Good morning everyone. We are going to get started in just a moment. I'm just allowing everyone to join and get comfortable.

Hello and welcome to the Art Therapy for Pain workshop with Mallory Van Fossen. My name is Heather Cameron and I provide meeting support and would like to mention a few housekeeping items. This session is being recorded with the proration of our presenter. Please keep your microphone and/or phone muted unless asked to unmute. We have recorded the plenary sessions and posted them on the Pain Care Skills Training website along with a sign in sheet and questions that must be completed and returned to receive CME credits. This workshop agenda and sign in sheet is located in the files pod. Please remember to download, sign and return the sign in sheet if you would like to receive CME/CNE credit. Screenshots of names will be taken to confirm your attendance in this workshop as documentation for CME. Place your questions in the chat box. Your questions will be read aloud and answered by the presenter. Alternatively, you may use the raised hand feature and when called on I will enable you microphone and webcam so you can ask your question.

There may be portions of the day when we ask all of you to participate audibly and are webcam. At that time I will enable everyone's microphone and webcam. This may take a moment or two for everyone to be enabled. The week following the training you will receive an email survey evaluation. Your answers are invaluable to the future funding and planning of the Pain Care Skills Training. In addition to the training, survey evaluation, there will be a CME survey to complete. The survey from our program and the survey from CME are two completely different items. For CME/CNE it can take three to four weeks for you to receive credit. Once you credits have been assigned you will receive any mail from the system to complete the CME survey. You will need to complete the survey to retrieve your certificate. Please make sure you do this. If you're having trouble viewing the slide presentation, please exit and come back in. I also have my e-mail address in the chat pod so you can e-mailed me if you have technical difficulties. Now I would like to introduce and welcome Mallory Van Fossen.

Welcome everybody. Welcome to our therapy for pain. I had to shift things around a little bit but art therapy is something that can still be communicated and understood.

Disclosures, I have no disclosures.

Art therapy for pain. My name is Mallory Van Fossen and I am a licensed art therapist in a board-certified art therapist by the our therapy credentials board and I have been working clinically for about 10 years in art therapy. I started at Walter Reed in 2014 in the Department of Behavioral Health. Earlier this year two weeks before COVID hit I was appointed to lead a new department at Walter Reed, the heart health program which leads me to doing this presentation. It has been really fun so far because as we will talk about a little later there is a ton of research and a lot of it is really interesting so hopefully we can talk about that stuff a little later.

Art therapy as an adjunct for pain management, there is [Indiscernible] hopefully I can work it on later in my career. I am an associate professor and I teach grad students art therapy in their first and second years. I was invited to help start that program and I have written curriculums. Previously I was president of the [Indiscernible] Association and worked on things like lysis development and professional recognition. Lastly, I am a clinical supervisor. I have been trained at Walter Reed in a supervised [Indiscernible] outside of this capacity. This presentation will provide an overview of our therapy and practical applications in the management of pain. A general overview of the professional field of art therapy, methods, applications and approaches. An overview [Indiscernible-Low Volume]. Here I have art making experiential will be facilitated to provide practical application. [Indiscernible].

[Indiscernible] to get you supplies. [Indiscernible-Low Volume]. I will encourage you research has shown [Indiscernible] keeps you from absentmindedly daydreaming and keep your focus away from other things. [Indiscernible-Low Volume]. Help us understand what is going on internally. [Indiscernible-Low Volume].

At this point we do have a couple of questions so Heather I'm going to have you put up the short answer pull. I can't see or hear any of you at this point. I am going to ask first of all what is your background? Who has decided to join us. We do have various backgrounds. Next thing I'm curious about is what brings you to this talk? Hopefully it wasn't the one you really wanted was full but something that brought you here specifically. We will have another short answer come up. What is it you are hoping to get out of this? What brings you to the talk this morning?

What do you hope to get out of this, just looking through here. Always looking for other options. [Indiscernible-Low Volume]

I see one note about an echo. If you have dialed into the meeting via the phone, you will want to mute or turned down the speaker on your computer or you will hear an echo.

[Indiscernible-Low Volume] hopefully you might get that info this morning.

The last question, I see some of you answered this already, but this is multiple-choice. How much do you think you know about art therapy? How much info do you have about this topic? A little bit, enough to bring you this morning but not a whole lot. That is a good place to be. Thanks everybody for answering the questions. Just checking once more, can everybody hear me?

I hearing you clear on my phone. Just so everyone knows under the raised hand feature at the top you see the person with the raised hand, if you click the down arrow you can indicate to speak louder and the speaker will appear by your name and that can help us gauge if you are having trouble and also in the chat box if you need any help.

Thanks everybody.

When I present I like to speak conversationally. I'm not going to read every word on the slide so I will pause at the beginning and the end to give you an opportunity to read through them but when I'm going to share elaborates on them a little bit. Feel free to indicate if you want me to slow down. I'm open to that feedback so you are able [Indiscernible] everything you are reading and hearing. I also think I saw under the raise 10 sign to speed up or slow down. I know I tend to talk a little fast to focus what I'm talking about so if at any point in time you want me to slow down or pause or take a minute, please let me know.

We are going to take a look at our learning objectives and I'm going to read through these. Attendees will be able to articulate how our therapy is used as a therapeutic modality across various settings and with multiple patient populations. Understand how our therapy may be useful adjunct or complementary approach. Identify three art making directives to support and describe the outcomes and effects of each. Will engage in in art making task and demonstrate methods through hands-on experiential learning. We will talk more about [Indiscernible] research to talk about what has been done and what is happening within those fields. We are going to talk a lot about of those things.

Moving onto the agenda. Our therapy and arts in health is the primary topic. It seems like a lot of you knew a little bit about art therapy and part one is an overview of the field as a whole. We're going to give you that foundational information into art therapy and pain specifically. [Indiscernible] then we are going to art therapy and pain and finally we will end up this morning with experiential discussion and how we would generally walk everything out.

If you want to ask questions at any time, if you want to raise your hand, feel free to unmute yourself if you want to ask verbally. If you want to ask in the chat box keep an eye on that. If you ask a question that is another thing, if I'm switching slides if somebody asks a question if you could bring that to my attention so I can read it before I move on. We are going to cover a lot of ground today. There is a lot of content. If you have a question that is specific to what we talked about, feel free to ask. There is Q&A at the end but if we can expand in the moment that is always helpful.

The last thing I always have to put in here, as an art therapist, clients are generous enough to lend me their artwork to use for education and training. If it is the screenshot or photographed or any other use, that goes outside the realm of consent. If you feel inclined to capture the artwork I ask you to not do that because I'm kind of the guardian of this. Whenever I ask if you want me to hold on to your artwork [Indiscernible-Low Volume] a lot of them are really generous to help somebody out. That is helpful for patients wanting to give back to others.

The basic definition of art therapy. The American our therapy organization is the leading organization for art therapy in the United States. It consists of 46 state and local chapters [Indiscernible] how art therapy operates.

[Indiscernible] to contribute to the research body as well. The definition of art therapy is on this slide. It has changed a lot over the years as the field has changed and constantly evolving like modalities of psychotherapy and they keep it updated to keep it relevant to what is going on.

Our therapy is an integrative mental health and human services profession that enriches the lives of individuals, families and communities the active art making, creative process, applied psychological theory and human experience within a psychotherapeutic relationship. Our therapy is facilitated by professional art therapist effectively supporting personal and relational treatment goals and community concerns. Our therapy is used to improve cognitive and sensory motor function, [Indiscernible-Low Volume] enhance social skills, reduce and resolve conflicts in distress and advance societal and ecological change. That is what we are looking at. It doesn't necessarily tell us what happens in the session but the overview is what we are rooted in an art making as a whole and the basis of that.

The clinical practice, there are 10 research studies in the last 50 years or so that shows how art therapy can be effective. [Indiscernible] used with children or people who are artistically inclined [Indiscernible] in all of these realms [Indiscernible-Low Volume]

I have had numerous people, not just one or two but if art therapy is therapy to overcome artist block. That is not the case. You don't have to be an artist to be in art therapy. It is actually difficult to work with an artist and art therapy. People trained academically, some of that is stylistic elements, they are overwritten and they learn had to do something like studying art history. My undergraduate training is in fine arts. It is difficult [Indiscernible-Low Volume] creating something that is messy or doesn't look a certain way can be really challenging. I just wanted to add that in.

Furthermore, uncritical prep this we can be found in a lot of different settings. Sometimes we are hidden. Sometimes we are operating under different job titles that are not necessarily called art therapy so might not be clear if there is an art therapist in and agency. May be operating in the shadow is a little bit. It is not very well known or recognized in some settings. I will give you another second to read to that list.

Geographically speaking we tend to be areas where there is a grad school where people go to study and disseminate in the local community. Here there are a ton of art therapist. [Indiscernible] along the I-95 corridor there is a ton of art therapists.

One thing that has been helpful is the military and the VA have done a good job [Indiscernible-Low Volume] the network is connected where they are located throughout the country and it operates within the same framework so there has been a good push in the last five years or so to have art therapists throughout the military. That is one thing that has been really helpful.

One more thing I wanted to add, are therapist [Indiscernible-Low Volume] a specialty. My background is primarily in mental health, psychiatry, inpatient and outpatient. I never worked with kids. As a whole different experience [Indiscernible-Low Volume] just like with any type of rational. There is a specialty there.

Education, I think it is important to talk about art therapy, I want to bring this up so you have an understanding of what her background in training is and if there is an art therapist in your area, they can give you insights into what their training is. Our therapy education is a Masters degree. The minimum is a Masters degree. It is required we not only have an understanding of the visual art but application in theories in development of psychology and counseling. A lot are dual in our therapy and counseling because it is required to understand things to establish [Indiscernible] to make artwork. A lot of it requires some of that information. [Indiscernible-Low Volume] another area where we operate [Indiscernible]. We have educational standards approved by other graduate programs overseen by the EPAB and ACATE.

Our therapy licensing and credentialing. It is required we have the proper credentials and registration and licensure and whatever we might be under [Indiscernible] ATR , they are therapy credentials board. From there you can get a board certification and even further if you have a certain number of clinical hours you have supervised, you can get credentialed as an art therapy supervisor. [Indiscernible] offers one of those by the state making sure supervisory art therapists are supervising art therapists.

Current statistics

[Audio disconnected. Please stand by while Captioner reconnects.]
387 of those paths graduated in the last year. Our therapy has gotten a ton of recognition.

