Jessie O'Brien, NAADAC: Hello, everybody! Welcome to today's webinar inviting an Lgbtq. I. A to S. Plus folks through expressive arts, therapies presented by Shannon, Crackie, and Eliza Harris.

Jessie O'Brien, NAADAC: my name and happy pride, everybody happy pride! my name is Jessie O'brien. I'm the director of Training and Professional development here at the Association for addiction professionals. I will be the facilitator for this training experience. And with me

Jessie O'Brien, NAADAC: today, behind the scenes is Alison White, who will be addressing any issues or questions you may have that are not specifically for our presenters. So you have a lot of support here, if you need it.

Jessie O'Brien, NAADAC: just a reminder. We are using Zoom Webinar, for today's live events. I think most of you are pretty familiar with it and all of its features. But I'm just gonna go over it very quickly. the main things to pay attention to for the purposes of our webinar are the chat box where you can chat, I see.

Hello! From Illinois, Monterey County, California. Hi, Tamatha! I'm glad everybody is here. So you found the chat box. That's wonderful. the second thing I want you to pay attention is the Q. A. Box. So we try to keep those separate. If you have questions for us

Jessie O'Brien, NAADAC: at or for our presenters, please put them in the Q a. Box?

Jessie O'Brien, NAADAC: and if you have comments, put them in the chat box, we try to keep them separate because questions in the chat just scroll on by, and oftentimes we miss them, and we don't want to Our presenters will be answering questions periodically through the webinar today, so don't hold back. If you have questions, or confused by something they're saying, please feel free to just put that in the Q. A. Box, and we will get to that when we are able to. So, lastly, live transcript, we do have the close captioning enabled in zoom.

Jessie O'Brien, NAADAC: if you like subtitles, you can just click on the up arrow and select show subtitles, and it will show the subtitles for today's presentation. Alison has also put a link for the Powerpoint slides and resources for today's webinar in the chat box. So I'll have her just do that again. So you have it if you need it.

Jessie O'Brien, NAADAC: Just a reminder that every webinar at Nadak has its own web page that houses everything that you need to know about that particular webinar. So it has the link to register for the live events the access button to access the on demand. If you want to go to the on demand content. It also has links to all the resources, etc., on that page. When you click to access education to access either the live event or the on demand. Webinar, it will take you into

Jessie O'Brien, NAADAC: to our Nadak Education Center, which is really our code name for learning management system. which houses now, all of our educational content. So all of our upcoming and has, and also historical webinars are available there. in the Education Center. I invite you to explore and get familiar with it.

and if you have any questions, you can always email us at Ce at
Jessie O'Brien, NAADAC: okay. So for cease for this webinar live today, you can navigate to the Ce. Quiz when this is over. through this. Thank you. Box that you can see here on my screen. This is where you came into the webinar. You came in through

Jessie O'Brien, NAADAC: probably link in an email, or wherever. However, you got here. if you refresh your screen in your browser. The Thank you. Box will appear once this ends, and there will be a click here to access the sequence to get the C quiz link you will also receive an email when this ends about a minute afterwards. That will contain the link as well. so you can access the sequence that way.

Jessie O'Brien, NAADAC: All right

enough about that. We're going to introduce our 2 presenters. Shannon Crackie is a license professional counselor and license chemical dependency counselor in the State of Texas.

She holds a Master of Science Degree from University of Texas, San Antonio, and a bachelor's degree in psychology and addiction from Texas Tech University. She owns a private practice in San Antonio, Texas, where she specializes in treating complex developmental trauma addiction, neurodiversity. And Lgbtq I. A plus needs Shannon is Amdr certified and utilizes this evidence based modality to help clients experiencing anxiety.


Jessie O'Brien, NAADAC: Then we have Eliza Harris, who holds a master's screen. Clinical Mental health counseling from Appalachian State University and a Certificate and Expressive Arts therapy.

Eliza is a minority fellow alum with the Nbcc Foundation's minority fellowship program which seeks to empower minority clients through education and training of counselors. She's passionate about creating equity, particularly within the counseling relationship and within behavioral health

Jessie O'Brien, NAADAC: at Appalachian State, Eliza served as the graduate assistant to the Lgbtq. Plus center on campus providing education and resources to the student body. Eliza served as the graduate student director to a nuclear peer mentorship program called

Jessie O'Brien, NAADAC: Nearer's for Queers. She also holds master's degrees in elementary education and special education from Lesley University, as well as a bachelor's degree from University of North Carolina. At

Jessie O'Brien, NAADAC: prior to her current counseling experience. She worked in education. So welcome. Hi, I'm gonna stop sharing my screen and let you to take over.

Eliza Harris (she/her), MA, LCMHCA, NCC: Well, hello, everyone.
Eliza Harris (she/her), MA, LCMHCA, NCC: Thanks for being here. We're really really excited to get started with you and

Eliza Harris (she/her), MA, LCMHCA, NCC: We probably will not be looking at the chat too much right now. So be patient with us. If you have an urgent request.

I'm Eliza. It's nice to see you all I use. She her pronouns.

Eliza Harris (she/her), MA, LCMHCA, NCC: yeah.

Shannon Kratky (they/she): I'll let Shannon introduce yourself. Yeah, hey? Everyone My name is Shannon Kraki, and I use the them she her pronouns, and we're super excited for this opportunity during pride months, to

Shannon Kratky (they/she): be with all of you, and share a little bit of our knowledge and experience, that of what we've learned and serving. members of the Lgbtq. I. A to us communities

Shannon Kratky (they/she): like like I said, we're not going to be looking at the chat until later, because it distracts us and we can both talk a lot as it is. And so we're gonna spend some time sort of powering through some slides, and then we'll have some activities at the end, some reflection and questions.

Eliza Harris (she/her), MA, LCMHCA, NCC: This is gonna be an interactive opportunity. So you know you as you like.

Shannon Kratky (they/she): So some other aspects of my identity there, that go beyond what Jesse read is that I'm queer, gender, queer and neuro divergent and disabled. I am currently a Phd student at organ, State

Shannon Kratky (they/she): counselor and supervision. And I currently chair that in Dcc foundation minority fellowship program and addiction counseling. And I'm currently the co-chair of the Lgbtq 2 to us clinical standards committee

Eliza Harris (she/her), MA, LCMHCA, NCC: things you should know about me. I identify as pansexual. I am cisgender. I have 2 dogs.

Eliza Harris (she/her), MA, LCMHCA, NCC: They're super important to me, although you can only see one here. and then yeah, it's really important for me to continue to create and hold space for

Eliza Harris (she/her), MA, LCMHCA, NCC: folks who have hold marginalized identities.

Shannon Kratky (they/she): So we have this thing that. That, I heard, and another training, and that I'd like to share with all of you. It's called oops.

Shannon Kratky (they/she): And when we come into these spaces a lot of times we assume safety. And we want to have these really sometimes difficult challenging conversations. We're all learners, Eliza and I make mistakes. Say the wrong thing all the time. Right. We're all learning, and we're here to learn from
Shannon Kratky (they/she): if at any point you've typed something whether in a question or the Chat, or Eliza and I, or even just your Allison, say something that it’s like, oh, that didn't come out the way I wanted it to.

Shannon Kratky (they/she): Then we could say oops and give it a try again. This gives our self grace, and asks everyone else to give us some grease, and trying that again.

Shannon Kratky (they/she): If someone else says something, including if it’s me a lies, just your Allison that is offensive to you, or you want to give us another shot at that. Maybe it's a growing edge for us, something we might not be aware of. Then you can say, Ouch! And we can. We can have a do over with that. It’s a way that we can really give each other grace to grow and assume that at least most people in this room.

Shannon Kratky (they/she): maybe not in the world, but in this room are doing their best. And then, Whoa! If we are going too fast because Eliza and I go fast, and we talk a lot, then feel free to say Whoa and ask that question in the chat.

Shannon Kratky (they/she): or question in the Q. A. And then, make a comment in the chat if you need to like, I said, we're not going to be checking that chat. But we do have Jesse and Alison, who are monitoring that for us.

Shannon Kratky (they/she): There's also hand out to this attached to the presentation as far as other resources.

Shannon Kratky (they/she): First, we want to

Shannon Kratky (they/she): also start with an acknowledgment of something the Human Rights campaign released regarding a national state of emergency for Lgbtq plus Americans yesterday. They say that we have officially declared a state of emergency for Lgbtq people in the United States for the first time

Shannon Kratky (they/she): following an unprecedented and dangerous spike in anti Lgbtq. Legislative assaults, sweeping State houses. This year more than 75 anti Lgbtq. Bills have been signed into law this year alone.

Shannon Kratky (they/she): more than doubling last year's number which was previously the worst year on record. Our community is in danger, but we won't stop finding back.

Shannon Kratky (they/she): not now, not ever. And I want to think everyone that's here today, and everyone that's going to watch this recording for joining us in in the fight for social justice, for those of us with clear identities.

Eliza Harris (she/her), MA, LCMHCA, NCC: Okay, cool. So hopefully. leaving this presentation, this webinar, you will be able to identify at least 3 sources of traumatization and the ramifications of those specific to Lgbtqi, a 2 s. Plus folks.
Eliza Harris (she/her), MA, LCMHCA, NCC: We started out with the pretty intense one right there. We'll come back to that definitely in that later on in the session.

Eliza Harris (she/her), MA, LCMHCA, NCC: You'll also be able to describe the purpose of expressive arts, therapies, and supporting queer identified folks in their healing journeys from past traumatic experiences and or substance use slash addiction.

