Creative Arts Therapies – Episode 2 – Qualifications and Competencies

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's aim is to promote and celebrate interdisciplinary collaborative mental health care.

Mark Creamer (00:18):

Hello, and welcome to this second episode in our Mental Health In Focus series on creative arts therapy. My name's Mark, Mark Creamer. I'm a clinical psychologist and a professorial fellow in the department of Psychiatry at the University of Melbourne. And this series is a partnership between MHPN and ANZACATA, which is the Australian New Zealand and Asian Creative Arts Therapies Association. In this series, we're taking a close look at creative arts therapy with the idea of learning more about this exciting and evolving treatment approach. I'm sure that by the end of the series we'll be in a much better position to refer a client or a patient to a creative arts therapist, or simply just to be better informed about creative arts therapy, what it is and its effectiveness, and how indeed to work with creative arts therapists. In our last episode, we looked at the evidence-based underpinning creative arts therapy.

(01:15):

And I must say that I came away from that episode very reassured not only about the commitment within the field to evidence-based treatment, but also by the large body of research that actually currently exists to support its effectiveness. So if you haven't listened to episode one yet, I strongly recommend that you do. So in our next episode, we'll be talking about different settings and cohorts, and in the final episode we'll be looking at future innovations and directions. But in this episode, we are going to talk a bit about the history of creative arts therapy. We'll look at the core competencies that a creative arts therapist requires right across the range of modalities that are used. And to help me explore these issues, I am thrilled to be joined by Henry Bowen coming to us via the wonders of Zoom from Adelaide. Welcome, Henry.

Henry Bowen (02:07):

Hi, Mark.

Mark Creamer (02:09):

Naomi Pears-Scown joining us from New Zealand. Welcome, Naomi.

Naomi Pears-Scown (02:12):

Thanks. Hi, Mark.

Mark Creamer (02:14):

And Drew Bird also joining us on Zoom. Welcome Drew.

Drew Bird (02:18):

Hi Mark. How are you doing?

Mark Creamer (02:19):

We're good, thank you. Look, I must say I'm looking forward to a lively conversation between the four of us, but before we get into that, I wonder if I could just ask each of you to tell us a little bit about yourselves. Your bios are all on the website and I encourage the listener to take a look and have a read of the bios just for the benefit of today, can you give us just a couple of sentences about yourselves, maybe kick off with you, Henry?

Henry Bowen (02:44):

Thanks so much, Mark. So I'm Dr. Henry Bowen. I'm based here in South Australia on the beautiful Kaurna land. I'm the research and training lead for an organisation called Military and Emergency Services Health Australia. And that's because my background is in understanding and communicating the value of creative health therapies, especially in that population, military and first responders with PTSD. But I'm just very passionate about the background and building of quality of care and creative health therapists. So very excited to be here and thank you for having me.

Mark Creamer (03:17):

Great. Oh, it's a pleasure. It's great to have you, Henry. Great to have you. Naomi, a word or two about yourself?

Naomi Pears-Scown (03:23):

Yeah. Kia ora. So I'm coming from Auckland in New Zealand and I work as a lecturer at Whitecliffe, which is the one training institute for creative arts therapists in New Zealand. And I'm also doing my doctorate at the moment in creative arts therapy. So really great to be here and to connect with you all.

Mark Creamer (03:40):

Wonderful. And I hope we'll get a chance to ask you just a tiny bit about your doctorate. I know when people are doing PhDs, they could talk for days about it, but I'm going to limit you to a little bit and drew a couple of sentences about yourself.

Drew Bird (03:51):

Oh, hi there. Yeah. I'm Drew Bird, Associate Professor at the University of Melbourne. I'm head of Creative Arts Therapies here, which consists of drama therapy and dance therapy. And my modality is drama therapy. I've been a drama therapist for 21 years now, so I'm a big, big advocate of the creative arts therapies.

Mark Creamer (04:15):

Good. That's what we need. And again, I will certainly be asking you about drama therapy and things of that in just a minute. Before we go on though, to talk about those different modalities and indeed to talk about the competencies that are required by creative arts therapists, I wonder if we could just think a little bit about the history and perhaps if I could turn to you, Naomi, I know you are a bit of an expert on the history. Tell us a little bit, has creative arts therapy been around for a while?

