

Thank you, Heather and welcome, everybody. Like to thank Heather for helping us out. This is Art Therapy, Pain. I will be speaking to you this morning through 12:30, the morning session and I hope that you're able to learn a lot from the information that I have. I am glad to be welcomed back. I was trying [Indiscernible] has more information is still up [Indiscernible], new information, new experiences for our Art Therapy for Pain group. If you are returning there will be new things available, if this is your first time joining us, welcome. We're going to the foundation of what the modality of Art Therapy is about. Hopefully it will be informative for everybody returning or new. >> I have no disclosures for today. As always [ Indiscernible - static].

As I said before, my name is Mallory and I'm a board-certified art therapist and licensed clinical professional art therapist and counselor. Art Therapy certified clinical supervisor. Have been at Walter Reed for about seven years. During this time, I have worked in [Indiscernible - static] Art Therapy for processing for those dealing with PTSD. Most recently, I have been tasked at the clinical coordinator of the hospital wide health and [ Indiscernible - static] today have been training for Art Therapy for about one year. You might be wondering what the Art Therapy program is. Part of the agenda is to oversee and implement arts [Indiscernible - static]. Clinical programs are those that typically are facilitated and documented by a creative arts therapy within the clinical or treatment program. Community programs are more hospital wide including environmental art, [ Indiscernible - static] our performance so if you are located [ Indiscernible - static] and was recent and music is included under that umbrella.

The goal is to develop and create programs to facilitate art into the community. [ Indiscernible]. I cannot speak through all the details because [ Indiscernible - static]. I wanted to start this out with this one because it is literal.

I will not read the whole thing; I will give you a minute to read through it. The first part of the presentation we will focus on Art Therapy in general just to give you the foundation and then we will go into the specifics of how it lends itself to pain.

Mallory? Is it possible to adjust your microphone a little bit lower towards your chin?

Is that better? >> Is that better?  
>> Sorry. Let me check out something else. >>

How about we drop the microphone. Is that any better?

If I continue to talk at this volume people can continue to hear me? >>  
All right. Hopefully those of you who can hear me through the static I am sorry. I will pick up and keep going. Most of the static is still there. Interesting. Am not sure about that.

Do you have a phone that you can switch to dial in?

I do. >> If you can hold on, I will do that dial in and hopefully that will be better. Give me one minute to set that up. Bear with us this morning and thank you for your patience.

>> [ Pause]

>> [ Echo]

Can you say another sentence please?

Can use a little bit more please?

Okay. Testing, this is Mallory. I am trying to call in to see if that works for everybody.

I can hear you and the static is gone. I will let people respond in the chat. >> That sounds great.

>> Final changes that I'm putting on my headphones. Hopefully this is still working. Thank you for bearing with us this morning. Even better. Great.

Always hoping to improve things for folks. I know this is a long presentation.

Let's pick up where we left off and let me read the course description. I had that here. I knew it would be something going on this morning. I don't know where you are located. We had a tornado warning this morning so I figured we'll see what happens and hopefully the Wi-Fi will stay on as well. If this is only problem, we have [ Indiscernible].

Learning objective. This is what I put together. Hoping that you are able to obtain from the session this morning. How Art Therapy is used, art making can be used when used in combination with treating pain and identifying [ Indiscernible]. I will go over more than that. At least three. [ Indiscernible]. Art materials needed. Final segment of this presentation we will be doing experimental art. During that time there's a break at 11:15 and on the slide I will have a reminder there to gather art supplies if you have not already. Be great if and use what you have. It is not necessary that you have a whole variety of art supplies. Just enough to make marks on paper. That is the benchmark. Whether that is highlighters, pens, large paper or maybe a post-it. Whatever you have, that will work.

This is another drawing on the sheet you will see them a little bit later because I will use it again. This is a medulla, many of you have heard that before. Means circle and that translates to self. What we have put inside and Art Therapy it can be a self-portrait, [ Indiscernible]. This individual's response in this medulla was that it was internal self-portrait with an emphasis on how emotions can sometimes cause [

Indiscernible] in patients. When I give you that information some of you are probably looking at it and picking up on something, the color, line quality, it is a purely subjective kind of response that we get from looking at artwork. All of these can be useful when we observe [ Indiscernible - muffled] and make assumptions. It is important to be able to look and pick up on feelings and at that sort of thing that might be present. Keeping in mind that observation and understanding of anything can be subjective. So keep that in mind.

The other thing that is a [Indiscernible] is all the artwork that I use in my presentations, meeting patients have agreed to allow it to be used for something and it is typically education and research [ Indiscernible - muffled]. I don't ever use artwork without anyone's explicit written consent. I want to thank people that are willing to do that I'm grateful that their artwork can be used in some capacity and be able to help others and learn more about certain conditions. Folks are usually willing to do that. Some are not but as always for.

Throughout the presentation we have topics for 60 minutes each and starting with Art Therapy general and going into Art Therapy for Pain. We will get two breaks of 15 minutes each and a Q&A at the end. Please feel free welcome to jot down any questions and take notes. There is a chat box at the bottom that I was looking at a little bit earlier while navigating our sound debacle. But I will say that when I do presentations, I tend to keep my eye on the slide and [Indiscernible]. I did neglect the chat box a little bit so if you ask a question while I'm speaking, I will answer all the questions that may come up each segment before each break. Know that I will get to it is usually that I'm like on presentation autopilot sometimes. They're always welcome and add discussions to the session. [ Indiscernible - muffled] Do you have a phone that you can switch to dial in?

I do. >> If you can hold on, I will do that dial in and hopefully that will be better. Give me one minute to set that up. Bear with us this morning and thank you for your patience.

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]. I think it is important to share what you want to know more about. Give me one minute to make sure I'm answering those questions.

We go. Introduction to Art Therapy. I have a few questions for you that I like to ask at the beginning before we get started because this helps me gauge what you are here for today and how to tailor some of the discussion points, descriptions and [ Indiscernible - muffled] sometimes I like to know what your background is and all of that. Heather if you can put up question one. There is a short answer and question which is your professional background or expertise. If I'm not mistaken these are recorded anonymously so your name will not be attached to it. I am going to broadcast them at the end so we can see. So, we all have a good idea.

Of variation [ Indiscernible - muffled]. Hopefully this can be useful. [ Indiscernible - muffled]. We have a variety.

I will take that one down. Next post that I have, another short answer is what do hope to get out of this topic. What you hope to learn? I asked this question last year and I was thrilled to see some people were hoping to bring Art Therapy to their respective areas, wanted to learn more about it as a possible referral service. Others just thought it was just interesting. Whatever brings you here this morning. I am open to reading those things just to my own benefit. I appreciate everyone who is interested in contributing to our poll. >> We have about one minute if you want to respond to this one. >> Heather? Is there a way of scrolling?

It is hard to see.

I got it. I wasn't sure if I had control. All right. Great. Like last year I'm glad to see everybody's interests. We will get right into it. Thanks for broadcasting that one.