Eliza Harris (she/her), MA, LCMHCA, NCC: And then you'll be able to identify at least 2 creative art interventions to implement with LGBTQ 2 to S plus folks. And you can utilize those creative arts interventions with pretty much anybody. They are very flexible. So that's why we chose them. But

Eliza Harris (she/her), MA, LCMHCA, NCC: Yeah.

Eliza Harris (she/her), MA, LCMHCA, NCC: Okay?

Shannon Kratky (they/she): All right, we've got our first polling question, which hopefully, somebody besides me is in charge of.

Eliza Harris (she/her), MA, LCMHCA, NCC: Yeah, I don't think we're in charge of that should be coming up.

Eliza Harris (she/her), MA, LCMHCA, NCC: All right. I'm going to read it out loud, just so that you all have that opportunity to hear it as well. How many of the following terms, that they're 10 of. Do you feel comfortable, defining and explaining to a client and or colleague?

Eliza Harris (she/her), MA, LCMHCA, NCC: Here are the following terms, sex versus gender, sexuality, transgender, gay lesbian intersex, queer.

Eliza Harris (she/her), MA, LCMHCA, NCC: Demisexual, or debbie romantic, heterosexual, straight non-binary.

Eliza Harris (she/her), MA, LCMHCA, NCC: So the answer choices are none of the above one to 3 terms, 4 to 6 terms, 7 to 9 terms, or all of the above.

Eliza Harris (she/her), MA, LCMHCA, NCC: Go ahead. And

Eliza Harris (she/her), MA, LCMHCA, NCC: So we're going to get about 2 more seconds.

Jessie O'Brien, NAADAC: People get their lost votes in.

Jessie O'Brien, NAADAC: And I'm going to share the results.

Eliza Harris (she/her), MA, LCMHCA, NCC: Sweet. Okay, cool. Oh.

Eliza Harris (she/her), MA, LCMHCA, NCC: Awesome. This is great to hear.
Shannon Kratky (they/she): Now we have some knowledgeable folks in there. Awesome.

Shannon Kratky (they/she): Well, I think that. Okay, so it seems like

Eliza Harris (she/her), MA, LCMHCA, NCC: everybody isn't comfortable with at least one. There's at least one that you're not quite sure about yet, which is great awesome like we said, we all have learning to do. We all have edges where we're we're growing.

Eliza Harris (she/her), MA, LCMHCA, NCC: And yeah, about a third of folks, 7 to 9. That's great. About a third, 4 to 6

Eliza Harris (she/her), MA, LCMHCA, NCC: and 15, one to 3, awesome.

Shannon Kratky (they/she): awesome. So we we hope that we can increase those numbers over the next few slides with you. Thank you, Jesse.

Eliza Harris (she/her), MA, LCMHCA, NCC: Okay. So one of the questions that I think comes up most often is this idea about the difference between sex and gender. And then sexuality.

Eliza Harris (she/her), MA, LCMHCA, NCC: more often than not, especially with this discussion about pronouns being included in people's bios. We included in people's intros. a lot of folks who don't have experience with the queer community or with those ideas at all.

Eliza Harris (she/her), MA, LCMHCA, NCC: Don't really know the difference. They don't really understand what this whole thing is about. So I'm gonna give you just a quick and dirty sort of definition.

Eliza Harris (she/her), MA, LCMHCA, NCC: sex is the combination of biological and genetic factors that are encapsulated in chromosomal representation. So oftentimes we think about this is how you were assigned at birth, right? The the sex that is assigned to you at birth.

Eliza Harris (she/her), MA, LCMHCA, NCC: Typically it is male or female.

Eliza Harris (she/her), MA, LCMHCA, NCC: there are intersex folks, and intersex folks are sort of on that spectrum between male and female right? They are not necessarily either one of those based on their biological and genetic factors. Okay.

Eliza Harris (she/her), MA, LCMHCA, NCC: so that's sex gender is how somebody use their own

Eliza Harris (she/her), MA, LCMHCA, NCC: experience of the world. Right

Eliza Harris (she/her), MA, LCMHCA, NCC: so gender can align with your sex. You can be. I am cisgender, meaning I align my my gender alliance with the sex that I was assigned at birth.

Eliza Harris (she/her), MA, LCMHCA, NCC: so
Eliza Harris (she/her), MA, LCMHCA, NCC: was assigned female at birth, and I identify that way as well. So I show up wearing traditionally what's thought of as a feminine clothing. I have feminine hair styles. I have, I feel, identified as a woman.

Eliza Harris (she/her), MA, LCMHCA, NCC: that feels right for me. That's my gender different than sex. but can be aligned. Sexuality is who you are attracted to.

Eliza Harris (she/her), MA, LCMHCA, NCC: so sexuality, not the same thing as gender or sex.

Eliza Harris (she/her), MA, LCMHCA, NCC: So you also may have a romantic attraction, and that can be different than your sexual attraction. We're going to get into that on the next slide. But

Eliza Harris (she/her), MA, LCMHCA, NCC: that is just a little, very brief rundown of those.

Shannon Kratky (they/she): Yeah. And for me, personally, with gender identify as gender. Queer? So it was assigned female. At first. Some days I wake up feeling not traditional female, but more days than not. It's like I don't fit into

Shannon Kratky (they/she): any particular category that it's fluid for me, and that my my gender expression, with that my gender identity changes so that I mean my hair might give a little bit of that away with the 2 different styles going on and then some days I can dress, and what is considered, you know, super feminine clothing, while other most other days. I I prefer to dress somewhere in the middle.

Shannon Kratky (they/she): Thank you.

Eliza Harris (she/her), MA, LCMHCA, NCC: you want me to go, for these are more in-depth definitions of some of the things that we sort of started touching among because I am cisgender, meaning I identify with the sex I was assigned at birth for my gender identity. Transgender is someone who does not align with the sex. They were assigned at birth for their gender identity, and that doesn't necessarily mean the opposite. It could be anywhere on that spectrum. Right? If we think about

Eliza Harris (she/her), MA, LCMHCA, NCC: gender being a spectrum and sex being a spectrum

Eliza Harris (she/her), MA, LCMHCA, NCC: on the gender spectrum, you could be somewhere in between, like Shannon was just describing that might you might identify as gender. Queer you might identify as gender nonconforming or Gnc. As it's shortened and all of those are great. Sometimes folks who don't identify

Eliza Harris (she/her), MA, LCMHCA, NCC: with their same sex assigned at birth

Eliza Harris (she/her), MA, LCMHCA, NCC: all the time identify as trans.

Eliza Harris (she/her), MA, LCMHCA, NCC: Sometimes they don't.

Eliza Harris (she/her), MA, LCMHCA, NCC: That's not our job to define that for someone else. That's some that's everybody's job to identify that for themselves. And they get to tell us. And we don't get to
choose that for them.

Eliza Harris (she/her), MA, LCMHCA, NCC: So very important that we don't ever assign anyone's identity to them.

Eliza Harris (she/her), MA, LCMHCA, NCC: That's they get to do that

Eliza Harris (she/her), MA, LCMHCA, NCC: or assume. Yeah, thank you. Yeah. Yeah. And transgender can also sort of be an umbrella term, right? So some folks just say I'm trans.

Eliza Harris (she/her), MA, LCMHCA, NCC: and they don't necessarily want to pick a gender that they feel aligned with. and like I said, it can be folks who identify as not binary or gender, non-conforming or gender. Queer.

Eliza Harris (she/her), MA, LCMHCA, NCC: All of that is cool. It can all fall under trans or not.

Shannon Kratky (they/she): The other important things about trans

Shannon Kratky (they/she): before we move on to Some of these others. Is that just because someone is trans, and I know this is transgender. But the politically correct. A term now is trans, just because someone is trans does not mean that they have medically transitioned, nor that they are necessarily planning to

Shannon Kratky (they/she): which is where they have to.

Shannon Kratky (they/she): Yeah, or that they have to.

Eliza Harris (she/her), MA, LCMHCA, NCC: Yep. You can.

Eliza Harris (she/her), MA, LCMHCA, NCC: However you identify is, however, you identify, and you don't ever have to do anything at all

Eliza Harris (she/her), MA, LCMHCA, NCC: to change how you show up.

Eliza Harris (she/her), MA, LCMHCA, NCC: You just get to decide how you want to do that. lesbian and gay, I'm going to tie with heterosexual and straight. So Lesbian is typically someone who identifies

Eliza Harris (she/her), MA, LCMHCA, NCC: as feminine or female who is attracted to someone of the same gender representation. Okay, sometimes we are now calling that.

Eliza Harris (she/her), MA, LCMHCA, NCC: oh, my gosh. gideosexual to sort of avoid the limitations of sex that can come with a word like lesbian.

Eliza Harris (she/her), MA, LCMHCA, NCC: we are using a word like androsexual to identify attraction towards male identified folks. whether or not you are
Eliza Harris (she/her), MA, LCMHCA, NCC: male, identified yourself. So gay typically would be

Eliza Harris (she/her), MA, LCMHCA, NCC: men who are ident who are attracted to men or male male identified folks who are attracted to male identified folks or male presenting folks

Eliza Harris (she/her), MA, LCMHCA, NCC: versus what we think about in you know.

Eliza Harris (she/her), MA, LCMHCA, NCC: mainstream society is straight or heterosexual meaning I identify as a male or female, and I am attracted to the opposite gender. I'm the male and I identify. I attract. I'm attracted to female identified folks. I'm sorry there's too many identifies going on in my brain right now.

Eliza Harris (she/her), MA, LCMHCA, NCC: or the opposite I identify as female, and I am attracted to male identified folks.

