

NATIONAL ENDOWMENT for the ARTS

arts.gov/creativeforces

CREATIVE FORCES

REQUEST FOR PROPOSAL

CREATIVE FORCES®: NEA MILITARY HEALING ARTS NETWORK CLINICAL RESEARCH COORDINATOR

SECTION A

DESCRIPTION/SPECIFICATIONS/STATEMENT OF WORK

A. INTRODUCTION

PURPOSE AND BACKGROUND

The work to be completed under this request for proposals for Clinical Research Coordinator is issued through the Creative Forces®: NEA Military Healing Arts Network (the Network, or “Creative Forces”) initiative. Americans for the Arts serves as the Cooperator for Creative Forces, which implements standardized Creative Arts Therapies programs for service members, veterans and families in 11 clinical settings across the country. Creative Forces is currently expanding programmatic activities and community engagement opportunities to involve other military treatment facilities, Veterans Health Administration medical facilities, and arts and community organizations nationwide. Funding for Creative Forces is provided by the National Endowment for the Arts (NEA) to Americans for the Arts as a Cooperative Agreement. Creative Forces® is a registered trademark of the National Endowment for the Arts.

The mission of the Creative Forces Network is to improve the health, wellness, and quality of life of trauma-exposed military service members and veterans, as well as their families and caregivers, by increasing knowledge of and access to clinical creative arts therapies and community arts engagement.

Furthermore, the Creative Forces Network aims to promote research collaborations among the National Endowment for the Arts and the U.S. Departments of Defense and Veterans Affairs, to advance knowledge, leverage subject-matter expertise and promote utilization of best practices to benefit targeted patient populations. Clinical and research representatives supported by the National Endowment for the Arts are bound to the terms, processes and oversight of the Department of Defense, the Department of Veterans Affairs and/or required Federal-wide

assurances. Each partner that participates in the Creative Forces Network does so in a manner consistent with its organizational or agency mission and only to the extent permitted by its role in the Network.

The program has three components: **1. Clinical.** Creative Forces places creative arts therapies at the core of patient-centered care in military medical facilities, and in a telehealth program for patients in rural and remote areas; **2. Community Engagement.** Creative Forces provides increased community-based arts opportunities for military and veteran family populations around clinical site locations, and; **3. Capacity.** Creative Forces invests in capacity-building efforts, including the development of manuals, training, and research on the impacts and benefits of the treatment methods, as well as the development of an online National Resource Center/Enterprise Software Platform.

Creative Forces invests in research on the impacts and benefits – physical, emotional, social, and economic – of creative arts therapies as innovative treatment methods. Creative Forces is committed to the pursuit and promotion of clinically relevant biomedical and behavioral research on the effectiveness of creative arts therapies for service members, veterans, family members, and caregivers. Several strategies are critical to the success of our research program. They include: informed selection of rigorous research designs; support for multisite studies; funding of research opportunities at Creative Forces sites, and collaboration with other health/rehabilitation disciplines and partners.

Through Creative Forces, the National Endowment for the Arts is leveraging national clinical and research networks to advance new research ideas and approaches that can accelerate healing for targeted patient populations and advance research and practice across associated Creative Arts Therapies fields. A catalogue of completed, current, and pending research and clinical practice papers is included in the **Creative Forces Research Inventory**. The findings from these studies provide a solid foundation to inform more in-depth research.

In 2017, Creative Forces held a summit which resulted in publication of the *Creative Forces Clinical Research: A Strategic Framework and Five-Year Agenda (2018 – 2022)*¹. The conceptual framework endeavor will enable Creative Forces to advance the Agenda, and ensure a coherent, theory-based research program.

RESEARCH PROPOSAL SUMMARY

The research team proposes to conduct a pilot, 8-week research study to assess the impact of art therapy on behavioral health symptoms and qEEG measures of neural network processing. They intend to recruit 10 active duty Service members from the NICoE Outpatient TBI clinic with comorbid history of traumatic brain injury (TBI) and posttraumatic stress (PTS) symptoms. Participants will attend eight in person visits at the NICoE including a pre- and post-assessment,

¹National Endowment for the Arts (2018, October). *Creative Forces clinical research: A strategic framework and five-year agenda (2018 – 2022)*. Retrieved from: <https://www.arts.gov/sites/default/files/CF-Clinical-Research-Framework-and-Agenda-10.23.18.pdf>

as well as six art therapy sessions. Please refer to Appendix A for the full proposal.