Can everybody hear me?

The field is definitely growing. The next 10 years or so it is projected there will be a lot more of us. May be a few of us retiring but -- I think it is really interesting. I'm glad I chose it as a career a long time ago. It was one of the better decisions I made in my early 20s so I'm really glad I got into this field as a continues to evolve. There is much work to be done. There are 147 art therapists working in Maryland and one in North Dakota. We kind of exist in these areas closer to where the graduate schools are and where there is more people.

This doesn't count that there are a lot of folks saying they do art therapy or operating under the guise of art therapy. In states with title protection [Indiscernible] I'm lucky to live and work in Maryland where the term art therapy and art therapist are protected which means if you have any other sort of degree or license you are not allowed to use those because they are specifically designated for use amongst people who have a licensed clinical art therapist license through the state. It was pushed to get that approved but it is really important. It is much more complicated than people realize. People think they bring in

a pack of markers and it is our therapy. That is not really the case. It really does require a lot of this background. [Indiscernible-Low Volume] maybe they went to school for it or not but it is important to tease out we know who we are working with. People pick up the title without really having the background and training.

If you're wondering why I'm talking about all of this, it is important to make sure art therapy is regulated throughout our state but one of the most important things is if all 50 states do not have a license, our therapy cannot be billed under nationwide insurance plans such as TRICARE. You are probably familiar with social work and able to be licensed in any state and practice in any facility because they have reciprocity from state to state and all the standards are the same. The rest of us who have other licenses like LPC, and especially with art therapy licenses, until that is recognized in a nationwide platform we are unable [Indiscernible] facilities like this. I can't use in a codes designated for our therapy because it is not recognized and credentialed under the hospital which creates a barrier to care. It is a big problem because that means our services are not being disseminated throughout multiple locations. We go where there has been an art therapist for a long time but the creation of new jobs is contingent upon a number of these factors. [Indiscernible] actively seeking a license has something pending right now. [Indiscernible] which is why I have folks to cover me. 23 don't offer any kind of art therapy at all. If you think about private practice, it is problematic because we can't bill insurance. Creating that barrier, people can't pay out-of-pocket. These bushes are driven by the American Art Therapy Association and local chapters.

Before we move on, I wanted to ask if anybody has any questions because we are going to shift gears at this point.

In professional training how much is devoted to canceling type training versus more art this in part training? It is literally 50/50. I have professors who are psychologists and psychiatrists and then we would have a class that would talk about artwork used in conjunction. The first semester [Indiscernible] a lecture. Sometimes they would try to artwork to keep us interested so we go over that stuff first and we add that in another class that runs concurrently so it is really 50/50 to make sure we have a solid foundation and practicing art therapy in many forms requires that.

License counselors, they meet licensure standards like any other degree in counseling would have. A lot of times extra coursework, I had to take summer courses to make sure I could get licensed in Maryland. Some of those courses needed in the state of Maryland required me to pick up a little extra. In those cases maybe it is a little more.

How many total clinical hours do you need and how long does it take to complete them? We need as many clinical hours required for other professional counselors. I believe for the ATR which is the entry-level of 2000 or two years, whichever one is longer. At least two years postgrad before you can get licensed. I also know 150 individual supervision hours which can't be more than once a week. To get your full license you have to complete supervision, it is timely and time-

consuming. For most people takes between two to three years so you kind of in limbo a bit. Trying to get all your requirements. Is that any type of supplemental certification as to how long they will be trained. They used to do like a postgraduate certificate for professional counselors. Right now, I think it is going away a little bit. I know George Washington University offers postgrad certificate but it is my understanding they maybe have eliminated that because the people getting this certificate postgrad weren't able to practice in credential or licensure because those things were tightened up to make sure the grad student programs -- at this point I don't think there is any supplemental certificate at least through the grad program. For a lot of training and how to use art therapy are [Indiscernible]. If it was easier I would've saved a lot of money and time so it definitely takes time and the energy and all the hours and all of that stuff. I think postgraduate certificates have kind of been eliminated. That is the path we are on in a lot of ways with mental health, especially Maryland, we are highly regulated in a lot of things.

I'm going to switch gears and we are going to go back in time. Ancient history of arts in medicine. I read about this and thought it was fascinating, so I wanted to include this. As someone who seeks to understand her placement in the world which many of us do, I thought it was interesting to hear about how parts in medicine and art therapy may have had historical roots. This is a very but interesting nonetheless. The earliest evidence of art is here, it looks like a little person. 300,000 -500,000 years ago is the oldest art we know of. It is allegedly an artifact that shows a female figure. It appears to be figure. Here I suggest, is a lot that came afterwards if you are familiar with art history at all, due to some of the attention of the craftsmanship [Indiscernible] some of the ways they were located in different sites , they have been able to figure out they may have been used for rituals which tells us it may suggest the earliest known examples of heart -- artwork were created for [Indiscernible] why do people make art? What is the purpose of this? Why make an object that might not have a function we immediately recognize? It seems to me it is ingrained in our biology and this is something we do. It still happens. [Indiscernible] [Indiscernible-Low Volume] as well. A lot of the images we use and a lot of things we make -- although it might not be obvious or apparent, some of these link to health related reasons. It is kind of a stretch to speculate that but some of the accepted theories of why artwork was created in the first place. We haven't necessarily found it yet. In the meantime, we have these little figurines. Fast forward to the 20th century. Moving forward, art has been used as a therapeutic modality since the early 20th century.

[Indiscernible] working together and separately and with and against each other and all the drama they had, what came from that is Carl Young started incorporating [Indiscernible] with patients. He was able to diagnose conditions by looking at images. He didn't have guidebooks I'm assuming so a lot of it may have been highly subjective but having artwork enter that realm of interpretive and what is going on internally started to creep up around this time with the development in the early 20th century.

Are therapy approaches, there are two once we are going to talk about and how they go together. Most of the foundation and having an understand how this works. Art psychotherapy was the first thing that came up. The picture is Margaret number who is one of the pioneers who differentiated art therapy from other forms of therapy. She referred to this as dynamically oriented art therapy. The book she published was one of the first ones out there. Art and images created certain back using symbols and art materials and the product of the art is meant to be explored within the therapeutic relationship. I will talk a little bit about the process and the product. We have these things art therapy, what happens when they are making and they what [Indiscernible] therapy artifact that is left over.

Introducing this new idea of the function and how we can make this into some other beneficial practice or object to meet the needs of the client. One thing I will note is therapy does lend itself to a lot of different medical and eccentric approaches. If you think about art therapy [Indiscernible] DVT in formed art therapy, existential are therapy has been gaining traction recently. Any trends that come up with psychiatry or medicine, we lend ourselves to that. We have this main thing and how we can support an overlay our frameworks. There is a lot of different approaches.

We also have an internal struggle within our origins of the field. That introduced Edith Kramer who expanded on art therapy by saying maybe it is not the product but what happens while you are making it and what happens internally that is the therapy itself. Things like engaging with the materials with insights that occur to you while you are working. In recent times this is been referred to as flow or sublimation. The practice of being fully emerged in some. Maybe that is the part of this that makes it unique. She proposed this idea which was different. The way I like to talk about this, I will ask them how many of you have an activity that totally immerses you and shuts off your sense of time, your sense of location and you are just in it. Everybody has something like that. Being able to channel or relate to that process, working on the car or woodworking or riding a bike or running. It is kind of the same process that has intense focus. What is going on behind the scenes that causes you to not think so much or worry or focus your attention somewhere. That is the primary catalyst for change within art therapy.

I will let you read through that little bit before we move on. [Pause]

We got this dual understanding that says we can have both, it doesn't have to be one of the other. We can expand upon this definition and meet the patient where they are rather than having our own ideas about how we practice, maybe it requires both and the patient needs to reengage in that process and maybe it would be helpful to flipping that switch. When it is over, we can look at the artwork but it depends upon the factors. Meeting the patients where they are is the most basic fundamental psychotherapy and treatment in general. A dual understanding of art therapy [Indiscernible] they can coexist not only in the same session but also by the same art therapist and maybe over the course of time depending on treatment goals. [Indiscernible] people have ideas about what art therapy is and isn't. Changes continue to happen and it is

just kind of nebulous. We might not ever really have a full description but it is all-encompassing because there is a lot of different ideas.

That brings us to arts and health. Arts in health is the new [Indiscernible] kind of branched off in recent years. Arts in health has always kind of and around but the ideas that designate it as its own specific crack this, this area within all of this is kind of emerged in the last decade or so. That is been my task here at Walter Reed, to a highlight this arts and health program. Arts and health is less psychotherapy oriented and operates more on like a wellness model rather than just the patient in session or group of patients in session. Arts in health also referred to as arts in medicine arts and healthcare is a diverse multidisciplinary field dedicated to transforming out and the healthcare experience through the arts. The field integrates literary, performing and visual arts and design and other forms of creative expression into a variety of health care and community settings to enhance health and well-being in diverse, institutional and community context. It is important to define what these fields are were ethical issues to make sure everybody is practicing within their skills because there is a lot of professionals and stakeholders in arts and health and we want to make sure if you practicing certain types of therapy or have certain types of training [Indiscernible] everybody practices within their swim lanes.

Arts in health and action. The arts and health team might consist of creative art therapist. Music, dance, expressive therapies. People who use multiple types of art within one session. You might use music and dance movement -- the all-encompassing creative arts therapy using multiple modalities. Participatory arts continued to cooperation, art classes being offered in hospitals which is interesting [Indiscernible] for impatience, [Indiscernible] drop in studios or makers basis. Environmental arts which is exhibitions, architecture and design and musical performances. Here at Walter Reed we are working on a number of those things. Musical performances. We can't have singing right now but [Indiscernible] performances which is great because it doesn't require talking and can wear masks. One thing I think that would be interesting would be to have [Indiscernible] and the issue is finding space to do anything. Finding space is a whole other story but having like a drop in studio where people can check out for a couple of minutes and take a break whenever they need to disconnect a little bit or offload some of that information and stress. That is one of the other goals I think would be interesting.

Anyone who accesses the medical center is a potential participant in the arts and health program. So, the thing that really separates us in addition to the multidisciplinary approach is the wellness model so those that are seeking to find elements of pathology and treat that but we are incorporating art as a necessary and important part of functioning.

