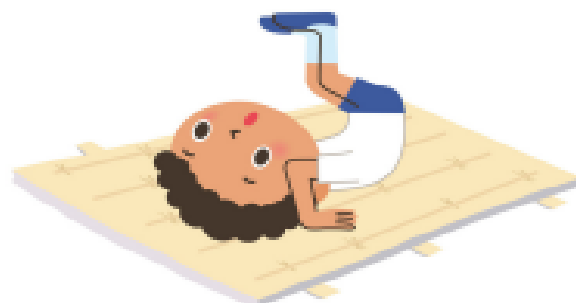




**FUNDACIÓN CENTRO SAN
JUAN DE JERUSALÉN**

**PSICOMOTRICIDAD
HERRAMIENTA
TERAPÉUTICA**

**QUITO- ECUADOR
2020**



FOURTH DIALOGUE

TOPIC: "Psychomotricity as a Therapeutic Tool"

DATE: Thursday, June 11th, 2020

TARGET AUDIENCE: Educators, educational psychologists, psychopedagogues, child psychologists, occupational therapists, language therapists, physical therapists, and parents.

Objectives:

- Explain the benefit of psychomotricity as a therapeutic tool in the different areas of Fundación Centro San Juan de Jerusalén.
- Describe the benefits that psychomotricity has in the development of the child during preschool age.
- Present psychomotor activities for each therapeutic area.



1. PSYCHOMOTRICITY: THE BASIS OF PSYCHOLOGICAL THERAPY IN CHILDREN

❖ Experiential Psychomotricity

Psychomotricity is a discipline that considers a person as a whole, and not just in its organic aspects. It includes several aspects:

- **Motor:** movements the child makes and bodily awareness.
- **Psychological:** it encompasses what the child knows and will learn, and superior functions; that is, the cognitive and emotional aspects.



Carla explains that the psychology department uses psychomotricity as an instrumental part of their work, since each of the aforementioned aspects are considered as equally important as the core of children's development (motor, cognitive, emotional, and social).

❖ **What purpose does experiential psychomotricity serve?**

It helps support the child to develop the motor, cognitive, socio-emotional, and communicative aspects in a harmonious and comprehensive manner.

❖ **How soon can we find psychomotricity?**

Psychomotricity starts from the stages of pregnancy where the child does not only begin to be aware of its body, but mostly remembers sensations and emotions that it does yet have words for. This can happen depending on maternal-fetal factors.

Carla explains that when a mother is happy during her pregnancy, neurotransmitters that generate happiness go towards the fetus. In a similar way, when the mother is depressed or anguished, the fetus will perceive these sensations.

Proper care during pregnancy is important since the health of the mother will resonate on the sensations that the fetus perceives.

An essential stage for the child is from 0 to 2 years old, since the child's brain development will be enriched. During this stage, appropriate development of psychomotricity will be guided by the mother or the person that exercises the maternal role

Maternal roles are:



- **Holding:** how the mother holds the baby, body contact, rocking the baby. This will contribute to the development of the psychological structure of the child.
- **Handling:** how the mother takes and moves her child, the way she changes its diaper, or the way she feeds him.
- **Object-presenting:** how the mother shows the world to her child, the motivation she gives him or her to learn. This teaches the child to be aware of its body limits, its boundaries in relation to objects and to other people.



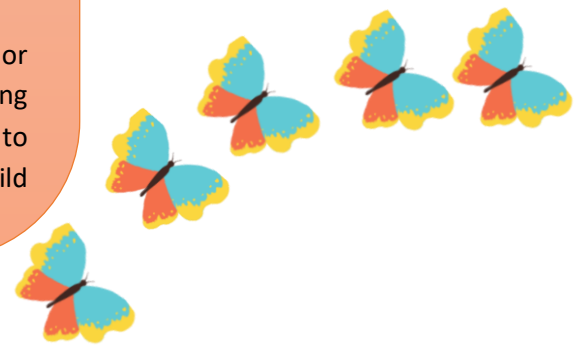
❖ Psychomotor contents in the experiential model

