e-motion

Association for Dance Movement Psychotherapy (ADMP) U.K.

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Contents

Editorial

Welcome to the Summer issue of **e**-*motion*. The contributions this issue have given us an emerging theme of "connection", appropriate for us as a team as our ambition is to give the DMP community space in **e**-*motion* to make connections with each other, and with their own practice.

We open with a piece by Jo Diribe on creating DMP work after graduation, an experience that we feel will be recognisable to many graduates, and we are grateful to Jo for sharing this with us.

Diane Parker has the latest edition in the Create:Integrate series, offering an interview with Bridget Poulter on her journey to DMP and her current practice which combines DMP with Play Therapy – and includes a remarkable description of the emotional process of discovering and applying for the DMP programme, which connected with at least one member of the Editorial Team!

Riitta Parvia continues with our theme, connecting us with our international peers, but also connecting intuitive process to theoretical frameworks.

Our first Regional Report from Davina Holmes "Who is your DMP Neighbour or Cousin?" introduces several DMPs from the London area and is a great resource for fostering a sense of local community for DMPs. We hope that members can use this as an opportunity to reach out and we look forward to meeting many more of our neighbours.

We also have the first contributions from two more of our regular columns: Marina Rova introduces the newest addition to the Research Forum from Tarisha Finnegan-Clarke, and in "Student Voices" we welcome Emily Marriott & Heidi McCallion, two 1st year students at Derby University reflecting on their first year of training.

We close with a copy of the FAQ's compiled by Sissy Lykou and the ADMP UK Council regarding applying to UKCP. This was at the request of members and both Sissy and the Editorial Team were happy to oblige.

In the spirit of encouraging connection, please do continue your communication with the **e**-*motion* team as we work to shape the publication to meet the needs of the members.

You can email us on e-motion@admp.org.uk and the **e**-*motion* team also facilitate groups for ADMP UK members on both Facebook and LinkedIn. If you use either of these networking sites, please contact us on the email address above to request to join.

We thank you as always for your continuing support and look forward to connecting with everyone who would like to contribute to our next issue in September.

The **e**-*motion* Editorial Team
Ruth Price, Marcella Purnell,
Virginia Thorn & Rebecca Wilson

Please note, all requests to join the group must be verified by the ADMP UK register and this may take time. If you use an alias on Facebook, please include the name you are registered ADMP UK with in your message.

Letter from the Chair – June 2016

Dear Members,

It has been a chilly spring and I am sure that we are all looking forward to the warmth of the summer sun and, hopefully, some holiday and rest time. That is clearly the case for Council and sub-committees. We have all been working on your behalf to make some smooth transitions.

I hope that by now you will have received the details about the procedure for applying for UKCP membership through ADMP. Final negotiations and preparing the Handbook etc. fell to our Vice Chair, Sissy Lykou. We owe her a debt of thanks for her consistent determination and dedication to completing this work for the benefit of membership. Registration with UKCP is optional and it does not affect the route to ADMP registration at this stage. Council is now in the process of providing the additional modules required for members who registered post 2009. That information will soon be available on the website.

The website is in the process of being updated and gradually will become more user- friendly and might, eventually, provide many of our administrative procedures and cut our telephone, stationery and postage costs. Keep an eye on the website for changes and information. We are always grateful for offers of help from members with computer skills.

Work is proceeding to provide more workshops and to respond to your input following our meeting in January.

Our Research Working Group (RWG) has prepared a protocol for those wishing for help from members with their research. That information should be on the website.

Andrew Clements has been very busy with membership renewals. Please remember that there is now a system of fines in place for late applications. This is to cover the extra cost of administrative time rather than raising the membership fees for everybody. As you know Andrew is retiring in December of this year and we have been busy preparing for this event…….not an easy process as he has been central to the working of ADMP across the board. He has served the membership, Council, sub-committees, training courses, website and handled all our banking and payments. As we now have a treasurer he has started to reduce his hours and is now available only Wednesday to Friday for ADMP business. We will shortly appoint temporary administrative assistance as we move towards Andy's retirement and we aim for a smooth transition.

Just a reminder that the second European Dance Movement Therapy Conference will take place in Milan from the 9th to the 11th of September in association with APID our sister Italian professional body. There are some interesting Keynote speakers and, no doubt, a range of workshops and presentations. Make it if you can.

I wish you all a warm and restful summer and look forward to seeing as many of you as possible at our AGM in the autumn (October 15th). We are preparing some interesting workshops for that event so keep an eye on the website and emails.

Warm wishes to all,
Jeannette

Jeannette MacDonald
Chair ADMT UK (pro tem)

Entering the Work Place

'Trust the Process' was a brilliant phrase used during my training to cover situations whereby the final outcome could not be predicted or understood completely. With entering the working World this phrase has continued to shape and inform my work and interactions. Trusting that there was space for me to create my own work in the area of clinical work that most interested me; working with adolescents and mental health. Initially I found myself trawling the internet for jobs in Creative therapies that didn't require the '2 years post-qualification experience' or additional registrations etc.; applying for anything and everything that was remotely therapeutic in nature.

After working, for a period of time, as a support worker in a residential school for young people, I moved jobs to work in a Psychiatric Intensive Care Unit for adolescents as a Support Worker. I moved into a Therapy Assistant post when the job became available. In working in the different roles, I was able to recognise where the gaps were in the therapeutic interventions and support. The days were often long and unpredictable; however the roles offered insight into where the needs were for the young people. This gave me an almost behind the scenes view to what the young people felt would support them.

I began conversations with key people in management, introducing the idea of Dance Movement Therapy for the young people; highlighting the relevance and need for creative interventions such as Dance Movement Therapy. In speaking with management and those in control of the purse strings, the focus for persuasion had to shift from the ins and outs of DMP to the financial impact. Those at the top want to have the evidence that any new service will be a good investment – balancing monetary value and patient care. After several conversations, emails and meetings, I was given the opportunity to work one day a week as a Dance Movement Therapist for a trial period of 3 months that turned into 7 months. The delay covered the transition the hospital underwent as they changed ownership, resulting in several frustrating moments of uncertainty. However in *'trusting the process'* and continuing conversations with different professionals and management, I learnt when to push for answers and when to step back, leading to the opportunity to build the service to a confirmed 2 days a week as a permanent post.

In reflecting on the start of the work and ongoing challenges, one difficulty that still continues, is ensuring patients are referred based on appropriateness for Dance Movement Therapy and not just because 'they love dance'! It's never surprising to read on a referral form that the young person "… enjoys dancing and has attended dance classes". Using this to my benefit in regards to obtaining referrals, I continue to talk with the consultants about criteria for referral and work within the Multi-Disciplinary Team to develop understanding and grow recognition for Dance Movement Therapy within the hospital.

Jo Diribe

Create:Integrate – Bridget Poulter

The Create Integrate series continues with my interview with Bridget Poulter, whose DMP journey encompasses market research, Egyptian dance, teaching and play therapy.

What did you do before training as a DMP? What brought you to the profession?
I came to DMP rather late in life, having worked as a marketing professional for a wide variety of businesses from construction to Further Education, although I had studied ballet when young. I discovered a flair for qualitative market research and analysis alongside general writing and planning skills. I enjoyed talking to people and discussing why they made buying decisions: even for basics like bricks and mortar which are surprisingly emotional even in commercial operations.

Alongside this quasi-creative but office-based role, I lived a double life as an Egyptian dancer. I first came to this style on my hen night at a Greek restaurant and was dragged up to dance…. I adored it. The music and moves felt like coming home, and soon after I found a class. From my own experience as a student, and later as teacher, I realised this often misrepresented dance form is all about the internal: be that moving muscles or communicating the emotional and rhythmic element of the music. From teaching, I witnessed the power of dance to release and reveal deeply held feelings. I felt ill-equipped to deal with this emotional luggage, whether unexplained tears, resistance to certain moves, or disruptive behaviour. I enrolled on a counselling skills course in an effort to help understand more and for my own curiosity.