So, creative wellness falls into that. Under the umbrella if you want to think about all the areas of wellness there is a lot of them that seek to promote a number of different dimensions and we will talk about multidimensional approaches after the break but keep this in mind and

make the connection, health is really programming throw all the levels of the hospital and focusing on promoting the idea that you know it's not just a nice thing to have, having art is typically seen as secondary and not really necessary but the silver lining is we have to have these things, we have to have stuff that gives life meaning in order to be able to function. Not just kind of run with empty tanks. In order to find other ways to operate, so we will talk about pain like I said, keep in mind you can't necessarily treat something when you have a medical disorder but how can it be used to assist with pre-existing goals in order to have people focus on different realms in their life.

So, okay so why does art work? This is a good question, the thing I want to know. Why does it work? How does it work? What's actually happening? You might have the idea that art makes you feel calm or art helps you to focus or art is relaxing but it's really important we are able to back up those claims because if we are not able to find the evidence to support it we do not necessarily have a foundation that we can take seriously but also to be able to expand and be able to figure out how these different functions can lend themselves to other disciplines or other topics or other areas within the health system. It's really important we understand how these things work. So the first thing I always hear is art is a left brain activity and especially if you are dominant with your left hand, I had somebody tell me in school on time you are right-handed so that means you're not artistic and art is a whole brain activity that requires horizontal processing not just lighting up one side or the other but requiring you to use many different functions. If you look at recognizing applying color or having spatial awareness, all the while incorporating emotional and cognitive material trying to analyze what we are creating that requires use of a lot of function so there's more to it than just creating images but there is a horizontal processing necessary and that has been long debunked.

Okay I see a question. [Indiscernible] so I think what you are asking the capacity to use assessments -- [Inaudible] there are a lot of different therapy assessments that have a rating scale that has been standardized in order to give diagnostic impressions for what might be going on. A lot of research about what appears in artwork and what it looks like and how it is drawn that can be pulled together to form a diagnostic impression just as an aside, therapists, they obviously have those abilities to formally diagnose and a lot of times in addition sometimes you can look at the artwork, it becomes intuitive after a while. You look at a drawing and say okay especially from working in psychiatry for so long after a while you start to see it and it's something you will all recognize in your process as well. So, it may be gives you the impression for what might be happening emotionally or otherwise. So, I would often, my role has been the mystery diagnosis person sometimes if you are stumped you have to do an assessment to work with patients when really, they don't know. So that is one use that I have been able to provide here, not just outpatient but inpatient psychiatry. It's kind of interesting. Not that we are the last resort but sometimes that can provide different insights like getting them to draw and create something to represent what's going on internally which you wouldn't otherwise see. There's definitely an aspect of that in our practice. I hope that answers your question which obviously then being

able to diagnose the condition or provide that information and change the treatment course or aid in treatment goal development and that kind of thing. [Indiscernible] yes it is variable. For sure. It can be very subjective and later we will demonstrate that a little bit. So, it is difficult to quantify or qualify a lot of these things that are visual, things that we are still kind of learning about. Instructive criticism like about the artwork. I never provided any type of like feedback that would be or, no, never. Never. Only because we want people to feel comfortable engaging. If somebody's operating at a lower development a level the artwork might appear at the developmental level so somebody that's kind of like you know cognitively at adolescent age the artwork will reflect that as well. Or any type of injury or anything you'll see it at the developmental level and I don't ever do that because it is all important information rather than focusing on the way that it looks or providing information to them about my own ideas or what I think about that. That's one thing that's difficult to get out of your system when you're coming directly from undergrad that is fine art I will say that, art therapy artwork is totally different in that respect. No matter what it is, it is what it is, so I try to choose words that are not good or bad it's based on my own perspective. Whatever you create you know you talk about it's kind of like an extra stencil thing you have created something so don't just take it for what it's worth. It's a little bit different. Okay. All right.

Why does art work? This is actually a really complicated model I have provided here but what I want to kind of introduce is this idea very generally, if you look at the model crisis therapy continuing and the way to look at this is to imagine a aerial view on top of this. So, I have these bullet points here, they are reversed if you want to read those but you have these continuums with the lines that go across. The top one is [Indiscernible] and if you know about this which I'm assuming a lot of you do you will recognize that we have top-down and bottom-up approaches here looking at this model, we can target different areas of the brain by using different art materials and different art approaches. So cognitive symbolic. Going through this to give you examples of the continuum it's not totally necessary in a firm understanding is just to demonstrate there's rhyme and reason to why we do certain things, showing intentionally what we asked the patients to do, what we verbalize the patient is intentional based on what's going on based on this continuum and we will guide the practice a little bit. So function that employees part of the brain using media so maybe we are using a collage or photos or some structure, creating a diagram, using words, making artwork, maybe they are using, writing it in there and you might ask the patient questions when they are working she can see they are really working on the symbolic, you might ask them the important part of your artwork or tell me a story about it. Drawing the same symbol so like I said what's that about what is that simple? Next steps are up here. In this top area. The second level conceptual aspect is this is similar to the limbic system. So looking at observation, managing your internal experiences increasing awareness of emotions that might be occurring and more direct involvement as we work our way down. And again questions we might ask for the descriptor that my guide what is the source of this pain or if you can jump in the pain and be in it how will you feel? Asked them what is, how would it feel to change some aspect of

it how do you understand these are things you might ask and getting them to focus on a different area activating and the filling around here. And kinesthetic sensory this is working on the continuum doing something like pounding clay or ripping paper or creating artwork that engages your whole arm and asking them how the material feels like engaging the sensory part what is the tactile what is the temperature what does it smell like or how do you pay attention to the sound? Really engaging the lower part of the brain. [Indiscernible] so I have seen it all the time patients that will come in especially military populations who are very comfortably and have upper areas of the brain phase, knows, that's where they are, perhaps to start making textual diagrams and talking about and writing words and writing or you racing trying to make it really precise. Part of this reason is [Indiscernible] one of the things that might be useful over the course of treatment, you might try to guide them a little bit toward conceptual effective by asking questions, introducing new material throughout the course of treatment but I'm not going to do that right away because [Indiscernible] they are not going to do that, it is something they are comfortable with it will introduce trust issues more so than typical by having somebody engage in the therapy initially so I want to support those, meet them where they are and provide materials and provide feedback and information that keeps them in that place of safety until we can guide them out of that.

So, the opposite is also true. The opposite is we have somebody who is working in this bottom level and this can be somebody who comes in and starts making a mess immediately. Having a difficult time with the motion, maybe they need to compensate, whatever that is they might be stuck at the bottom level and I want to guide them up. Rather than having them continue not making anything from it or it's not being helpful to them to work through that, sometimes they are able to know what people might need at any given time I might ask them structured questions in order to close some of those doors that have been opened. So, the goal can be to regain control or have it be able to self regulate by guiding them through the continuum. So, questions. I know that's a lot. Okay before we go ahead and take a break I realize it's kind of a complicated, complicated thing especially because it requires understanding materials and processes but it's mostly meant to demonstrate to all of you that somebody's doing something that looks kind of random like tearing something up or you know there is a reason for it and it's not just meant to be like this is art. Okay. So, I don't see any questions right now so we're going to take -- oh, are we going to do art in this class? We will look at some examples of artwork that used to increase community patient communication. There was a study done using images that were created that might allow patients to [Indiscernible] we will look at those. Like I said at the beginning one of the challenges is adapting the art-based session through a virtual realm, it really does not lend itself to it so unfortunately, but we will have prompts we will do, there are going to be prompts you will see exhibits in some of the studies because I don't know [Indiscernible] not everybody does so that's okay. In that case where discord to talk a little bit about the artwork, there will not be class participation. So let's go ahead. We're going to take a 10 minute break. We are going to take a 10 minute break

and then I will go over some of the information. So let's come back at 10:00.

Welcome back to the session, we will be beginning soon.

All right. Sound check. Can you hear me okay? Am I coming through? Clear for me.

All right also. Before the break we had a couple questions. I'm assuming resources you mean material or maybe like information that's provided to us like a guide, that's a tricky question. I think if we talk about art therapy, it gives you a lot of different ways for how it is effective and studies that back that up, that might give you input based on what's done but is kind of a tricky question. One thing off the bat is a question to have your patient write a book and bring it into session or to address some of those multidimensional aspects by having them maybe have something or yeah, if I don't answer your question over the next section ask again I want to make sure you have what you need. I know there are a couple programs that take the patient like obviously not, a residential population to the art museum and it's not so much like therapy like in a session but they facilitate conversation and what that does is maybe stimulate some of the social dimensions or interacting with each other to find some relate ability amongst the artwork. Some of that comes along with projection two years those therapy terms when we look at something in a certain way that tells us about our own internal stuff that can be useful content and that can be important for us to have an understanding but there are some programs that will, as part of the art therapy group, like they will take them on a trip, look at a museum or look at artwork themselves and that can be incorporated into the art making process because that's not information we have created ourselves but we are either choosing it or looking at it and having something come up for us and that can be useful content which can make meaning through that process. Is that the one, who is the author of that one? I can't remember who the author is of that. Which is to say I have not read it. I cannot remember who the author is. There is one that I would recommend that is useful for discipline if you're interested to have a foundational understanding and how to apply it is called the art therapy source. I have an art therapist who works in a lot of different disciplines and how to make art accessible. Okay. Art therapy sourcebook if anybody's interested that can be a really good resource. Okay. So, using, it says, obviously that's not the case. May be a little shorter because we are a little overtime. Not currently, not currently. There are resiliency offerings, sometimes they will do art making like engaging staff members and other individuals who are involved with the medical center but not that I am aware of currently. There might be some individual providers who are working virtual.