I am glad to see you're interested in the overall series. For folks that may know about Art Therapy this is a review or folks that are brand-new, I feel like this is important rather than jumping right into to the discipline of pain to give you an understanding of what we talked about in general. And how it came to be. In the segment a few things I will be talking about not only just the definition and what it is all about but where in our therapist works and what are the common myths that we might face. I will talk a little bit about Art Therapy licensure and credentialing and only reason why that is applicable is because it has to do with access to services within the military. And I find that is important to explain to folks who we are, why are in certain areas, but don't have a representation in others. It is a military specific thing. So, I will explain that a little bit as well because I would like folks are hoping to have all our therapist's source or have one in your area. And then towards the end I will go into a theory about how it works, what do we have in place with the framework, what explains how Art Therapy intends to do, what we wanted to do. At 9:45 we will spend that time going over all of this. The definition come as with any profession Art

Therapy [ Indiscernible - muffled]. This is their definition. This is a standard for what it is that we do, and they change it all the time they updated with new information, but I will give you an opportunity to read through this. Art Therapy is an integrated mental health and human services profession that enriches the lives of individuals families and communities through active art making creative process, applied psychological theory, and human experiences within psychotherapeutic relationship. Art Therapy, facilitated by a professional art therapist effectively supports personal and rationale treatment, goals as well as community concerns. Art Therapy is used to improve cognitive and sensorimotor functions, foster self-esteem, and self-awareness, cultivate emotional resilience. Promote insight, enhance social skills, reduce, and resolve conflicts and distress, and advanced society and ecological change. It consists of 46 local and chapters. And to support advocacy actions. It is considered a research mission.

Applications. Common misconceptions on how Art Therapy is for children or people who are technically inclined and that is not the case. Art Therapy for artists was another thing that we hear occasionally. It is useful for many types of people regardless of age or background, anybody who is willing to engage with any type of treatment or modality. Art Therapy is here and useful for anyone who is willing to try it in the pursuit of specific goals or objectives. There are numerous studies that demonstrate the effectiveness in treating these issues that are identified here. These are just on the right-hand side or treatment concern come from research and have a huge packet of findings that they publish and continually update with some of the findings for how Art Therapy can be applied and how it can be shown. We have pulled from that to give you an idea where the [ Indiscernible] came from. The number of things to show across these areas of well-being. I like to go, will probably see the diagram of the circle with all the circles of well-being, social, mental, and all those things. It is important to make sure that all the areas are considered and when looking at [Indiscernible - muffled] a number of things pop out. Emotional distress, behavior, social and other difficulties common not over mythologizing folks and looking at them as whole person.

Treating a number of different people, not just children.

Settings where you can find us. List all your settings where there are therapists, can be fun. [ Indiscernible - muffled]. There has been a big, big push to expand to the VA via telehealth to have access for people in remote areas. There is a telehealth initiative that is being worked on [ Indiscernible - muffled] in Florida. It has been effective and useful and a lot of good is coming out about how to adapt to a virtual environment so we can reach more people.

Outside of [Indiscernible] there is our therapist to work on its number of different capacities just like other medical professionals, nurses, practice in areas of therapy. We're not one size fit all. As a point of clarification Art Therapy refers specifically to using visual 2-D and 3-D art to treat a variety of issues and concerns. Creative arts therapy is

the broader term which falls under music therapy, therapeutic riding and all those things fall within the creative arts therapy but what I'm talking about is visual art. Something to keep in mind.

Art Therapy education. Just like any type of counseling your masters prepared either a major or art, Art Therapy, minimal education required to practice Art Therapy. That is incredibly important when dealing with the federal system and national industry standard is recognized within the system as well because it was not for quite a while.

Overview education and training providing context for what our knowledge base is. In general, they said it required a graduate degree and commission on accreditation of Allied health programs in connection with the Art Therapy coalition educators oversee accreditation standard. Is unlike any program. But the reason why I am making mention of this is some folks think that we are artists who come in and volunteers and that's it. Just like any type of counseling when you are applying therapy approaches and meeting treatment goals it is required that there is some sort of standard that is being set to ensure folks are being, know what they're doing.

>> This is where I get to my spiel about my credentialing. Before we get to the primary theoretical content, I want to draw your attention to this issue, Art Therapy licensing. Its impact on services within [Indiscernible - muffled]. The first one gives you the more information, disregarding these professional credentials that are available and the individual has completed the requirement of grad training. It is a nationwide credentialing agency. Maybe, many are set for the boarding program. [Indiscernible - muffled]. Currently there are over 7000 credential Art therapists in the United States. Roughly 3500 of which are board-certified. But the field is growing, and I would expect to see more within clinical spaces in the next few years especially. We run a projector anyway, but we are giving a push with the acknowledgment of mental health or having that be a little more less stigmatized. It will continue to be grow in the profession.

>> The reason why this is relevant is because it's impact on military setting specifically regarding reimbursement for services. Reimbursement for services has everything to do with what is being offered and the expansion of the profession. Said it being -- some of you may have noted already the practice of social work is nationally regulated and recognized. You have to have a license with an E space. Reimbursement for tracker not be possible until all 50 states have adopted [Indiscernible - muffled] with the same requirements. Currently those in the VA there is a group that is working to push this, recognizing pulling information for all the states, and looking at what we need to do to obtain that. But I bring this to your attention not only just because of my own advocacy and [Indiscernible] changes I will keep talking about it. But also, so y'all recognize there is a limitation here as well. For some, if you have never worked within our therapists before, which is probably very likely others if you mean service and one medical center, that is probably why. There is not more embedding and more than that because we would have to have nationwide recognition and order to [Indiscernible]. We are working on adjunct services and not

having the same type of religious as potential providers within the medical provider. I want to bring this to your attention because are some limitations that we were working with and while there is a huge push for expanding there is a lot of recognition and thankfully favorable recognition of Art Therapy. This is one of the things that we're facing right now that is very slowly changing. Even as attention needs to be drawn to some alternative treatments. It is not necessarily something that can be extended upon right away.

This image I pulled from the American art therapy advocacy page. This gives you an idea of where our therapists do have a state license. Typically, in some of the more recognized states or states that had some kind of state-level issue that [Indiscernible - muffled] but we are pretty sure from that happening right now have these public recognitions. This is the current data facing a nationwide presence. Thankfully I was in Maryland, I have been licensed here since I started to roll out and 2012, we are [Indiscernible] our license. It is great for the private sector but doesn't get me very much working for the government. I continue to hold on to that anyway just in case. I can show you this to see if you are interested in another area. Art Therapy is recognized under counseling licenses, and it allows them to build but it doesn't define what we do and doesn't work out for our therapist or those who are credentialed or licensed as counselors and be able to differentiate and have a clear scope of practice is incredibly important for everybody. But especially when you're using art or words.

Will keep talking about this until it changes. Thank you for bearing with me for my brief advocacy efforts here for this morning and your willingness to hear me out. These are the things that we are facing.

Art Therapy approaches. This is the history, and this is how it started.

They don't have anything any type of comedy have a national presence. Sometimes they will call their marriage badge. Redesigns have certification just so that you are competent and reach a certain level but as insurance [Indiscernible - muffled] doesn't get you very much. I have seen people submit paperwork to bill for it but there's no guarantee. Having legislation and state level or national level recognition is the way to go in order to grow the field go the graces you could have a RTA are but that brings up another issue if there is no license for pupils who say they are our therapist or no training. It is the wild West; we don't really have standard regulations for that sort of thing or statutes that are placed for title protection? >> The text back is small, but I will be sure that I go back to that and answer all your questions.

This is where it all started. Art psychotherapy. Is a lot of pioneers in Art Therapy. I will focus on two primarily because there are two main ones that establish the field. That's not to say that anyone else is not trailblazers or approaches to Art Therapy that have been established over the year but the two I will focus on are the two primary ones. And I will give you history of where we are.