Naomi Pears-Scown (04:39):

Sure. I dunno about expert, but I'll do my best. Creative arts therapies or art therapy as we sort of have come out of that lineage began in North America and also England. There's sort of the two origin points and they first sort started there in the psychiatric institutions in about the 1950s, 1960s. And from there sort of grew into this profession. And then what happened in the eighties or seventies / eighties, it started to move across the world. So Australia was one of the places where our therapists moved to, Aotearoa / New Zealand was another place. And so the history I'm looking at in my research is specifically about here in New Zealand. And the sort of origin story started in the nineties, which is an interesting time because it was when the psychiatric institutions here were closing. So we didn't have that same, I guess, place to land in the dominant medical model. And so most art therapists here began and have continued to work in more community-based settings. And so part of my research has been around finding who some of these early practitioners were and how did they find each other and how did they establish what became the training programme here and the flavour of creative arts therapy, which came out of those origins, but has quite a different way of being because it hasn't even been attached to the psychiatric story.

Mark Creamer (06:04):

Yeah, interesting.

Naomi Pears-Scown (06:05):

In a nutshell.

Mark Creamer (06:05):

In a nutshell. That's right. Yeah, no, that's great. So we're talking at least obviously as you say, the roots go back a long time, but we're talking at least 30 or 40 years perhaps in this part of the world. And I'm interested your comment about the fact that it was coming at a time of deinstitutionalization, which I guess required the whole mental health field to rethink the way that we were looking after people with mental illness. Anyway, very interesting. Now let's move on and talk about different modalities. We've kind of touched on it and I don't want dwell too much on the different modalities. I do understand that the similarities are much greater than the differences and that I assume we'll talk about it, but the processes are kind of largely the same. But I do think we should cover them briefly in order to provide a bit of a context and a platform on which to build.

(06:48):

I should say that we're not going to talk about music therapy today, which is sometimes classed within the arts therapies that's covered in a different podcast series. So if you want to listen to that, go and have a look for MHPN's A Conversation About, and we did a three episode series on music therapy. But Henry, when I think about arts therapy, when I think about creative arts therapy, I think

the first thing that jumps to my mind rightly or wrongly is the sort of fine arts, the drawing, the painting, the sculpture. Is that legitimate? Is that a central part of what arts therapy is?

Henry Bowen (07:19):

Definitely. It's one of the core tenets of creative arts therapies that we have. That visual art therapy is the thing that jumps to everyone's mind, I think first and foremost, but certainly not the only one. We've got drama therapies, I'm sure Drew will get into quite a bit later on. And then also dance therapies. It's the intersection between that creative modality and psychotherapies. I've always found that very fascinating that creative arts therapists are actually often dual trained. They're trained in that psychotherapeutic interventions, but then also trained in a arts-based practise of some kind.

Mark Creamer (07:56):

Yeah, absolutely. And very interesting, Henry, but you're jumping ahead of me a little bit here, so I'm going to say let's just put that on hold for a minute. We will come back to that in detail. I think it's a very important point. So in terms of modalities, I'm not completely wrong in thinking that those kinds of painting and drawing and sculpture can be used quite widely in arts therapy, but a quite different approach that you mentioned Drew and I'm fascinated by is the whole sort of drama therapy psychodrama. I'm not quite sure if they're exactly the same thing, but I know this is your area of interest. Can you just tell us briefly what we're talking about here in drama therapy?

Drew Bird (08:29):

Well, I'll just build on what Henry was talking about, about the visual element. I mean that's very strong in drama therapy. We might work with an image, even a painting, but what's significant is that we would embody the roles or the characters in that painting or that story. So there's a sense of helping people connect more with their bodies and find different ways of expressing themselves that maybe words alone aren't easy to find. And in a sense that's what dance and drama therapy have in common is this sort of a connecting with the body in order to establish a deeper connection with themselves, finding a nonverbal way of expressing themselves because often the body finds ways to communicate, sometimes the inexpressible, but words alone can't communicate.

Mark Creamer (09:24):

Is this something that would be done individually and in groups or is it only a group intervention?

Drew Bird (09:30):

No individual and groups. My background is in clinical work with children and adolescents and that's mostly individual, but dance and drama therapists are trained to work in groups as well, so we can work across even families.

Mark Creamer (09:46):

And my next question is going to be about core themes that run across it all, but just in terms of dance versus drama, you see them coming from the same kind of perspective?

