



PSYCHOMOTRICIAN PROFESSIONAL COMPETENCES IN EUROPE

INTRODUCTION

The European Forum of Psychomotricity takes care to ensure consistency and consolidation of the common professional competences of the psychomotrician, obviously respecting the specific differences of each country. These are the concerns of this document, which is accessible to all interested parties.

Based on a holistic view of the human being and on the relation between body and mind, psychomotricity integrates the physical, emotional, symbolical and cognitive interactions in the individual's capacity to be and to act in a bio-psychosocial context.

The scientific frame of psychomotricity is constituted by the medical, psychological, neuro-psychological and pedagogical sciences.

Competences are divided into main and complementary. Main competences are those that all EFP members agreed to be acquired at the bachelor level. Complementary competences are those, which can be part of the bachelor or master level.

A – INTERVENTION

Main competences

The psychomotrician is an expert in the field of movement and body oriented intervention to improve psychosocial functioning and mental health in babies, children, adolescents, adults and elderly people.

The psychomotrician is an expert in

- Perception,
- Coordination,
- Praxis,
- Lateralisation
- Space and time integration
- Body schema (related to body awareness)
- Body image (related to self esteem)
- Emotion
- Non-verbal communication including tonic-emotional dialogue
- Behaviour of movement (intention, interaction and expression).
- Behaviour at play
- Social and object interaction

The psychomotrician performs a psychomotor evaluation, in a specific setting, using qualitative and quantitative instruments (clinical observation, tests and protocols). He makes



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a psychomotor diagnosis pointing out psychomotor skills, psychomotor problems and the quality of development in all ages.

The psychomotrician considers the environment and aspects of relationships that interfere with psychomotor development of the subject.

The psychomotrician formulates indications for psychomotor intervention with a critical point of view adjusting all dynamic aspects.

The psychomotrician conceives and designs his plan of intervention; considering goals, frequency, duration, setting, methodology and economic aspects. The psychomotrician discusses the plan and follow up with the subject and the social environment including his family and adjusts it whenever necessary.

He can organize his intervention in a multidisciplinary context.

He is able to work in individual sessions or in-group sessions in co-intervention.

The psychomotrician discusses a follow-up intervention with the subject and the social environment including the family.

The psychomotrician reflects on his actions and notices aspects of his work during the intervention process and discusses it with other colleagues or asks for advice and support.

The psychomotrician's work does not centre on the symptoms but rather looking to the strength of the person with propositions between self-constitution, structure and openness (according to the development) and self-confidence. Propositions are characterized by self-action, self-control and self-efficiency of the person.

The psychomotrician regulates his practice by updating his scientific knowledge, respecting ethical and legal principles.

B - ORGANIZATION

Main competences

The psychomotrician is able to work in multidisciplinary teams, either in institutions or in private practice.

The psychomotrician is able to communicate with and advise other professionals, translating his language to other conceptual frameworks.

The psychomotrician acts in accordance with his own mission and the goals of the organisation.

The psychomotrician documents information about psychomotor diagnosis aims, evaluation and progress of the intervention.

The psychomotrician is able to organize and manage a structure of psychomotor intervention attending appropriate space, quality of materials, budget, timetables and methods.

Complementary competences

The psychomotrician is able to form adults: professionals, parents and interested parties.

The psychomotrician is able to provide advice to institutions or other organisations with specialized knowledge and skills.

The psychomotrician is able to coordinate the work of different professionals and to lead teams.



C - PROFESSIONAL DEVELOPMENT

Main competences

The psychomotrician is able to engage himself (including corporal, tonic-emotional, verbal and no-verbal communication) in a relationship that helps others to express and develop. The psychomotrician, in order to guarantee continuing education in his own competences and knowledge, has to:

- a) Discuss professional work according to his own knowledge, abilities and attitudes,
- b) Discuss personal functioning by taking part in professional discussion and supervision,
- c) Participate in life-long learning with regard to technical, cultural and motor aspects of his professional competence and he also has to experience a personal education in psycho-corporal and affective field.
- d) Participate in seminars, conferences, and courses and update his knowledge with recent literature.

D - EDUCATION

Main competences

The psychomotrician is able to inform other professionals.

The psychomotrician contributes to visits or internships of students/colleagues from other disciplines.

Complementary competences

The psychomotrician is able to offer training to other professionals

The psychomotrician is able to supervise and assess training in psychomotricity.

The psychomotrician provides seminars, lectures, presentations, workshops and written materials.

E – RESEARCH

Main competences

The psychomotrician contributes to research of others (professional or scientific).

Complementary competences

The psychomotrician designs and executes a research plan.

The psychomotrician participates in presenting and publishing research findings.



APPLICATION FIELDS

Prevention / Education / Rehabilitation / Therapy

- Nurseries or pre-school
- Schools
- Special schools
- Day-care centres
- Institutions for persons with handicaps
- Residential homes for children and young persons
- General and psychiatric hospitals
- Services and centres for mental health
- Social reintegration institutions
- Animation and leisure associations
- Local community projects
- Activity centres
- Geriatric centres and services for palliative care
- Clinics
- Private practices
- Forensic psychiatric institutes and prisons

TECHNIQUES

- Psychomotor evaluation
- Movement activities: individual or in groups.
- Playing and games/ Sports
- Expressive activities
- Body awareness exercises
- Psychomotor relaxation
- Stimulation and integration of perception
- Graphomotor activities
- Outdoor and adventure based activities

INDICATIONS

- Prevention: reinforcement of wellbeing,
- Psychomotor disorders related to neurodevelopment problems.
- Psychomotor disorders related to structuring disorders – for example body scheme, laterality, space-time organisation;
- Psychomotor disharmonies
- Tonic-emotional disorders
- Disturbances or problems in bodily experiences, feelings and sensations on the body level, including interoceptive sensations, intimacy and sexuality
- Body image and posture disorders;
- Psychosomatic problems
- Behavioural and emotional disorders, inhibition, instability, hyperactivity, aggressive behaviour



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- Intellectual, sensory, motor or psychological trouble,
- Risk of disability or handicap (social cases)
- Psychiatric disorders

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