Their individual art therapy providers working virtually. I don't know if that is an established group at this point depending on what population you're trying to reach. It is doable. That something we had to collect ourselves quickly in March and figure out because it was not really done before. So thoughts or suggestions published but we scramble to get together so we could meet client needs that do what we do virtually. Not here, not here. Not this time. I think maybe in the next few months,

hopefully. I would be the one offering it, so it is within the agenda at least but I don't know at this time but I can certainly see but not at this time. One of those things on my to do list here all right. So, we are going to move ahead. Art first that's what I call it, so there are reasons to look at it and reflect on it. So, we will look at individual artwork in the next couple slides. I got this late almost entirely from [Indiscernible] it is how to look at artwork, how to use language and observations to look at artwork and this is really important. Because it allows us to maybe understand some of our thoughts and emotions going on and recognizes what we are externalizing. So not ignore them, not minimize them but when we communicate about the artwork or about what we are saying we want to be descriptive. My job is never to interpret artwork, I might have something in my head and think this might be going on but I'm not going, it's not actually rather. So there can be a lot of things wrong. So we want to describe, we want to seek to understand and have it be more of an objective than subjective understanding and again that brings up the idea that's not a rock solid practice it's really kind of fluid and that's one of the benefits is that is kind of fluid but we just want to make sure we're looking at things and describing them. In the next few slides artwork will appear and we need to take a look at the artwork and look for what you see. Notice things about it, be observant without taking it to that extra level which is attributing or figure out what that is or make an absolute statement. In the text bubble here is a John how do we know that? That's the big question going from point and primped a point C but we don't want to make comments like that like this is blank, so drawing conclusions interpreting emotions projecting personal meetings. Objective would be more describing what you see. Making observations, noticing details. You might be saying what is this part here? And that's something I don't recognize, and asking for more information so this really requires us to have ongoing communication and rapport with the patients we are working with, we don't want to take a look and make assumptions. So also in the other box for objective commentary there is red and black in this drawing, so this looks like the artist pressed down a lot when applying color and I could indicate they were feeling anger. As we want to explain how we get there rather than just putting it out there and we have to train ourselves to look for different things so there is a scale called the formal element art therapy scale. Formal element art therapy scale is to look at these elements so when we do research and redo assessment we have a common skill we can use in order to understand the things that are visual, it gives us room to work within. So certain elements on the scale are line quality. Line quality, space, edge color, energy, organization, integration, how parts are integrated together, movement, content and composition. This is one of those like the posters that hang up in art classrooms these are all kind of like teaching things we can see and observe that what they mean is the next step. So the next slide what I want to do is, I am wondering what you all are comfortable with if anybody wants to unmute and I want to have you respond because I want to have us take a look but also have some feedback. I know we have been using the chat box but if anybody wants to unmute themselves and make an observation and talk about the case please feel free to do so. This is the first one and I will tell you about this piece. So this was created from a published study that I will talk about.

This was preprinted and the body outline is 8 1/2 by 11 paper so you can see that edges. So, this is a little bit off center but this was provided with a body outline and they were asked to use materials to create an image about their inner experience. From there they were asked to create an image from the outer experience outside of the body outline and this patient wanted to have more space to do that you can see I think it might be yeah, 11 by 17. They glued it down so they have more of a background to give it context so what this drawing is representing his inner and outer experience and we know that because that's what is published for what the patient had been asked to do. If we take a look at this one and I will start us off here. I am seeing a lot of color. A spectrum of color there is a vertical line that goes between or next to the body, there are other lines that are flow and intersect a little bit, they look like they're coming toward the outline. The same objects I might recognize I might ask what they are, the sun might mean something else to the patient, you can see symbols that might be recognizable. So finding to the visual and put that out, what are others meaning and reflecting on what are other seeing that might stand out to you? Okay. So we can see this red. Maybe that's pain. Right? When the patient made this. That's important, that could tell us something. If you raise your hand I can unmute you. Raise your hand.

Can you hear me?

Yes.

So, I have seen this really green contour around the figure's body. So I wonder if that is a barrier or some kind of like energy around the patient around the body.

Yes, it is encapsulated in some way, surrounded by this color like maybe it's a buffer or boundary. That is another interesting thing. We can see this containment. Black cloud overhead. There is an area that's darkened maybe that indicates something about the inner experience.

The barrier seems to separate color and it also prevents the wavy lines from reaching the figure. And there are two son like figures, maybe one of them, well I won't draw conclusions but their two sun like figures. One in the for their background you can only partially see and then one that is maybe closer to the patient. But it is still separated by the barrier.

Yes, that's kind of where the lines are coming from. Coming from that yellow area. A pretty recognized symbol but it's kind of undeniable. You might want to see what the patient would call it, using their language and their wording that can be important for what we are seeing. So that's the origin of the dividing line there. Figures that are divided and separated, yeah. Yes, it's kind of like a clamp, that might indicate something they're trying to communicate using the symbol. Yeah, the visual features are there. The body has no expression so you're looking at something that might be physically based. Okay. Take a look at the next one. There are two more. The next one is the cause, excuse the quality of this. I can tell you what it says here, above the images it's a long time ago and [Indiscernible] I can't read that unfortunately,

I apologize for the image quality but we are going to look at the images so I can tell you some things about this one, too. The title is identifying negative thoughts collage. So really to the point identifying negative thoughts collage and patient were told to create a tangible image of their thoughts. So, those in the session reflected on multiple dimensions not just the physical sensation but also the cognitive and the thoughts. We know that thoughts, cognitive barriers sometimes effect the experience. We have a question. Images they are drawn upon, written upon what else do you see? The top, it says need them/hate, I guess you have a bigger screen. Have a whole bunch of other stuff so it's kind of small. It is a potent statement. What are we seeing? If folks want to chime in.

I can see signs of previous trauma or, whether it's sexual assault or some kind of trauma in the past and also it's all subjective, my thoughts but kind of love and hate relationship with the healthcare sessions. You know from the captions above the text. That's what I see so far.

Okay. We see some that might indicate other experiences. Obviously, there are different things, these thoughts were originating or occurred in other situations. [Indiscernible] so there is a primarily images that occur [Indiscernible] that might be more of another kind of situation. It seems to be in the past. We will look at the timeline like the left is the past and then the right is the future, that's kind of a loose association, but that's what we are kind of seeing here. So we read from left to right that's kind of how we look at it like a timeline. I heard someone unmute themselves.

The picture labeled relief is kind of inappropriate picture. And then, the positive, the clearly positive one is labeled a long time ago and then the one that looks healthy, looks like it is labeled with something negative, the healthy looking body I guess the other healthy looking one.

Yeah. The note written by the patient stating that the photo is positive is labeled a long time ago. What else are we seeing here that stands out in this negative thoughts collage?

Yes, the hamster wheel, not going anywhere. Going in circles. Looking at these visuals would help [Indiscernible] for what we might expect. Moving ahead to the next the hamster wheel is not oriented like the rest of the images, it is tilted. All of them are vertical but the composition is, there is this, it's kind of off the page where the rest are oriented and the hamster wheel is definitely kind of with a downward tilt there.

Okay. Let's take a look at the next one. What I can tell you about this one, this is Sanskrit so this is used in art therapy a lot it's used throughout art history as well as a repetition itself, a line without a beginning or end and project within that. And it can be a representation of a moment or experience or some capacity whatever that may be so within this, on black paper, using the pay materials you add lightness to the darkness. Usually we are used to adding color or writing content on top of white paper but this reverses it so starting with this ground that's dark, the content and the patient is asked to draw physical experience

within, this is a two-step process, after finish they were provided with white chalk and told the white chalk would represent a healing white Lake and they were asked to add that in some way to feel what they had drawn. A physical experience and then they were given white chalk and added a healing white light to it and this, there is my, there's my pointer is it showing up here or its click and drag?

Yes, you can see it.

So, you see this squiggly line, that's the white chalk and these are the lines here and that I will show it kind of goes up and there's a little bit surrounding here too. So, what do you see here in this drawing? What do we see in this one?

So the white line on the right kind of divides the blue on the left and yellow on the right, it looks like it is piercing through something and on the left top of the section it looks like very fuzzy kind of a, there is distinctive color but is kind of the borders are kind of fuzzy and are circular, there are four different colors, I'm not sure what they signify, but you know on the right side it is a completely different color, all yellow. One colored and maybe it is, they're trying to pierce through sort of monochrome versus the kind of fuzzy unclear collage of colors. I'm not sure if I'm describing that right but it's a pretty interesting drawing actually.

There is a lot to learn. A lot of different things. Wanting is the chalk pesto can be used in a lot of different ways. Chalk pesto can be used if you're holding it for example hold it upright and use a corner as an object and you can take it and use it front to back to cover for large spaces so if you use that also you can use what you see in this area here, it looks like they smeared it so in addition to application of the material there is also ways you can manipulate when it's on the page. So there's a lot going on. A lot of different textures and pressures, a lot of ways continuing to push down more here. Over here this is kind of interesting. Usually when they're doing repetitive patterns sometimes that can be anxiety or getting out that kinesthetic movement. Things that can be trying to focus or trying to fill in some of the space with lines and movement. Because you know if you think about them wanting to feel safe they can use the lines but when you go with those lines that gives us separation almost a repetition or going around and around in circles which again that gives us some more content. By looking at the way they use the material that might inform us than for something that could help them --

It looks like there's dividing areas. [Indiscernible] color on one side what are the sides? Dualities in these two different areas. [Indiscernible] the kind of look like they are pointed towards it kind of insisting and isolation -- existing in isolation. The colors are very divided. Yes, definitely we have color fields maybe there is some association there they are trying to communicate. [Indiscernible] the color is one of the most prominent [Microphone distortion] more information about that the things we notice are important because that's what we want to pick up on. Again we are looking at [Indiscernible] that's where we kind of start with to reflect on our work. The next thing

[Microphone distortion] comments or ideas -- could be, could be a lot of different things [Microphone distortion] interesting nonetheless I think. We know the [Indiscernible] add in the white light. What is the understanding of that? What does that mean? [Indiscernible] work within what's already there [Indiscernible] it's all kind of difficult to layer because it is such a tactile or [Indiscernible] meetings can be interpreted in so many different ways there [Indiscernible]. We are going to keep moving. It looks like [Indiscernible] we are moving into the pain realm at this point. I included the slides because I think it provides of the foundation we are working towards understanding I think most of you if not all of you have a background in pain [Indiscernible] I will kind of coast through these ones but it really helps with the integration of arts therapy.

[Microphone distortion] [Indiscernible] multidimensional understanding many dimensions or aspects of the experience. This is where we arrive at gate control theory [Indiscernible] introduce pain as a multidimensional phenomenon. It is and just having a physical [Indiscernible] therefore curing it there a lot of different things operating together the give us this full understanding [Indiscernible] things like attention [Indiscernible] when I read that I thought okay, these are all things we can address for impact or effect using different modalities [Indiscernible] how does it fit in there? That really is kind of a direct relation [Indiscernible - microphone distortion]. We need alternatives then if we are not able to locate or pinpoint or [Indiscernible] the pain experience immediately [Indiscernible] what do we do if it's not just physical and there are other factors in play is important for us to be able to treat those two. Like I said before therapy is it really going to be the thing that cures pain it's not going to be the kind of things that can heal loans or anything else but the goals are [Indiscernible] can absolutely lend itself to this multidimensional approach.