Shannon Kratky (they/she): Okay, I'm going to take a break in lunch and and take over on some of these. Okay?

Shannon Kratky (they/she): And I'm case some female identifying folks. Do I use this as well to indicate that that same attraction? to other female identifying folks?

Shannon Kratky (they/she): Queer this is an umbrella term to describe anyone who doesn't identify as cis gender, so that alignment with

Shannon Kratky (they/she): the sex that's assigned at birth

Shannon Kratky (they/she): and or heterosexual. So that attraction to the quote opposite sex opposite being in quotes, because that makes it sound like there's 2. And there's multiple genders

Shannon Kratky (they/she): we are has traditionally in the past and uses a slur against Lgbtq. 2 Us. Plus individuals in more recent years. this is a word that the that we are folks are taking back for themselves, and it can be a term of empowerment. But in any given space

Shannon Kratky (they/she): there can be different interpretations by those who are as to what queer means to them

Shannon Kratky (they/she): heterosexual straight Eliza, you talked about that intersex is that combination of chromosomes you touched on that a little bit in the previous slide. So this is when someone has the quote, female

Shannon Kratky (they/she): organs

Shannon Kratky (they/she): of some sort or female patterns in chromosomes and male which it's been at when they're born. It's like we can't assign this person female at birth or male at birth, because there's both. So it's intersex.
Shannon Kratky (they/she): demisexual or demi-romantic.

Shannon Kratky (they/she): this is basically, the attraction forms

Shannon Kratky (they/she): any sort of sexual or physical attraction would form after there's an emotional connection that's formed and sometimes this can happen when someone is asexual meaning that they don't experience sexual attraction

Shannon Kratky (they/she): or a romantic, and that they don't experience that romantic attraction towards others. Non-binary. we explained previously.

Shannon Kratky (they/she): and I use the word word queer which to define my sexual orientation to

Shannon Kratky (they/she): and for me. What that means is I don't fit into any of these boxes, and also one of the gifts in that is that I don't owe anyone an explanation for it, either. And the same thing with non-binary that can be used synonymously with gender queer or gender non-conforming.

Shannon Kratky (they/she): they're still different. And they can be used anonymously.

Shannon Kratky (they/she): Next, we have accessibility and inclusion.

Shannon Kratky (they/she): and so

Shannon Kratky (they/she): so many times when Lgbtqi A to S. Folks, or sometimes I'll say we are folks throughout the presentation, because that's what that's a lot of alphabet. And I mean it in the empowering way. It's a word I've taken back. But sometimes accessibility for queer folks

Shannon Kratky (they/she): we're talking about to like behavioral health care services and the setting. But health care, services, resources, anything. It's

Shannon Kratky (they/she): just awful. I mean, if you look at what's going on in the news, which will do shortly as well, I mean in a state like Texas, where I'm at you know. In the past week or so gender affirming care has been banned on an on an even deeper level, and so that prevents access. And so when we talk about wanting to have accessible behavioral health care services that needs to be providing a safe, inclusive, welcoming, nurturing environment.

Shannon Kratky (they/she): both for those who are seeking the behavioral health care services and those who provide it.

Shannon Kratky (they/she): And so we need to see that queer representation, whether it's in the frontline staff members, clinicians, administrators, the person who answers the phone, the person who checks you in, etc. We need that representation

Shannon Kratky (they/she): inclusion which goes hand in hand with accessibility. But it's different, is providing both equal and equitable access for all individuals, including Lgbtq. A bus folks
Shannon Kratky (they/she): to services and a safe and affirming manner. And it's not just safety as hetero or cisgender folks experience safety. But is this person actually safe when they're receiving care from you whether it's in your practice or treatment center or what not. And

Shannon Kratky (they/she): is their identity being affirmed, validated, supported, etc. versus what I've seen a lot in substance use treatment centers that are gender-specific is forcing a trans female. Someone who was identified assigned male at birth and being forced to go to an all men's treatment center because they have a penis

Shannon Kratky (they/she): when they identify as female, but female, all female treatment centers. will reject that person because they have a penis. So what what are we doing in that space?

Eliza Harris (she/her), MA, LCMHCA, NCC: So affirming care?

Eliza Harris (she/her), MA, LCMHCA, NCC: It is trauma informed

Eliza Harris (she/her), MA, LCMHCA, NCC: to be affirmative is to embrace a positive view of queer identified folks. So that's you know, not taking any bias and pushing that on our clients. It's ensuring that

Eliza Harris (she/her), MA, LCMHCA, NCC: folks who identify in the queer space and have queer relationships. don't have to worry about homophobia or transphobia or heterosexism

Eliza Harris (she/her), MA, LCMHCA, NCC: when they come to us.

Eliza Harris (she/her), MA, LCMHCA, NCC: It's also ensuring that there is. and

Eliza Harris (she/her), MA, LCMHCA, NCC: active leadership

Eliza Harris (she/her), MA, LCMHCA, NCC: in the space meaning that folks who in leadership positions and leadership roles are actively thinking about and identifying ways that they can support and affirm queer identified folks

Eliza Harris (she/her), MA, LCMHCA, NCC: So, serving as a champion.

Eliza Harris (she/her), MA, LCMHCA, NCC: organizing policies to protect queer folks. both clients and employees. making sure that the physical and virtual environments are welcoming, making sure that forms are inclusive. So there is not just a

Eliza Harris (she/her), MA, LCMHCA, NCC: an option for

Eliza Harris (she/her), MA, LCMHCA, NCC: all status marital status. Yeah, or like, there is an option for maybe more than one partner.

Eliza Harris (she/her), MA, LCMHCA, NCC: if you if a person has is polyamorous. and then

Eliza Harris (she/her), MA, LCMHCA, NCC: this is a real H that happens all the time. Preferred
pronouns or preferred name, ensuring that that

Eliza Harris (she/her), MA, LCMHCA, NCC: that's it's someone's pronouns, and it's someone's name that you're going to be using the legal name. Thing is a a big issue.

Eliza Harris (she/her), MA, LCMHCA, NCC: But if you are calling someone by their legal name when they have specifically requested to be called something else. Where you are using pronouns that you are assuming about a person

Eliza Harris (she/her), MA, LCMHCA, NCC: you are not using gender from, and care you not being affirmative right there.

Eliza Harris (she/her), MA, LCMHCA, NCC: Everybody needs to get training on it, not just clinicians, but everybody. Every single human needs to be affirming and welcoming, and then making sure that folks who are queer identified are recruited to work there, and are

Eliza Harris (she/her), MA, LCMHCA, NCC: being retained well, so, being supported in their work

Jessie O'Brien, NAADAC: right before we go to our second polling question, Jesse. Any questions for us we can have time for I wanted clarification, but I'm going to just guess so. Samantha asked any attempts on how to best on our

Shannon Kratky (they/she): I can't barely hear you, Jessie.

Shannon Kratky (they/she): Sorry. Can you hear me now? Okay, my microphone is up to about that. So any tips on how to best on our

Jessie O'Brien, NAADAC: sexual orientation and gender identity when doing. I think it's uniform data system. I'm not sure what the Eds was. But I I had to look it up.

Jessie O'Brien, NAADAC: So I guess, gathering uniform data

Eliza Harris (she/her), MA, LCMHCA, NCC: and like research, or in in practice of clinical practice.

Jessie O'Brien, NAADAC: See, you guys, we need help with the sorry. Okay, thank you, Cody. Thank you. Okay.

Eliza Harris (she/her), MA, LCMHCA, NCC: So sorry. Any tips on how to best honor sexual orientation and gender identity when doing, you're in drug screens. That's the question.

Eliza Harris (she/her), MA, LCMHCA, NCC: Okay, I I tend to think that sexual orientation is less important when doing a drug screen. I don't think that

Eliza Harris (she/her), MA, LCMHCA, NCC: really matters

Shannon Kratky (they/she): For all your screenings it might be important, but for as far as to to detect any
any substances, you don't really see either. Yeah.

Eliza Harris (she/her), MA, LCMHCA, NCC: in terms of how to be supportive of somebody whose gender identity maybe doesn't align with their sex assigned at birth, using single single stall restrooms

Eliza Harris (she/her), MA, LCMHCA, NCC: is incredibly valuable, so that that person doesn't ever have to be confronted with being in a public space. They're in a much more private space. And then

Shannon Kratky (they/she): I am, yeah, I think, identify as brands. So.

Shannon Kratky (they/she): yeah, there's definitely the like single stall thing. I think it's important. And this is a little more challenging in states or banning this, but it's also private businesses. So I don't administer any. You're in drug screens. in my practice here in San Antonio. That's out side of of what I consider my role in and relationship with clients. I

Shannon Kratky (they/she): for me in the outpatient. I have the

Jessie O'Brien, NAADAC: the privilege, and that I don't do that. And then I just roll with what clients say is, is the truth for them.

Jessie O'Brien, NAADAC: The gender person's gender identification. I think that's what you're saying, David. so maybe the question was headed there.

Shannon Kratky (they/she): yeah.

Shannon Kratky (they/she): I think you're in drug screens are very complicated and oppressive, is my short answer. and especially the monitoring of

Shannon Kratky (they/she): them to I get technically why it has to be done.

Shannon Kratky (they/she): and I just wish that there were other ways, and there are some other ways. There's the oral swabs which I used at one facility where I was before I came into private practice that asked me, it's a saliva sample.