Drew Bird (09:55):

Well, obviously they're informed by different artistic disciplines, but they both have a strong basis in the body expressing oneself through the body, increasing their relationship with their body, being more aware somatically of their body, and that can help people find new roots to express themselves that they may have struggled expressing using words alone.

Mark Creamer (10:21):

I'm interested that you put the focus on that. I was thinking it would be more of a focus on telling the story or acting out the story. I'm thinking back actually to the dark ages millennia ago when I did my clinical training and we had something called playback theatre. I dunno if that's still going, but they came and did a sort of demonstration thing and that I found very interesting, which was kind of, well, I suppose it was kind of role play, wasn't it, of someone's particular issues at that moment.

Drew Bird (10:45):

Well, as it happens, I'm a playback trainer and we have a creative arts therapies playback theatre company here at the University of Melbourne. Bit of a plug there. Yeah, it's good. I mean strictly speaking, playback theatre's, not drama therapy, but it sort of taps into that kind of arena if you like. It actually came out of the psychodrama tradition, but there's a lot of drama therapists involved in having people's stories shared and actors improvising those stories back in front of a live audience.

Mark Creamer (11:17):

Interesting. Naomi, I'm wondering whether we can consider, I guess the written word as part of creative arts therapy, things like I suppose poetry or writing or stories or whatever. Does that come under the rubric of arts therapy?

Naomi Pears-Scown (11:32):

Yeah, absolutely. And that's a modality I lead into heavily both in my clinical work and in my research work. I think poetry and creative writing, letter writing can be really powerful mediums for clients to work with, particularly if they're telling a story for the first time or putting it in written language. I've worked with clients who that's been such a pivotal shift for them to see something written down that they've only ever held in their body or in their minds before. So yeah, absolutely I'd include that as part of the creative modalities.

Mark Creamer (12:07):

And of course there are no sort of clear cut lines between different therapeutic approaches necessarily, but it does strike me that writing is something that's being used more and more in other areas. It's sort of my area of PTSD, post-traumatic stress disorder and prolonged exposure treatments and increasing interesting in writing as part of that kind of exposure paradigm. And the other one I thought that just sprung to mind was gratitude journaling. I'm not too sure about myself, but a lot of people are quite keen on it, aren't they? And it does seem to have some validity.

Naomi Pears-Scown (12:38):

Yeah, there's something powerful about writing, about putting something on a page that captures a fleeting thought. So yeah, gratitude, journaling, all those sorts of practises, can be really helpful for people.

Mark Creamer (12:49):

This might be an unfair question, but do you know if there's any research or do you from your clinical experience, have any idea about whether it makes a difference if you hand write it by hand or if you type it? Is handwriting better than typing?

Naomi Pears-Scown (13:01):

Yeah, I think it is. I've come across research that demonstrates a stronger connection between neural pathways and handwritten compared to typed Drew I wonder if you could speak into that?

Drew Bird (13:13):

Yeah, I'm fascinated with this, but I was just thinking when we write, we don't just write with our hand. It's also a form of embodiment. Just like when Henry was talking about the visual arts, when we draw, we don't just write with our hand. It's also an embodied activity. So I was just thinking about making those links with writing. It is embodied in its own identity, if you like.

Mark Creamer (13:40):

Yeah, fascinating stuff. Okay, now I want to go back and just talk about something that you've all alluded to really. We're going to talk in a minute about the competencies that creative arts therapists require, but as a step towards that, what do you think are the common elements that bind creative arts therapy together, if you like? Does anybody want to take that one? What are the common elements across the arts therapy?

Naomi Pears-Scown (14:04):

I was thinking about what Henry said before that it is this dual practise. We've each got a creative modality or modalities that we've trained in and use, and there is the psychotherapy element. There's those therapeutic skills, those core counselling skills that we lean into as well. And so I think regardless of which modality is your strength, each approach it from a dual perspective.

Drew Bird (14:29):

Yeah, I was going to say play, I would say is what joins us all together, that flexible attitude, that kind of continual search and play for newness. And the other thing was the imagination. That capacity to think and explore something in a different realm that's not part of necessarily of the everyday realm. We might call it the creative space or the imaginary realm if you like.

Mark Creamer (14:58):

One of the things I'm picking up, Henry might want to comment on this, is that it seems that the process of doing the art or whatever it is, is the important thing rather than the finished product. It doesn't matter too much whether I paint a great picture or write a great story or whatever. Would that be right? Henry? Do you think it's a process thing?