[Indiscernible] the biopsychosocial model bringing this new idea that we need more holistic approaches. We need a better way to meet people where they are which is a statement that I said pretty often. The interaction of systems how they work together [Indiscernible] how to interact? [Indiscernible - microphone distortion] what can we do within that model? [Indiscernible] it's almost like puzzle pieces fitting together. [Indiscernible] a colleague of mine used to say -- [Indiscernible] we used to try to encourage patients to do everything. [Indiscernible] music, we had in prof, we tried everything [Indiscernible] you might not know right away what that is at least [Indiscernible] I've had plenty of patients who had no interest in art and found out that it is interesting and helpful [Indiscernible] introduce the patient to something they haven't really tried [Indiscernible] a lot of people don't even know that art therapy is thing. I hear all the time art therapy? You hear the question mark [Indiscernible - microphone distortion]. Furthermore, the biopsychosocial model [Indiscernible] are therapy [Indiscernible] widely employed model used. This slide I just wanted to put in -- we don't really include this but I just wanted to make note of the multidisciplinary team multiple people that might be involved in treatment [Indiscernible] not really have as much access the people that we could be talking about within the multidisciplinary

team [Indiscernible] meeting different needs. [Indiscernible - microphone distortion] some but I left off, occupational therapist [Indiscernible]

A mind-body approach, we talked about [Indiscernible] art therapy has most [Indiscernible] mindfulness meditation, yoga [Indiscernible] are therapy has typically been employed as a mind-body approach. It's more of like an art as therapy. [Indiscernible] most of the research has been done on the process [Indiscernible] mind-body practices large and diverse [Indiscernible] really open ended there [Indiscernible] this is the pinnacle of this whole discussion. [Indiscernible] we talked about art therapy and basis of pain [Indiscernible] this is developed by an art therapist Dr. [Indiscernible] in 15 for her doctoral dissertation and art therapy and chronic pain framework is that -- like a multidimensional [Indiscernible] information from the literature and applied it to each of the areas. First what are the important parts? What are the essence of your pain experience? [Indiscernible - microphone distortion] giving us the system were to be able to figure out where the different benefits are an art therapy and where they potential treatments and implications land within a model. We are going to talk about each of these areas. The first one on here risk implication factors psychological and emotional [Indiscernible] how do we work with somebody who is struggling with chronic pain and issues related to whatever in this case psychological and emotional [Indiscernible] how do we work with somebody [Indiscernible] how do we employ art therapy in that context? What we determined is art therapy release attention making coping skills [Indiscernible] art making is an outlet for self-expression [Indiscernible - microphone distortion]. How do we know this?

What she had folks do was draw your pain and she does it as an assistive technique so within a treatment team she had folks draw their pain at the beginning and the end of treatment and use that as an assessment [Indiscernible] to potentially apply treatment for and what she found is that patient to show the greatest likelihood to be able to manage their pain over the course of treatment they also demonstrated a change I mentioned drawing from beginning to end. Also, responsibility for their overall being. As evidenced in the artwork which again employ the formal art therapy skill. If you look at some of those elements within the artwork we were able to recognize there is an improvement in body image. Also, the reverse of that as well. Other findings were that patients who succeeded finding a cure or finding a solution were less likely to benefit from our therapy and I could be due to a number of reasons. It could be focusing on pain as primary goal [Indiscernible] that doesn't directly benefit or pertain to that dismissal of something that might seem nonessential and art therapy seen as the fluff. It could be some sort of idea or belief that it might not be helpful for but those who are open for more likely to benefit from it because I guess starting out already with [Indiscernible] perception.

Moving along to social. What we know about art therapy within -- oops. Can you still hear me? I did not realize this was a touchscreen. I brought up Google for second. I was like oh my goodness. Our therapy within social route what we know about this? It might pertain to isolation come a loss -- loss of visual communication allows us to see

the invisible. Art making expands verbal dialogue which we are going to talk about later. May improve quality of treatment and personal relationships which may also help to establish better communication with family. Those are things that we know. Most important thing about this influence factor of the social realm here is that social change is a really over for sized there probably the least emphasize our therapy literature. Not going to give you resist me social changes happen after treatment or capacity to perform a longitudinal study is really much more challenging and we can accurately assess those things. Maybe we are so focused on anthropology we are focused on illness and treating the illness that we are not looking at these [Indiscernible] may also be important so there's not a whole lot of literature here. This is the one that he myself in a two-year pilot study patients in our therapy group the study was to test the feasibility of our therapy program on patients experiencing long-term symptoms. Think started off a little rocky with this one. Researchers found the first year was marked by emotional turmoil maybe is a difficult adjustment there may be addressing the pain addressing these are some other stuff increasing some unease by participants but overall concluded there was positive outcome. There are some questions here leaders other treatments going on to so we don't know how much is attributed to the art making process but what they concluded was that some of the patients were able to increase their work activity after two years. Maybe is attributable to the group social context but being able to increase that [Indiscernible] and engagement is pretty important here as under the social realm that working within the group maybe promoting connection maybe helping to normalize the experience, maybe helping to understand what is going on by relating to other people.

Next up in the framework is the cognitive behavioral [Indiscernible] factors in pain perception. Here we are looking at grief and loss avoidance loss of control loss of self-efficacy and regulation and what we know about art therapy is that symbols and metaphors a search for meaning. They aid in acceptance of difference issues and things that might come out. Exploration and media it's practice problem-solving skills come -- trying something new [Indiscernible] regular art making may help to identify patterns and document very. The one that I wanted to speak about that I think is one of the most interesting things here is this concept of regular are making me help to that effect patterns of documenting things that term earlier therapy artifact because typically we are sometimes the last people to know when changes occur because we are stuck we exist in our brains and bodies 24 hours a day there's no escape from it and that progress that change over time can be difficult for us to really pinpoint but having that document of what's been going on and having that should person in this case therapy is kind art therapist to be able to bring our attention to it can be really helpful because they can also track those changes. One thing I like to do with patients, after they have a body of work that they have created maybe they created drawing every time they come in. Maybe they were of these about succession. What I like to do actually is too late all out on the floor maybe it's five maybe 25 and we need to find a bigger room but I like to see them all in one field of vision in chronological order because what that can allow us to do is to be able to reflect on things in the artwork as they occur in an attribute that to also changes

maybe an internal processing or understanding or whatever the goal might be call in some alleviation in some kind of symptom whatever goal is they are working on. Having a record and documentation can be really profound for patient to be able to see that. Maybe -- I know I'm talking the elements a lot but maybe it's recognizing with the artwork to get a little bit later colorful maybe a simple pops up and they serve to incorporate. Maybe it goes for more abstract maybe there isn't a whole lot of [Indiscernible] project to answer to get more representational as they are understanding [Indiscernible] starts to then become a little bit more insightful more able to apply a little bit more to it. There's a multitude of different examples that I can provide there but I think that's really one of the most interesting things about the art making experience. Sometimes I will explain it to people I have been told to take the magic out of it but I think it's an easy way to explain our therapy is kind of a visual therapy rather than verbal therapy is kind of a visual. We actually have a language most of us at least to be able to understand what it means we all know what words mean they're very concrete you can literally look it up in the book -- dictionary to see what it means. Some of those colors, lines, shapes don't really exist in that way [Indiscernible] that can be a really interesting thing to reflect on both for the therapist and patient. Is interesting for the art therapist to do that to be able to and say things are shifting, did you pick up on that?

Cognitive behavioral here our therapy is an effective tool for reducing pain and encouraging self-expression suggesting that patient beginning our therapy are typically more interested in learning technical aspects. This alludes to what I was speaking of before when people engage they are not really sure they want to learn how to draw. Maybe they think it's in our class which is a whole different issue. Maybe they want to learn how to do it properly because that protects them and keeps them from having to engage with the emotional content. We want to learn how to [Indiscernible] how do I do these things to make it look a certain way? Increasing the comfort level [Indiscernible] in order to access more of the social effective content. If you think back again to that expressive therapies continue on this kind of alludes to not be able to guide them through these processes. Also creating self metaphors past and present experiences being able to understand the experience in a different way recognition refresh on was experience during the art making process after the art making process.

Then physiological, this is the last component of the framework here. Pain impairment disability improves mobility OR and ability. How we treat a patient? How do we lead a patient with experiencing some of the issues with and some of the factors within the framework? We know that are taking to practice and improve motor functioning a rather art making can be used [Indiscernible] art making can exacerbate pain symptoms which we will talk about on the next slide [Indiscernible] blocks out patients pain [Indiscernible] channel was going on appear rather than on focusing what's going on down here. Some studies here to illustrate some of these physical factors patient self-report well engaged or just engaged in different activities. Patient subsets report heightened sense of pain when idle and unoccupied when engaged in using but art making could possibly stimulate some of that mental energy may be redirected

come or refocus it so it is not so focused on the pain experience. The studies here about -- this when I was talking about earlier patients and pediatric unit had access to an art studio where they could dropping between painful procedures sometimes having that other place or the other activity can be helpful to refocus and I guess is a fancy way to say distract but really you are expending mental energy on other tap having so much of that experience take up other mental energies.

One thing that's important is if you are going to ask people to draw the thing that is the reason that they are there which is very literal like draw your pain one thing I don't think I would ever ask somebody to do drawing your trauma. I would go there are is the thing that allows you to take a back door and look at it a different way rather than being [Indiscernible] is to be expected that if you're asking someone to draw their pain is going to bring that out is going to stimulate some of that -- that attention were bring to the topic itself might cause some of that pain it might impact the session in that capacity so that is something that is happening whether it's in his session he wanted to be intentionally done. You wanted to be -- you want there to be a reason. Is for you to be able to see what their experiences maybe that can be done in a way that is safe and not really intrusive or is difficult for the patient but you really want to assist in their capacity to do that because it's definitely going to be stimulating for the sum of those pain experiences that we might focusing on. That is not to say that is to be ignored because there are plenty of drawings and artworks that some of the things that might be difficult or challenging but again making sure that's done intentionally such Qatar. We don't want to cause more harm than there is. Something like exposure-based therapy was directly stimulates or causes anxiety or brings up some of those unpleasant emotions are thought that is done in a very controlled environment arts as exposure is something is done in the same way -- done in a way that is more methodical and everything is done for purpose within the model of safety. If people are hurt let that happen to draw about that. There's one -- there's a study they draw what they call migraine masterpieces. They are not asking you to really directly address that and focus on it so intently. Migraine masterpieces clearly is going to cross about that discomfort. The other thing that is specific to art making is that the sensory ask bearing materials can also trigger some of that to. With the site here is owner being a potential catalyst to increase some discomfort. We want to make sure that arts media is chosen in a way that's purposeful and that we are aware of what that engagement might be. Even something like -- if you think about a sharpened pencil the way that smells. It is that would type of smell or white gold blue. It doesn't smoke chemical or harmful but have a sent to it and for someone who's already in a heightened sensitivity to some of the sensory experiences that kind of thing can maybe set them off might make a little bit uneasy so employee therapy that requires a lot of different materials or a lot of different accessories I guess our therapist tend to carry around a huge. My looks like a toolbox [Indiscernible] that's one of the things is you also can software exacerbate the pain experience just by some of the sensory component within the material. What I hear often is that people do not like the feel of chalk people wear gloves when working with chalk pastels because

it can do something similar like it drives our skin a little bit and they can be uncomfortable for people to use that.

