**CAT 209 Media Directive Profile Worksheet**

|  |  |
| --- | --- |
| **Directive Title:** Mask Making for clients with Schizophrenia | |
| **Approximate Finished Size:** 8” x 12” white plaster mask | |
| **Materials:** |  |
| Paper Materials:  * (1) Plaster Cloth Triple Roll 8 x 45' * 6 varied plastic masks female face * 6 varied plastic masks male face * Newsprint * Magazines * Sheets of copy paper  Clean up:Paper TowelsVinegar or Scent-Free cleaning spray (sometimes aluminum wire leaves a dark gray residue on surfaces)Table cover: newsprint OR plastic (if there is a roll available) and masking tape to secureSmall whisk broom (hand) | Tools:Paint: Blickrylic Student Acrylics, 6-Pack Basic Color Set (includes white, black, yellow, red, green, blue);Brushes: 2 packs of Blick Scholastic Golden Taklon Flat; 2 packs of Blick Scholastic Golden Taklon Round;Pails: (3) United Solutions 1-Gallon Plastic Industrial Pail with Handle, White OR 4 milk jugs with the tops cut off (sans sharp edges) so the opening can accommodate water and brushes2 Rolls of paper towelsScooping Instrument: plastic spoonsSmocks 8 totalElmer’s Glue (liquid)(5) Medium sized bowls for water(4) jars of Vaseline(10) sharpened Pencils with a sharpener |
| **Mix of music**- Chosen by a client from a pre-selected list of options, non-verbal, instrumental music, but make sure it’s on the upbeat side. | Plastic Gloves in case someone is intolerant to material |
| **Purpose:** Identify and change self-talk and beliefs that interfere with recovery. Change negative thoughts into positive ones. Help client to increase self-concept and bolster belief system about self for the better.  **Goal:** Use mask-making (specifically using awareness of negative vs. positive messages) to teach the client (i.e., defining the problem constructively and specifically (what is a negative message, what is a reality-based message; brainstorming solution options (which one does the client choose?); evaluating the pros and cons of the options (if I do x, this will happen...); choosing an option; evaluating the results; and adjusting the plan (I can always change my mind). | |
| **Procedure:**  • This is a 90-minute group for 10 adults in an out-patient/partial out-patient recovery center for clients with severe mental illness, this group is for clients with schizophrenia. 90-minutes includes setup and cleanup. You will need access to a sink, in same room as this session. Make sure sinks is accessible to participants.  **Prep BEFORE they arrive:** Cover tables with plastic or newsprint and tape down on tables. Evenly space 4 Medium-sized bowls with water in between 3 buckets filled with water, down centerline of table. (1 bucket, 2 bowls, 1 bucket, 2 bowls, 1 bucket). Have an area with paint and plates set up so people can get colors as they need them.  **Welcome** everyone and do a verbal check-in. Remind them about confidentiality. Say, “Welcome back everyone, today we are going to work internal messaging. We are going to make masks using plaster cloth that can eventually look like this (hold up an example). On the inside of the mask we will put the default messages that we hear, the ones that feel negative, or the voices that tell us something harmful or damaging. On the outside of the mask we are going to put a positive alternative to those messages. Not just what we want the world to see, because we want to be authentic and real, right? But we want to consider the content of the negative message for a moment, brainstorm a little on how to change that into something better, more constructive.  So, the mask is going to serve as a reminder that we have choices in how to handle different situations. If a repeating negative message pops up (something we’ll add to the inside of the mask), consider the options (something you put on the outside of the mask). You can alter the message, and adjust your plan for moving forward.  After your mask is dry, you can paint it and add the words, on the inside and out. The large buckets on the table are for paint brushes, the small bowls with water are for the plaster.  Are there any questions? *Answer questions, there will probably be some due to the multi-step process.*  **• Time Marker 10:00 minutes:** To encourage sharing:   * Disperse the masks evenly, male/female along the center line of the table. * Place the plaster cloth at your end of the table, along with scissors. * Disperse paint and brushes evenly along centerline of table, along with water-filled buckets, along with 2 scissors and 2 tubs of Vaseline in between the far left, center and far right buckets.   **• Time Marker 15:00 minutes:** Put on music. You will need to demonstrate using the plaster cloth because it’s not a common media. Using a tissue, cover a plastic mask with Vaseline. Cut off a 6” strip of the plaster cloth and dip it in water. Let the water run off the cloth and gently place the strip on the mask, do it again with another strip and demonstrate the building ability of the medium. Say, “You have 30 minutes to build your masks, then we have to let them dry for about 20-30 minutes. I’ll let you know when 30 minutes is up.”  • Walk around the room and observe to see if anyone is getting stuck. If everyone is working well, place yourself in a far corner (so you are not standing directly behind someone and making them uncomfortable). If they are getting stuck, gently ask her or him some of the questions about what they have created so far. Offer gloves to anyone you notice needs them.  **• Time Marker 45:00 minutes:** Say, “You should stop working on your mask now. Take the paper I hand out and fold it in half lengthwise. I want you to write down negative thoughts on the left, and a way to turn that into a different more constructive solution on the right. For example, if you write ‘I always fail at everything” on the left, a different way to look at it could be, “I’m not afraid to try new things,” so put that on the right.  **• Time Marker 55:00 minutes:** “OK, so now it’s time to decorate the masks. Gently peel your plaster cast off the plastic mask. On the inside, you can put images or words that represent your feelings, the negative thought patters on the inside, and the positive, constructive ones on the front. You have 20 minutes to work.”  **• Time Marker 1:15:00 minutes:** “It looks as if everyone is about done, if you aren’t, we’re going to stop for now so we can talk about the work.” Ask the group who feels comfortable talking about their work. Ask what it felt like to create the inside, and then the outside. Focus on any themes that arise around changing negative to positive messages. Was anyone surprised by what they found or discovered?  **• Time Marker 1:28:00 minutes:** It is time to clean up. Ask the participants to put the materials back in the box and throw out any scrap. Close the group by reminding the members about confidentiality, reminding them about the next meeting (date and time), the importance of their attendance, and thank them for their participation. | |
| **Therapeutic Properties of the Media:**  In a center used for art therapy and other modalities to serve people with schizophrenia, bipolar disorder and other severe mental illness, Mimi Farrely-Hansen (2013) found “that art making done in this setting supports experimentation, risk taking, problem solving, social contact, interdependence, and self-esteem. Over time some members trade in their ‘mentally ill’ identity for an artist’s identity.” She brings in her own work to discuss and process with the group.  Mask making can be used to bolster self-concept which in turn plays into the level of self-efficacy on has about him or herself. According to Dunn-Snow and Joy-Smellie (2000) masks can be increase individuality and self-awareness, obscure challenging emotions, act as a protective symbol and help with transformative experiences.  Masks were used in a project called “Facing Homelessness” in which plaster gauze masks facilitated with social reparation. Allen (2007) reports that embellished and exhibited masks made by the homeless population raised awareness and challenged stereotypes about this population.  Allen, P. B. (2007). Facing homelessness: A community mask making project. In F. Kaplan (Ed.), *Art therapy and social action* (pp. 59– 71). London: Jessica Kingsley.  Dunn-Snow, P., & Joy-Smellie, S. (2000). Teaching art therapy techniques: Mask-making, a case in point. *Art Therapy: Journal of the American Art Therapy Association*, 17( 2), 125– 131.  Howie, P., Prasad, S., and Kristel, J. (2013) Using Art Therapy with Diverse Populations: Crossing Cultures and Abilities (p. 3). Jessica Kingsley Publishers. Kindle Edition. | |
| **Appropriate Populations/DMS 5:** Schizophrenia  **Two or more of the following for at least a one-month (or longer) period of time, and at least one of them must be 1, 2, or 3:**   * + Delusions   + Hallucinations   + Disorganized speech   + Grossly disorganized or catatonic behavior   + Negative symptoms, such as diminished emotional expression  1. Impairment in one of the major areas of functioning for a significant period of time since the onset of the disturbance: Work, interpersonal relations, or self-care. 2. Some signs of the disorder must last for a continuous period of at least 6 months. This six-month period must include at least one month of symptoms (or less if treated) that meet criterion A (active phase symptoms) and may include periods of residual symptoms. During residual periods, only negative symptoms may be present. 3. Schizoaffective disorder and bipolar or depressive disorder with psychotic features have been ruled out:    * No major depressive or manic episodes occurred concurrently with active phase symptoms    * If mood episodes (depressive or manic) have occurred during active phase symptoms, they have been present for a minority of the total duration of the active and residual phases of the illness. 4. The disturbance is not caused by the effects of a substance or another medical condition 5. If there is a history of autism spectrum disorder or a communication disorder (childhood onset), the diagnosis of schizophrenia is only made if prominent delusions or hallucinations, along with other symptoms, are present for at least one month   **Associated Features/SYMPTOMS**   * Inappropriate affect (laughing in the absence of a stimulus) * Disturbed sleep pattern * Dysphoric mood (can be depression, anxiety, or anger) * Anxiety and phobias * Depersonalization (detachment or feeling of disconnect from self) * De-realization (a feeling that surrounding aren’t real) * Cognitive deficits impacting language, processing, executive function, and/or memory * Lack of insight into disorder * Social cognition deficits * Hostility and aggression * Cognitive impairments caused by the disorder may persist when other symptoms are in remission. This contributes to impairments in functioning in employment, interpersonal relationships, and the ability to engage in proper self-care.   **Suicide risk**  5%-6% of people with schizophrenia die by suicide  20% make suicide attempts on more than one occasion  Many more have significant suicidal thoughts. Suicidal behavior can be in response to hallucinations and suicide risk remains high over the lifespan of individuals with schizophrenia.  **Functional consequences**  Schizophrenia is associated with social and occupational dysfunction. Completing education and maintaining employment are negatively impacted by symptoms of the illness, and most individuals diagnosed with schizophrenia are employed at a lower level than their parents. Many have few or limited social relationships outside of their immediate family. | |
| **Adaptations:**  Bring in magazine for or items that can be glued to the outside of the mask. | |
| Creative Options: Offer black Sharpie (Permanent Ultra-Fine Point Markers, Black, Pack Of 12) for drawing on the masks. Or paint markers. | |
| Theory: Psychoanalytic, Mindfulness, CBT | |

|  |  |
| --- | --- |
| **Masks after drying and initial painting / internal negative tapes** | |
|  |  |
| **Mask painted with positive messages** | |
|  | |