Shannon Kratky (they/she): And they asked me, originally to your in screenings. And I said, You know, in my role as a counselor. I'm not doing that with the 10 foot poll. that's a violation of the privacy and confidentiality and the scope of our relationship. So I could actually get on a soapbox all day about that. I'm not going to save time. but I think things like saliva samples. There are some swabs for that that take a very similar amount of time

Shannon Kratky (they/she): to process that those would be good alternatives to that and they are. There's they're just as effective in.

Shannon Kratky (they/she): From my experience in detecting those things.

Eliza Harris (she/her), MA, LCMHCA, NCC: I I also think that it's typically wise to ask the person
Eliza Harris (she/her), MA, LCMHCA, NCC: where they feel more comfortable, or who they would feel more comfortable with if you have to.

Eliza Harris (she/her), MA, LCMHCA, NCC: If that is an unavoidable thing where you have to do it, you're in screen, and you have to have somebody accompany the person who is doing the screen. I think it's I think it's fair to ask.

Eliza Harris (she/her), MA, LCMHCA, NCC: You know, who do you feel more comfortable with right now?

Eliza Harris (she/her), MA, LCMHCA, NCC: but yeah, not assuming.

Shannon Kratky (they/she): Okay, we'll take one more question

Jessie O'Brien, NAADAC: I noticed by sexual was not mentioned on the word slides. Is this still a correct term?

Shannon Kratky (they/she): Yes, absolutely it is. And In our reference section you can access a almost comprehensive vocabulary list as a language around Lgbtq. A 2 s. Plus identities is constantly changing and evolving. And I'm learning new things

Shannon Kratky (they/she): every single time I have a conversation with someone about it about different like neo pronouns and things like that. Bisexuality is definitely a part of that pan. Sexual is as well. Those are still still terms. it. It's more for the sake of time. But If you can't find that resource in here, feel free to email one of us afterwards. And we can, Eliza and one of her friends put together

Shannon Kratky (they/she): and increase it it like just just a super creative, comprehensive list of what's included. And then there's also some other resources we can connect you with as well. But

Jessie O'Brien, NAADAC: all right, pull.

Shannon Kratky (they/she): Yeah. Pull.

Eliza Harris (she/her), MA, LCMHCA, NCC: Okay. I'll read this one out loud. Have you ever heard the phrase inviting others in used in place of the phrase coming out? Yes, and I understand the difference between the phrases inviting others in and coming out.

Eliza Harris (she/her), MA, LCMHCA, NCC: Yes, but I do not understand the difference between inviting others in and coming out. And no, I've never heard the phrase inviting others in used in place of the phrase coming out.

Jessie O'Brien, NAADAC: okay, a few more seconds to get your responses in. and then I will end the poll and share the results.

Eliza Harris (she/her), MA, LCMHCA, NCC: Sweet.
Shannon Kratky (they/she): Okay.

Eliza Harris (she/her), MA, LCMHCA, NCC: cool.

Shannon Kratky (they/she): This is,

Shannon Kratky (they/she): I included this question and presentation that I gave last week. So this is actually about what I expected is that the majority of people have not heard the phrase and and that

Shannon Kratky (they/she): and in that less people have either heard it and and understand or heard it, but don't understand. So

Shannon Kratky (they/she): we will be talking about that. So we will make that change today.

Shannon Kratky (they/she): So coming out is a term that's been used forever right. This whole idea of coming out of the quad closet. So if you're not heterosexual or cisgender, then you have this pressure to come out and announce that you're not heterosexual or cisgender. The problem with that is, it's not always safe

Shannon Kratky (they/she): for people to come out in this environment right now. I'm sharing that I use them pronouns and gender queer and queer. That is not stuff that I put on my website in San Antonio, Texas, because it doesn't feel safe to me to be quote out according to this phrase, in that environment. It also portrays that this whole idea of announcing announcing the fact that you're not hetero or not, Sis, as this one time event, when really

Shannon Kratky (they/she): we're humans that exist in multiple environments and contacts and relationships. And

Shannon Kratky (they/she): the pressure to come out would be coming out multiple times over and over and potentially with unsafe people in an unsafe environment.

Shannon Kratky (they/she): Also, it doesn't recognize that people's identities can shift throughout their lifetime. Some people experience being born gay and being gay till the day they die. Other people experience shifts in their identity, or whether it's gender related sexual orientation and really the need to come out. And the pressure to do that just really perpetuates the stigma and privilege of

Shannon Kratky (they/she): those who are heterosexual and that and such gender. because when was the last time you were in a room with somebody who shared that they were heterosexual or cisgender. And you questions them

Shannon Kratky (they/she): right? That is something that's assumed about everyone. And then we are expected to announce when we identify otherwise.

Eliza Harris (she/her), MA, LCMHCA, NCC: Right. And then there's sort of this implication, too, that like.
Eliza Harris (she/her), MA, LCMHCA, NCC: if you are not just gender and heterosexual that you are, you're somehow threatening, and you are oathered, and you are targeted, or you are isolated. And it's it can be really dangerous for people. It's really can be really scary.

Yeah.

Shannon Kratky (they/she): thank you for adding that

Shannon Kratky (they/she): so we propose the term inviting others in. This is putting the power into the person who is not heterosexual and or not cisgender their decision to invite others into that part of their life. So it's about autonomy

Shannon Kratky (they/she): and about those individuals that are have. We are identities or a queer identity to decide. Who do. I want to trust this part of my life with? Who do I feel comfortable sharing this with? And who is it actually safe with.

Shannon Kratky (they/she): and it

Shannon Kratky (they/she): really really respects that power of choice and puts it completely up to the individual and it also allows space for people to decide not to disclose that identity
different from Hetero or this gender identity to others as well.

Shannon Kratky (they/she): My love is, quote

Shannon Kratky (they/she): from the queer eye for me coming out, gives me the power to

Shannon Kratky (they/she): give it coming out, gives the power to the other person to accept or deny you when you're inviting them in. You have the power.

Eliza Harris (she/her), MA, LCMHCA, NCC: Yeah.

Eliza Harris (she/her), MA, LCMHCA, NCC: okay.

Eliza Harris (she/her), MA, LCMHCA, NCC: now, we're going to start talking about some trauma.

Eliza Harris (she/her), MA, LCMHCA, NCC: How? What are things that are? specific to queer identified folks

Eliza Harris (she/her), MA, LCMHCA, NCC: that our sources are causes of trauma.

Eliza Harris (she/her), MA, LCMHCA, NCC: we have come up with a lot on our own, but this is by no
means an exhaustive list.

Eliza Harris (she/her), MA, LCMHCA, NCC: there are so many ways that one can experience trauma based on their identity.

Eliza Harris (she/her), MA, LCMHCA, NCC: I think it's really important if you don't identify as queer or hold a queer identity to try to imagine how often you are butting up against what society tells you is wrong or right, it constantly being reminded that you don't fit the stereotypical mold, or you're not accepted. And then all of these risk factors that go with that.

Eliza Harris (she/her), MA, LCMHCA, NCC: hopefully. You all can see it. But you know, just experiencing the trauma of regular bias, regular rejection, the potential rejection of your family of origin.

Eliza Harris (she/her), MA, LCMHCA, NCC: that's a huge, your family of origin. deciding that you are not worthy enough to be a part of the family anymore because of your identity. Awful.

Shannon Kratky (they/she): there! Other things that I think are important to to highlight in the list. are some of the things like health disparities. So when we have these inaccessible and uninclusive spaces and folks, queer folks aren't able to access those healthcare resources, then it's going to. It's creating that health disparity and and worse health outcomes for them.

Shannon Kratky (they/she): There's also a traumatic loss

Shannon Kratky (they/she): right? There's the the suicide rate amongst queer identities is so high. We think about trans kids, it's exponential. And so that you know, when you're in a small, well, community of other queer folks and

Shannon Kratky (they/she): someone dies by suicide. It it. It has a just, a very painful life, altering effect. Some of the under disgust topics are, intimate partner, violence, physical abuse, sexual abuse, whether that is, for being queer or within partnerships with an Lgbtq. I. To us communities and then hate crimes.
Shannon Kratky (they/she): They therefore, in this study showed greater somatic and depressive system symptoms and such gender participants. And so really looking at And if doesn't take much more than a Google search to see how we are trans. Folks particularly we are trans. Women. are are being victims of hate crimes and experiencing so much discrimination and trauma.

Shannon Kratky (they/she): All right. Number 3. Jesse

Oops

Shannon Kratky (they/she): in the past month. How often have you noticed, Lgbtqi, a 2 s. Plus discrimination in the news? The choices are daily or near, daily, weekly, one or 2 times in the past month, or I have never noticed Lgbtqi a. To S. Plus discrimination in the news.

Eliza Harris (she/her), MA, LCMHCA, NCC: Jessie, while folks are answering, are there any questions that feel particularly time relevant or sensitive?

Jessie O'Brien, NAADAC: Let's see what is the appropriate way to ask an individual what pronouns they prefer?

Eliza Harris (she/her), MA, LCMHCA, NCC: I'm Shannon. My pronouns, are they them? What are yours?

Shannon Kratky (they/she): I I think, very, very direct, and not making a big deal out of it. It can feel awkward, even though I use

Shannon Kratky (they/she): They them pronouns, and that seems different than what people might expect when they they see me. It still can feel awkward to ask, but I think, just asking directly, yeah, just

Eliza Harris (she/her), MA, LCMHCA, NCC: what programs do you use?

Shannon Kratky (they/she): Very easy. definitely ask on intake forms, too, it's very important. Yeah. Yeah.

Shannon Kratky (they/she): And to be open to that changing as well.

