






**Amplified Musculoskeletal Pain Syndrome (AMPS):  
A team approach to treatment**

Presented by:  
The Goryeb Children's Hospital  
AMPS Program Team





**Disclosures**

- Dr. Nativ: Novartis educational speaker for auto-inflammatory disorders (less than \$10,000 received)
- No other disclosures from remainder of speakers




**Objectives**

- Participants will be able to define the term Amplified Musculoskeletal Pain Syndrome (AMPS)
- Participants will be able to identify the common features of an individual with AMPS
- Participants will be able to create an appropriate treatment plan for an individual with AMPS



**Pain**

- Subjective expression of an unpleasant sensation or emotional experience associated with actual or perceived tissue damage
- "Pain is what the patient says it is, and exists when he says it does"
- Prolonged malingering in children is exceedingly rare



### Introduction

- 20-30% of children and adolescents with significant muscular fatigue and MSK pain
- DDX:
  - Infectious
  - Metabolic
  - Autoimmune
  - Oncologic
  - Mechanical
  - Genetic
  - Orthopedic
  - Other

### Historical review of AMPS

- 1951: Naish and Apley study on pediatric limb pains that are non-arthritis in nature
- Reflex neurovascular dystrophy first described in a child in 1971
- Fibromyalgia in 1985

### Pain Amplification Syndromes (AMPS)

- Diagnosis of Exclusion (lack of diagnostic testing)
  - Unclear definition
- Lack of physical, laboratory or imaging findings
- Pain
  - Maximal (10/10)
  - Allodynia, hyperesthesia
  - Psychologic distress associated with pain, but with indifferent affect (La Belle Indifference)
- Multiple Somatic complaints
  - Headaches
  - Abdominal pain

### Criteria for Different Subsets

- **Complex Regional Pain Syndrome Type I: AKA: Reflex Sympathetic/Neurovascular Dystrophy (RSD,RND)**
  - Difficult to diagnosis
  - Immobile posture of affected area accompanied by burning pain, as well as allodynia
    - Patients will not walk, or allow any touch of the area
  - Accompanied by color and temperature with autonomic changes
  - Affected area is typically distal
  - Predominantly occurs in teenage girls



### Criteria for Different Subsets of AMPS

- **Complex Regional Pain syndrome Type II**
  - Pain, allodynia, or hyperalgesia that is disproportionate to any inciting event
  - Edema, changes in skin blood flow evident-autonomic changes may or may not be evident
  - Exclusion of other diagnosis

### Criteria for Different subsets of AMPS

- Childhood fibromyalgia (Yunus and Masi criteria):
  - Major:
    - Generalized MSK aching at 3 or more sites for >3 months
    - Exclusion of other causes
    - Normal lab tests
    - 5 or more tender points
  - Minor:
    - Chronic anxiety
    - Fatigue
    - Poor Sleep
    - Chronic headaches
    - IBS
    - Numbness
    - Pain with weather, anxiety or physical activity

### Tender Points

### Epidemiology

- Fibromyalgia frequency of 2-6% in pediatric population
- 5-8% of new patients
  - Great increase over past 2 decades
- Age at onset
  - As early as 2 years old
  - Mean age is 12-13 years old
  - F>M 4:1
- No formal investigations include ethnicity involvement
  - CHOP studies-disproportionately Caucasians

### Pathogenesis of AMPS

- Genetic Factors
  - Known familial component with AMPS (also with IBS and TMJ)
  - ? Role of polymorphisms that inactivate catecholamines responsible for human stress response
- Other Factors
  - Physical Trauma-fractures, truncal injuries, microtrauma from hypermobility
  - Infections (Hepatitis, Lyme disease, EBV, parvovirus)
  - Emotional stressors-bullying, gender identity issues, psychological stress
  - Autoimmune disorders: JIA, SLE
  - Hormonal factors (?)

### Pathogenesis of AMPS

- Behavioral and Psychological Factors:
  - 7-22% of patients suffer from comorbid psychiatric condition
  - May predate or be a result of having a chronic pain condition
  - Integral part of treatment involves dealing with comorbidities

### Pathophysiology of AMPS

- Unknown in children
  - Localized/regional pain
    - Increased sympathetic nervous system activity
    - Increased alpha adrenoceptor responsiveness
  - Diffuse fibromyalgia
    - Extensively studied in adults some suggestions include:
      - Abnormal muscle anatomy
      - Altered sleep pattern
      - Abnormal serotonin metabolism
      - Decreased cerebral blood flow