This contract is intended to support execution of the proposed research study located at a Creative Forces Network site, the National Intrepid Center of Excellence, a directorate of Walter Reed National Military Medical Center. The work outlined in this contract will be executed in collaboration with Dr. Chandler Rhodes, Service Chief of Treatment and Rehabilitation; and Ms. Melissa Walker, Healing Arts Program Coordinator, under the guidance of the Creative Forces Senior Military Medical Advisor, Dr. Sara Kass, and the Clinical Research Advisor, Dr. Donna Betts. The contractor, working in close coordination with Dr. Chandler and Ms. Walker, will report directly to the Clinical Research Advisor.

SECTION B
STATEMENT OF WORK

B. PROJECT SPECIFICATIONS

The contractor shall perform the following general duties and specifics of the designated research proposal:

General Duties:

- Participate in training to administer the CAPS-5, and other required trainings including qEEG equipment/data collection, OSU TBI-ID, CITI, cyber awareness, and HIPAA.
- Request or acquire equipment or supplies necessary for the project.
- Manage and respond to project related email.
- Attend project meetings.
- Attend area seminars and other meetings as necessary.
- Set up, calibrate and maintain laboratory and/or field research equipment, as specified by the requirements of the study.
- Develop and maintain research protocols.
- Track progress over time.
- Manage the proposed project (regulatory, day to day logistics, participant consenting, data entry and management, etc.).
- Perform miscellaneous job-related duties as assigned.

Study Design and Implementation:

- Participate in the design, administration and monitoring of study objectives.
- Conduct literature reviews specific to the study.
- Develop assessment and evaluation tools.
- Ensure compliance with protocol and overall clinical objectives.
- Prepare IRB materials including recruitment material to meet human subjects requirements.
- Recruit and screen potential participants for eligibility and obtain informed consent.
- Prepare interview questions.
- Identify and compile lists of potential research subjects in accordance with study objectives and parameters, as appropriate to the individual position.
- Conduct and record face-to-face and/or telephone interviews with subjects, in accordance with predetermined interview protocol, data collection procedures and documentation standards.
- Conduct in-depth, structured and semi-structured interviews with study participants.
- Administer questionnaires and surveys to study participants.
- Perform qEEG data collection including equipment set up, monitoring device during collection, and archiving data post data collection.
- Assist in first level processing of qEEG data collection.
- Accurately document participant information for the eligibility screener, consent form, questionnaire, and Participant Tracking database; maintain data integrity (i.e., all data collected accurately represents the information provided by a participant). Maintain accurate records of interviews, safeguarding the confidentiality of subjects, as necessary.

Data Interpretation/Analysis:

- Summarize interviews.

- Review and edit data to ensure completeness and accuracy of information; follow up with subjects to resolve problems or clarify data collected.
- As appropriate to the specified position, code and verify data in accordance with specified research protocol and coding procedures and enter data into a computer database and/or spreadsheet application for subsequent analysis.
- Analyze and evaluate clinical and research data gathered during research.

Final Phase – Report-Writing/Dissemination:

- Summarize project results.
- Write and contribute to publications in the form of articles, reports and presentations.
- Prepare, maintain and update website materials.
- Provide access to all experimental data for the research team.
- Perform other related duties as assigned (see below for any further specifications).