Eliza Harris (she/her), MA, LCMHCA, NCC: And I I think The idea of a preferred pronoun can be a little bit

Eliza Harris (she/her), MA, LCMHCA, NCC: touchy, because folks who identify, maybe not as their who are not cisgender

Eliza Harris (she/her), MA, LCMHCA, NCC: can see that as like a. This is a choice part of my identity when really it's just an identity. So just what drop the word prefer? What? Yes.

Eliza Harris (she/her), MA, LCMHCA, NCC: yeah, what pronouns you use? Okay, so we're seeing discrimination daily or nearly daily. Yup.
Shannon Kratky (they/she): it's

Eliza Harris (she/her), MA, LCMHCA, NCC: cool us, too.

Eliza Harris (she/her), MA, LCMHCA, NCC: these are all from April. right?

Shannon Kratky (they/she): May, I think?

Eliza Harris (she/her), MA, LCMHCA, NCC: Yeah.

Shannon Kratky (they/she): April, May, April, may.

Eliza Harris (she/her), MA, LCMHCA, NCC: it's constant now it 23. We did this first in 2,022, and it was bad in 2,022.

Eliza Harris (she/her), MA, LCMHCA, NCC: and this year it is felt in your constant.

Eliza Harris (she/her), MA, LCMHCA, NCC: so I, if you are a counselor, and you are like me.

Eliza Harris (she/her), MA, LCMHCA, NCC: Using the American Counseling Association's Guide for Ethical

Eliza Harris (she/her), MA, LCMHCA, NCC: Ethics. We are required to be advocates.

Eliza Harris (she/her), MA, LCMHCA, NCC: and

Eliza Harris (she/her), MA, LCMHCA, NCC: we need to be right. Now, we really, really need to be. We need to be

Eliza Harris (she/her), MA, LCMHCA, NCC: talking about this because it's it is in our spaces, it is coming. This anti

Eliza Harris (she/her), MA, LCMHCA, NCC: Gender-affirming care is coming to our counseling rooms. It's coming to our offices. You will. We will soon be confronted with the reality of how we have to handle legally and ethically.

Eliza Harris (she/her), MA, LCMHCA, NCC: managing and supporting our clients who are needing our support and needing our our affirmation.

Shannon Kratky (they/she): Yeah, like you said last year, when we gave a similar presentation.

Shannon Kratky (they/she): it. These were screenshots off of Facebook news. And so last year, when I gave the presentation, I had to search Lgbtq to get those articles to come up and screenshot the ones that were discriminatory. And this year I just scroll without searching anything.

Shannon Kratky (they/she): And it was just one thing after another.
Yeah.

Shannon Kratky (they/she): So some of the ramifications of trauma biggest one.

Shannon Kratky (they/she): that inferiority, powerlessness.

Shannon Kratky (they/she): being socially ostracized, traumatized, leads to greater levels of shame, and when we have greater levels of shame.

Shannon Kratky (they/she): worse mental health. worse physical health.

Shannon Kratky (they/she): Shame is a really really big one, and that's from that same study, looking particularly at Lgbtqi a people of color

Shannon Kratky (they/she): never rarely feeling safe. The thing that I want to add to that is never rarely being safe. So there's a difference between feeling safe and actually being safe.

Shannon Kratky (they/she): Less like the seek, help or receive help again. This isn't a shame! Blame you didn't seek help. But where? Who's going to, you know, have provide an accessible environment for me where they're going to affir my identity, not judge me not blame this on my awareness, or whatever it is. And am I actually going to receive help for what I need?

Shannon Kratky (they/she): Post traumatic stress, disorder, complex post-traumatic stress disorder, finding oneself and high risk situations in the future. This can be for a number of situations. One. It's just high risk being queer in America right now. Or it can be because of some of the behavior things to try to attempt to cope with that like reenactment behaviors.

Shannon Kratky (they/she): premature death, chronic health condition somatic systems. We're seeing this worse in these communities with high stress difficulty obtaining and maintaining employment. So the discrimination when you're trying to get a job discrimination at the job job and then, whatever time you need laying a bedroom cover from the trauma that's on the 60'clock news every day, or the trauma that you're experiencing in relationships creating this generational inequity

Shannon Kratky (they/she): suicidal ideation, intent plan.

Shannon Kratky (they/she): All of that attempts

Shannon Kratky (they/she): completed right substance. Use misuse

Shannon Kratky (they/she): increase in mental health concerns revictimization is a phenomenon like when people are victimized, it is exponentially more likely they're going to be victimized again, particularly when it comes to sexual assault.

Shannon Kratky (they/she): domestic and interpersonal violence, sexual acting out

Eliza Harris (she/her), MA, LCMHCA, NCC: as a means to cope or reenacting and trying to get that
power back just ordered eating identity to serve it. It goes on and on. Yeah, and I would. Before we go on, I would strongly recommend that all of you take a look at the Trevor project. Their 2,022 study, their data just came out, and it is

Eliza Harris (she/her), MA, LCMHCA, NCC: heartbreaking.

Shannon Kratky (they/she): So when we look about, look at substance use with Lgbtq 2s. Individuals this. And again, you can come back to this in the slides. But this

Shannon Kratky (they/she): this comparison. So first, we have this chart. And of all of the addiction treatment programs.

Shannon Kratky (they/she): 92 plus percent are providing are not providing Lgbtq to a specific care.

Shannon Kratky (they/she): So when it comes to identity, this is like, Hey, we're not providing you Spanish-speaking care, even though

Shannon Kratky (they/she): Spanish is your language right? That is how ingrained and impressive this is and very few do. and it's been shown

Shannon Kratky (they/she): so often in all the cities that have been done, these specialized groups for people based on identity as opposed to gender-specific care or just

Shannon Kratky (they/she): pushing everyone together

Shannon Kratky (they/she): it. It improves outcomes for these people, and and

Shannon Kratky (they/she): although research is limited on the rates of substance use in these communities.

Shannon Kratky (they/she): there are so many other factors that need to be treated. So we think about that, that that that that homophobia, transphobia, family problems, violence, social isolation, there’s so many more things that come with having a queer identity that need to be addressed, and then and the top part. Sorry. I'm kind of skipping around right. These are the differences between substance use amongst adults who are sexual minorities. So over 40%

Shannon Kratky (they/she): of adults, 18 plus that are sexual minorities use reported using marijuana in the past year. When you look at the general population, it's just over 18% 6.7%, almost 7

Shannon Kratky (they/she): of adults. Sexual minorities reported past year use of opioids compared to only 3.6 of the general population and over 20 of sexual minority. Adults met the criteria for alcohol use disorder when only 11 of the overall general population debt.

Eliza Harris (she/her), MA, LCMHCA, NCC: Okay?

Eliza Harris (she/her), MA, LCMHCA, NCC: So why is expressive arts? There be a modality that can be
useful for you all in this. The context of this population

Eliza Harris (she/her), MA, LCMHCA, NCC: expressive arts, therapy is different. I'm just gonna say, this real quick. It's different than art therapy

Eliza Harris (she/her), MA, LCMHCA, NCC: art therapy is typically like visual arts using the art to help you identify what's happening inside the person's head.

Eliza Harris (she/her), MA, LCMHCA, NCC: expressive art therapy is much more about the process of creating and the depth that you can get to with the creation, and it is much more about what the client gets from that experience than what their image or picture shows.

Eliza Harris (she/her), MA, LCMHCA, NCC: So I'm just going to start with that and say that expressive arts therapy is very vast. It can. Almost anything can be used as an expressive arts modality. We're going to show. Talk about that in a minute. But Because of that, it. It increases the felt sense. So it helps you get more in touch with what you're actually feeling

Eliza Harris (she/her), MA, LCMHCA, NCC: and understanding that you're feeling in a safe place.

Eliza Harris (she/her), MA, LCMHCA, NCC: So the therapist can actually help support that you can witness it. get rid of some of the outside stressors and concerns more easily, and then we know that there, that, excuse me, the trauma is stored in our bodies. Right? It stays in our bodies. We have physical manifestations of trauma and expressive arts. Therapy can really help access that physical sense of trauma and address some of that.

Eliza Harris (she/her), MA, LCMHCA, NCC: So why for queer folks?

Eliza Harris (she/her), MA, LCMHCA, NCC: Because you get to use so many different fun things, and you get to have fun and play and be silly, and have this somatic experience in a way that can that's really aligned with what the client wants and needs. So it's all about affirmation. It's all about autonomy. It's all about ensuring that this person feels aligned and affirmed with what's happening for them.

Eliza Harris (she/her), MA, LCMHCA, NCC: Very easily aligned with social justice. And then

Eliza Harris (she/her), MA, LCMHCA, NCC: it's just like, Oh, great way to be creative! And when you don't necessarily fit in the box to

Eliza Harris (she/her), MA, LCMHCA, NCC: feel vibrantly, joyfully, not fitting in the box versus

Eliza Harris (she/her), MA, LCMHCA, NCC: I don't fit in this box, and that's disappointing.

Shannon Kratky (they/she): And then why for addiction, why would we use expressive art for substance, use and or addiction.

Shannon Kratky (they/she): So when we look at some studies on expressive arts, group therapy, for those seeking substance use treatment, it's been shown to promote resilience and emotion. Regulation. It also
can support adults and clients and changing their beliefs about addiction, so

Shannon Kratky (they/she): changing their beliefs as far as like, Hey, is this a. A behavior I want to engage in? What might be other choices. What are things that I want to do with my life? And how does. How will this keep me from doing that as well as improving some of those psychosocial competencies? So when we think about it in this environment, where it's not just sitting in a steel room looking at each other, waiting till someone blinks right there. It's just very interactive

Shannon Kratky (they/she): process, and and social skills can be built from that. It also helps science to again reframe their ideas and externalize the crap that's inside of them. and understand, maybe some more about where that substance use and or addiction comes from.