By now, marketing had lost its sparkle and I craved a way to 'give something back' – a classic female mid-life condition. Quite serendipitously I came across DMP as an overheard snippet at a dance workshop. I remember shaking with excitement as I discovered the courses available and passionately wanted to enroll on the MA programme. Summer 2011 was a time of heightened tension, embodying Laban bound flow. I was terrified of being rejected by Goldsmiths but anxious about practicalities of work and finance. I had fallen in love and nothing was going to part us.

How would you say you are currently integrating DMP with the rest of your work/life? What does a 'typical day' look like for you?

I remember [course convenor at Goldsmiths] Caroline Frizell advising that this course would change me – and it has. I believe I am more accepting and understanding of others, and feel more 'coloured in' myself. I am still very much capable of moments when my 14-year old self emerges but at least I know when she does – and it's definitely changed my wardrobe!

I work as a play therapist 2-3 days a week, seeing between one and three clients a day and usually for 12 one-hour sessions. I work within school hours and hold sessions in a variety of spaces from small to roomy; I sometimes have to be adaptable as space in schools is a finite resource but, if that happens I bring the change into the space and discuss it with the child so the change is not ignored: moving from place to place has often been a feature of their short lives due to fostering or family breakdown. While ostensibly using 'play' I do incorporate DMP skills into sessions, such as commenting on the effort used to roll out Playdough and witnessing movements made. I've also had fun racing in cardboard boxes, and know rather more about 'Minecraft' than I ever really wanted to.

One of the most surprising aspects has been my work with children – something I hadn't deeply considered, thinking my natural milleu would be with adults. I found going into school during first year clinical practice very discomfiting. Yet, it allowed me to re-experience play alongside my little client and bring that back into my life: an element that had been subsumed by pressures of redundancy, my husband's mental ill health, and bereavement. There's a saying that people or experiences find you and teach you what you need, rather than the other way round. I do wonder if this is the case with me. Not having my own children often felt uncomfortable as people make assumptions: 'oh dear you can't have them' (pity) or, 'oh, you don't like children' (judgement). Life isn't so simple: for me it didn't happen.

While at Goldsmiths I unearthed a latent nurturing, maternal side I had suppressed without fully realising its strength. I may not have given birth but I can be a 'good enough' mother for the clients I see, giving a secure base to explore and provide the 'gaze' and mirroring their own mothers could perhaps not give. Friends with children have seemed surprised at my work as a play therapist – I can almost see thought bubbles saying 'But she's not a mum, how can she understand children?'. My response is that I was a child once and not having children may prevent me from over-identifying parentally with psychological material, allowing more focus on being with the client. Play therapy has given me a chance to be part of children's lives, if only for a short time. My MA training helps when teaching children dance too: I make an effort to ensure each child is seen, especially the quiet or awkward ones.

How do you manage to maintain the integrity of DMP within the context of your other work (therapeutic boundaries, CPD/training, safe and professional practice, etc.)? What challenges do you currently experience in your work?

I'm lucky that my therapy work and dance teaching take place in different areas, so there's little risk of overlap or muddled identity. I wouldn't take a booking as a dance teacher at a school where I had clients, it wouldn't be appropriate: one is being open and accessible to all, the other is about being there for one person. For clients with attachment disorders (the majority of those I see) it would cause confusion exacerbating issues they may already have. A major challenge I face is working with siblings: I recently turned down taking on the sister of a client, although at another school I do see two brothers independently. While not ideal psychodynamically, with the potential for 'cross-contamination' of material and transference, the organisation I work for frequently faces this ethical dilemma due to the nature of referrals and venues. Supervision is helping me keep both clients separate in my mind, helped a little by the fact the boys do not share the same family home.

I have also faced the spectre of past clients infiltrating sessions with client play evoking memories of previous play patterns. With help from my supervisor I am learning that patterns do repeat – like recurring dreams – and it's OK to acknowledge this. The key point being, however, is to query why a past client is obscuring the here and now as well as not making assumptions. What is it about the current client that is making him or her disappear?

I travel a distance for the play therapy work, and being somewhat peripatetic can be hard: I feel constantly in a transitional space, betwixt and between clients and schools and not belonging completely. Then again, it keeps me out of office politics – something I deplored in my previous life. My secure space has become the car, which also doubles as office space and storage for my ever expanding props case. I'm currently figuring out how to construct a collapsible doll's house and the logistics of a portable sand tray…

What would you say is the best thing for you about creating an integrated practice?

In 'The Gift of Therapy' (2002), Yalom reflects that one recreates a therapy for each client, rather like a new language, because no-one is the same. In similar vein, I feel there's a need to design one's therapeutic approach to each client like creating a garment on a dressmaker's dummy. You choose a basic fabric, pull in a bit there, shape it a little there, add a new accent, or change the colour perhaps. Taking an integrated approach means not steamrollering clients with one technique, intervention or mode but assessing which approach might best support each with their exploration and healing. It's impossible to make a cake and an omelette using the same ingredients – some may be similar but it's the mix and blend of other elements that produce the desired outcome. With children that means a focus on play, their natural mode of being, and with adults, initial focus on verbalisation. With any therapy, establishing trust and an atmosphere of acceptance and safety are key aspects, regardless of modality. DMP has given me an added dimension, however; not only am I listening and watching play unfold, I can analyse the unspoken dialogue of movement and observe my own physical response to inform understanding. I've often come out of sessions feeling hungry following a client's fixation on making Playdough food!

What is your vision for the future - for yourself and/or the profession? How would you like your life and career to look in 5 years' time?

I enjoy not going to the same office at the same time all week and find the mix of people and places stimulating and yes, challenging. Although enjoying the work with children, I hope to expand my work with adults and the elderly as I passionately believe we all bury so much in our bodies that dance can set free, both joy and pain. I also harbour two ambitions: one is to work with the corporate market I was once part of, blending teamwork theory with DMP to enhance relationships and help with cultural change following restructure. The other is to set up a local version of 'Company of Elders' to give older people the opportunity for expressive dance and performance – so often denied by societal norms but gaining more acceptance and recognition of its empowerment and existential benefit. As I'm in the over 50s bracket myself I'm even more determined to give mature people life-enhancing involvement in the arts of all types.

Regarding the future of DMP, I hope there will be more cross-fertilisation with other arts therapies. I feel each faction is protective and defensive because funding and work opportunities can be hard to secure but, without greater transparency and collaboration public perception and awareness will remain low, undermining us all. I truly believe arts therapies reach where verbal therapy does not, especially with clients unable to access psychological material through disconnection, dissociation, trauma or age. Freudian psychoanalysis may not be 'the answer' but it was a massive leap into making sense of our internal worlds; I'm sure cognitive-behavioural therapy (CBT) is not the solution either, having taken a further qualification in this discipline too, nor pharmacotherapy. I have greater respect for CBT but equally, remain certain some souls cannot be soothed or healed through completing forms. Perhaps we are all too concerned with finding concrete – empirical – evidence of cause and effect and solutions when the magic of life is that there is no exact answer?

Dance, movement and creativity generate and communicate profound human emotion which is felt and understood at non-verbal levels transcending barriers of language, age, culture and gender. Surely this is enough; maybe in time, we will come back to just simply being in the moment, valuing the wonderful connections dance and free movement facilitate and permit.

Diane Parker, RDMP, MAC

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Bridget Poulter is a DMP and dance teacher/practitioner from Hertfordshire. She currently works as a freelance creative arts/play therapist for an organisation operating mainly within schools, and also teaches Egyptian dance to adults via independent classes, and via Cairo Comes to School, a small company providing Egyptian dance and percussion workshops to schools supporting the Ancient Egypt syllabus.
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If you would like to be featured in the next issue, please email the e-motion editorial team at e-motion@admp.org.uk or contact Diane directly at creativecoach@hotmail.com

What is it that works in Dance Therapy?

When educating dance therapists, supervising their work or attending DMT groups in conference settings, young dance therapists often ask me: What can I do to this client or that client group? They seem to be asking for work methods for specific client categories or particular ethnic groups in DMT.