STUDY TIMELINE AND ROLES

Task/Deliverable	Staff	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Conduct Literature Review	RC	←→				
Complete required trainings including administration of structured/semi-structured interviews	RC	←→				
Complete Training in qEEG data collection	RC	←→				
Prepare protocol and receive IRB approval	RC/MW/CR	←→				
Recruitment of 1 st 5 study participants	RC		←→			
Conduct art therapy sessions	MW		←→			
Data collected on 1 st 5 study participants coded and entered into study database	RC			←→		
Recruitment of 2 nd 5 study participants	RC			←→		
Data collected on all 10 study participants coded and entered into study database	RC				←→	
Conduct data analysis and begin manuscript preparation	MW/CR				←→	
Report to sponsor	MW/CR					←→

SECTION C DELIVERABLES

C. Delivery Schedule

Contract Initiation	
Planning Meeting with Creative Forces and AFTA Staff	Within 5 days of contract initiation
Preliminary/Preparation Phase	
Orientation/training with site research team	Within 2 weeks of contract initiation
Phases of the Research	
General Duties	Ongoing throughout the contract
Conduct literature review	Dec 2019-April 2020
Training in administration of structured/semi-structured interviews and qEEG data collection (upon completion, receive training certificates/PI sign off for completed training)	Dec 2019 – April 2020
Documentation for IRB Protocol	Dec 2019 – Feb 2020
Study Design and Implementation	
<ul style="list-style-type: none"> Recruitment and Enrollment of 1st 5 Study Participants 	Feb 2020 – Jun 2020
<ul style="list-style-type: none"> Data collection, coding, and recording for 1st 5 Study Participants 	July 2020 – Sept 2020
<ul style="list-style-type: none"> Recruitment and Enrollment of 2nd 5 Study Participants 	July 2020 – Dec 2020
<ul style="list-style-type: none"> Data collection, coding, and recording for 2nd 5 Study Participants 	Nov 2020 – Dec 2020
First level qEEG processing	Ongoing from Mar 2020 through Dec 2020
Data Interpretation/Analysis	
<ul style="list-style-type: none"> Summary of interviews and scores from questionnaires completed and entered into database 	Within 1 week of patient research appointment
<ul style="list-style-type: none"> Progress Reports 	Monthly
Final Phase – Report-Writing/Dissemination	
<ul style="list-style-type: none"> Assist investigators as needed through summarizing project results, writing, and preparation of materials in the form of articles, reports, and presentations; prepare, maintain and update website materials; provide access to all experimental data for the research team; perform other related duties as assigned 	

SECTION D

AWARD AMOUNT AND EVALUATION FACTORS FOR AWARD

The cost for support services and deliverables of this project shall not exceed \$39,000. Work to be executed from date of contract award through end of December 2020. Level of effort expected to be approximately 20-24 hours/week on average throughout duration of contract. The award is inclusive of all expenses associated with the project, including but not limited to supplies, telephone, equipment and other overhead expenses.

EVALUATION CRITERIA

Understanding of the Project 60%

The contractor demonstrates a thorough understanding of the project, including the importance of clinical programming and research to the Creative Forces mission and the role this contract support plays in accomplishing that mission.

Qualifications and Experience (Past Performance) 40%

The contractor provides a copy of their Curriculum Vitae and if invited, participates in a video-conference interview to further evaluate qualifications, experience and fit for the proposed scope of work.

Qualified contractors will meet the following criteria:

- Completed degree(s) from an accredited institution that are above the minimum education requirement (Bachelor's degree) may be substituted for experience on a year for year basis.
- Minimum of 1-3 years of research experience required. Direct experience with DoD, VA, healthcare programs is strongly desired.
- Advanced training in social sciences research (e.g., economics, education, psychology, sociology); deep knowledge in arts/cultural research and/or cultural policy preferred,
- Demonstrated capacity to work collaboratively.
- Excellent interpersonal skills, capacity for flexibility, and willingness to cooperate to enhance team tasks.
- Skills in using personal computer tools, statistical software, healthcare information systems, word processing, spreadsheets and presentation applications.
- Proficiency or demonstrated proven ability to quickly learn and use online survey software and ATLAS.ti (or similar qualitative data analysis software).
- Demonstrated critical thinking, attention to detail, and analytical and problem-solving skills.
- Knowledge of commonly-used concepts, practices and procedures within the field. Rely on instructions and pre-established guidelines to perform the functions of the job. Work under immediate supervision. Primary job functions do not typically require exercising independent judgment. Typically reports to a supervisor or manager.
- Technical skills.
- Statistical and Graphical Analysis of Data.
- Ability to maintain quality, safety and/or infection control standards.
- Planning and scheduling.
- Interviewing.
- Data Collection.
- Experience in project coordination and management.
- Experience in conducting qualitative interviews.