### Clinical Characteristics of Patients with AMPS

- Disturbed sleep pattern → lack of restorative sleep, difficulty concentrating in school
- Poor stress and pain coping mechanisms
- School avoidance
- ADL
- Headaches
  - Frontal
- Numbness, paresthesias
- Arthralgias, myalgias worse after activity
  - Many cannot be touched
  - Lack of response to typical OTC medications
    - NSAIDS, Acetaminophen

### Testing in Patients with AMPS

- Reasonable degree of testing should be done
  - Help reassure patients and physicians
  - Repeated or prolonged testing may prolong time to diagnosis and treatment
  - Referral to Pediatric rheumatology or experienced center dealing with AMPS

### Pain Assessment

- No single instrument provides complete evaluation
- Vital Signs: Provide little information and not enough data to support reliability in AMPS
- Behavioral Measures:
  - CHEOPS
  - Videotaping
  - Unidimensional pain measures
    - VAS (visual analog scale)
  - Multidimensional pain measures
    - Varni/Thompson Pediatric pain questionnaires

### Treatment Modalities

- Lack of clear understanding of pathophysiology=difficulty with treatment modalities
- Multidisciplinary Treatment Plan
  - Key=REASSURE, UNDERSTAND, REASSURE!!!!!!
  - Sensitivity
  - Pain is real
  - NOT PSYCHIATRIC ILLNESS

**Treatment Modalities**

- Goal of treatment
  - Restore function
    - Back to school and normal age appropriate activities
    - Accommodations may be needed for school and gym
  - Education re: role of stress, sleep, pain, and exercise
- Best course of Success
  - Exercise-daily cardiovascular exercise
  - Physical therapy
  - Occupational therapy
  - CBT, psychological support

**Treatment Modalities**

- Cognitive Behavioral Therapy:
  - Helps patients control pain via guided imagery and distraction
- Exercise Intervention:
  - Chronic deconditioning and decreased functioning may exacerbate pain level
  - Cardiovascular exercise has positive effects on mood and physical functioning
  - Pain may be increased at onset of exercise
- Occupational Therapy/physical therapy
  - Intensive daily desensitization with experienced therapist
- Sleep Hygiene

**Treatment Modalities**

- Pharmacologic Therapies
  - Off label in children
  - TCAs, SSRIs, CNS acting medications (pregalbin and gabapentin)
  - Tramadol-variable efficacy in adult fibromyalgia
  - Should be used as adjuncts not as primary therapy modality
- Treatment options:
  - Outpatient- IOP vs. piece meal approach
    - Goryeb IOP program only one in NJ
  - Inpatient treatment center

**Prognosis of AMPS**

- Limited Pediatric studies looking at prognosis
- Better prognosis for children vs. adults
- Rate of relapse or long term functional outcomes are not known

### The Team Approach:

- Coordinator
- Nurse
- Physical therapist/Athletic Trainer
- Occupational therapist
- Aquatic Therapist
- Cognitive Behavioral Therapist
- Art Therapist
- Music Therapist
- Physicians

### 15 year old Female

- 7 years old diagnosed with Chronic recurrent multifocal osteomyelitis (CRMO) of the femur.
- Pain management at 12 years old started on tramadol and lidocaine patch
- Increased dosages without pain relief
- Follow up with Rheumatology
  - Normal whole body MRI without any active inflammatory lesions suggestive of active CRMO
- Now 15 yo
  - Pain is hip/groin in nature bilaterally with radiation down the legs to the knee's or whole leg. No numbness/tingling in legs, legs feel weak when has pain, no bowel/bladder changes
  - Screaming episodes at home
  - Avoidance of social activities "stuck in the house"

### 15 year old Female

- Diagnosed with AMPS
- Discontinued all pain medication
- Outpatient AMPS program at Goryeb Children's Hospital
- At last follow up appointment
  - No episodes of intense pain/screaming
  - Cognitive Behavioral Therapy VERY helpful
  - Pain Currently 4-5/10, worse 8/10
    - Baseline Currently 2/10, Best 1/10, Worst 10/10
- Planning to do a 5K race
- Off all pain medications
- Playing soccer for first time in 9 years
- Back to dance