Shannon Kratky (they/she): There was a school study in Zambia where researchers explored the impact of substance use treatment by integrating the 12 steps of an addiction program with Zambian art forms. So it was this integrative treatment, and they found that in that program particularly, there were significant decreases in frequency of substance, use for marijuana, inhalence, alcohol and cigarettes with both small to medium effect sizes

Shannon Kratky (they/she): So, of course, more research needs to be be done. there are, you know. You can kind of look at that. Some of the dates in here. Most of it's new stuff, and there's more new stuff that needs to to come out to.

Shannon Kratky (they/she): And I'm not done. Expressive arts. Therapy in substance, use groups, and I can tell you that

Eliza Harris (she/her), MA, LCMHCA, NCC: most of the time. Most of the curriculum

Eliza Harris (she/her), MA, LCMHCA, NCC: curricula that are already being used incorporate some form of writing, some form of like, there's a genogram, or there's a journal prompt, or there's a

Eliza Harris (she/her), MA, LCMHCA, NCC: An opportunity to draw like a self-portrait, like all of those pieces can be expressive arts therapy.

Eliza Harris (she/her), MA, LCMHCA, NCC: Okay? So I am super passionate about express arts therapy. I love it. I use it all the time in my practice. I think most people actually use a lot of the techniques already. but you don't know you're doing it, and you can.

Eliza Harris (she/her), MA, LCMHCA, NCC: deep in your understanding and your use of expressive arts by following some of these guidelines. So thinking about it. These are rules for me as the counselor, not for my client, so there's no real rules for my client other than doing something that they feel

Eliza Harris (she/her), MA, LCMHCA, NCC: safe doing and that they are

Eliza Harris (she/her), MA, LCMHCA, NCC: giving me permission. There they are, choosing to do it willingly. I'm not forcing or coercing anyone to do anything
Eliza Harris (she/her), MA, LCMHCA, NCC: we think about it as process, not product.

Eliza Harris (she/her), MA, LCMHCA, NCC: So it is all about the creation, not about what it looks like. So people who feel hesitant about. I’m not a good artist and bad at this like I haven't done anything. No, no, that doesn't matter. I don't. I don't care what it looks like. Honestly, it doesn't matter to me. I just want to have you have the experience of creating the thing.

Eliza Harris (she/her), MA, LCMHCA, NCC: I'm not judging it in a positive or negative way. So I'm not here to decide what it means to you. I'm not here to decide how beautiful it is or not beautiful it is. That's not where I am. I'm here to help you understand what you're seeing in this piece.

Eliza Harris (she/her), MA, LCMHCA, NCC: again.

Eliza Harris (she/her), MA, LCMHCA, NCC: Autonomy is essential. Here it is crucial for clients to feel that they have the choice to decide to do this or not, and you they never have to share.

Eliza Harris (she/her), MA, LCMHCA, NCC: Clients are never required to share. I invite clients to share what they you know if you want. But I regularly say. would you like to share that with me?

Eliza Harris (she/her), MA, LCMHCA, NCC: And sometimes they say no, and I'm like cool. You can fold it up and take it away. I'll never look at it.

or if you want me to store it here, I will never look at it until you give me permission.

Eliza Harris (she/her), MA, LCMHCA, NCC: But it's not required. and it's really important to understand that it is.

Eliza Harris (she/her), MA, LCMHCA, NCC: There's a creative connection between you as the therapist and the client. So really, group settings are really ideal for expressive arts therapy, because we heal, and we can create in community with each other.

Eliza Harris (she/her), MA, LCMHCA, NCC: and it's multi-modal meaning that you can utilize lots and lots and lots and lots and lots of different things to create art.

Eliza Harris (she/her), MA, LCMHCA, NCC: These are some examples, psychodrama singing, ceremonies, ritual, dancing, collage, Yoga, breathwork, meditation, drawing clay.

Eliza Harris (she/her), MA, LCMHCA, NCC: mythology and storytelling puppets, just being aware of your body making noises, doing movements, doodling all of those things I did.

Eliza Harris (she/her), MA, LCMHCA, NCC: I made this
Shannon Kratky (they/she): with a client one, too.

Eliza Harris (she/her), MA, LCMHCA, NCC: You can do pretty much anything.

Shannon Kratky (they/she): So we're going to save this for a moment. for the sake of time.

Shannon Kratky (they/she): But we are going to talk about art at home. So whether you're working with clients by telehealth, or you're in your office. You don't have to go out and buy a whole bunch of supplies. Anything can be used.

Shannon Kratky (they/she): Paper paper clips, old fabric, old clothes

Shannon Kratky (they/she): and screams, magazines, plants Just don't take him from a natural, not national park. Right? Drive through seeds, not rocks or anything. Right? So go to your junk drawer and at home, and anything that's in there can be used.

Shannon Kratky (they/she): And we're going to talk about some different

Shannon Kratky (they/she): about 3 different options. And then we're going to have only about 5 min for you to engage in these definitely. You would have much longer to do this. with clients.

Eliza Harris (she/her), MA, LCMHCA, NCC: And so we're gonna go through these. And Eliz will explain. the self portrait. One. Sure. Yeah. So self portrait is an opportunity to put your physical or or emotional representation of yourself on paper. Right? So you can think about this in terms of

Eliza Harris (she/her), MA, LCMHCA, NCC: maybe identifying a mask that you've been wearing.

Eliza Harris (she/her), MA, LCMHCA, NCC: You can also make masks. But maybe it is identifying the inside of you that people don't often see. So you know, for example, I don't appear to have a queer Identity. I pass a straight

Eliza Harris (she/her), MA, LCMHCA, NCC: and so part of who I? How I might show up, is like lots of rainbows in my self portrait. but essentially, yeah, these are. These are also portrait examples from my colleagues.

Eliza Harris (she/her), MA, LCMHCA, NCC: who are things you might want to consider. Who are you to other people? What do you look like to them? What do you think you look like to them? Who are you to yourself? What do you look like to yourself?

Eliza Harris (she/her), MA, LCMHCA, NCC: What's important about your features? How do you know that you are who you are?

Shannon Kratky (they/she): And this this we've created a handout to.

Shannon Kratky (they/she): So you have the slides, but you also have a handout specifically with these instructions to that are If if Jesse or Alison, if you can kind of link where that's at in the chat. That would
be great.

Shannon Kratky (they/she): Then we have a letter to past and or a future self. So this is one that Eliza wrote

Shannon Kratky (they/she): to her past self, correct or future self, one of those. and then this is an example of one that. I wrote to my future self many years ago.

Shannon Kratky (they/she): many, many years ago. Yes, and so here's some other instructions for that, too, and it's about not censoring yourself. writing down whatever comes up, not worrying about it, not, as I would say to clients, not psychoanalyzing the shit out of everything right. It's just this rewriting process.

Eliza Harris (she/her), MA, LCMHCA, NCC: This is a really fun, easy one to access. It is, both a guided imagery and a physical process. So you can identify an emotion that's present for you, and then try to imagine that motion emotion living outside your body, so giving it structure, form, color, shape, giving it texture, giving it size, dimension, maybe giving it. Wait whatever it is, and having folks envision that first

Eliza Harris (she/her), MA, LCMHCA, NCC: like using some guiding questions and then putting it on paper to the best of their ability, and these are some examples of actual client work. And then we had the client after work after they drew the image.

Eliza Harris (she/her), MA, LCMHCA, NCC: write down what the images say, saying to them. So what is this feeling telling you what it? What message do you need to receive from this feeling right now. So getting really in touch with that

Eliza Harris (she/her), MA, LCMHCA, NCC: sensation outside the body.

Shannon Kratky (they/she): Yes.

Shannon Kratky (they/she): okay. So we are going to take the next 7 min. We'd like you to creatively begin engaging in one of these so as a reminder, you have emotions outside the body the one that you like. It was just talking about.

Shannon Kratky (they/she): You can write a letter to your past and or future self. Obviously, you're not going to finish all of this in 7 min, but give it a shot and at least begin the process for yourself. And then there is the option of the self portrait.

Shannon Kratky (they/she): and then I'm going to go back over here again. The instructions should be linked to the webinar. You can use anything you want. I'm going to come back here because another one of the the ways that we can do express of our is through

Shannon Kratky (they/she): movement

Shannon Kratky (they/she): dance. And so That's how I'll be participating in real life. I'm going to join me, too, is we're gonna dance to the song, probably a couple of times through, and then we will come back together, and you can share any reflections in the chat that you would like. Then we'll answer
questions and and just email us, and we'll wrap us up.

Eliza Harris (she/her), MA, LCMHCA, NCC: So if this is how you would like to participate by just doing some dance with us. You can do that as well, too. You don't have to do it for 3 options.

I am not a strange to the dark.

Hide away, they say, because we don't want your broken parts.

Shannon Kratky (they/she): I'm going to be

my sky away. I say no one will love you as you are, but down the dust I know that there's a place for for all of your

it's going to cut you down.

I'm going to say on the

I am
to be. This is me because you.

It is the

I'm not scared. You see. the this is me

again

by me. the

this. Let's go today. You

okay. speak their now

the Me down.

This is the

I to be. This is me. See you

the

see.

this is.
they say.

now.

when the shops I want to cut me down.