The first pioneer was Margaret Naumberg who was influenced by the psychoanalysis. She was not in art therapy so the person pictured here but he was thoroughly interested in [ Indiscernible - muffled] and he was the first to document ideas on how content can be used in Art Therapy. He may not be the first person but the first person to write about them. When it was in his early stages there were parallel [ Indiscernible - muffled]. We have identified over the years theoretical and culturally but ultimately it has been a series of clinical Art Therapy [ Indiscernible]. We know that art has been used for centuries and in health and medical related context. What this is, where it first became established with the documentation. This is Margaret Naumberg and have written about Art Therapy and the first person to publish these ideas and make them up, available to the public and started talking. She wrote a book called dynamic oriented art therapy. This was in the 40s and 50s when it came to people's attention. She completed her art and images created in therapy to be their own language. Taking and establishing a popular approach at the time and building upon it. They relied heavily on the product of art making and using this as an object to analyze based on imagery using as a tool to diagnose and certain indicators for private, a little outdated right now: all that we do still get artwork and going with certain ideas, observation, and insight about a kind of patient based on the work and the way it looks. Is not as cut and dry as having a dictionary to look up like my client to this, what does that mean? Having it as  $A + B =$ . We have to consider the original person. If we have them draw this or if they come in for client, is having to draw a rainbow and it is a little less structured than that. I hope you will come to learn and understand. But that is where it started. Decided that art language, images and symbols and in her own mind that can be but basing that on the link that into psychoanalysis made it very clinical, very cold. We didn't have as much, the well-being aspect that it does now. That is where it started with art psychotherapy. But looking at the product, the thing that is created using that as a tool.

From their vessel, had this developing therapy of art as therapy which was focusing on the process rather than a product. Not as concerned with the thing that is graded or how it looks or make something that looks neat or even using that for any purpose but what happens in that time? Between starting and ending an art piece? What goes on? That maybe even a change or changing property functions. What is occurring and that makes art therapeutic? That was the question with art and therapy. Edith Kramer during the same era suggested that focusing on the product, patients heal through the process. Despite being when you're essentially being made when the patient is fully engaged and extreme sensory experience. Sometimes this is referred to as flow. Also going back to the analysis could be the state of mind we are engaged in activity, and you lose track of time. Having that calm relaxed opus. So, everybody that data flow comes up with different activities. For some people it is Art Therapy, others it is writing or music. The state of flow of sublimation in Art Therapy because that's [ Indiscernible], with the human properties are there, what does that look like? That is why Art Therapy is an acting.

Finally, this is what we are not. Elinor Ulman believe that we can have an eclectic approach in blending different things, but it depends on what was best for the collision and there. What is best for the patient but



what do they need at any given time? Maybe they need insight orientation therapy or just one lesson to determine what might be useful. Will employ that and ordered to meet patient's needs. Having a dual understanding. Luckily, we had Elinor Ulman and other folks that fused therapy. So, we don't have to choose sides but the practice with the individual needs at any given time. If you want to think of continual in a way that our art therapy and finding your place along the way. Whatever your preface is and whatever the needs are.

How does art work? It is easy to say that art is relaxing, or art focuses attention or that art promotes any other health benefits most important with [ Indiscernible - muffled] that have theoretical basis. It was known for a very long time before we had the technology to test it that art can bring about certain changes. Figure out why is incredibly important. Whether art making or movement or music or any of the greatest art therapy is really doesn't do it justice to have these and it will claim that have been well known by folks who have experienced it. We need to have the science behind it at this point. Because that is how things gain recognition in this age of health care that we are in right now. It is one thing but being able to do the research and had that work to back it up is incredibly important. One thing that we know just to start off is art used to be called a spring activity with other people who were left-handed were better at art or more artistic or more engaged or more creative. That is really not the case. Art making is a whole brain activity. When I say that you cannot see my hand, I do this if I put these two sides together because there's a lot of connections that happen presently that are happening when people are making that artwork. Just like with any other activity. It is not isolated to one area.

We are engaged in activities that requires you to manipulate art materials or tools to recognize and apply color, have spatial awareness analyze compositional placement all the while being able to be applying emotional material. This is comprehensive functions that are being employed here. This activity will slide up a whole brain not just isolated parts and as we know with activities that do that and things that we can re-create connections or have hemispheres talk to one another they can be grading new connections. If that is what we are recognizing now from imaging and the research coming out is being able to look at this. Right now, there is a Q e.g., study that hopefully, within the next year or two. A lot of research is being initiated right now to illustrate some of this, the groundwork has been laid and plenty of information out there to use is already having the solid foundation is crucial. I'm interested to see how it develops. Art helps us feel calm. What is that? Hopefully we can explain that. >> This brings me to the expressive therapy continue which is something I'm going to tell you a little bit about. I went into much more detail last year, but I think the basics of this and understanding this theoretical framework is probably the most fit. The expressive therapies continuum is a framework and edited it specifically about this. I find that folks appreciate knowing how things work so I will tell you a little about it. I don't always explain this and too much detail when I do groups. I sometimes will

give patients an overview at the beginning so I can tell them what it is that we are doing and why. So, they don't think it is something fun to do for one hour. Explain these certain terms of some of you might be up here and in the cerebral thinking part of your brain. Let me bring that down a bit. But that is what the general idea of what expressive therapy continuum is about. It is linking materials and specific brain functions to be able to titrate or be able to obtain certain outcomes. I will tell you a little bit about this and what that means for our therapist treatment planning and employs different types of art material to be able to meet a certain goal.

If we look at the expressive therapy continue, the chart is a three-pronged rectangle model and generally suggesting that brain functions are targeted by media choice and specific art making task or process. That includes linking the material and processing an area of the brain and taking into account Kunkel processing as well as horizontal processing. If we look at the three running horizontally there are three abbreviations on each, that our art-based functions. Will see there is a C, CR, P.

KS is kinesthetic to sensory. PA is for sectoral affective, and C\S why is cognitive symbolic. Look at these individual continuums, I will give you an example. Stay with me. [ Indiscernible - muffled]. Understanding parts to whole relationships, identifying coping skills, describing new personal narratives, all targeting these areas and materials might be obliged or photos. It might be something structured such as using a pencil and to grading a diagram or words in our work. Asking questions such as what is the most important part of your artwork? What does it mean when you draw the same thing over and over again or tell me a story about your artwork and were trying to target specific areas and supporting the clients as well. I will give an example of this that will illustrate it. Hopefully when I get through these it will explain it a little bit better. The second level is [ Indiscernible] to working with objective observation, this level might employ more directive employment with the media. Or something that is less easily manipulated or controlled. You can ask the patient, what does it mean if you were in your artwork? Tap into your [Indiscernible] to focus on a different area which may activate a certain mode of feeling if that is something you're trying to target. Working within the continuum, it may be artwork that engages your whole arm are the parts of the body while making [ Indiscernible - muffled] how the material feels are what does it smell like. Purging them to pay attention to have a pain [Indiscernible] as it moves across the paper. Not responding verbally but considering these things -- Art Therapy can be quiet with choosing to talk or not to talk. Depending on what is going on at that point in time. The vertical line is for creativity. You will see this line going up and down with the CR. It is proposed that creativity is activated with all the levels on the continuum are stimulated. Being able to access this cerebral area where you are telling a story about it but also being able to engage in a sensory way of coping able to engage with emotions. Working towards being able to have an experience on each of these. Kind of a background. I will give you some examples. To provide a little bit more context.