### 11 year old Female

- Right Achilles tendon pain x 11 months with no inciting event/trauma
- Numbness and tingling, cold but no color changes
- Began in May 2015, saw Primary in September 2015, then Ortho 2015 - X-ray normal
- Ortho recommended walking boot
- Pain free December 2015
- Pain returned with no inciting event/trauma, walking boot then cast for 2 weeks - MRI normal
- Ortho diagnosed with CRPS and recommended PT
- Podiatrist second opinion recommended additional immobilization and ultrasound - normal
- We were third opinion/tie breaker!
- Pain is causing difficulty with sleeping, concentrating in school and walking (using crutches and walking boot).
- In school but resistant
- Out of gymnastics (competitive)
- Is a part of a trio of best friends and in September there was some friend issues with a big change in the friendship as well as the friend's parents
- Per mom very much internalizes everything.
- Walking with axillary crutches and walking boot, independent in ADLs,

**11 year old Female**

- Agreed with Ortho – CRPS
- Participated in AMPS Program at Goryeb Children's Hospital
- Returned to school full time
- Returned to gymnastics
  - Very fearful of coach
- Back in PT other foot is hurting

**16 year old Male**

- Foot fracture at 10 years of age
- Foot pain for 1 month
- Using crutches and walking boot
- No inciting event/trauma
- X-ray normal
- Walking boot for 1 month
- X-ray normal
- Blood Work –
  - NI cbc, bmp, RF, thyroid function, ESR, Lyme
  - EBV IgG +
- Pain worse with any movement, better with rest
- No relief with pain medication
- + Allodynia
- Limited ROM
- Skin color changes
- Quiet, VERY flat affect

**16 year old Male**

- Inpatient AMPS program at Children's Specialized Hospital
- Back in school, pain returned with marching band, home instruction
- Outpatient AMPS program at Goryeb Children's Hospital
- Back in school, home instruction
- Inpatient AMPS program at Children's Specialized Hospital
- Now:
  - Freshman in college
  - Living on campus
  - 3 classes a semester
  - Walking with single point cane

**16 year old male**

- Diabetes mellitus type I
- Migraines
- History of prolonged recovery from illnesses
- Chronic Lyme evaluation and AMPS suggested 1 year prior
  - Self treated with massage and gradual return to activity
- October 1<sup>st</sup> 2016 woke up with neck pain
- Progressively worsened
- Massage and OTC medications no help
- Ortho
  - X-ray straightening of spine
  - Tizanidine, naproxen, and gabapentin
- Stopped going to school



### 16 year old male

- Diagnosed with AMPS October 24<sup>th</sup>
- Started AMPS program at Goryeb Children's Hospital October 31<sup>st</sup>
- Improvement in function after 2 weeks, no improvement in pain
- Week 3 symptoms worsened
- Completed program but back on home instruction
- Interventional PM&R trialed trigger point/MSK injections no relief

### Goryeb Children's Hospital Amplified Musculoskeletal Pain Program

- 4 week intensive outpatient program
  - Physical Therapy
  - Occupational Therapy
  - Aquatic Therapy
  - Cognitive Behavioral Therapy
  - Art Therapy
  - Music Therapy
  - Group Therapy Session
  - Parent Therapy Session

### Admission Criteria

- 8 – 18 years of age
- Musculoskeletal based pain
- No medications are prescribed for pain
- Initial screening by Rheumatology and/or PM&R
  - Diagnosis of exclusion
  - Review work up to date

### While waiting to begin program:

- Encouraged to participate in daily physical activity
- Go to/remain in school
  - No accommodations provided prior to start of program
- Continue with any psychological support already in place

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### During the Program:

- Must attend all sessions
- 2 & 4 week check in with physician
- Coordination of home instruction or excused from school
- At completion expected to return to school
- CBT frequently continues after 4 week program
- Goal is improvement of function NOT resolution of pain

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### Occupational Therapy:

- Desensitization
  - Heat, cold, smooth, rough
  - Daily home exercises
- Activities of Daily Living
- Upper Extremity Involvement
- Yoga

38 NAME OF PRESENTATION IN ALL CAPS (INSERT IN FOOTER)

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### Aquatic Therapy:

- Additional Modality for desensitization
- Warm Water Therapeutic
  - Sore muscles
  - Moving body
- Like/Dislike
  - Body image

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Goryeb Children's Hospital  
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Trusted Network of Care™

### The Role of Physical Therapy with the AMPS Population in the Outpatient Setting

Kristyn Holc PT, DPT

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### Objectives

- Understand how to provide a thorough physical therapy evaluation for a patient seeking treatment through the AMPS outpatient program
- Understand the components and goals for each week during the 4 week intensive program
- Understand the role of desensitization and how it is implemented during treatment sessions

### General Overview

- Patient Population:
  - 12-18 years of age
  - Not attending school or ½ days only
- Therapy for AMPS Patients
  - 2 hours 4 days/week
    - 1 hour Group Training
    - 1 hour Physical Therapy
  - 5<sup>th</sup> day
    - Aquatic therapy/Occupational Therapy/Group Counseling session