Forty years ago I was invited to work as a dance therapist at the Mid-Norwegian mental hospitals. My DMT education in individual body-oriented DMT gave me no preparation to work with groups in the so-called heavy psychiatry. I had no colleagues to discuss with, the internet was not there, and DMT literature hardly existed. When meeting my first group of long-term chronic schizophrenic patients and psychiatric forensic patients I did not know what to do with them. However, my early background in milieu therapy, social psychiatry and encounter groups helped me to cope with the new situation. My supervisor said: "You know what you do," with emphasis on YOU. Ever since have his words followed me; I had to know.

When people ask me what they should do I cannot tell them. When they then ask me what I do I still cannot tell them. They then think that I do not know what I do. I cannot answer them because I do not have many methods to describe. Methods are usually created for their use within the therapeutic process, and they have not much meaning outside their context.

DMT literature now describes DMT techniques, methods and approaches, and demonstrates them through case presentations; there should be no need to ask what to do. Anne Lise Lövlie: "Beginners in therapy (and indeed seasoned therapists) often become seized by a compelling need to "do something." "… it seems to me that you really do most in therapy when you don't DO anything." (Lövlie, 1982). I recall a situation; when entering a therapy room I saw an empty chair, and I sat down on it for a good while, I just sat there. After some time my awareness was caught by a small hint to respond to, and the therapy process was in motion. When I enter a therapy situation I leave my own concerns behind, and I enter with an empty mind and with awareness of what is there. That does not mean that I enter as a tabula rasa. It is the situation that determines how to proceed. I do not see DMT as a linear progress towards its goal, rather it proceeds through unexpected events and finds its own direction, when allowed to.

The problem is that the question, even if answered, does not bring the young therapist far towards working with creative DMT. The question to be asked may rather be such as:

Who am I for them? Who are they for me? How may DMT work in groups?

The therapist needs to define herself, her basic attitudes: Her therapeutic, metaphysical, and epistemological basic attitudes (Parvia 1996, 2007). Therapy is a contractual relationship.
A frame for the work is discussed and agreed on between the participants, and in case of non-verbal patients between staff members and therapist, or in case of children with their parents or caretakers and the therapist and her team.

My groups of hospitalised long term patients were composed of patients who could tolerate a group for a certain length of time, and who were seen to profit from DMT, and who were motivated. Staff members were included into the groups as supports. I trained my co-workers and supervised their work.

Group DMT may start with some structured form of dance activity, but soon the groups start to move in different directions, towards more free expressions, drama plays, social training, or more cognitive or insight-oriented processes, depending on who they are, what they need, and how far the therapeutic processes can be developed.

Patients have their ideas of the therapist. They assign roles to their therapists and project their wishes onto her. The therapist in the minds of hospitalised patients may appear as a diffuse inner partner, a hated parent figure, a lesbian partner, an ideal woman, a dream sex partner, or a future wife. One cannot know about the patients' ideas unless they are verbal and express themselves. I do not need to know about their ideas about me. I stay concrete and interact with them as myself.

In therapeutic plays I become a co-actor. For example a group of male patients in a rehabilitation program hoped to find girlfriends. The matter was discussed and it was agreed that they needed to learn social dancing and social skills. With the therapist and staff members in the roles of dance teachers and dance partners a rather hard rehearsing process followed, after which our group went to a real discotheque to test their skills. The disco evening marked the end of our DMT process as the men were to leave the hospital (Parvia 1995).

An example: The Norwegian national day approached. The patients on a ward knew that they would be taken to the city by bus that day, but they would not be allowed to leave the buses. They would watch the festivities from behind the bus windows. For the national day everybody dresses in their finest clothes, in national costumes or in uniforms. People march in military-like processions carrying flags following the brass bands. The national symbols are celebrated in this yearly show. We decided to rehearse the national day. We decorated ourselves the best we could, we took our drums and rhythm instruments, lined up in a procession and marched around in our room making much noise and having great fun with each other. A carnival like protest march was created on the margin of society. For a while our low moods were transformed into a hilarious celebration.

Yet another example: I had a male patient on a closed ward, a grown man with a moustache. Something in him invited me to dance waltz with him. The great waltzes of Strauss filled the room as I, with an eloquent gesture, offered my left hand to him. He accepted (and took to support my hand from elbow and down with his right hand). With my right hand I collected my imaginary grand ball costume of swishing silk, and entering the grand ballroom we started to dance waltz under its crystal chandeliers. Our dance was not like the emotional waltz of the early 1800s, when social dance partners for the first time faced each other, we danced side by side more like in a renaissance dance formation, I turned slightly towards him and then away from him, forth and back with flowing movements. When the dance was over I curtsied to him and he bowed to me in the most elegant fashion. We had no eye contact, and we never spoke. – Many years later, when I was on my way home a late afternoon through the city's empty streets I noticed a man approaching from the opposite direction. As I got closer his intensive gaze caught my attention, and I realised the man was my waltz partner. Getting near he greeted me by lifting his hat and bowing to me most courteously, and I greeted him with my greatest respect while we passed each other, in silence.

In my groups of psychotic patients, dreamlike dramas were created. It may happen that we, the patients and therapist alike, were caught into a fantasy realm where we immersed together and merged into each other. This extreme form of identification can cause the limits of you-me, inner-outer to fade away. My co-worker who experienced it remarks, "It happens when I stop thinking." Gaetano Benedetti refers to this type of experience in his individual psychotherapy as an experience beyond any rational explanation, and impossible to describe (Benedetti, 1975).

Identification increases understanding but it is not therapy. I use identification consciously in my insight-oriented DMT: If I do not understand a client's movement problem by observing it, and if my hands do not grasp the problem, I take it, so to speak, into my own body through my kinaesthetic awareness. Identifying this way with my client's problem I gain insights which help me to understand the problem and how to solve it. I then separate myself from the process of identification, and can again work with my client. This type of identification is described by Gregory Bateson (Bateson, 1985).

I use myself as my work tool in DMT. It is not unnatural for me to integrate or immerse myself into groups and situations due to my cultural concepts of multi-dimensional space (Parvia, 1991), and that of myself; the ego in my language appears as a relative concept and does not necessarily have any substance. I am defined by my relation to others, and this is what determines how to act. Some languages (such as Finnish and Japanese) view the world in terms of relations.

Goals and specific plans are not my concerns in DMT groups. I trust the group to find its own dynamism and direction within the frame agreed on. The frame is flexible. The frame, when shaken fuels the therapy process into action. Therapeutic changes hardly happen in the safety of controlled circumstances. The creativity of the therapist is needed in the flexible frame.

The hospital sets goals for my work. Occasionally more are achieved than planned. But often the goals are not met as the group therapy is terminated due to the lack of resources, and sometimes also for other reasons such as a patient's aggression. A patient's aggression can be canalised into dance, but not always. I recall a huge male patient on the edge of an explosion. It was not a situation of dance, and nobody else was around. I did not run away. I moved close to him, beside and slightly behind him, and I just stood there. He calmed down. His feelings were ambivalent towards me, yet I was his security. I needed to stay with him.

Therapeutic changes happen, not necessarily during the DMT sessions, but often they take place between the sessions, on the wards. Aggression may indicate that a change in the patient is happening. The personnel may then think that it is DMT that makes the patient worse, he is then removed from the group and doped down; the status quo is restored. Aggression without safe outlet seems to cause the patient to regress even more.

How to make sense of what works

It is the therapeutic relation that works in therapy. The term was coined by Carl Rogers in 1957. It is the responsibility of the therapist to create the relationship. The therapeutic relation is created when the two worlds, that of the therapist and that of the patient, meet and interact.

Thinking of the relation as a double description (Bateson, 1985), the usual split in thinking is avoided, the split between subject and object; I, the subject doing something for the object, the other. The parts previously apart get integrated, and the thinking gets healed.

A group interaction may get started by the therapist giving a stimulus to the group. This stimulus causes a patient to respond to it, the response gives the therapist reinforcement, and so on. The minimum unit of interaction has three components, stimulus, response and reinforcement. Of these three, the second is the reinforcement of the first, and the third is the reinforcement of the second. (Bateson, 1985). When the group has learned to work together, the process gets reversed; someone in the group does something, the group responds to it, and so it continues.

