Psychomotor therapy at school

At school children with social-emotional problems or behavioral problems often need specific assistance and help to function adequately. Psychomotor therapy (PMT) can offer this help, by providing bodily experiences and offering movement and play situations in which the child can practice new behaviours. As such, Psychomotor therapy suits the child’s world of experience very well.

Psychomotor Therapy

Psychomotor therapy (PMT) is developed for people with mental health problems and it focuses on the expression in movement behavior, body language and posture. The aim of the experience based therapy is to remove and/or reduce the problems by using body- and movement oriented methods.

Treatment strategies in PMT are characterized as ‘exercise or skill oriented’ (practicing weak or missing skills), ‘experience oriented’ (offering new situations and experiences) and ‘conflict oriented’ (expressing and processing emotions), depending on the goals for each individual child. These treatment strategies can also be combined, for instance if a child needs to overcome his anxiety and associated inhibited behavior.

In PMT, children practice and experience new skills and behavior. For each child a treatment plan with specific goals is formulated. Common goals are learning to regulate aggression; learning to play cooperatively; learning to recognize bodily signals, sensations and emotions; learning to control impulses; enhancing self-confidence; learning to recognize limits and boundaries of itself and others; reducing social anxiety (for clusters of treatment goals see Emck & Bosscher 2009).

Jody (11) has difficulties concentrating at school. During the lessons he is constantly moving and trying to contact with his peers. Also when he is set apart he cannot concentrate on his work. Jody suffers from these problems and it upsets him to be separated from his peers.

During PMT Jody practices the so-called traffic light-method. During the instructions of the activity the therapist shows a red sign indicating that Jody has to listen. This red sign, for example a red beanbag is placed in front of Jody to make it visible. When the therapist shows an orange sign (an orange beanbag), Jody is allowed to ask questions and make a planning for his actions. As soon as the sign turns green Jody can start his planned actions.
An example: Jody is instructed to build a bridge that should be strong enough for Jody to pass it without touching the ground (red). Jody makes a plan and explains it to the therapist (orange). Next, the plan is executed and the bridge is built (green). Finally, the construction is tested on safety and Jody passes the bridge.

In this way Jody learns to control his impulses and to focus on the instructions. He’s experiencing success, joy and pride when the bridge is build successfully.

PMT at school

PMT is offered in several settings, such as mental health care, child psychiatric centers, youth care, special education, care for people with intellectual disabilities, rehabilitation settings and private practice.

Due to inclusive education policy, PMT is increasingly offered in regular education as well. The interventions may be aimed at:

- Behavioral problems – externalizing behavior such as hostile-aggressive behavior, disobedient behavior, oppositional defiant behavior.
- Emotional problems – internalizing behavior such as shy, timid, and quiet behavior, anxious or sad feelings, a low sense of self-perceived competence and low self-esteem.
- Social problems - social behavior such as inadequate social behavior, lack of social insight, lack of empathy, quarrel, social isolation and social fear.

Tom (10 years old) is often involved in fights and he physically threatens and attacks his classmates. Because conversations have not led to any solutions the help of a psychomotor therapist is called in. During individual therapy in the gym, the psychomotor therapist tries to find out when and why the aggressive behavior occurs by offering several situations in which the problem behavior is expected to show up.
During a soccer game Tom becomes angry very quickly. When the therapist scores, Tom thinks the therapist is cheating. Meanwhile Tom is cheating himself by saying he scores when he just misses. Tom tells the therapist "I am the best" and it becomes clear that Tom is not able to cope with losing a game. It shows that Tom is actually afraid of failure. His standard is very high, his self-esteem is very low and he is insecure. Therefore he attacks, belittles and threatens others before they laugh at him.

During the next sessions different activities are done (as practicing shooting on targets, jumping, climbing, throwing) so Tom can experience what he is capable of. The therapist compliments him on adequate intentions and behaviors to enhance his self-esteem. The therapy is also focused on coping with losing a game. In the course of time Tom is asked to bring a classmate to practice his new learned skills with a peer under guidance of the therapist. For example, he can play a soccer game with the peer and when the excitement grows as the peer scores, the therapist can remind Tom to keep calm and stay focused on the game.

An advantage of offering PMT at school is that vulnerable children who don’t have a specific psychiatric diagnosis can easily receive extra support. For children with a psychiatric diagnosis (like ADHD or PDD) PMT at school can be used to practice adequate behaviour and solve problems in their daily setting. Practicing in the daily setting (the situation in which the child is experiencing problems), facilitates generalization of experiences and learned behaviors.

Anne is an 11 years old girl. She is very shy and she hardly dares to talk to the teacher. She remains in the background and shows little initiative to other girls. The teacher is worried about her defensibility and would like to see Anne more assertive. The assertiveness training is a good option for Anne. During this training Anne practices (together with other children) how to be more assertive by using her bodily attitude (upright, shoulders back, head upright, both feet on the ground) and breathing calmly. By the use of martial arts and judo-like exercises Anne can experience her own power. Other topics are the right use of the voice, setting limits ("I don’t want you to come closer") and saying stop ("stop, I want to change the rules of the game"). In this way Anne experiences that she is in control: she can influence and change the situation which can make playing with others more fun.
Class, small group or individual PMT

PMT can be offered as group training to whole classes, to a small group of selected children or to an individual child.

When PMT is offered to a whole class one specific topic is chosen: to improve social skills, to prevent bullying or increase assertiveness of vulnerable children. The topic most appropriate to that specific class is chosen. In the class training the teacher also participates and continues to address the topic during other activities in the class that week.

When PMT is offered to a small group, 5 children are chosen which are about the same age and experience the same problems. Then a topic (assertiveness, impulse control or social skills) is chosen so all 5 children will benefit from the group.

In the individual PMT the goals are made more specific to the child’s individual needs.

Each training (either class, group or individual) contains 10 weekly sessions of 45-60 minutes. The children will receive a workbook with exercises, so they can practice the new skills in the class and at home.

Before starting PMT the behavioral difficulties and the desired behavioral changes should be discussed with both parents and teacher. Furthermore parents and teachers are informed about the training and how to practice the things learned at home and in the class.

The manner and frequency in which they get in contact with each other will be discussed. During the program there is weekly contact between the psychomotor therapist and the teacher, especially about incidents, changes or improvements seen in class. After 5 sessions there will be a meeting between the therapist and the parents to discuss the development in the training and the guidance at home. At the end, again a meeting with the teacher and parents takes place, in which the progress is discussed and further planning is made. If necessary the child is referred to more intensive treatment.

Some Health Insurance companies cover the costs of PMT; however PMT can also be financed by special funds of the municipality or school.

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More information about PMT can be found in:


NVPM'T, beroepsprofiel, 2009 (professional profile of the Dutch Association of Psychomotor Therapy)