I'm going to going to

this is.

see you.

This is me

Shannon Kratky (they/she): all right.

Shannon Kratky (they/she): I have a service dog beaver, who gets a little concerned with my heart rate, goes up and I'm dancing around my office. So he's in my lab now.

Shannon Kratky (they/she): so just take a couple more minutes.

Shannon Kratky (they/she): Notice your experience

Shannon Kratky (they/she): as we wrap up, feel free

Shannon Kratky (they/she): to share any thoughts and reflections in the chat.

Shannon Kratky (they/she): 30 more seconds, and then we'll kind of go back through some of the reflections I mentioned.

Eliza Harris (she/her), MA, LCMHCA, NCC: I want to read a poem while you're finishing up.

Shannon Kratky (they/she): I forgot about your poem earlier. Sorry Shannon was like, how long is this going to be? Because she's watch me read poems that are like 5 min long. But I promise, or longer. Yeah, go for it.

Eliza Harris (she/her), MA, LCMHCA, NCC: okay, this is by Mary Oliver. If you don't know Mary Oliver, she's amazing. Does a lot of poetry about nature.

Eliza Harris (she/her), MA, LCMHCA, NCC: using nature as inspiration. So

Eliza Harris (she/her), MA, LCMHCA, NCC: A lot of her stuff is pretty incredible. You might be familiar with her. This is called in Black Water Woods.

Eliza Harris (she/her), MA, LCMHCA, NCC: Look! The trees are turning their own bodies into pillars of light.
Eliza Harris (she/her), MA, LCMHCA, NCC: are giving off the rich fragrance of cinnamon and fulfillment. The long tapers of cat tails are bursting and floating away over the blue shoulders of the ponds.

Eliza Harris (she/her), MA, LCMHCA, NCC: and every pond, no matter what its name is, is nameless. Now.

Eliza Harris (she/her), MA, LCMHCA, NCC: every year everything I have ever learned in my lifetime leads back to this.

Eliza Harris (she/her), MA, LCMHCA, NCC: The fires and the Black river of loss, whose other side is salvation, whose meaning none of us will ever know.

Eliza Harris (she/her), MA, LCMHCA, NCC: To live in this world you must be able to do 3 things

Eliza Harris (she/her), MA, LCMHCA, NCC: to love what is mortal, to hold it against your bones, knowing your own life depends on it.

Eliza Harris (she/her), MA, LCMHCA, NCC: and when the time comes to let it go to let it go

Eliza Harris (she/her), MA, LCMHCA, NCC: in Black Water Woods, by Mary Oliver.

Shannon Kratky (they/she): So, just looking at some of these comments, In the chat, some of these reflections. feel free to keep commenting. We'll go through a few of these, and then transition to any questions Jesse

Shannon Kratky (they/she): may have for us.

Shannon Kratky (they/she): interpretive dance is so therapeutic. Yes, it is. Yes, it is. And the cool thing about dance is you don't have to have skills for anything and express parts right and just dance.

Eliza Harris (she/her), MA, LCMHCA, NCC: I got it, but I just want to. I'm checking through the comments, and I just want to apologize for any art therapist that I might have offended by limiting your scope of practice. I did not mean to do that, are there, because they are amazing and fantastic, and utilize a lot of the same things.

Eliza Harris (she/her), MA, LCMHCA, NCC: just highlighting a slight difference. But I clearly don't know all of those differences. So thank you for porting those out to me. I appreciate it

Shannon Kratky (they/she): so many people saying they love it. They love the song, the love, the interaction best webinar ever. Thank you. we like hearing that. yeah, my! My service dog is a cutie his name's Beaver. Bear not Bieber Justin Bieber. Beaver is in the animal after work. State. a lot of people think I call him beads that you know it's fever.

Shannon Kratky (they/she): fabulous love it wonderful in tears.
Shannon Kratky (they/she): Yeah, this song is has been really a powerful force in my life. The whole greatest showman is amazing.

Shannon Kratky (they/she): yeah, I could listen to it over and over.

Eliza Harris (she/her), MA, LCMHCA, NCC: looking at seeing someone who drew their emotion, actually feeling pretty pissed and using your non-dominant hand. Excellent strategies.

Eliza Harris (she/her), MA, LCMHCA, NCC: and that you survived the uncomfortable emotion. Yeah, that's great.

Shannon Kratky (they/she): So many of you sharing that you're crying. Eliz and I kind of have that effect on people. So yes, so thank you. This is what happens when we get in touch with our bodies. Is that we get into to the depths of things. So thank you. Powerful and inspiring.

Shannon Kratky (they/she): Yes, chair dancing totally totally appropriate. I have a friend

Shannon Kratky (they/she): teaches dance to patients who have Parkinson's and even if it's just a little eye movement or a finger movement, whatever that is dancing.

Shannon Kratky (they/she): Someone wrote to their future self.

Shannon Kratky (they/she): Awesome the name of the movie greatest showman.

Shannon Kratky (they/she): the greatest showman.

Eliza Harris (she/her), MA, LCMHCA, NCC: And thank you so much for those of you who are sharing about your experience. We really appreciate your feedback, and just

Eliza Harris (she/her), MA, LCMHCA, NCC: the opportunity to share in community is so powerful and so valuable. So

Eliza Harris (she/her), MA, LCMHCA, NCC: thank you for doing that.

Shannon Kratky (they/she): body movement can be grounding.

Shannon Kratky (they/she): And yeah, we do carry a lot of that vicarious stress.

Shannon Kratky (they/she): because there's a lot, I don't know about any of you, but

Shannon Kratky (they/she): clients are really struggling

Shannon Kratky (they/she): especially over the past week or so. I always like to blame the full moon. I was at a conference last week, and I was joking with them. Kind of not joking, hey? Can consult the Moon calendar before we schedule the next one because it's really hard to be 4 states away when when the world falls on a part during a full moon. But yeah, things are really have. Have you right now?
Shannon Kratky (they/she): Yeah.

Shannon Kratky (they/she): thank you all. Thank you. Thank you so much. And yeah, Jessie.

Jessie O'Brien, NAADAC: yeah, okay, we have a lot of questions. I'm gonna just stop sharing your slides. If that's okay, so that we can see everyone, yeah. And people as long as they have our contact information. So if you guys want. If you all want to jot that down, I'll leave it up there with little seconds.

Okay. So the first question is, from personal experience. I've seen many queer social spaces revolve around going to bars and consuming alcohol. Do you think that this is a chicken or the egg situation coming from adverse childhood experiences, or due to the importance of gay bars and the history of the Lgbtq. I. A. 2 s. Plus community. How can this be mitigated to promote community without relying upon substance use.

Jessie O'Brien, NAADAC: So

Eliza Harris (she/her), MA, LCMHCA, NCC: that's such a great question and such a great point. I think

Eliza Harris (she/her), MA, LCMHCA, NCC: you know one of the things that Shannon was talking about statuses or stat

Eliza Harris (she/her), MA, LCMHCA, NCC: statistics. That's the right way. I was thinking about like how

Eliza Harris (she/her), MA, LCMHCA, NCC: much of queer culture is really revolving around alcohol. And

Eliza Harris (she/her), MA, LCMHCA, NCC: it makes sense right? Is it a chicken or the egg thing? I couldn't tell you that for sure, either way. But I think

Eliza Harris (she/her), MA, LCMHCA, NCC: there is a lot of opportunity for us to utilize creative

Eliza Harris (she/her), MA, LCMHCA, NCC: tools to create new spaces.

Shannon Kratky (they/she): I've seen. I'm in North Carolina and Central North Carolina, and there are a few practices around here that are really specifically focused on clear identities. And they have an amazing set of resources like

Eliza Harris (she/her), MA, LCMHCA, NCC: groups that are queer, friendly, or or specifically queer, identified groups. and they're not just their B groups their groups about like

Eliza Harris (she/her), MA, LCMHCA, NCC: Dnd groups. There are queer D, and D is dungeons and dragons. If you are not familiar with that there is a a queer space called the gathering place, that is, really focused on gaming and there are queer Yoga classes. There are queer knitting groups. There's just there's a lot of opportunity for us to connect in community
Eliza Harris (she/her), MA, LCMHCA, NCC: especially without alcohol.

Shannon Kratky (they/she): right? Right? And and think about ways that you can collaborate with other

Shannon Kratky (they/she): affirmative, accessible providers in your community to like put on things right, but on different

Shannon Kratky (they/she): things. The other thing that I want to say just put a plug in for this whole of our soap box. We have more questions, and Jesse said she will make sure we end on time, and so And I've Jessie as a friend, and I know she was also. I'll try to keep it short. But harm reduction

Shannon Kratky (they/she): is queer health care.

Shannon Kratky (they/she): and I think that's super important is that we? You know, we we take away the expectation for everyone that only silver is sober, and it has to be so so black and white. like that. That abstinence only type thing I think harm reduction is been so successful. in other countries

Shannon Kratky (they/she): and clients are always presently surprised. when I present that to them in session, and many of them who've been receiving some sort of recovery care for 20 plus years, have never even heard of the concept of harm reduction? And so I think it's a balance between those things from creating spaces to finding what's out there and enhancing that

Shannon Kratky (they/she): as as well as you know, just because the bar scene is loud doesn't necessarily mean that the the addiction scene is in particular. It's a very

Shannon Kratky (they/she): individual thing, although, you know I'm out. I would be the first to tell you that that we do see a lot of the substance use or misuse or overuse

Shannon Kratky (they/she): in these populations as well. So it's really tricky.