The therapist observes what is there, and most importantly, what seems missing. Gradually the group finds its dynamism, form and direction. The individuals get integrated into the group, and within themselves: Group members partake and contribute to the process as a whole.

A DMT process is a complex, multi-level event of communication. My data are based on concrete observations; relations, processes, and interactions. Concepts are needed that make sense of the data. For example instead of; the relationship between A and B, I prefer; how A and B relate to each other. There is nothing between A and B. And instead of; dance, a formalistic concept, dancing is used. A language is needed that uses verbs rather than nouns where appropriate. Verbs are what make the world go around. The concepts created start to come together and form a conceptual choreography, a logical, conceptual whole.
The practice and the theory confirm each other, back and forth, or around as it seems.

Bateson's dyadic model helped me initially, but as my views widened something more was needed to make sense of complex multi-level therapeutic interactions. The (interactionistic) theory of Anita Kelles (Kelles, 1984), and Magoroh Maruyama's poly-ocular perspective: "….the differential between two images enables the calculation of the third, not directly visible dimension." "Cross-subjective study of the differentials between different interpretations and options enables us to see dimension, which are not directly observable" (Maruyama, 1974). This corresponds with a certain concreteness here, and with the indirectness in therapeutic work, and with the concepts used here of

dual views, parallelism and pairing. Pairing is a way to create concepts. When two concrete observations are paired with each other, a transformation happens that is a jump from one logical level to another, from the concrete to the abstract, whereby a concept is created. Concepts can further be paired with each other towards even higher forms of abstraction in a progression which is not linear but appears as a helix.

The concept of transformation is here related to the concept of creativity. Creativity is related to "idea exchanges between persons, and interactions of concepts within one person's mind," "mutually amplifying interactive processes" (Maruyama, 1974). This applies to my conception of the creativity of the therapist; her work is to create transformations (Parvia, 2015).

Maurice Block holds that concepts involve implicit networks of meanings, formed through experiences, and he suggests the theory of connectionism. To get this chunked knowledge connected, he suggests the method of practical learning (Block, 1994). Block helped me to make sense of complex interactions in groups within a holistic frame, and to gain insights into multidimensional communication processes and to form knowledge of the experiences. The theories here bridge psychiatry, anthropology, learning, and communication theory.
According to Jürgen Ruesh, communication theories offer flexibility and complexity suitable for the study of complicated psychic and social events. Being "a theory concerned with inter-relatedness of parts with other parts and the whole, it has become a theory of theories." (Ruesch, 1973).

My attempt here has been to outline some aspects of a DMT pioneer work developed over a few decades towards a communication theoretical paradigm.

Riitta Parvia, RDMP
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Who's your DMP neighbour or cousin?

Welcome to the first regional column which features Dance Movement Psychotherapists (DMPs) working in different regions within the UK. The idea for this grew from a desire to develop awareness of other DMPs within my neighbourhood[1], whilst at the same time learning about others who don't live close, yet with whom I share a connection through experience of similar settings, clients, professional backgrounds or influences.

We start by profiling five DMPs working across London. Together, they represent an impressive arc of DMP experience and cover the compass points of North, South, Southwest, West, and East London. They also represent other areas of the UK as none of them are originally from London. Each of them were invited to reflect and respond to a range of questions relating to their DMP work. It is evident they have several connections with each other despite only meeting through the written word, and it is hoped by meeting them, you will find your own connections. Other DMPs[2] who have been referred to have been highlighted to enable further connections to be made.

We first meet, Sarah Williams, a recent graduate, working in a community setting which she secured through a clinical placement, and is currently searching for other DMP work. We then meet, Helen Davies, an established DMP, immersed in a hospital setting with a range of clients, working alongside other therapists.

Thirdly, Ella Beard, is an experienced DMP working in a variety of education settings who is forging new pathways for DMP. Kate Snowden, is a DMP with wide experience of in-patient and community settings, working creatively to maintain full-time work as a DMP.

Finally, we meet Gerry Harrison, a highly experienced DMP who has been flying the flag of DMP for many years within the NHS and Roehampton University.

SARAH WILLIAMS

Where do you live in London? Ealing. I travel into Central London for my DMP work.

Where are you from? I'm from Chorley in Lancashire.

Which client groups and settings do you currently work in within London? Adult mental health, in a residential setting for adults who need high-level support.

Which clients/settings have you previously worked with? Adults with Profound or Multiple Learning Disabilities (PMLD), and Older Adults with dementia (as a trainee).

How do you find work? My current work is a continuation of a placement I had as a trainee – now funded.

How long have you being practising as a DMP? Less than 12 months, I graduated last summer.

Where and when did you train as a DMP? Roehampton University, 2012-2015.

How often are you in contact with or meet up with other DMPs or other arts therapists? Not often enough (once every two months perhaps).

Who/What influences your practice as a DMP? Other people influence my practice – my supervisor, my former tutors, my own

[1] See 'A Place to Stand', **e**-*motion*, Spring 2016

[2] Of particular note, is those who started the DMPLD network who are clearly leading the way in encouraging connections between DMPs.

therapist, my recently qualified peers, more senior DMPs and other arts therapists who have shared their time and experience with me, the clients I work with / have worked with, other published therapists whose work I have read and admired e.g. Suzy Orbach

What were you doing before you trained as a DMP? How does this relate to your DMP practice? I was, and still am a secondary school languages teacher, and before this I was a stage manager. All these jobs involve working with people and require the ability to respond, in order to make relationships with people; to maintain appropriate boundaries (particularly in school); to be flexible and responsive to changing needs and circumstances, and to be able to improvise – physically, creatively, mentally!

Being a DMP is …
Endlessly stimulating, demanding and satisfying.
Explaining what being a DMP means is tedious.
Touting for work is grim!

HELEN DAVIES

Where do you live in London? Pimlico

Where are you from? I grew up slightly further north in Bedfordshire. But as I have been in London for 13 years now I definitely feel it to be 'home'.

How long have you being practising as a DMP? It'll be 5 years this year.

Where and when did you train as a DMP? At Roehampton where I graduated in 2011.

How do you find work? Generally the ADMPUK website, and building networks in settings where I have worked in a different role to being a DMP.

What were you doing before you trained as a DMP? How does this relate to your DMP practice? I initially trained in Contemporary Dance but went straight from that into working in mental health as an Occupational Therapy Technician.

Which client groups and settings do you currently work in within London? I currently work in a psychiatric hospital working with both in and out patients. I am part of an extensive therapy team that includes other art therapists. My role is to provide DMP for the adult and adolescent eating disorder services, CAMHS, adult psychiatry and addictions services within the setting.

Which clients/settings have you previously worked with? Previously I have worked in a low secure setting providing DMP on the Acute, Personality Disorder and Neuropsychiatric wards.

My first DMP role was in the setting where I worked as an OT Technician before and during my training. I introduced DMP to the setting as part of my placement and gradually they were able to evolve my role to that of a Dance Movement Psychotherapist. My current job was advertised through ADMPUK.

Who/What influences your practice as a DMP? Theoretically my work is influenced by social constructionist and psychodynamic theory, but it is also influenced by my wider interest in culture and the arts, feminism, and a general belief in the wisdom of the body as explored through practices like yoga and meditation.

The people who support both me and my practice, constantly influence and inspire me.

How often are you in contact with or meet up with other DMPs or other arts therapists? I am fortunate enough to work with two drama therapists and an art therapist so we try really hard to make time to reflect and think together about our shared patients in a creative way, as regularly as we can. But other than that I only really regularly see my supervisor and one other DMP who I meet with for both friendship and reflection.

Being a DMP is …
such a privilege. Through our creative, body based approach we are able to meet people at potentially the most difficult moments of their illness and be part of their process of finding/re-finding themselves, their potential and their recovery.

ELLA BEARD

Where do you live in London? Morden

Where are you from? Derry, Northern Ireland.

How do you find work? My main job developed whilst I was working at Linden Lodge Physical and Sensory College, as an agency support worker. I then got a job as a Movement Assistant at the school. For a year I began promoting DMP by doing case studies and presentations and finally I was offered work one day a week in 2011. Since October 2014, I have developed this to 3 days and the DMP provision is now part of the school's curriculum. Since October 2014, we have made links with Goldsmiths College and now have students on placement with us, which has established and strengthened our role in the school.