The last thing I have on here I will have a word of caution with this just of the disclaimer. Our directives are not meant to produce any specific result like sometimes people think that our therapist have like a book where they can look up quick fix like I have a patient that has bipolar disorder let me turn to that chapter and hear the things they should draw. It's really not that contrite included is registered to show you how not only materials topics can be engaged together but also what those -- with the content is then its relationship to pain perception and pain experience. It's almost like a formula putting it together and I just wanted to show you that here that these came from Gardens chapter 1981 called [Indiscernible] self-expression through free association clause so the concept year being self-expression plus collage a material and free association is open-ended. There might be something that someone engages and again like I said it's not a contrite say do this and you will achieve this result because as we know nothing it's really not clear that these are just kind of familiar examples to show you how all this stuff goes together and what is something that in our therapist might ask someone to do in order to either assess common traits, or facilitate conversation, or whatever the goals may be.

Take a read through these. I will talk about some of them. Reality confrontation is a big one. Acceptance of maybe what is going on and correcting that new reality as it may have changed or shifted. Drawing symbols -- attract symbols. Identity is really big and art therapy because artwork is unique that something until people all the time in their like I can't draw. If you create something I bet [Indiscernible] never would've seen that before because it didn't exist [Indiscernible] their identity can also be shared through art making whether they have the investment or not really. Art is always unique to the person so there's a lot to learn in that. Expression of rage the sculpture that is one of my favorites. That really [Indiscernible] Clay really engages those lower levels of the brain kinesthetic outside of the body using that movement using that -- motor skills to be able to manipulate the sculpture and then channel some of that emotion through that in order to put it into something constructive. I like to tell people you can punch Clay it can take it but maybe that's a better alternative than punching a hole in a wall maybe punching Clay how we channel that rather than causing destruction maybe report that into something that can be worked out and then understood because we have that artifact left over from that. Expression of fear, symbols, new ways of dealing with problems that is cognitive. [Indiscernible] for folks who might be hospitalized [Indiscernible] being able to maybe have a dress rehearsal of some big changes that are about to occur and working that out through the artwork and engaging her brain and really in a way that helps us understand some of the circumstances.

We have a couple of minutes before our next break. I want to take questions now before we move ahead if anybody has anything else they want to ask, any questions about our intent or how it can be applied I will take some questions here. Back to the last slide, sure.

Does anybody want to share any insights or thought? I'm open to whatever I have been doing a lot of talking. Something from you would be welcome if you have anything to share. I will give you another minute just to see if there any questions before go ahead and start the break.

[Indiscernible] how long does the exacerbation of pain [Indiscernible] that's a good question. It hasn't been studied. I would suspect that with any type of sensory experience that might emulate it would probably be similar. I don't know that there would be anything specific to the art process that would either have it last shorter or longer necessarily. I listened that any type of sensory experience that might emulate pain would probably be comparable to that. I did kind of a question for thought that I was going to post later but when you think about expressive therapy continue on this is the idea of being able to dial up a little bit exacerbated but how can we use the art process to dial it down potentially. That is something I'm wondering about. Like I said it hasn't really been studied before. There are some cause-and-effect relationship there but as far as [Indiscernible] we don't really know to be continued I guess to be determined.

It is 11:10 we are going to take another 10 minutes break so I will see you all back here at 11:20.

Welcome back we will be starting in a few minutes.

Everybody we are going to start part three of our presentation now. It looks like we are right on schedule. That should say 12:30 but we are right on schedule for the last presentation this morning. Scope of practice I would be amazed if I did not mention scope of practice just in terms of this training and training other people to maybe use some of these techniques but luckily there is a really good article that was published that helps start therapist to figure out how can we share some of these things? What are some of the topics or ideas or concepts that we can put out there to have [Indiscernible] one is introducing [Indiscernible] other colleagues to a wide range of our materials and discover how those works and figuring out how patients and other folks use them. Ideally during this break I would have laid out a variety of art materials on the table but again such as 2020. It would have been wonderful if we could have something tangible in front of us that not only engaged in group art making just to make our own social processes but also to put some of these materials into practice. That would've been the ideal but working with what we've got we are going to do something a little bit different within this virtual space. Another thing that is helpful for other professions to look at reviews when you go to art therapy is structure so figuring out what are the benefits what are the drawbacks of offering directives? Like I said understanding that we don't offer directives in order to get a certain response to analyze or interpret really we want to offer something intentionally as a way to meet the client's needs. What are the benefits of fat? What are the drawbacks that? Lab we provide something like that? Maybe the patient can use it independently. Maybe they have a sketchbook that documents their experience that they share with a provider. What are some of the benefits of guiding them or drawbacks of offering information to put some guardrails to kind of assist them in process. The big one is

interpretation and I want to emphasize that we want to listen to the person. We don't want a true to anything maybe they have a specific meaning for a symbol for which we are something entirely different. Maybe they have specific life story or memories or thoughts or something that we don't necessarily relate to in regards to an image or symbol or picture. One example I can provide there is working with trauma groups sometimes I will see drawings that I would interpret as being very chaotic. This is also common with children that are growing up in chaotic [Indiscernible] they will have this image of this landslide porcine I am looking at it and thinking well that looks like it would be fire it looks like there's a lot going on everything is really intended. They were described as call. One of the directives that will get sometimes for art making to be more are as [Indiscernible] the creative drawing [Indiscernible] to spend that time in the process marinating a little bit and not feeling so making decisions about what would be a calm place. Problem-solving what would that look like what would include what with the colors be? Processing that emotion. There are times were the results don't look calm at all and it's really up to that to make that meeting from it and to inform us of what that is because obviously everyone experience is too much different understanding and that comes out of their artwork. The last thing here that is important to impress but also it can be something we can pass along to identify how creative activity may complement once work or how we can apply things practically but still understanding what the boundaries are. Since your Studio City in our storage those are two whole other topics how you ethically store artwork? File artwork? All of that stuff that our code of ethics tells us all kinds of information about the proper way to store art just like patient notes is regarded in the same way because obviously a therapy artifact it needs to be taken into consideration as such. Application of these things not having to so that stuff how can you use artwork euro [Indiscernible].

Art as a communication tool is one of the more important things I think that is applicable to this. Hopefully, I don't my audiences at this point I think this might be applicable to small practice using art as a communication tool. One of the barriers that still exists is the perspective communication and mutual understanding between patients and providers and having folks be able to explain themselves whether they are limited within their verbal abilities or just isn't a word sometimes we don't have a word for different things that we are feeling different sensations or emotions. Maybe one were described it but there's something else also blends with it we don't have a word to explain what that is. Maybe images are the way that we do that so finding similar ways to communicate or findings is to impress upon folks what the experience is can be really important. There's also on the pain side of things there's obviously the divide between patients objective experience pain that measurements that assist much of which being language-based that we is to understand those things. There sometimes two different [Indiscernible] I guess that comes down to trying to quantify the experience it can be a little tricky sometimes. Fighting language to explore [Indiscernible] may lessen [Indiscernible] the first use of photography in medicine was from the 1950s and patients were -- doctors raising photographs in order to document and explain things to patients. Photography had only been around for a few decades at that point so was

relatively new and medical fields they were exploring how can be used as a tool rather than an art form how can photography be used as a tool. That was one of the first ways that images and photos were kind of demented or rather photography. We know that [Indiscernible] was documented medical procedures but photography was used to elicit a narrative so one of the things that I found with this technique that had been researched our photo voice and that is basically using the photos to speak for the patient. Using the images to be able to impress upon provider a certain [Indiscernible] feeling perception body motion whatever that is using that photo in order to do that and maybe expanding the verbal dialogue or starting with that of the foundation and being able to expand upon it another route whether verbally or creating something from that whatever that is. That is kind of the idea behind the concept of photo voice. It is loosely based of similar concepts of integrating some of the documented images into the medical realm.

There's a study that I found that I got was really interesting from 2010. Researcher studied the usefulness of photographic images to a patient provider communication by basically creating a deck of images 64 images were created that each one meant to depict a different type of pain so the images were meant to elicit a verbal dialogue that and the photographs were created by [Indiscernible] the researcher there it was noted in the publication also suffers from chronic pain letters and worked with the group to photograph and take different images to represent really specific nuanced types of pain different sensations of pain. What they did was they had the patient's in a clinic setting up of the decks out in the waiting room. They had the patients choose cards as they were waiting just like asked them hey you want to flip through this if there's anything here you think represents your experience or anything you connect with maybe take that into your interview with your provider. Maybe that can be helpful in explaining some of what you are dealing with or explain some of these sensations. What they found was that there was a positive -- rather they found that this did allow them to aid in communication. They found there was definitely positive feedback from that. They survey providers and patients and whether they felt that the images aided in their communication and they did there was staffing info they found it was true. Conclusions were introduced in images dialogue might be helpful and might help to aid their communication it might help establish a deeper understanding not to just rely on words but to go into some of these visual realm patient can operate in the capacity to connect or something that you sent also reach the provider because we know that words are highly interpretive but also at the same time they fall within categories so the subjective experiences want to capture their and what they are proposing here is do that through images themselves.