- Ability to adhere to detailed survey research protocols.
- Ability to comply with strict protocols for confidentiality.
- Advanced oral and writing skills to communicate effectively, adapt and interpret quantitative and qualitative data, and to prepare and present analyses, findings, and recommendations (whether in narrative or graphic form) in a clear and concise manner.
- Effective coordination, organizational, and analytical skills so that work is done in an effective, collegial, and timely manner.
- Interpersonal and project management skills to effectively participate on teams. Ability to create harmonious working relationships with others to accomplish team objectives.

References

The contractor provides names of three individuals who may be contacted for references.

SECTION E

START DATE AND APPLICATION DETAILS

Proposal includes:

1. Cover letter addressing qualifications and ability to execute duties, activities and deliverables as outlined in Scope of Work.
2. Curriculum vitae.
3. List of three references of individuals who may be contacted for references.

Submit cover letter, curriculum vitae, writing sample and three References by November 3rd, 2019 to:

By email: creativeforces@artsusa.org

By Mail:

ATTN: CREATIVE FORCES PROJECT ADMINISTRATOR

Americans for the Arts, 1000 Vermont Avenue, NW, 6th Floor, Washington, DC 20005

Start Date: o/a November 18, 2019

Contract End Date: December 31, 2020

DEADLINE FOR SUBMISSION:

By email: Received no later than **5:00 pm EDT, November 4, 2019,**

By mail: Postmarked on or before **November 4, 2019.**

APPENDIX A: EVALUATION OF QUANTITATIVE EEG DURING ART THERAPY IN SERVICE MEMBERS WITH CO-MORBID TBI AND POSTTRAUMATIC STRESS SYMPTOMS

Background and Rationale

As stressed within the summary report from the 2018 symposium, Twenty-First Century Great Conversations in Art, Neuroscience and Related Therapeutics, “[w]orking to distil the correlations between brain function and creative expression and then applying in clinical trials is well within the reach of the Creative Arts Therapies and neuroscience research and will significantly contribute to the advancement of both fields” (King, 2018). In line with this goal to advance the science of the creative arts field, NICoE has assembled an integrative team of art therapists and neuroscientists to build upon previous work and begin to systematically investigate the key neural mechanisms by which art therapy exerts its effects through the use of advanced functional neuroimaging techniques and physiological monitoring. ***There is a need to apply rigorous neuroscientific methodology to elucidate mechanisms of therapeutic change in the creative arts therapies. It is important to examine objective outcome measures above and beyond self-report measures to arrive at firmer understandings about how creative arts therapies contribute to therapeutic change.*** With full support of both the research and clinical departments, this team is currently developing a research proposal to be submitted to NIH in June, that will use resting state and task based (mask viewing) functional MRI to test the hypothesis that ability to effectively develop a verbal narrative evidenced by reduced behavioral health symptoms will be associated an altered pattern of connectivity within and between neural networks involved in language, emotional control, and memory. While functional MRI as a technique has numerous benefits, a main limitation of this project’s design is that we are attempting to experimentally replicate the therapeutic process within the MRI environment. Therefore, we propose a longitudinal study to use mobile, quantitative EEG (qEEG) directly before, during, and after art therapy to assess impact of art therapy on brain networks. ***The current proposal promises to bring us closer to an understanding of what neurobiological changes may be taking place for military Service members (SMs) engaging in art therapy.***

Study Site

National Intrepid Center of Excellence (NICoE), Walter Reed National Military Medical Center (WRNMMC)

Study Team

This proposed project will be led Ms. Melissa Walker and Dr. Chandler Rhodes. Ms. Walker is a certified art therapist and the Healing Arts Program Coordinator at NICoE and is the Lead Art Therapist for Creative Forces: NEA Military Healing Arts Network. She has extensive experience clinically within this patient population and has gained a reputation as a leading researcher within this field. Dr. Rhodes is the Service Chief of Treatment and Rehabilitation in the NICoE Research Department. She is a neuroscientist by training and has a background in advanced neuroimaging techniques to assess structural and functional alterations in neural networks following TBI. In addition to Ms. Walker and Dr. Rhodes, this project will have the support of additional research and art therapist staff as needed.