### Evaluation

- Subjective – history from patient and/or guardian
  - Insidious onset
  - Minor injury >1yr old
  - Rule out other diagnoses
  - Previous therapy?
- Objective – functional assessment (timed)
  - 1 lap equivalent to 100 yds
  - 10 squats
  - 10 push ups
  - 10 sit-ups
  - 10 TRX rows
- Assessment
- Plan

### Expectations

- 100% attendance
- Do your best
- Learning the difference between pain and soreness
- Managing the pain

### Week 1

- Introduction to exercise
- Discharge any assistive devices
- Education – pain vs. muscle soreness/fatigue
- Initiate homework
- Share individual goals with group
- Initiate manual therapy

### Desensitization

- Goal: to decrease or normalize how sensitive a specific area is to stimuli
- Allodynia vs. hyperalgesia
- Both the physical therapist and the patient will perform desensitization

### Week 2

- Boot camp style
- Learning to work as a team
- Learning to encourage others
- Education on active vs. passive recovery
- Self-desensitization

### Week 3

- 100% effort with each exercise
- Reinforcement of good form
- Beginning to provide input with workouts
- Desensitization

### Week 4

- Patient should be independent in all exercises
- Patients are leading workouts together
- Review goals from Initial Evaluation
- Home Exercise Program
- Perform baseline assessment and compare times from initial evaluation

### Results

- 28 participants
  - 4 did not finish the 4 week program
  - 1 completed the 4 weeks but regressed and was referred to inpatient program
- 23 completed program successfully and returned to school full time
- 82% success rate

### Challenges

- Return to school but unable to sustain momentum
- Stop completing HEP
- Psychological component

We must bridge the gap between the program and reintegration into daily life

### Current Research

- Dr. David Sherry (CHOP) – Inpatient Rehab Program<sup>1,2</sup>
  - Intense PT and OT 5-6 hours/day
  - One-on-one therapy
  - Desensitization
  - Average duration: 3-4 weeks

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- “ Pain is like a prison, sometimes all you need is a prison break.”

53 NAME OF PRESENTATION IN ALL CAPS (INSERT IN FOOTER)

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**References**

1. Sherry DD. Diagnosis and treatment of amplified musculoskeletal pain in children. *Clinical and Experimental Rheumatology* 2001; 19:617-620.
2. Sherry DD. Amplified Musculoskeletal Pain: Treatment Approach and Outcomes. *Journal of Pediatric Gastroenterology & Nutrition* 2008; 5:693-694

54 NAME OF PRESENTATION IN ALL CAPS (INSERT IN FOOTER)

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**AMPLIFIED MUSCULOSKELTAL PAIN SYNDROME**

**COGNITIVE BEHAVIORAL THERAPY**

Stacy Alper, LCSW  
Goryeb Children's Hospital  
October 14, 2017

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**Cognitive Behavioral Therapy & The Role of Psychotherapy in the AMPS program**

**FIG 1** Top-level CBT formulation.

- Help to Reengage in Life
  - Improve quality of life
    - Provide Education
    - Explore emotions
- Explore any Resistance
  - Teach Coping Skills
  - Provide Support and Reassurance
- Build Confidence and Reinforce Strengths


56 NAME OF PRESENTATION IN ALL CAPS (INSERT IN FOOTER)

## SAM



**SAM #1**  
Thought: My back hurts so much more. There is no way I can do this. I spend part of the Physical therapy Session in the bathroom crying. They don't understand. I spend most of my time in bed. How do they expect me to Run, and do planks and stuff. I can't do this, I don't want to do this. Nothing is going to help.  
Feeling: Sad, frustrated, depressed, anxious, hopeless  
Behavior: Doesn't finish the program

**SAM #2**  
Thought: My back does hurt more but I haven't been exercising like this in a long time. I know now the pain is not dangerous and it won't be dangerous for me to continue to do the exercises. This is not easy but I want to get better and believe exercising and using the skills I have been learning will help me. I have done hard things before, I can do it again.  
Feelings: hopeful, a bit frustrated with pain but motivated  
Behavior: Does the workouts, talks about frustrations, using coping skills like abdominal breathing, changing any unhelpful thoughts, spending time with friends, playing guitar when she can.



