GERMANY

I. Situation of the Profession

History and Development

In the mid-fifties E. J. KIPHARD, a sport and circus educator, developed with youth psychiatrists a treatment plan for children with suspected psychological and motorical impairments. The conceptual framework was based on the assumption that psychological and motor skills are a unity; internationally referred to as *Psychomotricity*.

Initially CH. PFEFFER introduced in 1941 the term *psychomotorische Übungsbehandlung* (treatment of psychomotricity). E. J. KIPHARD adopted this term for describing his movement-based therapeutic treatment sessions with children.

Educational concepts of *ITARD*, *SÉGUIN*, *MONTESSORI*, *M. SCHEIBLAUER*, *CH. PFEFFER*, and *LÖWNAU* and his extensive experiences with physical movement exercises (motor skills) were the basis for E.J. KIPHARD'S new therapy. His goal was to develop and advocate *psychomotorical therapy* as an independent treatment method.

Chronology:

- 1960 Bewegung heilt the first book by E.J. KIPHARD published
- 1976 Aktionskreis Psychomotorik (AKP) founded: The committee is a forum for exchanging information about psychomotorical developments
- 1977 Professional college, *Fachschule am Berufskolleg für staatlich geprüfte Motopäden*, established; Training through professional college (undergraduate programme) licensed by the state. As of 2007 12 professional colleges are operational
- 1983 Phillipps-Universitity of Marburg: Professional Degree Programme **Motologie** established; A Graduate programme of Psychomotricity (award professional degrees e.g. M.A. <Master of Art>, Ph.D.)
- 2005 This collegial and university level institution of Marburg changed into European three-cycle system of Masters and Doctorates as defined by the Bologna process.
- 1977-2006: Professional associations, organizations as well as academic and scientific networks established.
- 2006 Deutsche Gesellschaft für Psychomotorik (German Association of Psychomotricity) founded

Psychomotoric concepts:

Today various psychomotoric concepts are used in Germany. The goals of these concepts are:

- Therapy of motor skill disturbances as part of the development of an individual's personality.
- Fostering the development of personality through movement
- Application of psychomotric approaches when working with adults, fostering selfcoherence through a salutogenetic perspective.

Outlook - endeavour:

Major initiatives in Germany are:

- Establishment of a Bachelor's (undergraduate) degree programme at the university level,
- National recognition of psychomotoric intervention as an independent carreer field
- And development of a scientific framework through defining, differentiating and



Psychomotor/Professional Organizations:

Deutsche Gesellschaft für Psychomotorik
 National (German) Association of Psychmotoricity: www.dgfpm.com;

The following Societies are members of the national association:

- Aktionskreis Psychomotorik e.V (AkP); www.psychomotorik.com;
- Deutscher Berufsverband der MotopädInnen/ MototherapeutInnen e.V. (German professional association of Motopäden/ Mototherapeuten) www.motopaedie-verband.de; journal: Praxis der Psychomotorik
- Berufsverband der Motologen –Diplom /Master e.V. (BVDM)
 (German professional association of Motologen) www.motologie.net; journal: motorik
- Wissenschaftliche Vereinigung für Psychomotorik und Motologie e.V. (Association Science of Psychomotricity), www.wvpm.org;
- Bundesverband der Ausbildungsstätten für staatlich anerkannte Motopädinnen und Motopäden e.V. (BAM); www.bam-ev.com;
- Several clubs offering psychomotoric intervention

II. Education and Training

The training of motopäden and motologists is deeply influenced by the assumption that movement plays a key role in the ability to learn, to develop personally and to develop individual expression. Courses about functional and neuro-motorical elements of the body, movement and symbolic acting, development of personal competence of contacting and respecting the person are also an integral part of the curriculum.

2.1 Education of *Motopäden* (at the professional college - *Fachschule*)

Professionals, who want to pursue the training as a *Motopäden*, are generally required to have earned an undergraduate degree as a gymnastics or physical education teacher, or in the field of social studies, health related studies. In addition several years of professional work experience may be required. An average of fours (4) years undergraduate and one (1) year of specialized training at the *Fachschule* complete the training. Upon completion of the formal education trainees are licensed by the state.

For more information contact Bundesverband der Ausbildungsstätten für staatlich anerkannte Motopädinnen und Motopäden e.V. (BAM); www.bam-ev.com;

2.2 Professional Degree Program (at university)

Professionals seeking admission to the professional degree program *Motologie*, must have a undergraduate degree with a major in education or behavioral science from other educational institutions. The professional degree programme includes: sciences of motological movements and workout of body in a therapeutic and educational context, appplication of motologicial concepts in health promotion and health education, motologicial based consultation of organizations and scientific research tools and scientific methods. For more information visit: www.uni-marburg.de/fb21/motologie.html;

2.3 Additional Training

Different providers such as *Aktionskreis Psychomotorik e.V.* offer nationwide continuing education courses e.g. 200 hours course of additional psychomotricity qualifications. (for example: for teachers, kindergarten teachers or physiotherapists)



III. Practice - career opportunities

Traditionally, psychomotorical approaches have been present in educational and recreational activities as well as in private practice, school and non-degree career training. Psychomotorical intervention services are now more and more utilized in consulting and supporting elderly people. State licensed *Motopäden* as well as *Motologen* are gaining more recognition in the area of rehabilitative medicine and preventive health care. Many professionals provide services in nursery schools, remedial educational facilities, consulting institutions, medical institutions and hospitals. They work as consultants for families and social services, cooperate with other professionals and participate in teams, assume leadership responsibilities, work as freelancers or establish private practice offices and can choose to provide either individual training or training in groups.

In order to support the idea of psychomotricity several researches have been initiated during the last few years.

IV. Legislation

Relevant institutions develop psychomotorical interventions upon request by a medical doctor. Psychomotoric interventions have to be approved by a health office, an office for youth service, or a social service office. Reimbursements through statutory or private health insurance program are decided on case-by-case basis and are not bound by a special (psychomotorical) profession.