Henry Bowen (15:16):

I think partially it's a little bit of both leans more on process than outcome, but I think that the outcome can still be important. One of the things working with veterans and first responders, the big thing is they say, I can't draw. I can't even draw a stick figure. And it's about helping them to understand, well, it's not about the product on the other end necessarily. It is about the process that you get to, but often what people find is that product on the other end, whether it be a painting or a sculptor or for example, a performance that still holds a lot of power once you get to it and what you do with that or how you display it or choose not to display, it can also still be part of that therapeutic journey.

Mark Creamer (15:58):

Very interesting point. I can imagine what you started off with there many people saying to you, I can't draw, I can't sing, I can't play music, or whatever it is that might put people off. And I'm interested also that the finished product actually is something that person can be proud and feel some kind of efficacy or whatever. While you're there, Henry, let's stick with you and move on from that. The logical next step is about core competencies, and I want to talk in a minute about qualifications, university courses and so on, but what do you see as being the core competencies that all arts therapists should have?

Henry Bowen (16:30):

Oh, that's a very tricky one. I think luckily, we have just actually very recently established what are some professional standards and core competencies for creative health therapists across the Asia Pacific. And I think a lot of them will mirror other mental health professions like psychology and social work around having a knowledge and an understanding of mental health practises and your creative health modality practise, whatever that might be. But also having some understandings around ethical practise, culturally informed practise, the safety and supervision that there are a lot of mirroring tenets, not just between creative arts therapies but also across other professions within creative health therapies. But I think those are probably your core ones that you're looking at is it's the knowledge piece and the application piece coming together.

Mark Creamer (17:26):

So we've got some idea of what these competencies are. I know that the university courses are actually accredited, aren't they, by ANZACATA? So presumably they need to demonstrate that they're covering these core competencies.

Henry Bowen (17:37):

Yes. So the master's qualified courses need to demonstrate that they are capable of producing graduates that can meet all of these professional standards and core competencies. Then once people have graduated, being able to maintain those standards over time with continuing professional development. And it's quite intensive. There's 750 hours of placement requirements for those candidates throughout the course of their Masters, and it's supervised practise placement hours on top of the training that they do as part of their master's courses. So there is a lot of structured effort that goes into these master's courses to ensure that they are producing graduates that are qualified to care for others. And Naomi, as a lecturer and even Drew, you might be able to talk a bit more to what happens internally within those courses?

Naomi Pears-Scown (18:28):

Yeah, absolutely. And students very much feel the fullness of it. They're carrying clinical placements, they're carrying the coursework and the contact work, and they're also engaging in research projects. So we frame that as they're at these three strands that come into producing a competent creative arts therapist. And our role is to equip and support students with that journey. And equally, it's really important that they do engage fully in external supervision because at the end of the day when they graduate, they'll be out there in the world doing a practise in some ways. And so really leaning into those external stakeholders and agencies is a big part of what we do as well.

Mark Creamer (19:09):

Yes, it's so important, isn't it. Drew?

Drew Bird (19:11):

I think it's about helping students learn to question. We're not in the business necessarily of answers, but a good question can really help to deepen understanding. So Henry talked about supervision. Well, that's a place where we can question our practise. We never stop questioning, and it's getting that mindset across in our trainings that getting qualified. Actually that's just the beginning. You've got to keep that maintenance of keep going, keep reflecting, keep deepening your understanding because it's a constant process and a dynamic of learning, relearning, reapplying, rethinking. We're never the same.

Mark Creamer (19:58):

I agree entirely. I think it's so crucial, isn't it? It's not good enough just to read something or go to a lecture. Supervision I think is really important. Even it's peer supervision or whatever, but somebody reflecting on your work or you are able to reflect on your work. So important. I think it's so important that these are rigorous courses that do meet criteria and that are able to demonstrate to the rest of the mental health field. We're up there, we've got proper training. I wonder perhaps it applies more for arts therapy than others in that arts therapy perhaps is something that people have misunderstandings about that. Well, all we need to do is paint a picture and that's all it is, which is clearly not what arts therapy is all about. Henry?

