

a group case study

Crossing Borders
and
the In~Between
DMT
at the
Leading Edge

Open DMT Group in a public Day Hospital with psychiatric patients

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Introduction

The present case study refers to an open DMT group in a public Day Hospital in Athens with adult patients facing severe mental health issues, mostly psychosis/schizophrenia. The DMT group was created and led by two female DM therapists, who worked on a voluntary basis. After the first year of voluntary work, both were incorporated in the therapeutic team as part-time DM therapists.

Working in an in-between space, which bears the characteristics of an inpatient and at the same time outpatient setting, as well as conducting an open DMT group was often very challenging in terms of achieving group cohesiveness, a well acknowledged therapeutic factor in group psychotherapy. At the same time, establishing and maintaining good working relationships with the Day Hospital's administration and therapeutic team, without sacrificing neither our own professional ethics, nor DMT technique, seemed to have been equally important in the achievement of therapeutic goals. It is argued that specific DMT interventions as well as the establishment of clear but flexible boundaries, while respecting the particularities of the clinical setting, lead to the "survival" of the open DMT group.

Objectives

How do we, as DM therapists, adapt to a particular clinical setting (Day Hospital, Open DMT group) without sacrificing professional ethics or technique?

Methodology

Methodology involves analysis of the notes taken by the therapists after each session, combined with psychodynamic group theories, group analytic and DMT literature.

Group profile/id

Thirty one sessions of 75 minutes, took place from October, 2016 till end of June, 2017, in a spacious room. Participants varied in number from 5 to 11, with a medium of 7, most of them men.

Participation in the group was obligatory, although attendance was not closely monitored by the institution. The group was open, incorporating intakes and having patients departing throughout its duration. During the year a core group with a steady presence was created.

"Group cohesiveness is the group therapy analogue to relationship in individual therapy." (Yalom & Leszcz, 2005, p.53)

"(...) Cohesiveness is broadly defined as the result of all the forces acting on all members such that they remain in the group or, more simply, the attractiveness of a group for its members" (Yalom & Leszcz, 2005, p.55)

The Acute Inpatient Therapy Group:	The DMT group in the Day Hospital	
Assessing the clinical setting (Yalom & Leszcz, 2005)	Challenges & Solutions	
Rapid client turnover.	A stable core group.	
Heterogeneity of pathology.	Mostly Schizophrenia & Psychosis but also Personality Disorders, Bipolar Disorder, Intellectual disability. Variety in cognitive ability & functionality.	
Time Limited or no time to see a patient and prepare them for the group. Little time to integrate new members. Little time to work on termination. Little time to work through issues of the group.	Welcoming members in the same morning with no previous notice. Members disappearing without closure. New members arriving during the last weeks of the group.	Negotiating at least one previous encounter of new members in the weekly Community meeting before joining the DMT group. Asking time to be informed by the psychiatrist on patient.
Group boundaries.	Members of the group have social activities outside the Hospital; we participate in all activities such as celebrations, etc.	"Closing" the group for the three last sessions of the year. Resisting too much involvement in celebrations etc.
Limited Control over group composition.	Members not suitable for the Day Hospital first incorporated in the group and then decided otherwise.	Active participation of one of the therapists in the clinical team meetings.
Little opportunity for supervision/post meeting.	Volunteer placement did not allow for an everyday attendance.	Access on the historical data of the patients. Receive regular private supervision.

Creating a safe holding environment (Meekums, 2002)
<ul style="list-style-type: none"> Punctuality. Privacy. Special arrangement of space. Holding the space even when sessions were cancelled. Explaining group's ground rules to new members. Negotiating the entrance of observers. Asking for two weeks' prior notice. Maintaining a clear stance for the psychotherapeutic character of the DMT group.