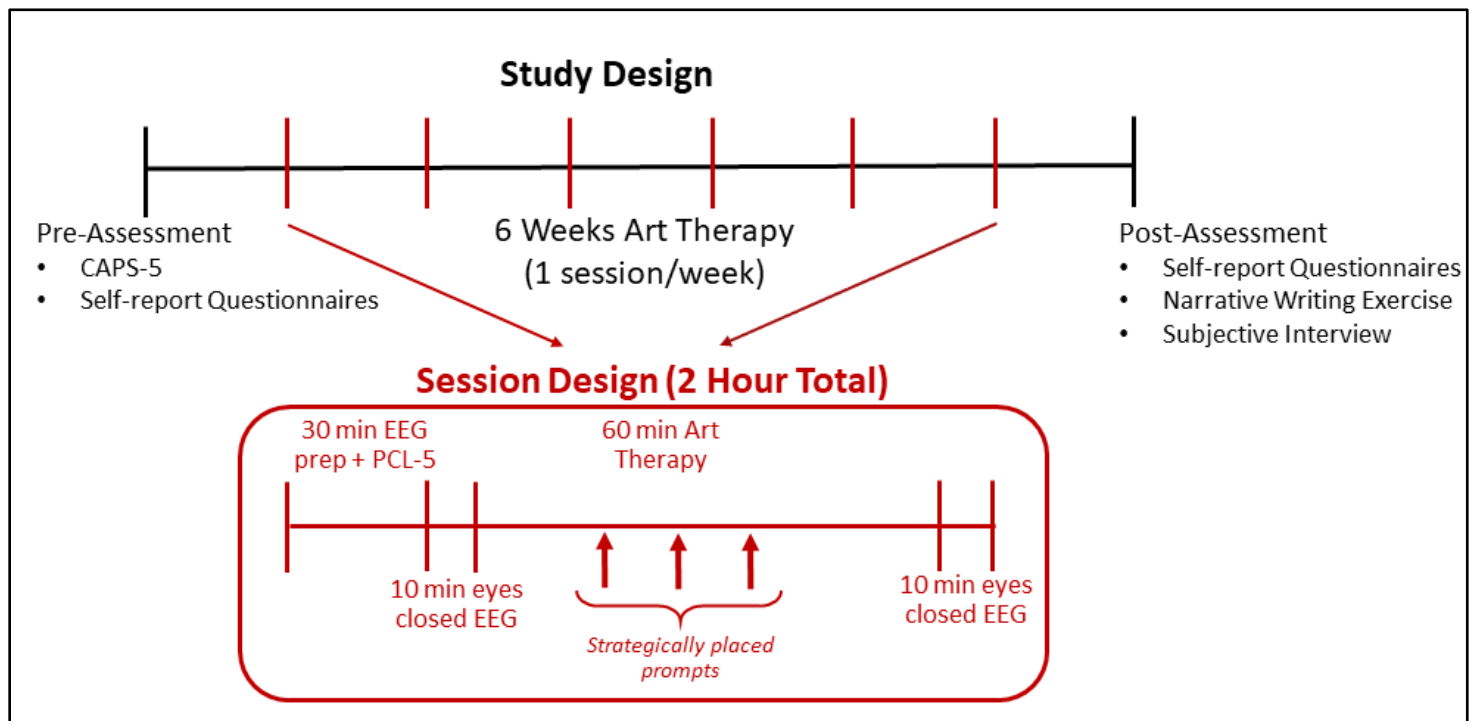
Proposed Study

We will conduct a pilot, 8 week research study to assess the impact of art therapy on behavioral health symptoms and qEEG measures of neural network processing. We will recruit 10 active duty Service members from the NICoE Outpatient TBI clinic with comorbid history of traumatic brain injury (TBI) and posttraumatic stress (PTS) symptoms. The overall study and art therapy session design are depicted in the figure below, but briefly participants will attend 8 in person visits at the NICoE including a pre and post assessment as well as 6 art therapy sessions. The pre-assessment appointment will include the Clinician Administered PTSD Scale for DSM-5 (CAPS-5), Ohio State University TBI Identification Method (OUS TBI-ID) (Corrigan & Bogner, 2007), and a series of self-report questionnaires. Each art therapy visit will last approximately 2- 2 1/2 hours and will include both a masking making and montage painting component (see attached art therapy schedule). We will collect qEEG data during a 10 minute eyes close resting period pre and post an hour long art therapy session. We will also collect qEEG throughout the duration of the art therapy session; however, the art therapist will strategically insert 2 five minute prompts/tasks within each session. These 5 minute prompts/tasks will be notated on the qEEG recording to allow for group analysis across participants as well as longitudinally within an individual session. A post-assessment appointment will include a narrative writing exercise, a repeat of the self-report questionnaires, as well as a subjective interview with the study team.

Behavioral Assessments (30-45 min): Assessments will be made using:

1. *Toronto Alexithymia Scale (TAS-20)*: A 20-item instrument that measures alexithymia defined as trouble identifying and describing emotions. The TAS-20 includes 3 subscales (Difficulty describing feelings, difficulty identifying feelings, externally oriented thinking).(Bagby, Parker, & Taylor, 1994)
2. *Aspects of Identity Questionnaire (AIQ)*: AIQ assesses different aspects of identity including personal identity, relational identity, social identity, collective identity via 28-items answered on a 5-point Likert scale.(Cheek, 2013)
3. *Interpersonal Reactivity Index (IRI)*: IRI measures four separate aspects of empathy (perspective taking, fantasy, empathetic concerns, personal distress) via 28-items answered on a 5-point Likert scale.(Davis, 1983)