Eliza Harris (she/her), MA, LCMHCA, NCC: Yeah.

Jessie O'Brien, NAADAC: awesome. Okay, bye. For the next one. Cool. It moves. Okay,

Jessie O'Brien, NAADAC: many of our Lgbtq plus patients have complicated spiritual relationships and complicated relationships with their local spiritual community. It isn't always very clear, almost like they want to maintain faith base, but also don't know how and feel unaccepted.

Jessie O'Brien, NAADAC: How can counselors help bridge the gap and support them? Especially if we ourselves are not faith based and don't understand the conflict. That's a tough question

Shannon Kratky (they/she): for me. I I never thought of it as a privilege. I was basically raised in a really just cult.

Shannon Kratky (they/she): and by all definitions of the word. It was a cult.
Shannon Kratky (they/she): and I'm not seeing all Southern Baptist churches are like this. But this one really was, and in my experience there. You know I was in Bible drill every week. I was memorizing all this Scripture

Shannon Kratky (they/she): had I heard all the hellfire brimstone sermons, etc., and that's not something I buy into

Shannon Kratky (they/she): remotely at all as an adult in any way, shape or form. But it's one of those things that is kind of like a gift when working with some of those clients who do have that phase system because

Shannon Kratky (they/she): it's not my job to, you know, have the same faith system as theirs, but just to support them in that. So I think a lot of the things that that for me have been like. Well, my preacher, said Xyz.

Shannon Kratky (they/she): Cool. Well, good thing that I spent like 18 years basically memorizing that whole book. And I can usually spit out some Scripture back

Shannon Kratky (they/she): in that direction of like oh, really, but like, what about Matthew? Whatever? And So that's been helpful with clients to just kind of like

Shannon Kratky (they/she): again not convincing them, trying to to leave, or anything like that, but like kind of critically like, use their God given brain, if you will. to to look at these things and discover their own truth, and decide what they really believe. And then, knowing that that there are some rare but some spaces out there for for individuals depending on the paid system.

Eliza Harris (she/her), MA, LCMHCA, NCC: It it's not as rare as it used to be.

Eliza Harris (she/her), MA, LCMHCA, NCC: and I think there there are opportunities for us to be more consciously sharing resources about places where we know there can be a firm, any affirming religious experience. but I think religion and spirituality spirituality is much more personal, an individual, and I think.

Eliza Harris (she/her), MA, LCMHCA, NCC: even if you are not a faith-based provider, or have your own faith, practice, or spiritual practice.

Eliza Harris (she/her), MA, LCMHCA, NCC: you can still talk about what that is for your client, and

Eliza Harris (she/her), MA, LCMHCA, NCC: I have all sorts of stuff in my office that isn't necessarily applicable to my own spiritual practice, but can be utilized in a spiritual way, so ritual can be one of those things that can be really powerful.

Eliza Harris (she/her), MA, LCMHCA, NCC: and that, could a ritual can be pretty much anything right. It can be

Eliza Harris (she/her), MA, LCMHCA, NCC: a connection with your ancestors. It can be a connection
with the earth. It can be a connection with the seasonal changes. It can be pulling a tarot card. It can be

Eliza Harris (she/her), MA, LCMHCA, NCC: you know, gathering items from outside and

Eliza Harris (she/her), MA, LCMHCA, NCC: using those to. you know, create an an earth, Mandala, or it can be

Eliza Harris (she/her), MA, LCMHCA, NCC: writing a letter about what you accomplished in the past 6 months, and what you hope to accomplish in the next 6 months and burning it. I mean, there's a lot of opportunity for

Eliza Harris (she/her), MA, LCMHCA, NCC: taking things in a more spiritual direction that doesn't necessarily have to reflect a specific religion or faith.

Shannon Kratky (they/she): Yeah.

Jessie O'Brien, NAADAC: okay, so the questions are like building up. And so I'm just gonna say for the questions that we don't go get to Allison. who's also here? What? Behind the scenes? Well.

Jessie O'Brien, NAADAC: print the questions out, and send them to you both to answer, and then we print them. We just post that sorry on the as a resource for the on demand. So people can see the answers to the questions. but this is another tough one. and I'm gonna add some language at the end of the question. But how do we get expressive? Our therapy

Shannon Kratky (they/she): reimburse for those lower socioeconomic patients relying on state, Federal like Medicare Medicaid. Is there specific language that can be used that can help in like writing a note? that would better, suffice and justify the type of intervention provided, or something like that? That was a great question. Great question, as do you have an answer? Realiz in no. Okay? So yeah, I so

Shannon Kratky (they/she): Medicare Medicaid being a counselor, it's

Shannon Kratky (they/she): difficult. It's just now all in the process of being able to accept those things, etc. But here's here's what I think. It was like, expressive arts, expressive arts. Therapies can be used

Shannon Kratky (they/she): in isolation, or they can be used as integration with other modalities. I am an Emdr certified therapist. Emdr is my jam, and what I do.

Shannon Kratky (they/she): and

Shannon Kratky (they/she): and you walk out this door right here and go to the right. You have a huge chest full of all the art stuff, random crap that you could think of that gets integrated into those Emdr sessions, too. And so

Shannon Kratky (they/she): I think a lot of it's creativity. And if you're having difficulty on getting that reimburse, integrating it with other modalities and documenting
Jessie O'Brien, NAADAC: and feeling an emotion. And what the counselor is doing with that there's all kinds of evidence based practices that can be used with that in in response, cognitive behavioral therapy, motivational interviewing. So I think if you're

Jessie O'Brien, NAADAC: if you're wording it correctly, and I'm choosing my words wisely, if you're framing it correctly in your notes and sort of what you're using to Bill. It's I, I think it's definitely evidence based because you're using those interventions. and that art is sort of helping with the expression of the content that you're then processing and helping them work through as a therapist. But,

Shannon Kratky (they/she): you guys can correct me if I'm wrong. My document now, I don't. That's exactly work with insurance. But I document this either the the other things like Emdr or any Cbt. Or narrative, or whatever psycho education. And then I will just add, in there expressive arts, therapies, and or creative art intervention used for self expression or or externalizing emotion, etc. So it can be really integrated into other forms as well.

Eliza Harris (she/her), MA, LCMHCA, NCC: Yeah, especially because you can also think about it as like a grounding and a safety tool.

Eliza Harris (she/her), MA, LCMHCA, NCC: Yeah.

Eliza Harris (she/her), MA, LCMHCA, NCC: absolutely.

Jessie O'Brien, NAADAC: Yes. Yes.

Jessie O'Brien, NAADAC: Okay. So sorry. Sorry. Creative mindfulness. Someone said. It's we only have 4 min left, and they have to wrap up. But we're gonna send. I promise we will send the questions from our presenters, so we will get answers may take, you know, a week or 2. We don't like to

Jessie O'Brien, NAADAC: force them to get the answers quickly, because they're busy professionals, but but they will be there eventually, so you can check back and see the answers to the questions. And Patricia's writing some good language in the chat box, too, if you want to see what purchase rope. But I'm gonna just share my screen. So people can just see the visualization as I speak

with this

Jessie O'Brien, NAADAC: just a reminder that after this ends you can you see my screen

Jessie O'Brien, NAADAC: confirming? Okay, great. So

Jessie O'Brien, NAADAC: after this end. So don't forget this will end, and if you refresh your browser you'll see the thank you message up here, and there's a link there to click that will take you to the sequence. If that's a problem, it doesn't work. For some reason. Don't worry. There is an email that's gonna go out 1 min

Jessie O'Brien, NAADAC: 1 min in the system after this webinar ends that will also contain the link to the sequence. and if you have any problems, you can always email us at ce season. Charlie is in
education@nadak.org, and we'll help you get there and find it, or figure out what's not working. Just a couple upcoming webinars. June is a very busy month. We have a lot of webinars. June 20. Third, we have

the sixth part in our specialty online training, incorporating the family into treatment and recovery. June 20 eighth we have embracing recovery, oriented harm, reduction and medication assisted treatments, and then

Jessie O'Brien, NAADAC: excuse me. Part 5 and our peer recovery support series on June 20 ninth. and then we jump into mid July with health, wellness, and balance. On July twelfth.

Jessie O'Brien, NAADAC: a reminder that we have the relational trauma repair sociometric certificate that we've collaborated with T. On Dayton. There is one of the trainings that is scheduled during our annual conference, which brings me to our annual Conference and the Northwest Conference. We have 2 conferences coming up the North West Conference is

Jessie O'Brien, NAADAC: specific to an indigenous people's populations. It's awesome. It's 3 days. It's in Seattle, July 20, seventh.

Jessie O'Brien, NAADAC: 20, eighth, and 20, ninth, and the third day is an experiential day, and I

Jessie O'Brien, NAADAC: want to be there very badly. I unfortunately cannot, but I recommend you all check it out, and then our annual conference is in October. you can sign up for one day. You can sign it for all 3. There's one day pre conferences. There's 2 days or 3 days of post conferences. There's so much stuff. So

Jessie O'Brien, NAADAC: it's in Denver in October. Check it out on the website you can register. This is not the slide that goes with that. But I'm just sharing verbally to all of you. Reminder the benefits of membership. And this I'm going to highlight that there's discounts for conferences if you join So consider becoming a member, if you are not yet

Jessie O'Brien, NAADAC: and that is all. Thank you. Shannon and Eliza had to run because she has a client. So thank you, Eliza. thank you all for being here with us today. Wednesday. I don't know where you are, but it's smoky here, and I hope it clears, and so I hope you have sunny skies in your lives today. Okay, take care. Everybody.