Tadworth Children's Services:
A child who I was seeing at Linden Lodge was moved to Tadworth Children's Services and thanks to the support of her family we managed to get DMP on her Statement of Special Needs so that she would continue to receive her sessions on a weekly basis. Merton Council then provided the funding.

Whiteley Village for Older People: A work colleague's mother was at the home and suggested I offer sessions there as she said she thought her mum would really benefit.

Robin Hood Junior School: (mainstream school). I was chatting about my work to a Vice-Head of a primary school in Sutton. She was interested and asked me to give a proposal and provide a flier for the staff. Funding was then provided through the Pupil Premium Grant for a child who was being "looked-after".

Who/What influences your practice as a DMP? My supervisor, Sue Curtis. I could not do this job without her guidance, insights and constant support.

My clients, their families, their carers, my work colleagues. Any CPD training I can go on also influences me. This year I have attended Kestenberg Movement Profiling training with Susan Loman at Edge Hill University and Enabling Children to speak about their feelings through puppetry at the CMCH (Centre for Child Mental Health). I will also be attending a conference by Richard Rose on Life Story Work with Troubled Children and Teenagers at the CMCH in April and Body Mapping with Annette Schwalbe in June.

Where and when did you train as a DMP? I did my Masters in DMT at Barcelona Autonomous University (UAB) between 2006 and 2008.

What were you doing before you trained as a DMP? How does this relate to your DMP practice? I was working in a kindergarten as an English teacher, teaching and performing Irish Dancing and volunteering with the Red Cross for people with learning disabilities in Barcelona. These all influenced me to look for training in dance and therapy and explore how these worlds could come together. I was lucky that the Masters in DMT at the Autonomous University of Barcelona (UAB) had recently been established by Heidrun Panhofer.

How often are you in contact with or meet up with other DMPs or other arts therapists? I belong to the Dance Movement Psychotherapy Learning Disabilities Network (DMPLD) Network set up by Geoffrey Unkovich and Céline Butté, which meets various times throughout the year in London.

I attended and presented at the Autonomous University of Barcelona's (UAB) 10 year Anniversary in 2013. I sometimes email/Skype DMP friends and go out socialising with work colleagues from the Creative and Therapeutic Arts Team regularly.

However, I always feel like I'd like to meet up more frequently with DMPs.

Being a DMP is … one amazing adventure!

Any other information … I am currently enjoying maternity leave and looking forward with mixed emotions to returning to work in June!

KATE SNOWDEN

Where do you live in London? Hackney

Where are you from? I grew up in Woking, Surrey. I moved to London in 2005.

Which client groups and settings do you currently work with in London? Young people and Adults with learning disabilities, in a school setting (West London) and within a clinic at Respond in Euston. I work with people who have been victims of abuse/trauma and also those at risk of being sexually harmful and also those who have offended.

Which clients/settings have you previously worked with? I have worked with adolescents in mental health services; a therapeutic residential unit (with Jackie Butler) a crisis treatment unit and three community teams.

How long have you being practising as a DMP? I qualified in 2012, and 'officially' started practising in November 2013. However during my training I was fortunate enough to be located in various mental health settings, working as a 'group worker' and also as a trainee DMP, and a newly qualified DMP.

How do you find work? The NHS role was because I was already in the system working as a group worker in a number of different settings since 2007. So I had established some very good working relationships which enabled me opportunities to offer some DMP work when I was working as a group worker. When Northgate (therapeutic community) sadly closed I was able to offer some DMP as a secondment in other community CAMHS teams, however I was still a trainee then. When I started in the Beacon Centre (crisis treatment unit) I continued to work shifts as a group worker and co-facilitate the DMP group with Lorna Hauff. I was also doing some individual DMP but as a group worker. When Lorna left there was an opportunity to take her hours as a DMP (12 hours) and work the rest of my contract, 4 days in total as a care co-ordinator. This was hard work and had many difficulties but it provided me with a rich experience to be able to move on.

I found my day job at Respond advertised through ADMPUK. Geoffrey Unkovich had links with the charity I think and passed the advert on to the association. After working there for 9 months I was offered a full time position.

Who/What influences your practice as a DMP? My colleagues and supervisor, sharing creative ideas and moving together, supporting me in my own body knowledge and developing my understanding and finding ways forward through shifting perspectives.

The people that I work with definitely inform me what I need to do more of, or less of, or differently! This is either directly or through paying close attention to my own bodily felt sense in relation to my clients.

Politics and the news inform my practice. The level of worldwide trauma we hear about on the news continues to show me how important DMP is and the type of contact that we as DMPs have with our clients.

Where and when did you train as a DMP? Roehampton 2009-2012

What were you doing before you trained as a DMP? How does this relate to your DMP practice? Through my work as a group worker with adolescents and in particular in the therapeutic community, my work today as a DMP is very much shaped by these experiences. I value difference and playing with ways of relating to find ways to connect and separate. I am curious about frameworks for relating and how and where these developed and how this influences the therapeutic relationship. I value group processes and within the organisation that I work, and the clients, families and wider support networks that I work with. I am curious about how we are shaped by the systems we are in and how we shape it, and again how this impacts on us.

After my psychology degree I worked as an assistant psychologist with adults with learning disabilities. I worked using 'positive behavioural support plans'. This framework continues to be used by many of the organisations now that my clients are in. However I strongly feel that I have moved away from this approach to thinking more

about trauma, attachment and development in my DMP work.

How often are you in contact with or meet up with other DMPs or other arts therapists? I work in a team with another DMP, and several other art and drama therapists. I am very lucky. We meet weekly as a group in supervision, as well as other meetings, and sharing an office together. So important! I am also part of a creative moving supervision group that meets 5 times a year for a total of 25 hours. I am also a member of the DMPLD network with whom so far I've met once with, but hopefully there will be more meets soon.

Being a DMP is …
sensing, noticing, observing, tracking what is all around, within and in between. It is moving, breathing, shaping, framing and re-shaping experiences…..growth, change, strength, reflexivity and resilience.

GERRY HARRISON

Where do you live in London? South West

Where are you from? Liverpool
Which client groups and settings do you currently work in? Inpatient Mental Health settings - including a perinatal unit, further south, and in central London. Roehampton University, teaching upcoming DMPs, and private practice.

Which clients/settings have you previously worked with? All areas of Mental Health, including children, older adults, self-harm and eating disorders - inpatient and day services. Also educational settings - including a school for children on the Autistic Spectrum.

How long have you being practising as a DMP? Since 1991

How do you find work? I have held current posts for a long time - word of mouth mainly.

Who/What influences your practice as a DMP? Dr Marcia Leventhal

Where and when did you train as a DMP? 1989 – 1991, University of Roehampton (Top-up MA 2009).

What were you doing before you trained as a DMP? How does this relate to your DMP practice? Nursing - including a specialist role in Cognitive Behavioural Therapy. I have had extensive experience in mental health environments, and I am very interested in multi-disciplinary team working (reflected in my MA Thesis).

How often are you in contact with or meet up with other DMPs or other arts therapists? Almost daily!

Being a DMP is …
a challenge and a joy.

Thank you to each of the DMPs who have contributed to this inaugural regional column. Hopefully this will have inspired you to answer the same questions for yourself about your DMP work and to consider profiling DMPs from your region for the next edition.

If you are from London and would like to contribute to our next regional update, or meet up with other DMPs in your neighbourhood, please contact:
Davina Holmes: koru_davina@hotmail.com

Research Forum

Following our recent Information Sharing Meeting (January 2016), and building on members' feedback and recommendations to make DMP research activity more visible and accessible, I would like to introduce the first entry in the new Research Forum column in **e**-*motion*.

This will be a space for members to send updates on current (post-qualification) research taking place in the field including clinical studies, doctorate research and independent research projects. Submissions may also include links to relevant publications and/or events.