4. *Deployment Risk and Resilience Inventory-2 (DRRI-2)*: Created by the VA's National Center for PTSD to assess deployment-related risk and resilience factors among war veterans including 17 subscales. We will administer select subscales: Combat Experience, Unit Social Support, Deployment Support from Family and Friends, Aftermath of Battle, Deployment Support from Family & Friends, Perceived Threat.(Vogt et al., 2013)
5. *Generalized Anxiety Disorder Scale (GAD-7)*: A self-rated questionnaire that screens for generalized anxiety disorder. A recommended threshold for further evaluation is a score of 10 or greater (Spitzer, Kroenke, Williams, & Lowe, 2006).
6. *Patient Health Questionnaire (PHQ-9)*: The Patient Health Questionnaire (PHQ) is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders. The PHQ-15 comprises 15 somatic symptoms from the PHQ, each symptom scored from 0 ("not bothered at all") to 2 ("bothered a lot"). The PHQ measures the severity of somatic symptoms (Spitzer, Kroenke, & Williams, 1999).
7. *Neurobehavioral Symptom Inventory (NSI)*: A self-reported questionnaire that measures common post concussive symptoms. The severity of each symptom as experienced in the last two weeks is rated on a scale (0) none to (4) very severe (Cicerone & Kalmar, 1995).

qEEG for both eyes closed resting conditions and the three prompts/tasks will be preprocessed and power spectra for each of the 64 sensors will be calculated across the Delta (0.5-4Hz), Theta (4-8Hz), Alpha (8-13Hz), and Beta (13-30Hz) frequency ranges. In addition we will perform coherence analysis to calculate connectivity measurements across sensor locations (i.e., brain regions).



following research questions that can be used in future proposals to both internal and external funding opportunities.

- Investigate the effect of an individual art therapy session on resting brain state through comparing qEEG data from the pre and post resting state conditions
- Determine how brain state change over the course of the 6 art therapy sessions within the individual as well as across the group as a whole
- Assess the impact of existing PTSD symptoms and/or other individual traits on both brain states and on the efficacy of the art therapy process
- Determine if brain states reflect the ability to effectively develop a cohesive trauma narrative
- Investigate the changes in brain states during the prompts/tasks compared to resting state conditions.