This is a an experience with a number of groups and patients. Very often in military populations, folks think is very comfortable and cerebral areas of the brain. Have seen a lot of diagrams created and Art Therapy and a lot of oozing pencils with erasers, very fine point pencils, micron pens, using something that provides a lot of control. There are a lot of reasons for that. Will apply that frame of thinking to the understanding. Focusing on this tendency to rely on thinking, analyzing as a default rather than engaging with emotional content might sometimes be deemed controlled, contained. That tendency to use materials that are structured like pens or pencils. I may want to support this, recognize that this is providing comfort, safety and it may be routine or using these types of materials might feel safe and something you have done in the past. Or, having to do with a career at some point. We might recognize that this is

[ Indiscernible ] fear of --

some may be operating in this way. I will not come in with the setup, or that it is, that they're going to get messy and it is inappropriate if someone were to ask that when those things are not safe. I will not engage in the kinetic sensory weight with someone who is maintaining control. That goes against what we would probably see as being inappropriate in that situation. It may cause stress issues more than they are experiencing and Art Therapy which is a strange place for people to find themselves. Something like that may ruining [Indiscernible] for establishing therapy report. You might want to develop a treatment goal that guides the patient towards a more expressive motive or sensory different art process to follow the continuum down which is referred to as a top-down approach.

Something that you're familiar with when it comes to these types of approaches with trauma specific that is used very frequently. And you might be thinking maybe they cannot draw. I would challenge that by saying that many people will come in and say they cannot drop feel that all the time. Whatever that means. But some of the folks are not inhibited from engaging with therapy or effective messages of treatment. Art Therapy is not about critique or talent. It is about engagement and [ Indiscernible]. Will someone who is more guarded, might see this as a risk or someone who wants to stay safe and comfortable with things that they know. Coming in hot with something like messy clay or something that will get all over their hands, I would not expect this someone would want to just jump in with that while on the first session or in the capacity if they are struggling with maintaining control. That is an example just so you can see top-down of where I might want to go as a treatment goal.

On the other hand, I've seen and [ Indiscernible] making a total mess. Not able to control the process and may be compensating parole I will want to start guiding them towards a less sensory different process. It maybe switching up the media or asking questions to otherwise engage in a more cognitive process. I can recycle by being able to regain control or close some of the door, set up an open. Maybe the patient is not ready for it or having problem self-regulating. That comes into play as well. Using the continuum to inform me as to what I can do in order to assist the patient or client in order to use art materials to make a certain

goal. Those two examples make sense to folks as as top-down and bottom-up goes. That is really the practical application of how this works as I know this is a therapy continuum that is allusive. I want to tell you all the details about it, but this example should probably bring that home, so you understand it

>> this is just another little bit of information.

The media, clay, watercolor, Kranz and decrease in color usage, body image typically observed in our work. But these are common aggressive indicators for folks who may be experiencing depression. It may lead to a decrease in [ Indiscernible]. [ Indiscernible - muffled]. We're using the art to problem solve. Art based CPT, we are probably more engaged with this and the other one.

Composition, planning with things to go on a piece of paper and be able to decide this goes here, and organizing the page. A lot of times [ Indiscernible] can be depicted that way so there may be a patient that has traumatic brain injury, Alzheimer's any type of organic issue going on but organization on a paper can be really leaned to one side. Lots of people have experienced it, so it may have everything on one side and may not be able to recognize that. That is a good way to indicate which is of the one as well. The thing you're probably seeing on the [Indiscernible - muffled] a lot have the draw clock feature and that gives the same impression of where are the hands on the clock, where things appearing compositionally within the circle. That is way to assess that sort of thing and having that drawing based assessment wander into that.

>> I am about to take a break. I will scroll back through quickly. While I'm strolling, I have messages about [ Indiscernible - muffled]. There you go. Thank you for raising your awareness. It is the thing that I'm pushing for. It will not happen unless someone continues to talk about it because ultimately that is the way that we have access services and better health. Hopefully I don't say this name incorrectly. [Indiscernible] proposed that word, slow, and that lends itself to a lot of different activities. Wanted to be perfect. Yes. The only way you cannot do it, one of the things that I do often as with any method of counseling or therapy I use the word differently. My grad program was psychodynamic, so I use the word quite often. Supporting patients' defenses is true. With art therapy it is strange for people to find themselves and Art Therapy. They haven't done it since middle school or don't know what it is. Supporting where they are and along him to be where there is the first step because it is gaining report. I am talking about working with another person and the explanation. From there introducing a material. Maybe what will happen if you use a color pencil instead of the pen? You may have to sharpen it to get that line is that you want. It might be breaking more difficult than the structured pen that you're using, introducing different materials to guide the personnel orbit. Those are the tools with Art Therapy. They are disposal and that there is what is on the main site is reflected on the outside. We're seeing the artwork that may be going on internally and what the process is there going through. If we change a factor or variable on the house, I suggest what materials they are using how does that not change internally as well. We're operating on the assumption that things are important and influencing the patient and what they are currently dealing

with. Maybe trying one thing and taking baby steps toward something else. They're not trying to be shocked too much. With the change in the materials. Another thing to me, when I have someone who shows up and starts trying very interesting diagrams, sometimes like tactical drawing, is it that which drawn before, I might want to know why and will ask a question. Is it something drawn before? As in some of those questions maybe guide that and guiding them towards the different places as well and asking the question, what does it feel like to be sitting here now and is starting to have some of the stimulation come out? I might ask questions in order to guide through different places as well. It all depends on a lot of factors and saying I get it. It is pervasive with anybody who works hard at the job and wants to do well. Having that type of type, A mindset. To introduce certain things certain things over time. Keep in mind what is it about change on outside reflected on the inside and vice versa. In order to understand how that might have an impact and seeing the progress over time. I know that our treatment is sometimes cut short. Would always at the time that is available in the private sector or civilian sector. We might only have four weeks or six weeks; we don't get to see the change happen but doing the best that we can within the time. And that is either hoping that folks continue are providing more hand off to someone else to keep that all going. It takes time like a lot of things do. Unfortunately, managed care is always supporting the process be able to roll out. Psychotherapy can be long-term or very brief we are trying to move the boulders that have been probably affecting the person for quite a while ago it takes a lot of time.

>> Negative self-talk. I don't want to talk about art because it could be self-triggering.

I will read this out loud. I am mumbling.

>> [ Indiscernible - muffled]. Using a medium cannot be wrong when it tells people that they cannot draw it might make them feel shame because it is performance based. I will say, what makes that art. Let's make the worst art you possibly can, because maybe it is exactly what you expect. But maybe there may be a part that you might like. Some might be afraid of doing it wrong or having it look bad. That is where that came from. Just like any conversation you might have with somebody exploring where those things are from. I mentioned in the talk occasionally, [ Indiscernible] pointed term creativity scar which was somewhat engaged in something as a child, art, music or dance and they received criticism for. Is not really the case. This is wanting to do things and don't necessarily want to be good, but creativity is a part of childhood is a part of development. If we received criticism at an early age that can manifest and test it with us. I'm sure we can all think of something that either were criticized for as a kid or told we were not good at and was docked. That happens a lot with art. Exploring what some of those origins might be can also be important. Keeping in mind that is not just related to art. It is really related everything, and my goal is not to create an artist but people who are fully functional in their lives and able to live it to the fullest. Impact of that might also be important in the first conversations. [ Indiscernible - muffled].