Henry Bowen (20:37):

I think one of the big things that I see a lot of is that there's a difference between arts as therapeutic and arts therapy. I think people get a lot of value out of having the stress reduction of, for example, those colouring in mandala books that makes them feel better. Or even just going and having a boogie in your lounge room to a nice song or something and how that makes someone feel better. And then the actual engagement with a trained creative arts therapist who has that psychotherapeutic background, they're engaging in a mental health intervention. And I think the external perception of those two things becomes very blurred about what is a qualified creative arts therapist who has that training versus sort of engaging in an artistic practise for enjoyment, which may make you feel good and increase wellbeing but is not a psychotherapeutic intervention with a trained professional.

Mark Creamer (21:31):

Sure, yeah. Drew?

Drew Bird (21:32):

Yeah, it's about intent. The arts in themselves can be therapeutic, but when we apply creative arts therapy, there's intent to use the art form for developing awareness for helping people explore some of their challenges in life. But I also just wanted to add a little thing there that we are both artists and psychotherapists and that has its own challenges as well.

Mark Creamer (21:57):

So we're certainly not dismissing the value of just doing art for its own sake as it were. But I quite agree we need to differentiate between that and therapy and art. It reminds me of a comment that a clinical mentor of mine used to say a lot, which is that it's relatively easy to make someone feel better. It's very difficult to make someone get better, and there's nothing wrong with helping someone to feel better. And if suggesting sort of social prescribing model go for a nice walk in the country or do this, that and other and they feel better, that's great, but let's not confuse that with actually some transformative kind of thing. Can we come back to the idea that we do have some different options available? We have talked about writing versus drama and dance and painting and whatever. Naomi, do you have any thoughts about whether we can match the modality to the specific needs of the individual? Do we know what to use when or are some interventions better with some populations than others?

Naomi Pears-Scown (22:54):

Yeah, absolutely. It makes me think about the importance of assessment. That's part of the role of a clinician or a therapist is right from when the client walks in the door for the first time, really paying attention to who that person is. And often in the way that I work, I'll offer a range of different modalities or art materials and those first few sessions. And part of that is me assessing and getting to know the client's preferences. What are their strengths, what do they feel averse to? And over

time working with them to figure out where is a good starting point, where is a safe place for them and where might we want to move to? And part of the training here, at least in Aotearoa is we get trained in and exposed to a range of different modalities. So we do drama movement and the visual arts. And so we are competent and able to explore different ways of working with different clients. But absolutely some clients will begin one place and they'll stay one place because that's their preference and others will move in different ways.

Mark Creamer (23:56):

And as you say, the core fundamental importance of good assessment is crucial, isn't it, in planning your treatment, whatever it's going to be. Can I just bring you in, Drew, would you go along with that? I'm just wondering how common it is for arts therapists to be comfortable with using a whole range of different modalities. I mean, you obviously focus in the drama therapy kind of area. Is it more common for people to have a specific area of interest?

Drew Bird (24:19):

Well, I mean if we're all client-centred, we should be willing to adapt ourselves to the client need. So whilst I might work as a drama therapist with a client, it's not uncommon for someone to not really want to work dramatically, but there are lots of ways in I might work with an image from a story and we might develop that story through an image. So there's a sense of visual elements in that. I've done a lot of work with small objects where people create a spectrogram using symbolic representation. I mean, I dunno where that fits, is that drama is that art, sometimes it's hard to know, but the most important thing that we all share is this capacity to help the client to imagine, and it's that resource that can really be very transformative.

Mark Creamer (25:13):

Yeah, very interesting. Okay, we're talking in our next episode about collaborating with other health professions. We're talking about working in multidisciplinary teams, but I'm wondering, Henry, whether there is perhaps a bit of a crossover sometimes with other professions. I'm thinking things like occupational therapy or other kinds of psychotherapists perhaps crossover and even sometimes perhaps turf battles if one dare say that.

Henry Bowen (25:36):

I think you'll find very much so. Yes, much like all professions where creative arts therapists are trying to establish their scope of practise and what they are and aren't able to do in different settings. I think because creative health therapies often do have, as Drew was saying before, that kind of combination of somatic elements and a combination of some of those mental health and wellbeing elements. It does seem to drift a little into occupational therapy a bit into maybe even social work or counselling domains, but it doesn't necessarily sit on both of those domains. We've just been doing some research recently looking at creative health therapists operating in the South Australian healthcare system across hospital sites and community sites and what are some of the barriers and enablers to working well. And some of the big ones is understanding from other clinicians about what does a creative health therapist do and how is that different from an occupational therapist or something like that within the healthcare system broadly.