Timeline

We anticipate that protocol development and data collection will be completed within a 15 month time frame (3-6 months to receive WRNMMC IRB approval and 9-12 months for participant recruitment and data collection). We will likely need additional time for qEEG analysis and manuscript development.

Task/Deliverable	Staff	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020
Conduct Literature Review	RC	←→				
Complete required trainings including administration of structured/semi-structured interviews	RC	←→				
Complete Training in qEEG data collection	RC	←→				
Prepare protocol and receive IRB approval	RC/MW/CR	←→				
Recruitment of 1 st 5 study participants	RC		←→			
Conduct art therapy sessions	MW		←→			
Data collected on 1 st 5 study participants coded and entered into study database	RC			←→		
Recruitment of 2 nd 5 study participants	RC			←→		
Data collected on all 10 study participants coded and entered into study database	RC				←→	
Conduct data analysis and begin manuscript preparation	MW/CR				←→	
Report to sponsor	MW/CR					←→

**RC= Research Coordinator, MW= Melissa Walker, CR= Chandler Rhodes*

References

- Bagby, R. M., Parker, J. D., & Taylor, G. J. (1994). The twenty-item Toronto Alexithymia Scale--I. Item selection and cross-validation of the factor structure. *J Psychosom Res, 38*(1), 23-32.
- Cheek, J. M. B., S.R. (2013). Aspects of Identity Questionnaire (AIQ-IV). . *Measurement Instrument Database for the Social Sciences*.
- Cicerone, K., & Kalmar, K. (1995). *Persistent postconcussion syndrome: The structure of subjective complaints after mild traumatic brain injury* (Vol. 10).
- Corrigan, J. D., & Bogner, J. (2007). Initial reliability and validity of the Ohio State University TBI Identification Method. *J Head Trauma Rehabil, 22*(6), 318-329. doi:10.1097/01.htr.0000300227.67748.77
- Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*, 113-126.
- King, J. L. (2018). Summary of Twenty-First Century Great Conversations in Art, Neuroscience and Related Therapeutics. *Front Psychol, 9*, 1428. doi:10.3389/fpsyg.2018.01428
- Spitzer, R. L., Kroenke, K., & Williams, J. B. (1999). Validation and utility of a self-report version of PRIME-MD: the PHQ primary care study. Primary Care Evaluation of Mental Disorders. Patient Health Questionnaire. *Jama, 282*(18), 1737-1744.
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Lowe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med, 166*(10), 1092-1097. doi:10.1001/archinte.166.10.1092
- Vogt, D., Smith, B. N., King, L. A., King, D. W., Knight, J., & Vasterling, J. J. (2013). Deployment risk and resilience inventory-2 (DRRI-2): an updated tool for assessing psychosocial risk and resilience factors among service members and veterans. *J Trauma Stress, 26*(6), 710-717.

Art Therapy Schedule (DRAFT)**

	Session 1	Session 2-5	Session 6	
qEEG Set Up	30 min Hook-up	30 min Hook-up	30 min Hook-up	
	10 min Eyes closed	10 min Eyes closed	10 min Eyes closed	
	5 min Transition to art therapy studio	5 min Transition to art therapy studio	5 min Transition to art therapy studio	
Art Therapy	20 min Identification of pt goals/intro to art therapy and mask-making	10 min Check-in/retrieval of product	10 min Check-in/retrieval of product	
	5 min Art therapy studio "walkabout"	5 min Reflect on product thus far	5 min Reflect on product thus far	*EEG Specific prompt (reflect)
	20 min Begin creation of mask	30 min Art-making	25 min Art-making (complete mask)	
	5 min Reflect on product thus far	5 min Reflect on product thus far	10 min Write about "final" mask product	*EEG specific prompt (reflect or writing)
	10 min Verbal processing of product thus far	10 min Verbal processing of product thus far	10 min Verbally process "final" mask product	
qEEG Wrap Up	5 min Transition out of art therapy studio	5 min Transition out of art therapy studio	5 min Transition out of art therapy studio	
	10 min Eyes closed	10 min Eyes closed	10 min Eyes closed	
	15 min Removal	15 min Removal	15 min Removal	

** Art Therapy Schedule is draft and subject to revisions/changes prior to implementation