This brings us to experiential. I found several of these images that are included in the cards and what I would like to have us do is to go through them and take a look using some of those observation skills that we have earlier but also maybe tap into other thoughts and think that copper us and have some ideas you about how we can do that. On the next couple of slides we are going to have is each of the cards are going to come up one at a time. I'm going to have them up here for one minute

from there the next one will show there's for the total at the end I will have all of them side-by-side so we can have discussion. To try to look at each one objectively be aware of anybody us any personal associations, any transference anything that comes up to you in response to the image. Is also important that helps you figure out where you are coming from. That is something that is important when we approach any patient to acknowledge our own stuff. [Indiscernible] maybe you can create a quick sketch is a will -- visual response [Indiscernible] maybe that gives you some information.

Another thing I like to encourage people to do is write down the first word that pops into your head. That usually tells us something that's near the surface or brings up for us the tip of the iceberg you might say that might help us understand a little bit more but when the image pops up that one of these pain card what popped up in your head what work for you -- what word possible for you -- pops up for you? [Indiscernible] during the minutes maybe write a description of what you are seeing maybe it reminds you of something that you see before but you are serving something about it that -- some element stands out to you or speaks to you in some way. Whatever that is what I want for you all to do is just response what you're seeing and making that assumption that maybe a patient comes into your office and they have a deck of images they look through in order to explain and processes visually and were able to say this is what I'm feeling. This is what it feels like this is what's going on. How would you respond to that? There's obviously some ways we might seek to understand [Indiscernible] by looking at it first that is going to be the interesting thing to try to figure out. We are going to replicate this study kind of a little bit more subjective. I will have these images come up directly from the deck of cards and maybe think about what is the application of this? What is the benefit of it? Do you feel like you get it? Doesn't work? Does it not? [Indiscernible] that makes total sense. Just be aware of those things when something comes up for you.

I'm going to flip the slide. Heather I will time this just you know that is completely fine with me. We are going to do one minutes for each that for the last slide well all for the come up side-by-side I'm also going to play for one minute as well in case you want to revisit one. At and I have plenty of questions for discussion about this that might help us facilitate discussion a little bit so I hope that you are game for participating in that in whatever capacity you want to participate. I would encourage you to use your video so we can see you. Obviously, I'm used to teaching classes so it's nice to the other folks and respond to them. It's up to you and from there we will have a discussion. We have plenty of time left for that part and for Q&A. I'm going to flip to the first slide. I'm going to mute myself. For the next minute each one plays respond in some capacity.

[Visual activity in progress.] Okay. We can go back to this in a minute but I want to draw your attention to questions for discussion. Go ahead and take a look at days. We can pull up the images again in a moment. Question for discussion here. I'm going to read some of these allowed to get darted. With prior knowledge that each of these photographs was created to depict an experience of pain comment do you feel this

prevented you from seeking any additional meeting from these images, limiting yourself to preconceived ideas? Did any of the images stand out as having a particularly strong or even visceral message? This is different than any other situation [Indiscernible] we are using images does that tip that balance a little bit? [Indiscernible] do you feel that adding and visual element to pre-existing assessment measures could be a useful tool? Why or why not? What are some barriers or recommendations? What were you thinking about with each image? What were your thoughts or emotions [Indiscernible] what was going on in your head when you are looking at each one? You would feel like with all of the stuff going on you wouldn't be able to [Indiscernible] especially if it was something really visceral. Other thoughts come operations -- or ideas? I think we have questions are being copied and pasted for us which is helpful so we can go back and look at the images and refer to those for discussion. While these populate down here start to think about some things you may really want to share about it. I will have to turn your microphone's on so we can do that.

Maybe jot some things down.

Mallory would you like me to move to the page that have the larger WebCam option?

Sure yes, if folks want to participate in that capacity, I think that would be useful. I challenge you this morning to make yourself seen. I don't want to intrude upon your space but if we could do it that way it would be useful. Can they also see the discussion notes? Does that show up on their screen?

Yes. On your screen now you should see a large image of Mallory and if you would share -- if you want to share your own WebCam her imagery becomes smaller and it will populate within those who are comfortable coming on WebCam and you can have more dialogue. In the bottom left in the notes section you will see questions for the last slide that you can refer to.

It might be helpful if we can pull of the slides so the images can appear as well so we can move through those if that is possible. It looks like we don't have anybody on video so we can pull back up the PowerPoint if that is going to be the case so people can refer to that. We have some folks that aren't able to do so. What do you all think? We looked at these images, let me pull these back up. We have to respond in a certain way maybe jot something down, the first word that pops into your head. What is the reaction here? [Indiscernible] what are some thoughts or ideas that you all have? You can come off mute to join in.

Are we going over the image from left to right or is there some kind of order?

Let's do it all together first looking at them all collectively as a group just like the concept of general then we can go into each one definitely. I'm just wondering right off the bat overall having seen these what kind of -- what is the utility? Do you see a utility or usefulness in this? You see these things altogether so thoughts or ideas

about this and certainly any responses to individual once feel free to as well. Is kind of free-form here, this session.

[Indiscernible - multiple speakers] right off the bat the third picture with the flaming wire is one that stand out. I can only think of the word pain. Pain from a scorching hot wire that's what really stood out to me and I guess looking at other images I was thinking of the word vulnerability the second image kind of is a wide open door there's a transparent [Indiscernible] they like to transparent because you can see the windows and such through it. The first one I thought it was kind of out of place. There shouldn't be ice on the ocean. I just thought it was kind of out of place. I can also see like a Siegel maybe like hope is what came to my mind [Indiscernible] strangulation, kind of numbness and tingling in the hands those are kind of what came to me when I looked at these images.

We have some responses in the chat box here, invoking thoughts.

Mallory, I believe Mary Beth raised her hand.

Can you come off mute?

Can you hear me?

Yes, I can.

The first one relating to pain had also the same bias that ice does not belong on the beach but pain relating I saw something that is slippery, sharp, and I see that is unable to be located precisely . The one next to it I saw wanting to take the step into the garden but being stuck. The last one I saw depth of the hand -- death of the hand.

I'm going to guide us a little bit with some of the questions I have. The first one that I have on here with prior knowledge that each of these [Indiscernible] do you feel like this presented you from seeking additional meeting from think this images. If we have this appear in the context of pain Re: tunnel vision or are there some other facets to it that could be useful or observed? One thing that I'm hearing about the first one is maybe this contrast of temperature almost like placement being a little bit ambiguous and ice on the beach doesn't really make sense maybe that is another level that we understand so much the sensation but really another facet of the experience. Are there other things that were maybe occurring to you from looking at them that maybe you felt limited in any way? They are all pretty direct when it relates to pain. Can you all see the notes that are on the screen?

I see it on the bottom middle.

That's going to guide us I think.

I was starting off by trying not to make conclusions. I just put down reactions to each one. I feel like I wasn't -- I didn't limit myself because I try to make more -- a little bit more objective or simpler reactions to the images instead of trying to draw conclusions. I felt

like doing that helped not limit me or buys me towards interpretation in the context of pain.

Sure. Thank you. Also, we have some comments in the chat box to try to remain objective as requested call sure -- sure. [Indiscernible] our brains try to make sense we want answers to that kind of information. Our brains try to place things and try to understand. Maybe it's that juxtaposition that is the concept itself of figuring it out. We don't know call the patient doesn't know that kind of a secondary thing to taking it in. Yes, we want to figure out, that way we can understand it better.

One thing it reminded me of is I have been working in a pain setting for completely -- for a couple of years so a lot of times I will skip over the patient's description of the pain because of it doesn't need me diagnosis or treatment planning that I don't really care sometimes but it reminded me that that could be an important part of the patient's -- first element of trust but secondly it could be part of the therapeutic process for them to explain how the pain feels so I think looking at these images kind of open my or reopen my eyes to that idea.

Yeah and there's a time and place for that, identifying the qualities of it. Obviously was something like employing an adjunct treatment that might be the arena with that kind of exist. I'm trying to read all the comments so just know that if I skip over it how they are assisting me in highlighting certain things, impossible to stay neutral. I agree that is part of the reason I wanted to ask this question is because looking at each of these for me it's like [Indiscernible] it is visceral. There is a physicality to it in a lot of ways. I agree it can be very difficult. In that respect for me being a visual person and having that presented to me I'm going to respond to and a lot of different ways. Yes absolutely. Responding emotionally, sure.

When you have a reaction or an emotional response is that necessarily not a neutral response or is it only when you start making conclusions or inferences about meeting -- meeting or how it applies to a patient is that where bias or being non-neutral comes into play?

The latter, is it possible to not we know that whether it's a person we are reacting to whether it's an image it's impossible to be completely neutral that's where countertransference comes into play I think most of you are familiar with that term the response that comes up we are presented with something or someone nobody is completely blank slate and any sort of clinical environment so there's nothing wrong with that. A lot of times when students for example will think that [Indiscernible] it's just com -- possible. The problem starts when we look at it and you say that reminds me that thing with me so that person must be feeling similar. That is worth a little more convoluted. We don't want to project ourselves onto -- the reason why -- I think it's pretty relatable in any kind of clinical environment [Indiscernible] project too much towards the person in front of us what really makes the [Indiscernible] think that surface we can't think like okay let's not bring that up because it just happens. I think the important thing is kind of like recognizing ourselves and the responses. Knowing where to

set the boundary at this point I'm going to let the patient take over because I don't want to apply my own info to this. Another patient may have had a similar situation or something that may have been related to we don't want to draw conclusions about multiple patients either. I think we all probably have an understanding to what is the introduction that makes a little more complicated so again with the usefulness of using images as a communication tool or as a descriptor.

Let me read through the comments here and see if there is stuff to reach through. Everybody can read the chat box so let's take a look at through that and offer some other insights. That's a good point, think some of these might cause impact or exacerbate the pain experience to because it is not always physical it exists in many other processes. Sitting here not in pain right now and looking at something like that is could evil it for sure. -- Evoke it for sure. [Indiscernible] and bring stuff up. It might remind us of something in the past maybe that is a problem. Maybe introducing a patient to a deck of images they are looking for something or seeking to find things that might be on to be able to explain. Maybe that is a potential issue. Let me ask this question, do you feel like adding images to an assessment measure might be useful? Why or why not? [Indiscernible] what do you see as being useful? This is something you could potentially find helpful maybe, maybe not.

I think the visual element would be a useful tool because a lot of times -- I'm actually a pain fellow a lot of times we ask them if the pain is dull or sharp, radiating or not always there were intermittent. I do try to get the patient's words like a scorching [Indiscernible] for example and it is sometimes hard to document that [Indiscernible] having a visual element could be a good supplement to the pain history but then again if the problem is what to do with it? If the patient gets an image of scorching wire like and a third one what would you do with that? Does that mean the pain is more severe? I like to have it as part of the assessment but in terms of going with the treatment coming up with the payment strategy is to have a lot to learn about how to incorporate that if that makes sense.