1. Title of research project (including type of study, e.g. PhD, post-doc etc.)	Can a two-person enquiry made through co-created movement reveal a profound sense of interconnectivity in the therapy room?
2. Length of duration (what stage are you at?)	Published
3. Affiliated institutions (you may also include funding details)	Association of Core Process Psychotherapists
4. Lead researcher/s (contact details/optional)	Tarisha Finnegan-Clarke email tarisha@authentictherapy.co.uk
5. Brief description (what is the subject area of your investigation?)	The paper is a psychodynamic spiritual enquiry into the lived experience of therapist and client as they come into relationship through the therapeutic process. Case material witnesses the body acting like a mirror to our deeper psychological defence mechanisms (that are often hidden and unavailable to our conscious notion of self). I argue that it is primarily through the client and therapist's body and co-created movement that a mutual unfolding of personal and interpersonal processes emerge. This offers an opportunity for the unconscious, constellations of our psychological experiences to become revealed and acknowledged.
6. Methodology (brief description)	Qualitative Research: Marshall's Action Inquiry practice and the concept of 'emergent learning (Senge and Scharmer 2001).
7. Methods (bullet points)	Case Study
8. Outcomes (bullet points including results, relevant publications and events)	Through meeting another moving body, we can have a profoundly 'immediate' experience; unmediated by thoughts and interpretations, which can be so powerful it frees us from the constrictions we have held ourselves in and invites instead the healing power of relationship to arise. Finnegan-Clarke, T. (2015) 'Can a two-person enquiry made through co-created movement reveal a profound sense of interconnectivity in the therapy room?', Dance, Movement & Spiritualities, 2:1, pp27-39, doi: 10.1386/dmas.2.1.27_1

If you would like to contribute your ideas to the Research Working Group or volunteer your support please email us at Chair@admp.uk with Research Working Group in your email title.

Marina Rova
on behalf of ADMP UK Council

Student Voices – 1st Year Students from Derby University MA Programme

We are delighted to present our first submission for the Student Voices section of **e***-motion, from two 1st Year students at Derby University. If you would like to share your responses to your training process, to something featured in* **e***-motion, or to anything else happening in the world of DMP, please contact the Student Rep for your training programme.*

Hello, my name is Emily Marriott and I am in my first year of training as a Dance Movement Psychotherapist (DMP) at the University of Derby. I come from a working background of adult disability and mental health but I must confess since starting my DMP training, my interest, experience and knowledge has developed rapidly. My first year placement is located in Leicestershire at an inpatient hospital for adults with Learning Disabilities whose mental health and behaviour cannot be supported within the community. Working as a trainee within such an enclosed work environment has definitely been a change of perspective due to my previous work always being community support based. At the beginning of my training my primary question was "how will I know what to do or how will I know what I am doing is right?" Little did I know there is actually no quick clear answer, every case is different and you learn via practice! I have learnt how to assess people's variety of needs and complexities, as well as understanding their social and mental communications. What I have enjoyed the most is finding my own working method as a Movement Psychotherapist, but what is most rewarding is gaining a clients confidence and trust through USE OF appropriate boundaries. Helping individuals communicate their needs in a way that can be understood no matter how big or small is a reward like no other. It is truly fascinating and inspiring to share an experience with another via a 'tool' we use throughout our entire lives; our body.

Hello my name is Heidi McCallion, I am a first year DMP student at Derby University. I have been working as a DMP in a special educational needs academy as my first year placement. I work with groups and individuals aged 11-19 and have found that the use of sensory integration is the best way for me to approach DMP for clients with learning difficulties. I have enjoyed watching my clients gain confidence and independence over the duration of the sessions by engaging with props to begin to explore movement. Many of my clients are non-verbal and often use the props to create a story or game to move us through the space which has been a great way of allowing me to analysis movement through play and improvisation. I have found it rewarding to see my clients excited when I arrive at their classroom to take them to our DMP room, even if the session previously has been challenging so far the clients have always wanted to come back. I originally found that the majority of my clients lacked a sense of self and could not draw a picture of themselves or identify parts of their own body. Through one academic year of DMP I have noticed my client's awareness of their body has increased and they are able to communicate how their body is feeling better than when we first started. In regards to my training at Derby University I have found that learning movement analysis techniques are similar to learning to drive, you don't really start to learn until you're out there on your own. I find myself within the sessions constantly dipping into my bag of knowledge, pulling out different tools for analysis, interventions and play without conscious thought, I guess something must be sinking in after all! But someone please tell me will I ever be able to watch TV again without analysing movement?

Heidi McCallion
Student Rep
Derby University

Questions from ADMP members re: UKCP registration

Could you please explain what does it mean for ADMP members in terms of payment.

UKCP has three categories of membership: Full Individual; Full Non Clinical; Trainee Therapist.

Full Individual membership is: For fully qualified dance movement psychotherapists.

Full non-clinical membership is: For members who have been a UKCP member for at least five years and who may be teaching or supervising but are not engaged in clinical practice.

Trainee Therapists: To be eligible for UKCP trainee member status you must belong to a UKCP-registered organisation. You must also be in the process of completing a training course and undertaking the required clinical practice hours with a UKCP organisational member that takes supervisory responsibility for any clinical practice you undertake.

Charges for UKCP membership are due in October of each year. For 2015-16, the total fee for the year would be as in the first row of the chart below (Oct-15), depending on which category applies and how payment is being made.

The figures in the rows below, show what the fee is if you apply during that month e.g if your membership in your first year begins in Nov-15, you will pay the fees as detailed in that row. Each subsequent year, you will pay from October.

Joining Month	Full Individual	Full Individual - DD	Full Non Clinical	Full Non Clinical - DD	Trainee Therapist - DD
Oct-15	£244	£234	£208	£198	£60
Nov-15	£224	£214	£188	£178	£55
Dec-15	£203	£193	£167	£157	£50
Jan-16	£183	£173	£147	£137	£45
Feb-16	£163	£153	£127	£117	£40
Mar-16	£142	£132	£106	£96	£35
Apr-16	£122	£112	£86	£71	£30
May-16	£102	£92	£66	£56	£25
Jun-16	£81	£71	£45	£35	£20

An ADMP fee of £150 applies when applicants apply for registration. This is a one-off fee and is a contribution to the cost of processing applications. SRDMT and UKCP applicants who do not have to apply, will pay a nominal fee of £20.

Could it please be explained to me why ADMP persists in having a hierarchical structure of qualification for therapists based on constantly changing conditions to meet such as essays, time spent in therapy, additional training etc.
What model are we working from here? What requirements are we trying to meet and who is overseeing this as an organisational structure and why?
Why are there so many routes and in what way does this protect our clients and contain and protect the integrity of our profession?

ADMP is entering a new era where it will belong to a bigger family (i.e. UKCP) which can provide DMPs with opportunities and greater resources to draw from. As an Organisational Member (OM) of HIPC and UKCP we have to abide to the general requirements from both HIPC (our College) and UKCP. The requirements for UKCP accreditation are different from the ADMP ones for registration, private practice and supervisors' list. If an ADMP member wishes to apply for UKCP/HIPC membership, there are additional requirements to be fulfilled. It is not mandatory that ADMP members join UKCP and non-UKCP/HIPC DMPs are considered fully and adequately trained.

Following extensive checks and comparisons of ADMP accredited trainings and the requirements of UKCP, historical factors were taken into consideration e.g. SRDMT, DMP PG diploma and top up MA. The four application categories as detailed in the handbook (Section 2) are intended to provide a fair route for each DMP to belong to UKCP, all in one category (UKCP registered).

When is the next working party meeting being held and where? How do we contribute to the agenda as members and professionals?
Why was the date of the next working party not sent along with this email thus providing professionals with a place and space to flesh this out and for the organisation to provide consultation with its professional members?

The UKCP working party is not a committee and we have been working as and when to complete this long and demanding process for ADMP becoming OM of UKCP.

There have been numerous invitations to join this group since late 2012 when we started working on the ADMP UKCP application.

Everything the working party was doing was reported to the Council (as decisions can be made only by this committee) and updates of the process were frequently sent to the membership via emails (see newsletters).

I am a member of UKCP the psychoanalytic section already for many years. Can one be a member of the humanistic section as well as the psychoanalytic one?