- **Relationship with oneself:** the child perceives, discovers, and learns the relation between emotions and thoughts and its body.
- **Relationship with time:** the clock is used as a visual and auditory medium that limits time to do the activities and helps the child decrease its anxiety.
- **Relationship with space:** space delimitation in the environment is used routinely, this makes the child internalize and identify the different spaces and activities that he can do in each one of them. This will help him in his social performance with respect for the rules of each space.
- **Relationship to others:** through group psychomotricity, where coexistence with its peers is also worked.
- **Relationship with objects:** the child learns to explore its environment through different objects or toys.
- **Language:** the session is always paired with the word or explanation from the adult, with the objective of helping them maintain attention, control of its frustrations, and to give verbal meaning to the sensation that the child perceives.



**moverse
para aprender**

Move to learn!



❖ The work of the psychology department

In Fundación Centro San Juan de Jerusalén the work methods in the psychology department are:

- Duos: the maternal figure and the child
- Individually with the child
- In a group

The psychologist will be the one in charge of motivating the child during the psychomotricity sessions to do the activity. He or she can also be a mediator in conflicts between their peers and will guide the child to channel and express its ideas and thoughts. The general work structure in the psychology department is focused on the following aspects:

- **Developmental age**
 - o Children distribution based on developmental age
 - o Selecting the appropriate material according to this age
 - o Stimulation of the child's spontaneous motor activity



- **Framing**
 - o Fixed and stable structure of the sessions
 - o Framing stability is reflected on the space. The child has its space for psychotherapy or its psychomotricity room
 - o The amount of time will be the same in each session and it will be distributed for different activities: introduction, development, and closing.
 - o Rules and boundaries according to the personal characteristics of each child. Respect for oneself, for others, and for space is fostered.
 - o Whenever possible the same adult of reference must be maintained until the therapeutic process is finished.

- **Role of the psychologist**
 - o Guarantee therapeutic frame
 - o Ability to perceive the needs and expressions of the child and the group
 - o Providing the right words for the integration of cognitive, socio-emotional, and motor learning.
 - o Give meaning to the child's body language, so that the child learns about what they are feeling and accepts it.
 - o Knowledge of the stages of integral development of the child.
 - o Constancy in the systematization of the sessions, after each intervention.
 - o The ability to be self-aware and reflect on his/her role as a psychologist.



❖ Materials for the sessions

They should be appropriate for the child's age, but not their chronological age, but rather according to their age of cognitive development.

The learnings will be significant and important to the extent that there is a harmonious exchange in the relationship between the adult and the infant. This will provide security, confidence, and thus you can have meaningful learning and express your true self.



❖ Tips for parents



- Respect for the child's needs and supporting them in the game.
- Develop verbal communication skills with your children.
- Establish solid routines, rules, and limits.
- Using age-appropriate material and toys, avoiding over-stimulation.
- Reflecting on themselves and their role as a father or mother.

2. OCCUPATIONAL THERAPY AND PSYCHOMOTRICITY

The occupational therapist will accompany the children in their maturation process, with the aim of improving the capacities and abilities in the activities carried out in daily life.

Occupational therapy is considered an effective alternative in the rehabilitation of children and adolescents with special educational needs; fundamentally through the use of the game and for its value in the educational process.

According to Piaget's theory, it is affirmed that intelligence is built from the motor activity of children. In the first years of life up to approximately seven years, the child's education is through psychomotor skills; all knowledge and learning focuses on the child's action on the environment, on others and experiences through their action and movement.

❖ Psychomotricity

The word 'psychomotricity' comes from the terms *psycho*: which relates to psychological, socio-affective and cognitive activity and *motor*: which refers to movement. It is a technique used to help the development of the body and mind of children of infant age as well as their body movements.