## Automatic Negative Thoughts

- **Catastrophizing:** Believing something is the worst it could possibly be.
- **Should statements:** Thinking in terms of how things, should, must out to be
- **All or Nothing Thinking:** Seeing things as "either or" or "right or wrong" instead of in terms of degree
- **Jumping to conclusions:** Making negative conclusions of events that are not based on fact
- **Emotional Reasoning:** Believing how you feel reflects how things really are.
- **Disqualifying the Positive:** Focusing on only the bad and discounting the good


## Visual Imagery

- Visual imagery involves creating a detailed mental image of a place where you feel at peace.
- A place where you feel free to relax and let go of all tension and anxiety.
- Soothing, peaceful images can slow your pulse and breathing and lower your blood pressure. They also trigger the release of endorphins. Endorphins interact with the receptors in your brain that reduce your perception of pain. Endorphins also trigger a positive feeling in the body.



## STRESSORS

1. Psychological Consequences of Having Severe Pain
2. Family
3. School
4. Friendships
5. Social media
6. Activities




**COPING BEHAVIORS**

1. DISTRACTION TECHNIQUES
2. PRACTICE RELAXATION/MEDITATION
3. SELF TALK
4. EXERCISE
5. ACTIVITIES AND HOBBIES
6. SPEND TIME WITH FRIENDS AND FAMILY
7. GET PROPER REST

**RAISING PAIN TOLERANCE**

- ABDOMINAL BREATHING
- PROGRESSIVE MUSCLE
- MEDITATION
- VISUAL IMAGERY
- PAIN IMAGERY



**Abdominal Breathing Better Known As "Belly Breathing"**

**A. Basic breathing exercise directions**

- Place one hand, palm side down, on your chest. Place the other hand, palm side down, on your stomach.
- Breathe in through your nose to a slow count of 3 or 4 (one...two...three...four...). Notice the motion of each hand. When you breathe in, does the hand on your chest move? If so, which way does it move (out/up or in/down) and how much does it move? Does the hand on your stomach move? If so, which way (out or in) and how much?
- Now exhale through your mouth, again to a slow count of 3 or 4. No

**B. Alternatives:**

1. As you inhale, imagine a healing color of your choice spreading throughout your body and as you exhale, breath out a color that releases all the stress, pain or anxiety in your body.
2. As you inhale say a word to yourself that you want to bring into your body, mind and soul. As you exhale say a word that you want to reduce the impact it has on your body mind and soul.

*"Abdominal breathing can help you achieve a state of relaxation because it has both meditative (mentally calming) and sedating (physically calming)"*

Abdominal Breathing Ver3.0 – July 2013

**How Meditation can help Reduce Pain**

1. Meditation can help with the **emotional states** that make pain worse, and increase emotional states. (Morone et al. 2008, Chiesa & Serretti 2011, Rosenzweig et al. 2010, Mills & Farrow 1981, Carroll & Seers 1998, Teixeira 2008, Wachholtz et al. 2005)
2. Meditation teaches the ability to more **effectively handle** distress and regulate emotions, and overall can **improve coping skills** that can lead to better pain management (Rosenzweig et al. 2010, Wachholtz & Pargament 2005).
3. Meditation can provide **natural pain relief**
4. Meditation can also provide a **distraction** from pain (Morone et al. 2008).



### How Meditation can Help Reduce Pain

5. A meditative state can allow a person to achieve **detached observation**, in which the physical sensations are separated from the emotional and cognitive experiences of pain (Morone et al. 2008).

6. **changes in thinking** allow the pain experience to be less distressing

7. **Structural changes in the brain and nervous system** occur as a result of meditation as well (Salomons & Kucyi 2011).