Normally, an individual member will belong to UKCP through an OM and its modality college – normally each OM belongs to one modality college.

The exception to this is if the OM has adult trainings as well as child trainings, and then the individual's OM is the same, but the college is based on which training they undertook, i.e. child or adult. We are focusing on an OM which offers adult trainings and therefore sits within one modality college for the moment.

That OM is responsible for annual CPD checks and the member's five yearly reaccreditation.

If the members are currently in the UKCP database with an organisation which is not ADMP (but is within HIPC), and they want ADMP to be their main or primary organisation, then they will need to be 'transferred' to ADMP as their primary organisation, and ADMP will be responsible thereafter for the member's 5 yearly reaccreditation. It is a transferral of regulatory responsibility, effectively.

If a member is transferring their UKCP membership to ADMP (ADMP is held within HIPC) from another UKCP OM/college, for example an OM within CPJA, and are not planning on retaining membership with their old OM, then it's a fairly clear cut process. It will be necessary for the old OM/college to be notified of this transferral, and the old OM's confirmation of the situation is provided to the UKCP membership team so that there is transparency and clarity (normally the member does this). As a part of moving their membership to ADMP, they will automatically be transferred to HIPC, as ADMP is within HIPC. They will no longer need to complete a reaccreditation for their old OM/college they've left, only ADMP/HIPC.

If the UKCP member continues full membership with another OM in a different college as well as joining ADMP as a full clinical member, then ADMP still holds responsibility for reaccrediting that member on behalf of HIPC. That is an absolute requirement if the individual wishes to be an accredited member through both OMs/colleges. The individual member therefore is responsible for maintaining CPD and Supervision requirements for both OMs, ie HIPC and CPJA. This normally means that they reaccredit through both OMs/colleges.

As it happens I belong to the group of 2009 SRDMP registered practitioners. So I understand that I belong to the group of SRDMPs that can be accepted on the UKCP register with conditions.

All Senior DMPs will proceed straight to application for UKCP registration (see Section 2, Grand parenting route, of the handbook).

With the requirement of 160 hours personal therapy over at least four years I have completed over this over 8 years worth with the same therapist. As evidence do you need just a letter from my personal psychotherapist to say that I have met that requirement or do you need the total number of hours ive completed.

We need a letter by your therapist indicating the number of hours you have completed and the period these cover.

With 450 DMP clinical hours completed as from placement, does this mean 450 hours after the placement or 450 hours including placement?

The 450 figure covers the period during the training and the placement and the after qualification one. By clinical hours, we mean the actual hours of seeing clients/ conducting sessions and NOT any other hours spend on placements (e.g. meetings/ note taking/ etc).

In the MA after 2009 category, 450 clinical session hours, can you clarify what this is. Eg if I work 8 hours in an NHS post and I run a session (1 hour DMP practice) and 30 mins on the ward, I have a team meeting for 1 hr and a referral meeting for 1 hr. Does the clinical session hours mean counting only 1 hour of DMP practice ?

Yes, the 450 hours include ONLY the hours one spends conducting sessions.

25 hrs CPD per year and 250 hours over 5 years, Does this mean if I have been practicing for 3 years post qualifying and completed the 25 hrs per year , that I cant apply until I have done 5 years worth of cpd at 50 hrs (250hrs) cpd per year?

The requirement of 250 hours of CPD within 5 years applies from after graduation and, specifically, from after you have become UKCP registered when you will need to prove this requirement for your 5 year re-accreditation process.

In other words, you count the 250 hours AFTER you obtain your UKCP registration.

The requirement for after 2009 Masters graduates talks about additional therapy post qualification. Does this still apply if the applicant has already had a total of 4 years of personal therapy before the end of the MSc?

The 4 years requirement covers ONLY the period from when you started your DMP training and after it. It does NOT cover any therapy hours before you started your training.

Does having graduated in 2004 and having private practitioner and supervisor status change the grand parenting route criteria in any way (e.g. therapy hours and clinical paper?).

The grand-parenting route applies ONLY to Senior registered DMPs. If one graduated before 2009, they follow route B (see section 2, Category B: APEL route, of the handbook).

I am in touch to clarify requirements for becoming accredited with UKCP. I plan to take Route 1.

Personal Therapy: is the requirement to do 40 or 80 hours after Masters over next 5 years? I have not had therapy since graduating and plan to monthly which would take me more than 5 years if it is 80 hours.

The requirement is 4 years of 40 hours from when you started your training until you fulfil this number (i.e. if someone did their MA in 2 years (FT studies) they will need a couple more years of WEEKLY therapy with minimum 40 hours per year and if someone did their MA in 3 years (PT studies) they will need one more year of WEEKLY therapy with minimum 40 hours per year.

Supervision clinical practice of 450 clinical hours. Do UKCP need evidence of clinical practice as well as supervision?

You need to submit a break down of your clinical hours per year (plus in which setting and client group) and a letter from your supervisor(s) indicating the period you have worked together and the number of supervision hours. For more details, (see section 5, Portfolio, of the handbook.

ADMP additional training of 67 hours. Can I count intensive weekend courses and trainings?

No, the 67 hours refer to the ADMP run training which will be on master's level and agreed with UKCP.

Clinical & theory paper based on ADMP additional training and my clinical practice (5,000). How I have applied/developed practice from training?

For more details, see section 5, Portfolio, of the handbook.

I looked at the membership fees and wondered why it is significantly cheaper next year? Also what the difference is between Full individual/ Direct member fee?

The UKCP joining fee is always the same but it depends on when you join them (e.g. it would be £244 if you joined UKCP in October but £122 if you joined in April). Your membership will always be renewed in October.

ADMP members can be 'Full members'. The 'direct member' category does not apply to ADMP members since ADMP is the only organisational member (OM) that accredits UKCP registered dance movement psychotherapists.

I would like to know if my previous qualification/trainings/clinical hours will count to my application:

For UKCP accreditation, ADMP counts your DMP training and the personal therapy hours that you fulfilled during that training and after it. If you have had clinical experience prior to your MA in DMP studies, this cannot count nor can therapy. For more information on which category you belong for the UKCP accreditation application, please see the handbook (Section 2).

My query is that as a RDMP from 2007 with a diploma and obtaining private practitioner status in 2012 I can't find a route in! I already have an MA in another field and sincerely hope that as having obtained private practitioner status that I will be able to register. What is my status in all of this?

Please see section 2, Category C, of the handbook.

How does ADMP want the 'seniors' to do their UKCP application in view of the fact that they can get on with it now?

Please see section 6, ‘How to apply’, of the handbook.

I completed PG Diploma in DMT in 1991 I gained Senior Registration in 2007. 8 But did not complete my Top-up MA DMP until 2010 Do I qualify for UKCP membership via 'Grandparent' route?

Yes, all senior ADMP members, automatically go through the grand parenting route.

- I've graduated in 2000 with a MA, but have lapsed membership for 1 or two years. Does that change my route to membership (I have evidence of well over the required practice hours).
- I have graduated with a master's before 2009, but interrupted my professional membership, which is now active. Which category do I fall in for applying for registration? How many hour of supervision are required?

For the above questions the answer is the same: You need to make sure you evidence the fulfilment of 25 hours yearly CPD even if this took place all at once when you re-joined ADMP (e.g. if you had interrupted your membership between 2002 and 2004 you now need to make sure you do 50 hours of CPD to meet the requirement).

You also need to prove that you have done minimum 450 clinical hours and 75 supervision hours (1:6 ratio).

I did the 2 year course at Roehampton in 2000-2. I have worked as a DMP ever since and then went back to do a research MA completed in 2009. I am not sRDMP, just standard RDMP. So where do I sit within the three criteria?

If you have done the MA in DMP, then you need to look at category B in the handbook. If you have not done the MA and only the PgDip, then you need to look at category C and the 3 options.

Can we get UKCP registration while working overseas (e.g.Cyprus, India)? So what happens with UKCP if you are working abroad?

Members of ADMP can apply for UKCP registration anywhere in the world, providing they meet the requirements and ADMP will support their application.