❖ Benefits of psychomotricity

- It stimulates the senses through sensations and interactions between the body and the outside world.
- Through the corporal approach through body movement, it develops or re-establishes posture, actions and gestures.
- It allows better control of movements and emotional impulses.
- Organizes the ability of movements through the use of real and imaginary objects



❖ Types of psychomotricity

- Preventive psychomotricity

- o Infants through their bodily actions: like playing, jumping, manipulating objects, and intuitively acquire the necessary learning to develop in school and in daily life
- o Concepts related to space (up/down, right/left), time (speed, rhythm, duration), motor skills necessary for balance and visual-motor coordination are worked on.
- o Beneficial for writing, reading and maths: the subjects that are essential for academic success today.



- Therapeutic psychomotricity

- The group session can be carried out as an individual, but from an approach that takes into account the special needs and characteristics of each child.
- It is also about re-educating and/or rehabilitating certain functions, which have been affected by various pathologies or affective-emotional disorders.



❖ Psychomotor development disorders



- **Motor weakness**
 - Clumsiness in movements and inability to voluntarily relax muscles.
- **Motor instability**
 - Inability to inhibit movements, it is difficult for them to relax and stay still.
- **Motor inhibition**
 - They show fear of social interactions, fear of falling, and insecurity.
- **Body image disorder**
 - Difficulty in acquiring knowledge and representation of one's own body.
- **Childhood dyspraxia**
 - The child is unable to perform tasks correctly, lacks coordination and cannot imitate simple gestures





❖ Therapeutic sessions



- Individual:

- The therapist may show greater availability towards the child in treatment.
- This allows the therapist to work with a more in-depth approach and fulfill the therapeutic needs of the child.
- The learning pace of each child is better respected and greater participation can be had within the session.

- Group:

- Group sessions are more stimulating.
- They favor communication and allow greater spontaneity in the child.
- for this it is necessary to have a larger space to carry out the sessions.



Paúl mentions that in children in whom psychomotor skills have been stimulated from a very young age, they tend to develop some muscle abilities and skills faster, their critical thinking, and have improved memory and concentration.

Motor

Allow the child to control his/her body movement.

Cognitive

Allow the improvement of creativity, attention, concentration, and memory and the development of basic neural functions

Social and affective

Allow the child to have a better self-knowledge, relating with the rest and approaching his/her fears.

3. PSYCHOMOTRICITY IN SPEECH THERAPY

Language and psychomotricity are presented together in the development of every child, this means that they support and complement each other. Intellectual maturity will depend precisely on the psyche, action and language.

The body is the motor that allows the child to receive all the learning, but if it is poorly structured, it will prevent the absorption of learning, limiting the development of concepts in the child.

Jorge explains that the body is the channel through which information is going to be entered and learning will be generated. It is important to carry out a timely intervention that favors the development of psychomotor skills and verbal communication of the child from an early age, since it will allow the child to know themselves, and discover and understand the world around them.

Nowadays, it is increasingly common to find children who have some delay in their language and in their psychomotor development.

Human beings have developed a phonoarticulator device that enables us to emit phonemes (verbal sounds) that we give meaning to. These enable us to communicate through a complex verbal code that is the language with which we speak.

❖ Therapeutic Intervention in Speech Therapy

In speech therapy, psychomotricity is the form of therapy used to approach educational, re-educational and therapeutic work; that is, we can use psychomotricity to develop the speech and personality of the child by means of a physical approach (posture, movement, and action).

Jorge gives an explanation about the relation between a child's psychomotor development and speech; for example:

- **10 to 12 months**
 - o **Motor:** Sitting with elongated torso and head stability in an independent way.
 - o **Speech:** this posture allows the child to visualise and understand his environment, which helps improve his speech



- 12 to 15 months
 - o **Motor:** Develops manipulative activity and interactions with toys.
 - o **Speech:** The child starts to give significance to the moving toy, the car for example, and relates it to its sound



- 15 to 24 months:
 - o **Motor:** Climbs and descends stairs alternatively, jumps, runs speeding up and slowing down
 - o **Speech:** The child learns to control the velocity of his communication with more fluid communicative expressions, with rhythm.