Mark Creamer (26:44):

Yeah, I can imagine that education is very important. Just direct them all to this series. We do this podcast series, they can all listen to that and be educated. Yeah. Does either of Naomi or Drew have any comments about that? You kind of sort of avoided my question about turf battles, but that's okay.

Naomi Pears-Scown (26:59):

I've got an example I can share. So I was working in a dementia unit of an elderly rest home and I was the first creative arts therapist in that space. They usually had diversional therapists or occupational therapists. And so I really had to consider how I communicated and demonstrated my point of difference. There was this perception that I was there to offer distraction based work. And so while from the outside what I was doing with these people might've looked like a typical arts and crafts session. Actually, the thinking behind what I was offering and why I was offering it was very different. I was paying attention closely to the art materials and considering cognitive abilities, motor abilities, memory recall, sensory preferences. And a specific example I thought of was I was working with a nonverbal elderly woman and offered her clay. I sensed that that was something that she might be interested in. And she took this ball of clay to the kitchen and spent the whole hour creating little repetitive pancake shapes. And I asked her caregiver what she was doing and she said, I think she's remembering how to make roti. So it's just this little example of how intentionally choosing the art materials and really paying attention to the clients and their needs can unlock something, can change something for them.

Mark Creamer (28:22):

Lovely example. Yeah. Drew, did you want to add anything there?

Drew Bird (28:25):

Yeah, I was just thinking of something so simple as picking up an object and a client just enjoying the sensory experience of an object in their hand. It sounds very simple and it is, but it can really help someone come much more into relationship with their embodied experience that a traumatic experience. Sometimes when you have a traumatic experience you can leave your body. So something as simple as holding a pebble has the potential to help someone slowly back into their body ear.

Henry Bowen (28:58):

And I think when we are talking about that, not turf wars necessarily, but the creative health therapists often have to do a lot of self-advocacy around their roles that they may be the only one in that setting who actually understands what they are there to do and how they are there to do it. And that can create some challenges because if they're a new graduate who may not feel like they have the internal confidence to say, this is what I'm here to do and how I'm here to do it and how it's different, that can put them in a bit of a vulnerable position to be able to explain what it is that they are doing compared to say maybe an occupational therapist who could have been there for many years. And so that can raise some challenges between the culture of the system and that individual coming in.

Mark Creamer (29:46):

I can well imagine, as you say, especially for a new graduate. As I say next episode we're talking about collaboration and working teams. Perhaps we'll pick that point up. I think it's a very interesting one, but look, there was some very positive notes there to sort of end on and we do need to kind of draw things I think to a close. But I have to say it's been a fascinating discussion. I think we've covered a lot of ground in the episode. I must say that I've learned a huge amount. I do feel much better informed about creative art therapy and I suppose especially about when and how I might refer a client to a creative arts therapist, which to be honest is not something I've given a great deal of thought to before in my clinical career. And it's also made me even more excited to listen to our next two episodes.

(30:30):

So I'm looking forward to them as I'm sure our listeners are. But look, thank you very much indeed for your time today, Henry, Naomi, and Drew. And if any of our listeners would like to find out more about Henry, Naomi, drew, or even me, or if you want to find out more about creative arts therapy, if you want to access the various resources that we've talked about at various points in the series, go to the landing page, follow the links, and you'll also find a link there to the feedback survey. It's very short and it is important for us to understand how you found this episode, and also to give you an opportunity to provide suggestions about how we might better meet your needs. Do look out for the next episode in this series, to be released in a fortnight on mental health in focus, and we'll be chatting about the different populations that creative arts therapists work with, the different settings and how they work with and alongside other health professionals, as we said, as part of a multidisciplinary team. And we'll pick up some of the challenges that Henry just alluded to, but for now it's goodbye and thank you very much indeed. Again to you, Henry.

Henry Bowen (31:35):

Thanks for having me. Mark,

Mark Creamer (31:37):

It's goodbye. Thank you very much indeed to you, Naomi.

Naomi Pears-Scown (31:40):

Thank you so much.

Mark Creamer (31:42):

And to you as well, Drew, thank you so much for joining us.

Drew Bird (31:45):

Thank you.

Mark Creamer (31:46):

Thanks everybody for your time today. And to all our listeners also, thank you very much for joining us. I hope that you've enjoyed the episode as much as we have, and I hope you'll join us again for episode three. But in the meantime, thanks for listening to the podcast and bye for now. Bye.

Host (32:02):

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