DMPin Board

Please send any updates or news articles to be featured on the DMPin-Board to:
e-motion@admp.org.uk

London SSD / MUS Training

Following on from the London conference on 6th May on the subject of Somatic Symptom Disorder SSD (formally known as Medically Unexplained symptom Disorder / MUS), Nina Papadopoulos and Prof Frank are offering two training days free of charge to DMPs and DMP trainees.

Contact MUS@elft.nhs.uk to reserve a place (please see further details in Dates for the Diary)

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2nd EADMT Conference

The 2nd EADMT Conference titled "Crisis, Creativity and Society: Dance Movement Therapy Embodying Interdisciplinary Pathways" will be taking place in Milan on 9th-11th September 2016, with early bird tickets still available until 25th July.

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Dance Movement Psychotherapy – Special Interest Groups (SIGs)

Dance Movement Psychotherapy Learning Disabilities Network (DMPLD) – led by Geoffery Unkovich and Céline Butté
Email: dmpldnet@googlegroups.com

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DMP & Dementia SIG
led by Richard Coaten
Email: richardcoaten@hotmail.co.uk

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Medical Dance Movement Psychotherapy – DMPs working with medical conditions such as cancer or other chronic or life threatening diseases (excluding neurological conditions such as dementia or acquired brain injury)
led by Rebecca Wilson
Email: e-motion@admp.org.uk

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Dates for the Diary

11th & 12th June 2016	Summer Body Mapping Intensive: Coming to Full Bloom £190, Bath http://www.annetteschwalbe.co.uk/2015/12/summer-body-mapping-intensive-june-2016/
27th June – 1st July 2016	Authentic Movement: Embodied Empathy (retreat) £500, Baldock, Herts https://authenticmovementcirclesblog.wordpress.com
1st – 3rd July 2016	Working with Dissociation and Split Off Personality Parts £265 (£225.25), London http://www.body-psychotherapy.org.uk/component/content/article/204.html
2nd July 2016	An Introduction to Dance Movement Therapy Practice £125 (£100), Goldsmiths University http://www.gold.ac.uk/short-courses/introduction-to-dance-movement-therapy-practice/
5th – 8th July 2016	Walk of Life Summer School – non-stylised and environmental movement £175 (£145) Beer, East Devon www.walkoflife.co.uk
14th – 17th July 2016	Authentic Movement Retreat [Price TBC], Penpynfarch,Llandysul, Wales www.janebacon.net

16th July 2016	Summer Day Retreat £85, Herne Bay, Kent www.meditationbythebay.com
19th July 2016	HIPC Delegate and College Meeting London www.ukcphipc.co.uk
10th – 14th August 2016	Authentic Movement and the Art of Witnessing: five-day retreat £375, Kelling North Norfolk www.ibmt.co.uk
24th – 28th August 2016	Authentic Movement Five-Day Summer Retreat £375, Kelling North Norfolk www.ibmt.co.uk
September 2016 – June 2017	Body Mapping Mentorship £870, Bath http://www.annetteschwalbe.co.uk/2015/12/body-mapping-mentorship-201617/
2nd – 4th September 2016	Authentic Movement: Embodied Empathy £280, Baldock, Herts https://authenticmovementcirclesblog.wordpress.com
2nd – 9th September 2016	Ecological Body: ecological movement £375, Wootton Fitzpaine and Stonebarrow, Charmouth, West Dorset http://www.moveintolife.com/ecological-body---2016.html
3rd & 4th September 2016	An Introduction to Ecopsychology: A Body-Based Approach £125 (£100), Goldsmiths University http://www.gold.ac.uk/short-courses/introduction-to-ecopsychology/
9th – 11th September 2016	2nd EADMT Conference "Crisis, Creativity and Society: DMT embodying interdisciplinary pathways € 308 (€ 280), University of Milano-Bicocca, Milan, Italy
30th September – 2nd October 2016	The Art of Being in Motion: Non-stylised and Environmental Movement and Feldenkrais £135 (£105) Charmouth, near Lyme Regis www.walkoflife.co.uk
1st & 2nd October 2016	Weekend Course On Assessment Skills £300, London http://www.britishpsychotherapyfoundation.org.uk/Events/Weekend-Course-On-
14th & 15th October 2016	The BodyMind Approach® for those with Medically Unexplained Symptoms £328.80, Rushden, Herts http://www.pathways2wellbeing.com/training.html
19th October 2016	HIPC Delegate and College Meeting London www.ukcphipc.co.uk
20th – 23rd October 2016	American Dance Therapy Association 51st Annual Conference TBC, Bethesda, Maryland, USA http://www.adta.org/Future_ADTA_Conferences
27th October 2016	Working with Somatic Symptom Disorder (SSD) Free, The Resource Centre, Holloway Road MUS@elft.nhs.uk
29th & 30th October 2016	Autumn Reflections - non –stylised and environmental movement. £95 (£80) Charmouth near Lyme Regis www.walkoflife.co.uk
13th December 2016	Working with Somatic Symptom Disorder (SSD) Free, The Resource Centre, Holloway Road MUS@elft.nhs.uk

Guidelines and deadlines for submitting articles to **e**-*motion*

Upcoming issues:

Autumn 2016 due out 9th September 2016

Deadline for submissions – 1st August 2016

Winter 2016 due out 9th December 2016

Deadline for submissions – 1st November 2016

Guidelines for submissions:

Articles: 2000 – 4000 words, with Harvard referencing

Reflective pieces: max 1000 words

Please save your submission as a Word or PDF document and include the title and your name in the file name.

Please also remember to include your name as you would like it to be displayed, along with any titles or positions you would like included.

Submissions and queries can be sent to the Editorial team at:

e-motion@admp.org.uk

Regular columns:

Do you have an idea for a regular column, or would you like to write a quarterly feature?

Submissions welcome from both qualified and trainee DMPs

Workshops and Events:

To submit an entry for "Dates for your Diary" please send all of the relevant information as set out below:

Date(s)	Title	Cost	Location	Website Address

CREATE:INTEGRATE
Diane Parker interviews Dance Movement Psychotherapists who have previously trained in another profession, looking at how they have integrated these different influences into their DMP work and how each practice informs the other. She also explores how DMP is pushing the frontier by expanding into new territories. Her upcoming article in the summer edition explores DMP being used in the corporate world.

Do you have a complimentary practice that informs your DMP work and vice versa? Get in touch and let us know what work you are creating.

REGIONAL DMP REPORT
A series of DMP regional reports compiled by Davina Holmes, shining a light on the rich diversity of our profession throughout the UK. We hope this will serve to build networks within our wider DMP community. The autumn edition will hopefully see a regional report of DMP practitioners working in Scotland.

Are you eager to engage with other DMPs in your local community? Would you like to share an overview of the amazing work taking place in your locality? Get in touch.

RESEARCH FORUM
Marina Rova, as lead of the Research Working group offers a space in the 'Research Forum' – where members can send in updates of their current research projects.

Have you recently completed a research study? We'd love to hear from you. If you would like to share findings with the ADMP UK community retrospectively, we would also welcome your input.

PIONEER INTERVIEWS
If you are a SRDMP and would like to share your experiences with the readership, then get in touch. Likewise, if you are student or recently qualified DMP and would like to interview one of your senior peers, contact us.

DMPin BOARD
This regular section of **e**-*motion* focuses on reports from the field, reader responses to topics of interest and current news from the DMP world.

If you have a report to contribute, or a reflection on any topic raised in the magazine, or would like to feature in the “Letters to the Editors” then contact us.

STUDENT VOICES
We would like a regular feature to represent the student voice. If you are a student and would like to share your reflections on any aspect of your training or practice, we would love to hear from you.

If you would like to become a student representative at your university to feed back the thoughts and reflections of your peers, this would be a rich addition to the magazine and we would love you to get in touch.

HISTORY OF DMP IN THE UK
There is interest in developing a timeline of DMP in the UK and a family tree looking at where the profession sits in the context of other body based practices, psychological therapies, and the creative arts. There could be a spotlight on one practice or influence in each issue.

This may also include noting anniversaries of DMP within the UK allowing us the opportunity to celebrate these as a community.

If you are interested in coordinating a History section for **e**-*motion*, then let us know.