### Pain and healing imagery exercises

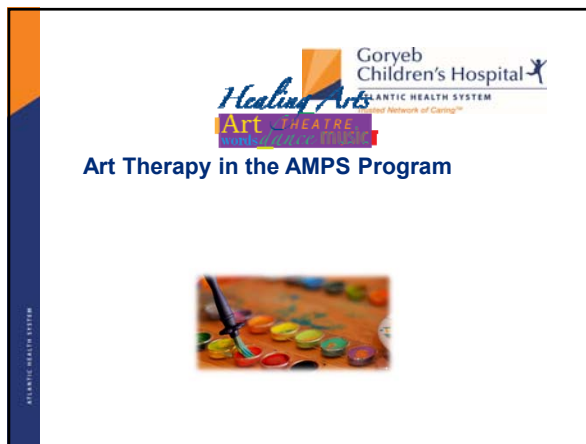
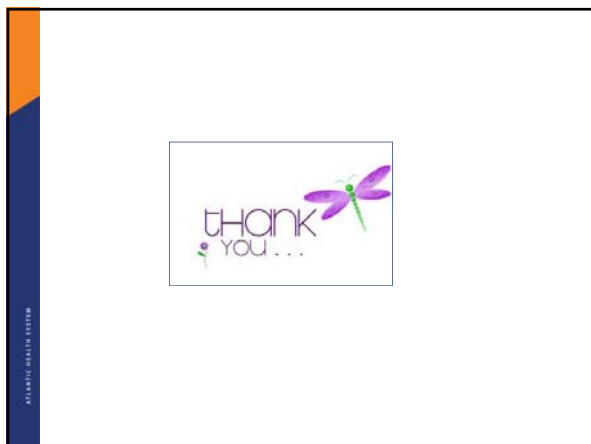
- **Healing imagery-** As always find a quiet comfortable place to sit or lie down and start your deep breathing. Then imagine yourself healthy and without symptoms. Imagine the positive energy -flowing throughout your body producing joyful moods and physical well-being. Next imagine your body mending and healing itself.
- **Pain control imagery:** This imagery is designed to control pain through various imagery methods. First find a quiet relaxed space. Then start your relaxation breathing. Close your eyes when ready. Start by imagining in your mind an image of what you perceive the pain to look like, and then change this image into something that is manageable and not so frightening; something you feel confident about and can control. Explore this image for about 10 minutes. Then coming back to your safe place. When you are ready you can become aware of your surroundings and go about your daily life.

### Progressive Muscle Relaxation Script

- Let us start by tensing your forehead, tense your forehead a little more...a little more and now let go and relax your forehead. Notice any sensations you feel.
- Next let's tense your face, tense your face including squeezing your eyes and scrunching your nose, and your mouth. Feel the tightness. Now let all the tension go and relax your face. Notice the sensations you are having in your face. What temperature do you feel...
- Now tense your shoulders. Bring your shoulder up to your ears and hold, hold, hold hold... And RELAX! What do you feel now? Are you starting to feel more and more relaxed?
- It is time for you to tense your arms. Tighten, tighten, tighten. And RELAX! Are your arms heavy or light? Are they warm or cold? Notice the sensations in your body.
- Tense your hands now. Like you are squeezing a lemon to make your favorite glass of lemonade. Tighten Tighten, Good. Now RELAX!
- Move down to your stomach muscle. Tighten those stomach muscles. Notice how your body feels as your stomach is tight. And RELAX those stomach muscles. Notice how your stomach feels now. Is the tension melting away any stress or pain you may be having.
- Take your legs now and tighten, tighten tighten. (It may be helpful if you lift your legs up to tense your legs). And RELAX. Notice again the changes you feel in your legs.
- We are almost there. Now tense your feet. Tense, tense tense. Now RELAX! Notice how your feet feel.
- Finally, let us tense all the muscles we just did all together: your forehead, your face, your shoulders, your arms, and hands, and stomach and legs and your feet tighten those muscles 1...2...3...4...5...4...3...2...1...4 and RELAX. Notice how your muscles feel. Is your body relaxed? Did all your tension flow away out of your body?  
**Well done!!**

### PARENT GROUP

- Focus less on pain "Don't ask about pain"
- Reinforce functioning
- Defining the family other than pain and illness
- Spend time together with your significant other and or friends
- Support



### What is Art Therapy?

- Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience with a psychotherapeutic relationship...is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress..." (American Art Therapy Association, 2017).
- The art therapist may adopt various approaches to art therapy, depending on how appropriate the approach is for the specific population, such as cognitive behavioral, humanistic, trauma-informed, etc.



### Who Can Practice Art Therapy?


- Only an art therapist can facilitate art therapy
- Art therapist must have a Masters Degree in art therapy
- Art therapists are licensed and registered ATR-BC or working towards licensure
- NJ has recently passed the LPAT (**Licensed Professional Art Therapist**) license that should go into effect within the next 2 years.
- Art therapists have extensive training in:
  - Psychology
  - Counseling
  - Education
  - Psychoeducation
  - Human development
  - Art mediums
  - Multicultural awareness
  - Eclectic approaches in therapy

## Benefits of Art Making

*Healing Arts*

Beyond Relaxation...

- It fulfills a natural need to be creative
  - We all have an innate need to be creative, and making art is a great way to get in touch with that creative side that we may have put away since childhood.
- It offers a non-verbal way to communicate
  - Drawing or creating art can be a great outlet for expression, especially things that you may find hard to verbalize.
- Helps address feelings of isolation
  - Art is something you can do with others, without even needing to talk. Just the act of creating something together has been shown to be positive.
- Improved sense of control
  - If there are other areas in your life in which you feel out of control, having an activity that you are able to direct and control can be very helpful.