It is 9:42. It is early for break, but I will have us take a break and I will see everybody at 10:00. I will see you then. >>

[ The event is on a recess. The session will reconvene at 10:00 a.m. EST. Captioner on standby.]

[ No audio]

>> [ No audio]

This is a part of the unit that you to be healed in this context. And having the hands over top of the head.

We are going to move on to social. So next component of the art therapy and chronic pain framework. Social. Looking at these influential factors fall within this experience. Social connection is very important. Obviously the present more now than ever, coming up with isolation behavior, and what we know here about our therapy specifically is making may promote connection. Visual [Indiscernible] allows us to see the invisible. Art making expands verbal dialogue. Improves quality of -- art making expands verbal dialogue. With the descriptions from the inside. But I mean by not having tertiary objects that the patient, provider in the artwork. So rather than saying what's going on outside and take some of the pressure off and the function in their capacity as well.

And the quality of treatments and personal relationship to establish the communications [ Indiscernible] and being able to create something to talk about that rather than help itself and sometimes it's safer for folks and less direct.

So, we know that changes social change is generally under emphasized. This could be due to a number of factors that are happening out in the research environment and are more difficult to track. Perhaps the changes occur after treatment has ended, which could be high contingent on be able to conduct a long-term study. But we do know based on information that is available, the study that was done of this we can go straight some of these planes. These claims. It's difficult for people engaged in the group, emotional turmoil. Long-term art therapy, a couple of regions get from using the material. Physical pain that could, creeps up when you don't really think about it. We don't know for sure, we do know that the group, as a group continued, [ Indiscernible - low volume] sticking with the group was positive in the long run it may have been a determinant or a determining factor for their ability to return to work. So, there is a social benefit there. Being able to engage with the work environment. Engaging with people and make sure that your work environment. That was one of the things that was clean from a two-year study of the group. The vocational engagement was improved.

So based on the factors for the social realm of the framework, objective that we talked about it first, the benefits and the literature, this is [Indiscernible] to put together for the social realm to address this. And I will take this prompt as we go along. Which is another thing to keep in mind. I go into group sometimes with different plans, two different plans because I don't know how the game will be, I never want to stick to one thing that is structured because I make sure it's meeting people's needs but in meeting the prompt; something that is more emotion based to

something that was more social and the week after that it may be more behavioral. Just make sure we're not just emphasizing one area over another.

So, Lisa we do things that are socially based or addressing those goals, this one is really tiny. Hopefully you can see that, but I will go through it anyway.

What we ask people to do here is you have two piece of paper or one large sheet of paper coming what you would do is folded in half like a book or a greeting card and have the seam down the middle along the left-hand side and create two images. On the front of the paper and the folded sheet of the first she, you will create an image, what people see when they interact with you. This can include ideas of letting others' perceptions of who you are, what you try to project outwardly to the world and people in your life, what you have they see, what you hope they recognize. Have you come we only know for sure, we can speculate other people's thoughts, we can get their minds, but other things that you have control over, how are you putting yourself out to the world? The parts of you that may be visible on the outside.

On the inside of the folded paper are the second sheet, create an image and the things that are occurring internally. The things that are invisible to others. We can include thoughts, emotions, sensations, or anything that people are unable to see. Things that are inside, maybe you don't because we're not talking about, we're not telling. Probably because they are invisible. You know exactly what is going on with folks, just we just come face-to-face with them, so you ask to take those things on the inside.

Is always there are things the recognize, there are several [Indiscernible] we know they are or doing it abstractly. Colors, lines, and shapes. And convey an idea. Rather than making it worth the content. Happening to that emotion content a little bit more.

So, with this one, inside and outside, when we have the two images for discussion afterwards, what is similar about the two images and what is different? Is anything about the images that surprises you ask just in general what you are trying to convey? [Indiscernible] it doesn't look different than how you intend, does it come out the way that you thought it would. Making the process different.

How do you render invisible elements of emotions and sensations, how we do that? And helps you learn about yourself, present state, and condition and where we go from here? That's the question I would like to ask. But the other two perspectives in the process, maybe it does for some people were to go, now that we have a whole [Indiscernible - low volume] word what do we do with it. I don't really have the answer to that. I don't know what that is for everyone. You can ask where did they go, what are your thoughts about that?

So this one is inside outside, that can be really challenging. I have a question, it's like I don't know what people see a people [Indiscernible] sometimes at self-awareness isn't just developed. Just ask

them to give it your best shot. We go out of the house and go to work, we hoping that people, see? And then what are those differences between what people see and what is occurring inside? Why do those differences exist? Are we trying to contain something internally? Are we trying to protect other people from their awareness of the things that are happening internally? Are we having it really locked out and controlled? Because we maybe put a lot more detail on the outside image. Another question I asked sometimes to do focus your attention, do you spend the entire time acknowledging and drying this image of your outward persona because it is more important? And sometimes we don't like that because it's my details on as I was going to be very minimal content on the inside. And something we'll talk about. It's like what is that about? Why have we put so much focus on that outside? Reasons can be different for everybody, or maybe the same could be true things I have a lot of focus on the inside Johnny but not a lot of the outside facilitating that discussion. What that means?

There's a lot of discussion points that can come from this for the inside out. A lot of different ways it can be done. If any of you are familiar with the research that was done, and the maximum kind derived from the same. That wish that was a sculptural way of doing inside outside, what was going on internally and a way to do that same thing on paper. Which is obviously more accessible to people. I doubt many people have a cardboard model of a mask and they happen to be that able to do that sort of thing eventually. So, this comes from the same theories that you can hinder the components.

So, an example I have for this is straightforward. We see faces. We have the outside, of you have the inside. This was an individual who did this one quickly. Again, this is done in IOP setting. This was experience that they had come in a just injury and physical pain but also trauma which is all linked together in unique ways for everyone. There is a lot of things occurring simultaneously. And in this case, that's part of the background here. And resulting injury and pain from that.

So, things are straightforward. And what especially could be from a smile or frown.

And their way of rendering that. Not very symbolical or emotional or gauge material so much, much more straightforward, like this the phases their motion and this is how they chose to approach this task.

Sometimes they have a lot of mark elements going on here, so I chose this one for its simplicity. Outside you have a sparkle, things are going well, things are, no problems the world, you don't need anybody to see those. Eyebrows are kind of tilted up a little bit which might some sort of indication there. But on the inside is a big frown and multiple times tears, and a much different experience. Drawn in black rather than pink.

Illustrating this idea of social framework and the objectives that we are trying to meet, the prompt that was delivered in there. This is a result of one of those groups.

And I give you an opportunity to see that.



So moving right along with a framework and cognitive behavior next. As one of these areas.

So, understanding that shapes leave said that but pertain to it, with searching for meeting acceptance. And that may be one of the ways to challenge today. Exploring media and mediates practice of solving skills. One thing I think is especially just interesting here and I want to make note of is regular are making can have bring in document experiences, long-term can have a significant impact of trajectory therapy does because of those as opposed to verbal therapy them have a document in their patient records that are created to give an idea what happened in that session. With artwork we have something completely new to that can illustrate your experience. And being able to look at that sometimes when I do artwork review within sensation with an individual may lay all the artwork on the floor chronological order to track and observe changes that have occurred over time. Sometimes the patient isn't even aware of those things changing, but having that artwork is like a visual ability or visual key and to see that can be important. Because most people individually are the lessons to know when a change is occurring. Sometimes you get that feedback from other people, when you're in your head, constantly with that flow of information, being able to track the changes can be really difficult thing to do. You might be changing all the time, but it isn't necessarily apparent but having these but marks the time by creating visual of the artwork can really allow for folks to see that, which is super important.

