium, Netherland, Estonia, Finland, UK, Denmark, Norway



Contact: Liv Helvik Skjærven: lhs@hib.no

Basic Body Awareness Methodology (BBAM)

Many colleagues have asked: Who are the BBAM-students? From where did they come? How did they get to know about BBAM? How did the internationalization develop? You find in this little booklet, short stories told by graduating students of BBAM 2015-2017 and BBAM` teacher candidates, teachers, researchers and clinicians, all graduated from BBAM. The small stories provides a glimpse on the culture from where these physiotherapists come, their professional needs and findings at BBAM, HVL, Bergen, Norway.



Western Norway
University of
Applied Sciences