Interventions in the open DMT group with psychiatric patients, related to group cohesiveness

Interventions	Related to group cohesiveness	Examples
<ul style="list-style-type: none"> Clear structure of the session. 	Support	2 nd "It seems that the process of getting in the room, taking shoes of and take a blanket to join the circle to become the opening ceremony of the team. (...) We are returning to the rhythm that has mobilized them and we suggest that we give a movement and the rest to follow".
<ul style="list-style-type: none"> Creation of rituals by the group. 	Belonging	3 rd "M. said we were like a primitive tribe. (...) said he felt like loneliness had gone, and Mi. said that he felt warmth".
<ul style="list-style-type: none"> Mirroring. 	Acceptance	"The co-therapist suggested we observe the body's postures in the circle and then change them. Mirroring of the body postures in the circle is observable".
<ul style="list-style-type: none"> Change of leadership. 	Empathy	8 th "The therapist asks how can we show this in movement terms into the circle and suggests (...) there are many and spontaneous suggestions."
<ul style="list-style-type: none"> Use of circle, almost exclusively. 	Trust	"It has been heard a lot the issue of solidarity, teamwork. A. was impressed with the changing of positions with other members while at a circle. He said it was very interesting in getting into the shoes of the other, seeing from his own perspective".
<ul style="list-style-type: none"> Synchronicity & rhythm. 	Self-disclosure	"Co-therapist's thoughts: since the team is open and we do not have stable membership we are the carriers in the history of the group, we keep coherence from one session to another".
<ul style="list-style-type: none"> Holding hands. 	Approval	9 th "With a movement, K. and Ev. are holding hands. Ev. is still seated, the whole team gets hold of the hands. She gets up. Somehow they start a wave from hand to hand".
<ul style="list-style-type: none"> Work on body boundaries through self-massage, with or without props. 	Warmth	"Before we sit down, Ev. says she now feels depressed because the session is over (...) she comments of her "annoying disease", she says she has an obsessive compulsive disorder and that it is very difficult. That inside her head is strange, that she gets anxious. (...) Ev. with low voice, comments that she has schizophrenia, that she has broken her arm seven times, her legs, and that had a surgery on the head".
<ul style="list-style-type: none"> Work on grounding through body awareness. 	Mutual support	"We are discussing acceptance and how difficult the stigma of their illness is. A. says he has also received non-acceptance. (...) R. comments that all of them have lived that, so did she. That's difficult".
<ul style="list-style-type: none"> Use of props. 	Autonomy	23 rd "While the suggestion was a goodbye movement from the group, the members approached D. one by one and gave her a farewell, with hugs, handshakes and wishes".
	Responsibility	25 th "There are smiles and the word "nice" is heard by several members. En. comments: "Dance Movement Therapy works" and when we ask him to clarify this he says "we'll all be out now with smiles." They comment that with dance movement therapy their anxiety is reduced".

Conclusions

Keeping clear boundaries while maintaining the ability to shape and remodel seems to be of crucial importance for DMT practice and professional survival. The economic crisis consequences on the local labor market reality, together with the relatively scarce knowledge of health professionals about the practice of DMT, create the need for a strong theoretical background, informed practice and constant research. At the same time flexibility and adaptability are essential. This case study intends to shed light on practices that seem to have had a positive outcome and to detect any weaknesses for further improvement.

"The inpatient group's effectiveness, often its very existence, is heavily dependent upon administrative backing." (Yallon & Leszcz, 2005, p.481)
"When you lead an inpatient group the first clinical fact of life you must face is that your group is never an independent, free standing entity. It always has a complex relationship to the larger group: the inpatient ward in which it is ensconced." (Yalom & Leszcz, 2005 p.481)

References

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The Day Hospital

- Founded in 2009, forms part of the University Research Institute of Mental Health.
- Services are provided free of charge. The unit is funded by the EU and the Ministry of Health and Social Solidarity.
- The first Day Hospital was created in 1977, signaling the reformation of mental health services. A Day Hospital is a structure between a Psychiatric Hospital and a Day Center, providing treatment for patients with active symptoms, who cannot be treated as outpatient, nor do they need a 24-hour hospitalization. Patients arrive in the morning and leave after having lunch.
- Treatment includes Biological approaches, Psychotherapeutic approaches and Sociotherapeutic approaches. DMT was incorporated in the program as part of Sociotherapy.
- The professional team consists of: three psychiatrists, two psychologists, one social worker, one occupational therapist, two DM therapists, four volunteers, one care assistant and one administrative employee.