Regular are making helps to identify the pattern with his experience as can be important things to do.

Okay. So, the research, and where this comes from, we can organize the pattern beginning with therapy in are typically more interested in learning technical aspects of the learning skills, we went to learned they quote unquote right way to do it. And come from this long-held belief that a person can drop. Just a side note, developmentally children draw spontaneously until they reach the age of 11 or 12. [ Indiscernible] there's much more detail. Or the child is praised for being good at art that [ Indiscernible] they criticize so abandonment, we talk about before. Creativity can a creativity scar can shape our [ Indiscernible] overtime but with our therapy it doesn't matter one way or the other if you fall in any way of the suggested a suggestive idea what's good or bad, because we're not really interested in that. We are not really looking at the external factors to qualify it per se. That being said, let us people come into the environment and want to learn and take the class and want to learn more about like a skill they can develop as opposed to a tool for self-inspection.

So that's one thing that was noted here and being able to kind of [ Indiscernible] and change folks to be at understand it as a tool for meeting starting meeting certain clinical goals and encouraging self-expression is very important been able to kind of shift for the experience. So good idea provided by the first when I mentioned here.

The second study Butler mostly asked our therapy participants create self-metaphors for the past and present experiences of chronic pain. This focus on self-understanding and subsequent meaning making suggest that record is a reflection of one's experience maker during our making process, kind of emerges with these verbal descriptions in a new understanding and shifting some of those to cover distortion, if you will and give a new understanding of himself or how the treatment may be changing.

Cognitive behavioral thinking. And the right-hand square the symptoms are issue that I outlined that a particular been addressed of so control and self-efficacy [ Indiscernible - low volume] and helping to be aided by behavioral approach or focus.

All right. So, look care with the behavioral focus, what was developed for [ Indiscernible] group and I worked on here was creating another prompt for thinking about emotions and containment with those motions. So, for this one I have asked participants to depicted emotion, thought of physical sensation and through the things, give your folks a choice come one of those designated lately or has been especially prevalent. I have always given the option to use the abstract rendering, and to depict that a paper whatever it is.

Once it is complete, creating a container run image, think about the purpose of the containment, what paper container it is, what would be most appropriate depiction of a container like a jar are being organizer imagine our lightly colored a very dark full line. What type of container is it, and what are the qualities that tell us that?

And a lot of things to think about this. What we chose to represent in the middle, what is that thing? What is a thought or that emotion or that difficult sensation? Had we, do it? And what is most important thing about it at the time? Why is that [ Indiscernible] for some physical sensations are more on thoughts and what does it say about the [ Indiscernible] per say the word about that is the most important thing? And is it just a container to keep the energy something out? What is the purpose of containment? Can you change completely? Is it a little bit open? Is there an opening the ages to open we want to? And have a container because of something maybe try to walk down at work or where something we are keeping inside because of any number of reasons and don't want to let those things out or affect us. What is the purpose of containment and what you trying to say? And looking at it and folks will say it really a lot darker than I thought it would be. Or will say something like doing this I thought it was one way and looks a lot different maybe there's time unpacking some of that. And they say well it's because I can't draw, we know that there are differences there between what we're thinking what comes out. Examining that a little bit of useful and once more, what can we learn about it? What is the takeaway? What is the impact here? How we take that step-in order to grow or able to influence the treatment capacity. How did the behavior, the objectives that we talked about, this is what have developed for that?

This was the container, and this is one example of the things in the framework I have like, I probably have like 30 if it prompts that I pulled from that I continually rotate but obviously the same thing twice in four weeks there are a lot of different prompts that I have but I just chose these for this presentation.

And this is some of the artwork from that. Again, like I said, we have images that might depict things that we recognize. We might have things that we like the faces that we saw before that a straightforward to convey feeling. This one is much more distract and convey physical sensations and emotions and all at the same time. The image that was developed based upon this idea of the container. So again, we had worked with individually the emotion here is depicted in the middle. Looks kind of like blank. That's what I put to it; I can be a lot of different things. Does that one word but the central object here, the Indiscernible] and the yellow, that is the emotion. The container was in the middle. His purple and blue object here. Because the idea that was being conveyed was that the experience, the pain emotionally and physically was so overwhelming that it was not possible to contain it. It was not possible to put that in any sort of container for any period, the container may [ Indiscernible] but is completely overwhelmed by what is happening.

That was what was described here, and your patients describe the experience all the time, but I think it's still interesting. In the field to be a to see these images that go with it that can explain a little further. These things are, when artwork comes out of a person they may not necessarily expect, it can really add a lot to the understanding. Not only allowing them to express these things. Thus, allowing us to be able to observe it and with x-rays is like. And the images might tell us and allowing them to find words for it.

This is another one that's, like being able to look at this and step into what that person may have been [ Indiscernible] at that period.

So, it's like really all over the place. There can be fingerprints on it as well.

And finally, physiological the spec physiological objectives. So, factors that could be there. Are making to practice improvement of functioning. Need to be mindful of that. Pain modulation may occur to simulation and focus our attention was given a making a manifest in blocking out that or shifting focus a little bit. Directing attention to sensory may affect the defect the stimuli. Our [ Indiscernible] [ Indiscernible - low volume].

Immersion in the experience might allow flow of information to go the direction to the experience. [ Indiscernible] or in to be a little less distracted. I don't know if our therapy is a distraction per se, but if you use the word I will go with the because as if they needed that period. I will kind of use their words to say like how can we start making this capacity, what are we trying to shift our focus on? So that's one of the other ways that that can be capacity. Diverting attention from one thing to another. Is really what it looks like.

So, we had two examples here one where patients reported higher pay levels when they were idle or unoccupied. Effective or refocusing attention away. Another study that was done here was on a pediatric burn unit to use art making with children in order to distract or provide their outlets when prepping for surgeries and procedures.

And just trying to set up art studios in the settings as well, so that was one of the things that was shown to be perfect, and all the studies are subjective based on patient self-reporting. A lot of work as done not super recent, not a whole lot that's been done recently in our therapy [Indiscernible] but that was to of the studies that I pulled out to explain to help us work in this capacity.

All right. And based upon these factors are ZENTANGLE. ZENTANGLE has become popular in those coloring books that you can find. A ZENTANGLE is an artistic mediation that anyone can do. I can give you a heads up about that. You might be familiar with the based on some of the publications. Zentangle was a thought for a while. Zentangle is an artistic meditation that anyone can do. Do not really focus on the result or what it might look like but focus on the present. So, the goal is to create a state of relaxed focus. Unlike [Indiscernible] there are specific patterns that you can choose from and that patterns or even trademarks, but I'm not concerned about following things like that.