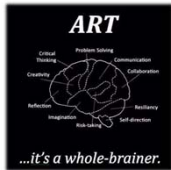


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## Advantages of Art

*Healing Arts*

- Use the whole brain (left and right hemisphere)
- Think in images
- Externalize and objectify feelings
- Allow spatial communication
- Create a permanent, visual record
- Decrease defenses – “back door” approach





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Waldman, H. (2010). An psychotherapy. Hoboken, NJ: John Wiley & Sons.  
Chiu, H.-L., & Alexander (2010). Unpublished PowerPoint presentation, Art Therapy Institute, Monticchio Memorial Hospital, Monticchio, NJ.

## art and music activities and the creative art therapies? (Healing Arts offers both)

*Healing Arts*

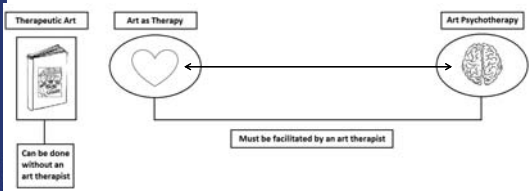
- Arts and Music Activities**
  - The goal of the meeting or activity is to complete the activity, engaging creativity, and encouraging the healing benefits of creativity and art.
- Art and Music Therapy- Creative Arts Therapies**
  - It's only therapy when it's facilitated by an art or music therapist!*
  - The Creative Arts Therapies are mental health professions practiced by registered and/or board certified therapists that use art and music as the modality to reach specific therapeutic

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## Art therapy spectrum

*Healing Arts*



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Chiu, H.-L., & Alexander (2010). Unpublished PowerPoint presentation, Art Therapy Institute, Monticchio Memorial Hospital, Monticchio, NJ.

### What is therapeutic art?

**“Therapeutic”, NOT therapy.**

- Therapeutic art does not = art therapy
- Does not need to be facilitated by an therapist
- Art created by ones self
- No set goal




Chiu, Y.-E., Kay, Alexandra. (2016). Unpublished Powerpoint presentation, Art Therapy Inservice, Merrimack Memorial Hospital, Merrimack, NH.

### Art as therapy vs. Art psychotherapy

- Healing comes from the act of creating art rather than focusing on the final art product
- Process oriented
- Facilitated by art therapist

- A combination of art making, final product, and therapeutic dialog
- To gain a greater understanding of one’s own conscious and unconscious thoughts
- Product oriented
- Facilitated by an art therapist



Chiu, Y.-E., Kay, Alexandra. (2016). Unpublished Powerpoint presentation, Art Therapy Inservice, Merrimack Memorial Hospital, Merrimack, NH.

### When to refer to an art therapist?


- If you would like further information about the therapeutic uses of art
- If you would like more information from a professional who has specialized in art therapy.
- If the client/patient...
  - is emotionally blocked.
  - overly intellectualizes.
  - expresses him/herself more easily through visual images.
  - experiences intense affect during or after an art process.
  - has preverbal trauma.
  - has unresolved trauma, or grief, or has difficulty making a developmental transition.
  - artwork is disturbing to you or if you have questions on how to respond to it.



Oliver, B. (1993). "Responding to other disciplines using art therapy." ATA newsletter, p. 17.  
Kotigala, M. B. (2009). "Not as healer, not as communicator: Why kids use art and what they are trying to tell us." Unpublished Powerpoint presentation, Trauma Loss Coalition, Gloucester County Chapter, Westfield, NH.

### Art Therapy in AMPS

- The goals of art therapy within the AMPS Program is to provide a safe place for pre-teens/ teens to explore and express their feelings using visual media, to employ art making as a coping tool to deal with their pain, to increase self-esteem, and to cultivate identities beyond their pain.
- Art Therapist worked with the AMPS staff to help monitor and inform changes in patient cognition, behavior and motivation; offer insight into the child’s creative process and ability to cope




Chiu, Y.-E., Kay, Alexandra. (2016). Unpublished Powerpoint presentation, Art Therapy Inservice, Merrimack Memorial Hospital, Merrimack, NH.

### Art Therapy with AMPS patients


- Brief therapy – building trust/rapport
- Balance between structure and freedom
- Focus on **art as therapy** with some processing at the end of group

• Themes explored through art directive during the four weeks:


- Creating a vision board
  - Identifying goals and motivations for change
- Constructing a feeling mask (two weeks)
  - Identifying, expressing, and containing emotions
- Reframing a pain scribble
  - Fostering resilience through cognitive restructuring of pain




### Vision Boards



RW, Age 16



HF, Age 18



TW, Age 16?