Yes, that definitely makes sense. That answers the question what do we do with it then. [Indiscernible] how does that then impact next steps call what happens after that? That make sense for sure. This is just one study that was done. I was able to find any follow-up that offered any further info about what the application is. This is one thing that I was able to pull that I was able to kind of explain the utility of images. I wasn't able to find anything that determined if there was something that could continue long-term what else would happen and there's a lot of questions to ask about that for sure. I see a couple of things here folks are typing in images made with words. If that being the goal to then be able to expand some of the verbal dialogue maybe that is the intent call the end goal to provide a verbal description. Some of us are in favor call -- some of us are not in favor.

I think I explained why I wanted to include this. Obviously we needed a virtually accessible experiential discussion to be able to look at something and respond to it we are a little bit limited in capacity but also for me looking at this it kind of tells me it's almost like collage

in a lot of ways you have created images. You have things that are kind of ready-made almost. Instead of having the patient come into your office with their artwork which could be any number of things they might present you with this does kind of standardize it a little bit because I had providers come to me and say a patient came in with their artwork they showed it to me and I don't know what it is or what to do with it. I wasn't there I can't answer that [Indiscernible] some patients who are artistic [Indiscernible] might do this spontaneously. They might not do this with this deck of cards but [Indiscernible] this obviously might be a little bit easier if somebody came in with a card. The study here was mostly for the purposes of assessment and a communication tool. No more, no less [Indiscernible] any final comments overall questions on this topic specifically?

I had question about how these images were chosen. Really chosen by patients themselves? I would like to listen to their pain history and why they chose these images so that I can help to decipher these images in the future. I wonder if that is the case. Did the patients choose these images?

They were made collaboratively by a group. I think it was 8 to 10 patients working group -- worked together to try to find -- or take a picture or create a collage of photographs and work together with these agreed-upon physical sensations that they were trying to depict so it was the work of many people not just one. I agree it would be useful to have a description of what they had intended -- what their intent was, that's where it gets much more open-ended and confusing sometimes. I'm going to advance. These are the questions we had gone over for discussion. We are nearing the end these are some additional resources I have for whatever it might be the resources that I consulted for the purposes of presentation and really all-encompassing for therapy as a holder something you are seeking are credentials for has a link to find in our therapist so you can search by state or by -- you can find in our therapist on that website it shows how are credentials nationwide. [Indiscernible] they published a lot of white papers recently about the duration of our number of different settings so if that is something you are interested in that also could be potentially helpful resource for you. American Art therapy Association we talked about them. I put the local chapters here [Indiscernible] is the network organization that corresponds to DC so it's not necessarily like DC boundaries per se but kind of like a surrounding area. [Indiscernible] the last one Americans for the arts we have the national Institute for our and health in the military which is been intra-goal in establishing some of these programs albeit in their infancy but being able to set up some of those programs within military programs is really a work in progress expanding upon what we are have [Indiscernible] backup what we are doing and help you necessary. We have some good stuff out there that can continue assisting patients as much as possible. The last two slides I have are references. If anyone is interested in obtaining references of my presentation I do have them in a PDF form that I can send to you if you would like to have a copy of that. That might be the easiest way, to pages here. If you want to copy my email here it is on his last flight here. -- Last flight here -- last slide here. [Indiscernible] try to assist wherever I can to see how arts are being integrated into different

settings right now. I have work I'm doing with a pain clinic and also working on piloting a program in the infusion center and with cancer. What else are we doing? Working on staff resiliency is a big push recently especially in light of COVID. We have a lot of different initiatives starting that we are trying to [Indiscernible] whatever capacity you are working. We have 15 minutes so I'm going to open it up for Q&A if anyone has anything they want to ask about. For free to come off mute. Overall, the whole presentation if there's anything you are curious about your any lingering questions you want to ask feel free to do so. We have 15 minutes left in this platform so I'm available for that. If you need to leave that is understandable I will not take it personally. Q&A at this point if there's anything we have yet to discuss.

If we don't have access to an art therapist as a physician what kind of applications do you think might be useful for us to employ ourselves and also safe of course?

I think that encouraging -- you are talking about with applications with patients like a treatment? Is that what you mean?

Yes.

I can't [Indiscernible - background noise] a number of coping skills is always useful. One thing people do is to keep a sketchbook -- like a book ongoing they can refer to because it not only documents their artwork and images in chronological order but it could be something you could use to self regulate [Indiscernible] without you having to give that to them if people are game for that were up for them and to work independently it can be really tricky to figure out what to do if there's not an art therapist that is available. I wish I had a better answer for that. I think one of the important things with all of this really is being able to take the skills and apply that to your own life. [Indiscernible] how do you make space for that in your own life in order to make it a transferable skill and make something that you continue to do [Indiscernible] checking with that over time. There are a lot of resources that are available typically military linking people to access our supplies for our studios. I know around here there are a lot of places that operate with active duty or veterans are groups [Indiscernible] that can be really helpful that are working collaboratively with each other and that can be motivating for some folks as well. I guess seeing what people will do is really the important thing. There's a lot of resistance to making artwork because it's vulnerable in a lot of ways and it puts you on the spot makes you create something [Indiscernible] having nothing to show for it can be difficult for a lot of people. Is kind of assessing what they are up for and pushing them to invest in some of that self motivating can be useful for [Indiscernible] I think having something to carry with you can be helpful like pocket our supplies or something that fits ready to your hand [Indiscernible - background noise] there is a sketchbook that is smaller it fits right into the front pocket [Indiscernible] it is something -- if they are able to have it. Some folks might engage in something like that [Audio interference].

I would encourage folks to figure out how these types of skills can insert themselves into a person's everyday life. Material from then is really what they have and what they are able to obtain.

What about for a position to recommend specific art therapy type objectives or directives I'm sorry? What would be some of the precautions, pitfalls or safeguards that we could take if we feel inclined to do that.

I would say most importantly is if you are going to recommend something to have a specific intent for it and do so cautiously -- like I said before you really wouldn't want to ask someone drive your pain right out of the gate unless it is somebody that you might be familiar with in that capacity. Being careful not to have it be too provocative or allude to directly. The good thing about art but we have metaphor and we have symbols so we can draw things that other ways or we can translate it into some other understanding rather than depicting the literal. Rather than trying injuries or scenes as they occurred or whatever the case may be finding a simple to represent that might be a way to start because it allows people to expand on it in a different way. That is one thing kind of working with metaphor can be safe because that does not elude directly. [Indiscernible] obviously with the directive not expecting anything particular. Like I had in the flight from before some of the applications where we had the material the topic and the concept pain management that was kind of altogether was in that sentence. It is especially important that you don't come to it with any expectations [Audio interference] it can be difficult to get the full picture. There's one that I'm thinking of not really pain but one of the [Indiscernible] we use is the bridge drawing. Dryers of going from one place to another place -- draw yourself going from one place to another place. [Indiscernible] you want to give them that opportunity rather than hold it for them if that makes sense. Again, being able to use these things are going -- [Indiscernible] mind/body type of things are more effective when they are employed on a regular basis. You do one thing one time and it's not necessarily going to change your life it's being able to find the skillful behaviors [Indiscernible].

This one patient in particular that I'm thinking of he was a soldier who is very fit, Mary -- married and he was trying out for special forces. During the training he fell down and injured his groin as a result he has neuralgia and some incontinence and impotence and also since the injury, he had a bunch of other pain prior to that main injury. All of his other pains have exponentially increased in they are disabling the fact -- effect. He doesn't seem to have -- he doesn't express insight into how he focuses on the physical aspects of pain and doesn't really express insight on how the challenges and change in his function affect him psychologically and how that might relate to his pain experience.

Yeah. It sounds like maybe adding in some new dimensions [Indiscernible] you want to add in some other layers or draw attention -- the thing that pops into my head right off the bat is I want to say formulate a new identity -- identity development and acceptance of some of the circumstances and how they impact moving forward [Indiscernible] that doesn't fix it but those are the things that keep us flourishing.

Identifying some of those areas that are really hindering us [Indiscernible] maybe the pain and the experience of that is something that can be eliminated [Indiscernible] I have to explain that to people all the time. Drawing a picture is not going to make you happy, it is fleeting it is in permanent. Being able to use artwork or any of these behaviors is like a sculpting tool to assist in some of those other goals that fall within the framework we talked about that can sometimes be the intervention that can be it. Anybody else the last couple of minutes? Any other comments or questions or anything you want to put out there?

I really enjoyed the workshop today. I learned a ton about literature supporting art therapy in such so I work at Walter Reed just like you do. I have a patient who might benefit from art therapy how do I -- a consult for behavioral health or [Indiscernible] what is the process for that?

Sent me an email. Since our department within arts and health is new that idea of seamless integration into referral systems kind of not something I have fully worked out yet. We are starting from scratch as far as getting our systems in place to get consult and referrals. The most effective way to get in touch at this point is to send an email. Hopefully at some point we will be fully established and integrated to the system. Absolutely send me an email to figure out what we can do.

Thank you.

Welcome last call, anybody else? I appreciate everybody's time this morning time and attention. Connecting living on Zoom these days can be challenging. I appreciate everything that you shared. Hopefully, you learned a lot. Hopefully, you find some applications that maybe can be helpful from some of the examples I have provided. Like a said before the research gap is massive in its field and trying to figure out how they can be applied to pain is really open-ended at this point in really new. There is not a ton that is out there. If it is something we continue doing maybe we can start to draw some of those conclusions and have some more evidence-based to back it up which can ultimately have some positive impacts believes that is the case. Take all this information as a starting point really is what I would say. There's a lot more work to be done and I appreciate your willingness to sit back and take it in and for those of you especially it sounds like need to work with a therapist or find one I hope that is something that can be employed injury or multidisciplinary team. There are a lot of benefits to this. [Indiscernible] any of the art directives and materials and things we talked about if there's any applications that could be useful with any of the work that you are doing is not super contrite some of it is a little bit more adaptable but see what you can do see what your patience will do. That brings us to the end so thanks everybody, had a good rest of the conference, have a good rest of your day and hopefully I will talk to you soon.

This is Heather, I just want to think Mallory for great presentation and think the participants for being interactive. I think it makes for a robust discussion. I hope you will have a great rest of your day as you move into your next workshop.
[Event concluded]