For what this does is it allows the person to focus in different areas. The first thing you made it is dry the lines around all the other small paper, usually four by foursquare, the using really structured a controlled medium like a pen or pencil are usually a pen the contents. So, in each of these areas what they are doing is filling and tiny patterns. Focusing again on experience, focusing what is happening and zooming in on each of those little areas which can divert some of that attention and that mindful relaxed focus. Attention being [Indiscernible] in each of these areas focusing on the areas and have that diverted attention there, which has the literature X suggests, that pain expense may allow them to shift some of that tension, attention as of the answer intricate and is kind of tiny, choirs the motor skills. So, during this, students focused on about 30 minutes or so, don't usually have them work on for too long because it's not something that people are into have a better time. It's usually hit or miss. It's something that people really like to because they're able to maintain a focus, or they find it very tedious to read

So, it really depends. Introducing this is an idea or skill that people can do on a post-it or can doodle this way or create a very small design on a very small piece of paper and it's a skill that can transact other areas as well.

So, considerations that we have here we have been able to focus your attention and search address to relaxing and frustrating honoring those experiences and not having any expectations and have one thing or another occur. I don't see anybody come back to group from discussion say was fantastic, we're just honoring with people are. That you can time.

Defied yourself planning out what it should look like? Were you able to stay in the moment ask what did you learn about yourself through this, any insights arise based on your experience? Are you feeling differently when you started, in different ways when you're working? And thoughts and emotions and be considered and it is like any other meditative practice that we try to back where the similarities what are the differences? And did you enjoy it, and just have people tedious to try out to see if it works.

And even have focused on the end result, these are just some examples I pulled. The people have worked on. Some of these took, I think be 45 minutes, the other side were a bit longer. Usually, I have had people hold on to them and have people work on them across multiple groups and multiple sessions are even taken to bring it back and show me later. Again, that transferable skill, we do the things and take them in real life, that's really the goal. There's a things at the new.

Fighting some way to do that so that they can be useful for some people and do things that can be possible.

Okay. So almost right on schedule. We have our next break. And let me just look through and see.

Do you have the skin in the PTs medical chart? That's a big thing. I have gone back and forth with this a lot. There are times when I have found something very important especially the drawings that were paid to relate to very specific things that I find a provider might benefit from seeing. The issue is mostly the platform. And how to do that. I have gone back and forth with people in regard to duct rotation for how we might be able to do that. I have not, in my current basement, I have not done that. What I typically do is I will hold onto the artwork while personal was enrolled in a program and share with the treatment team if applicable or if necessary, as are interested in people are discharge, what with the [Indiscernible] program. I will provide them with our work back.

A person to hold onto keep it in my office and take a look at it and will review it all. I would love to be able to put in a medical record. And there's a lot of work to do and use it in ways that I can we are presently engaged in the program. That's what I do. And the documentation and the systems that are currently in there but clunky. And find the context in which you can set. There's been a lot of discussion about that. I would like [Indiscernible].

Have a minute's total to give them to work on the art? So usually, I will talk or try get intros from them see how they are and what they are doing for the first 15 minutes. And will give them 30 minutes to work and that will come back at 50 minutes till. So, 60 most of the time and save the last 50 mins for discussion. They want to share anything about what they created. Estimate the actual are in that process. So usually, 30 minutes or so. I tend to lose people's attention if it's more than 45.

Yeah. So, they're not easy. >> So, I will let you go to break now. We will come back at 11:15. Take a look at this drawing, we will talk about it when we get back. So, enjoy your break and with you just a bit.

-- Be back at 11:15. >> [ Event on recess until 11:15 AM EST. Captioner standing by. ]

>> Okay welcome back everybody. So, I told you I would tell you about this drawing. [ Indiscernible] on the side this was a chalk drawing on my paper. Creating an experience of emotions, physical sensations, thoughts. And pleasant recently. And using the white chalk as a healing white light. So, part of you that needs to be healed in their interpretation of that.

So, I think the dark blue is depression, yellow anxiety, and [ Indiscernible] listed at the middle and apply some white light to it. [ Indiscernible - low volume]

Okay. So, we're going to move into our art making experiential at this point. The [ Indiscernible] I want to leave it a little open-ended this morning because when all seen the same things. A group or providing any sort of treatment goals or objectives, but what I did want to do is give you an opportunity to make art this morning. So, I know it's been a stressful week, month, year at this point. Stressful life in general, so think of this as a rest this. This is a period whether it's from today, from sessions come from being on the screen, when asked you have an opportunity to make art? I encourage everybody to do it. I know that I'm going to be taken the time as well to drop. I think it's wonderful to have time cannot that they, but as far as this time is concerned, I am giving you permission to make art and [ Indiscernible] on that, I also hope they give yourself permission to do the same thing. Encourage herself to engage with whatever you have in front of you, whatever material. You can take advantage of this type of benefit.

Only as a parallel to understand what the art process might look or how that might be geared to us by the impact, just the process of making art, but also for your own therapy as well. We know that things are stressful, and this is not just an opportunity to understand the person experience but also for self-care as well.

Encourage you to encourage you to engage with the art making.

So, this is what I have for this morning. I will [ Indiscernible] for you. So, they can just focus on listening and maybe visualizing rather than having to read. And after all this, while you're working, just a couple things to let you know in advance, come while you're working you welcome to turn [Indiscernible]. I encourage you to still be able to tune in some way to audio, because I will be giving you [ Indiscernible] and occasionally second lead in a group. So, keep that in mind so that you have an opportunity to be able to hear and I will tell you when to come back as well. They can be useful sometimes to turn off the screen because I really focus on the same point of view.

So, it's just up to you. It's your choice. Yeah, I will go through this so they cannot hear it and sometimes how I structure groups in general, to give people the opportunity to focus otherwise. But take a moment to

sit comfortably. A range of materials in front of you today are ready. And begin by taking five deep breaths. Inhale, pause, exhale, pause.

Take your time. If you are comfortable can do so.

While you are breathing in, take an internal inventory of the thoughts, emotions, physical sensations. Picture the invisible parts if you are able. Starting out asking yourself what color are they, what color comes up? Where do they occur? What are the qualities?

Have you created a Mandela with these, if you have something that has you want to [ Indiscernible] create a circle and you will visually represent the physical sensations or anything that you just considered. And choose content, it's totally up to you, representing the [ Indiscernible] or rendering them [ Indiscernible - low volume].

Two things that are always important. Please make sure they are working intentionally, meaning you're working with purpose and specific intent, and you are working mindfully, meaning that our [ Indiscernible], an awareness on the present. This is your respite from the day.

If you are, the things to keep in mind here. We will return at 12:00 for Q&A discussion. While we may discuss the art process and experience, I went up yesterday about content and artwork, that is for you. Scope of this experiential is so that you can better process and understand this is about making, cognizant therapy in purpose, and discussion of your work is contrary. Got the tiny buddy about it all. I would not want anybody to share specific details. This is an opportunity for you to gauge of material and get hands-on with some of things we talked about to determine what the content is. And I'm not going to come on that probing for any specific content, I am not there prizing any of you this morning. So, this is your time. You can listen in the control of the screen, go ahead, and get started. Looks like we have a little bit less than 40 minutes to work. So about 35 minutes or so and he could chime in occasionally. So, get started, if you have any questions go ahead and put them in the chat and I will answer things, I'm going to mute myself so you all can focus. Take this time for you this morning. >> [ Participants working on individual projects. Captioner standing by.]

>> Okay, we are about halfway right now. So, if you are working, keep going. Check in with yourself. What are you thinking about? What you're thinking about earlier, or what you think about later, or what's in front of you, and other things going on. [ Indiscernible - low volume] if you're able to relax and then look at your work and see what is developing. If you have some thoughts about it. Maybe you like it, maybe you don't. Stay with it regardless, whatever is developing in front of you, trusted if you can. And see if the process is accessible to you this morning to be able to create something just for the sake of creating.