### Mask Making



GO, Age 15





RW, Age 16

### Reframed Pain Scribble



RW, Age 16






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## Challenges with the AMPS Population

Coordination of Multidisciplinary Care



## Getting Started

Once a patient has been identified as a candidate for the AMPS program by one of our physicians, they are referred to me for details about the program. I have a packet of information that I send out to them that includes detailed instructions for admission to the program. It has been our experience that this population is often very interested in the program in theory but when they are faced with the reality of a 4 week commitment to daily appointments at multiple facilities, the interest wanes.

## Paperwork

FOLLOW THE FOLLOWING STEPS TO BEGIN YOUR AMPS PROGRAM




Call Susan Walsh, Nurse Coordinator to confirm your desire to participate, her phone number is 973-971-4451. Please make a message if necessary. She will call you back with an anticipated program start date.

Complete the Release of Medical Information form as instructed and return to Jackie Walsh. OR, She is responsible for sending a letter to your child's school, please call 973-971-4456 if you need to speak with her regarding school communication.

Use the Insurance Worksheet to help you when talking your insurance company to obtain benefit information regarding the Cognitive Behavioral Therapy. You may contact Stacy Ryan, LCRW at 973-971-7335 if you have questions. You must also call her to arrange an 18-Minute Appointment prior to program start.


You will receive a phone call from the Physical Therapy department to schedule an admission appointment prior to program start. The department will also schedule the initial therapy appointments. They will obtain health information and authorization for AMPS therapy appointments. They will obtain health information and authorization for OT services as well. If you have any questions, please contact her at 973-971-4451.

**Please note you must have authorization with a program from Physical Therapy and Occupational Therapy. You must also have authorization from your insurance company. Please contact Jackie Walsh at 973-971-4451 for more information.**

## Additional Paperwork

- An overview of AMPS in layman's terms
- Instructional "checklist" on how to get started in the program
- Insurance worksheet for the CBT services
- Release of Medical Information – needed for us to communicate with schools
- Instructions on how to complete the release of medical info form



### Building the AMPS program

- Our program is housed at 3 different locations, makes it necessary for patients who do not drive to have transportation Monday – Friday
- Our program is not bundled with the insurance company so each therapy service is billed individually – uses up the sessions/calendar year quickly
- Art and Music therapy added with money donated through the Atlantic Health Foundation
- Some of the facilities have parking fees
- Rules about how much access parents should have during therapy sessions

### When do we say “enough is enough” to patients not compliant with the program

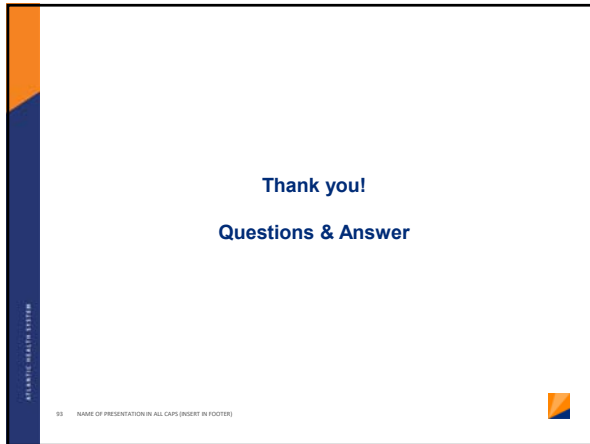
- One of our biggest challenges is determining when to discharge a patient from care who is non-compliant with appointments.
- Missed appointments have an impact on the other participants yet we understand that it is most often the level of parental commitment that leads to absences.
- Parents often have their own mental health issues that get in the way of patient participation.

### Visions for the future

- Work with insurance companies to bundle the therapy services so it becomes a program fee vs. individual therapy session fees.
- Find a single facility that can accommodate all the therapy services included in the program.
- Offer an after school program so that patients that are still attending school do not have to be pulled out for 4 weeks
- Offer family therapy services
- Post program services to keep patients from relapsing

### Final Thoughts

- Very Complex Population
- Functional improvement is goal not pain control
- Physical and psychological approach
- Some patients just will not be ready
- Will not reach/help everyone
- Therapy is just the beginning



**Thank you!**

**Questions & Answer**

ATLANTIC HEALTH SYSTEM

93 NAME OF PRESENTATION IN ALL CAPS (ROBRT IN FOOTER)