❖ Therapeutic activities

The development of psychomotricity as a therapy tool in speech therapy will depend on the creativity of the professionals and the individual objectives set for each child; Jorge mentions many examples of activities:





- **Songs:** Singing helps the movement of the orofacial musculature. Accompanied by hand movement, body movement and rhythm, singing must be guided by an adult with the goal of stimulating intentional communication and interaction with the adult; that is, we cannot stimulate speech if we only provide the child with a repertoire of songs on a mobile phone or computer. The accompaniment of the parents is very important to present or explain to children what they are watching or seeing.

- **Circuits:** ask the child to grab an object that we ask of him. He must go through the circuit we have designed and we can do activities of recognition or classification of objects.



- **Painting** Encourage the child to create a representation of his feelings or emotions, or whatever he may like, and then, we can ask the child to explain his drawing or the process by which he did it. We can also ask about the color of the painting, whether the drawing is big or small, etc.

It is important that the therapists or teachers explore the interests and likes of the child, as this is a primary foundation for the completion of objectives. The child will be motivated and perform the activity with joy. This will be productive for the child and the professional; that is, the learning style of each child must be identified.

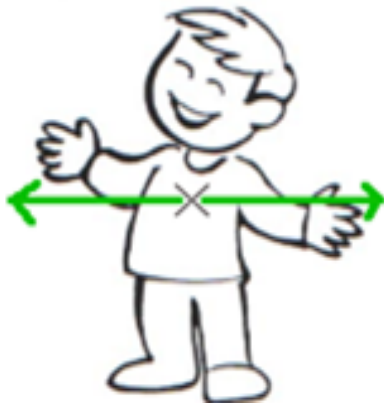
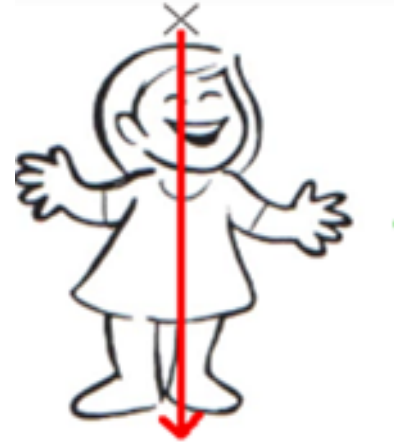
4. PSYCHOMOTRICITY APPLIED TO PHYSICAL THERAPY

Psychomotricity contemplates the human being from a comprehensive perspective, considering emotional, motor and cognitive aspects. It seeks the complete development of the individual, taking the body and movement as a baseline.

❖ Laws of Neurological Development

- Law of Cephalic Flow

Children gain control of the parts of the body closest to the head first, progressing to the pelvis. That is why children learn to move their heads and necks before learning to sit



- Law of Proximal Distal

The parts closest to the body axis will be developed and controlled; that is, first the child will control shoulders, then elbows, then hands, and finally fingers.

- Law of flexors and extensors

First the child will control the flexor muscles and then the extensors. That is why the child is first able to close his hand to grasp and later learns to open it to be able to release.



❖ Benefits of the psychomotricity in physical therapy



1. Body awareness and control.
2. Maintenance of Posture.
3. Coordinated motion.
4. Control of voluntary inhibition and breathing.
5. Ensuring trust and safety in the child.
6. Expanding capacity of the subject's interaction with the environment.

❖ Intervention in Physical Therapy

Performing activities to complete the motor objectives in each child will be done through games, with the goal of improving and overcoming difficulties and training psychic and physiological functions through situations in which the child receives perceptual sensory information that you have not received.

Oscar mentions that in the early ages of 0 to 2 years, where the child is in the sensorimotor stage, physical therapists will use the motor game, with the following objectives:

- Explore and discover possibilities of action
- Trial - error; that is, use repetition and learning to integrate knowledge.
- Allow the child to relate to the environment through the sensations perceived by his senses.
- Generate Neuromuscular responses.



The psychomotor activity in a child of two to three years will be through symbolic games and from four to five years, roleplay can be used by making the child imitate situations that he observes in his environment. The objective is to enhance the maximum levels of autonomy.

From 7 years old onwards, the games will be played with a progressive increase in difficulty; for example, use of circuits with complexity of motor movements such as running, standing on one foot, jumping, etc. The circuits also help improve posture, locomotion and balance.