I will chime back in when we have five minutes left. In the meantime, just keep working. Stay focused. And we will reconvene in a bit.

[ Participants working on individual projects. Captioner standing by.]

>> All right everyone, it is 11:55 and we have a few minutes. You are finished, it would be good time to pull any questions that you may ask and [ Indiscernible - low volume] if anybody wants to talk about this. [ Indiscernible - low volume] otherwise I will be answering general questions on the presentation and if you have anything to put out there. If you are all finished can maybe look at that.

But in the meantime, you can start to wind down. And [ Indiscernible - low volume] and see everybody at 12 o'clock.

[ Pause] >> Okay, so if you have not already done so, please come on back and we will pick up here. So, a few things just before we go into discussion Q&A to see some additional resources here for information from the American art therapy Association, there's some place in Maryland of the Maryland art therapy Association. Also, the Potomac which covers the region of Virginia and close to where I am, at least. But the Association of your local state chapter [ Indiscernible - low volume] you can find that as well.

Also, the national organization for arts and health is one that oversees health and medical settings. American -- Americans for the arts which is a national institution -- initiative for arts and health in the military. He's an international art and managers have the national Summit in about two months. Virtual this year, so it's one of the issues I am involved in at least. And finally, art therapy credentials board. Nationwide organization on the Association and credential of our therapy if you are interested in learning more about that.

Summaries, my references here. I used in compiling information in this presentation. I had two pages of these. So, I know you probably will be able to take a look at each of those individually, but sometimes if interested in have a copy, just let us know, and [ Indiscernible - low volume] all the things that are available for this.

And finally, Q&A discussion. So, we have 30 minutes allotted for that. I don't know if folks have a lot of questions and if there's anything you want to know more about, of the topics I discussed, how I can maybe elaborate on any of those if you have any specific ideas or questions about that, I am happy to provide further information. And same goes with the art making. Feel free to chime in the chat if you want to share about your experience there or if you would like to come, he can always and meet yourself and chime in audibly as well. It's just kind of a time for whatever may have come from the past three-ish, three and half hours this morning. And maybe should have done that before we finish up or you can do what we finish up. And I will wait until I see hear from participant to give you an opportunity. >> [ Pause] >>

All right, not hearing any responses are seeing anything in the chat. Again, time for you to ask questions and so share if you'd like to. And ask if anything there is if there's anything you want to know more about. >> [ Pause] >> Here we go. Sorry about that. It looks like, will look at the chat here. It's a small my screen, so you see one thing here, I generally have someone or something on the background on the exercise.



Sometimes I do. I find it's very tricky to get virtually which is experience I had recently. It can be kind of hard to play something over the speakers because I never know how it's going to sound. But sometimes I ask a person a group of, they can come to consensus of what they want to listen to. Always something without lyrics, so they can focus in on the music itself, but yeah. Occasionally I do. Sometimes I let folks listen to their own headphones so they can agree what they want to listen to so and so is fine too. Our system they should be engaged in not doing everything on the phone.

And yeah, occasionally is a factor that we brand.

Okay I'm curious if there's anyone if anyone knows any online our creation [ Indiscernible - low volume] and sharing screens. About some people are on tablets. Curious if there are some great online sites that would let participants free create.

So, I know that there are a few that are embedded in different platforms. I believe in Adobe connect is option to have what's called a whiteboard where you can contribute to the same surface, so just like a whiteboard, you can choose what materials you want to use, usually like a paint cursor or text or whatever. But everybody can contribute to the same thing.

[ Indiscernible]. I think you can do in Adobe connect.

There are also, I know there's one that's interesting for [ Indiscernible] which is not in the scope of our therapy, but there's an online Sentry that you can use free at the browser, unfortunately I do not have the link of the top of my head. But it's kind of like the collaborative surface and arrange the figures, objects, or toys whatever it is, to create a narrative or idea or story. You have online platforms we can do that as well.

And as far as collaborative art making, I haven't really done a lot of that. But independently, have a tablet(s) and materials, I have often encouraged people to paint or a notepad app or some PowerPoint to do kind of a digital collage, go to Google and search for images and put them together in a way that addresses the prompt. So, there's a lot of free things. It's open is for as was available, and what you can use in the goal. And it's obviously not harmful. Anything that, any online reference kind of [ Indiscernible] to figure how they can be applicable.

Thank you for the feedback from folks as well. Saying this was effective or useful information can be useful in other ways. I agree. I think having more people to understand what these modalities are. Maybe for some people it is art, maybe for some people it's not but whatever, whatever sticks is really a very important thing and for people to have as many modalities as possible that they can determine for themselves what is useful. Imagined is visual art and how we can use that. But yeah, I agree, it's discussing where it's a creativity in general can be used and I appreciate the folks recognizing information can be disseminated useful to the folks at work with.

Okay. So, another one here. Different from what I assumed can be very creative project for patients.

That's one of the reasons why I like to -- is a different idea are based treatment is a lot of things that can encompass a lot of different areas art therapy and radical sense is obviously narrower in scope. So, there's a lot of ideas. Can meet the definition of our therapy like art activity or arts-based programming. They all sound kind of similar. And unless there is a definition our scope that's provided to that, it's kind of difficult to know what people are doing. And what the objective is or know what the clinician or the individual is really having people do. So that's part of Michael's well, and not just providing people with the definition, but finding ways that can be applied.

And useful it >>

Great idea. Facilitating art making sessions for people and having a counselor and talk with them. Absolutely.

And settings where patients are in all kinds of different groups throughout the data set back to the one goes back to the counselor or therapist and maybe you are therapist and discuss with more detail, this happens often. And one of the art music recreations whatever the case is, all these can bring up different factors of emotions and funny way to impact that is important.

But providing people with the material and that's thing can be done in a number of different ways. It's a good idea.

How can I get a copy of the presentation? I can - let me think. Let me ask Heather. I believe Heather you have the PDF version of it, I don't know if it's too big to be posted in the pod. Okay, and decision up in the files pods we can make it available. So, I ask is it scheme [ Indiscernible] -- to ask is this patient networking here. Just be mindful of that. Until posted on the Internet and after the school presentation I went to, offers the participants a great to have work used for research but obviously that information does not work for all of us.

[ Indiscernible].

Any other questions I had missed any other feedback responses before we finish up? >> Okay. Presentation is there, so you can take a look.

I'm grateful you were over here this morning, and that you learned something, I hope that it was useful. Not just for learning more about the modality, but also the location to pain and had a factors into the work that you do, perhaps. If there's some way that can be applicable. I hope that is the case at least I'm grateful that y'all chose to attend this one this morning. And yeah, maybe we'll see, maybe I'll be back next with more information to build on this. But again, your time is always appreciated and hearing what I can share this morning. [ Indiscernible] answered your questions too.

So, I will give you back the next 15 minutes to do with what you will. I hope everybody stays safe, stays well as always, take care. And last thing here, my emails on here. In case anyone like to get in touch and ask questions. Please feel free to reach out. I like to hear from people in general and answering questions you have or anywhere that I can be of assistance really what you're doing. And know that you core centers will come and with all the I try to respond all the emails I received.

All right. The files, I think the files should be the agenda. I think that was in the files of slide, should all be there now. I will let Heather handle the files and make sure you all get what you need. And think that is all that I have for today. Thank you for your time. And maybe I will see you all next year. Goodbye everybody. >> [ Event concluded].