"Approaching Emotion in Chronic Pain: What Happens When We Stop Avoiding?"

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Mental Health Symposium 2026
Thursday, June 25

[2026/06/25 08:26] Carolyn Carillon: Hello everyone.
Today's presentation is being transcribed so those without audio or who require text only can participate in real time.
A little explanation about this service.
Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.
Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.
You will see the transcription in local chat.
Transcription is provided by Virtual Ability, Inc.
The transcriptionists are
Katie Velvetpaw
Carolyn Carillon
The following initials in the transcription record will identify the speakers:
NH: Natalie Hellman
AS: Andrew Sherrill

[2026/06/25 08:30] Carolyn Carillon: <<transcription begins>>

[2026/06/25 08:30] Andee Cooper: Hello and welcome to Virtual Ability's 2026 Mental Health Symposium.
My name is Andee Cooper, I have been in SL for 22 years and I enjoy a variety of activities, such as photography, performing at a theater, and exploring.
In real life I am from the USA and a retired teacher of 30 years. Who likes to travel and explore as well.
Today I would like to introduce Dr. Natalie Hellman and Dr. Andrew Sherrill. Both are clinical psychologists who focus on pain and traumatic stress.
Dr. Hellman is the Director of Behavioral Health Science in The Center for Family Medicine in Prisma Health. She is also a Clinical Assistant Professor at the University of South Carolina School of Medicine at Greenville.
Dr. Sherrill is a clinical psychologist and assistant professor at the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine.
The title of their presentation is Approaching Emotion in Chronic Pain: What Happens When We Stop Avoiding?
Audience, please hold your questions and comments to the end, so as not to interrupt our presenter.
Welcome Dr. Hellman and Dr. Sherrill. The floor is yours.

[2026/06/25 08:32] Carolyn Carillon: NH: thank you
We're new to SL so I appreciate the grace
We are both licensed clinical psychologists
We'll briefly cover how we think about pain, especially with PTSD
We'll talk about where we get stuck and how we can get our lives back
We'll look for participation!
My first question is: why do you think we have pain? What's the purpose? Why is it helpful to experience pain?
[2026/06/25 08:33] Itico (Itico Spectre): Keep us alive!
[2026/06/25 08:33] ლ ąŋđɛɛ ლ (Andee Cooper): So we protect ourselves
[2026/06/25 08:34] Katie Velvetpaw: nerve damage?
[2026/06/25 08:34] Gentle Heron: Some pain is a warning that something is wrong or unsafe
[2026/06/25 08:34] Roxie Marten: Tells me to sit down

[2026/06/25 08:34] Carolyn Carillon: NH: we think about pain in its original acute form (less than 3 months) as something that is helpful
It's unpleasant
But it's supposed to be
It tells us we need to make a change
I think about pain as our smoke alarm
I want it to go off if there's a fire
We need pain
It helps us stay safe
But sometimes we get stuck
Like when there's no fire or when we light a candle
Pain can be overresponsive, or chronic (longer than 3 months)
Our smoke alarms are going off when there is a fire, and when there isn't
Often found with psychiatric conditions
Particularly, PTSD
This is a psychiatric condition that results from trauma
It's where we see threats everywhere
We're stuck in the memory of this trauma
Pain's purpose is to keep us safe
PTSD, too
Many of the same brain regions overlap between pain and PTSD, when we have one or both
The green areas in this are activated during pain
The red during PTSD
The purple during both
We can retrain our smoke alarm to be more accurate
Pain can cause us to withdraw
People are scared if they move, the pain will return or get worse
In PTSD, we see a different kind of withdrawal
People will avoid emotions
They may rest or isolate because they don't want reminders coming up
This can work well in the short term
It can give us relief
For example, if we feel uncomfortable at a party, we withdraw

And it gives us relief
In the moment, it can be helpful
But we can get into a pattern where all we're doing is avoiding
And our lives suffer
Our worlds become smaller
We feel trapped
Pain runs our lives
Andrew will give us some examples and what we can do to take back our lives

[2026/06/25 08:40] Katie Velvetpaw: AS: - notes: The avoidance trap
Two cycles, same trap
1-pain sensation / trauma reminder
2-fear of injury / fear of danger
3- avoidance
4- temporary relief
5- reduced functioning
6- more pain sensitivity / more sensitivity to trauma cues
and then back to 1
The cycle keeps you stuck

This is a typical pain [and] PTSD case

Steve gets in a car accident, has back, neck injuries, large pain, and he can see horrific images in the car accident
He's taken to the hospital and he is miserable, the trauma was a shock to his system
He also is frustrated at the situation, he is confused and scared
Eventually he leaves the hospital, his partner is concerned about him, wants to help
After a couple of weeks, the partner says let's go shopping, but he thinks the last time I was in a car I got in an accident, so it might happen again, so no I won't go, and I'll stay at home with my neck brace and watch TV
So he's at home a lot, watching TV, in a comfy chair, and the Fast and Furious movie comes on, and he has a strong response, and turns off the TV, he feels a threat
He thinks, he's hungry, but doesn't want to go out, so he gets Uber eats, he stays home, doesn't take good care of himself, and finds his responses to things he sees on TV are getting worse
Now he's getting angry, seeing accidents on TV, and his life is getting worse
He feels worse and worse

People ask is this a PTSD thing? A pain thing? it's both
This cycle is the avoidance trap

First the PTSD cycle
Cycle step 1 - the trauma reminder, then the fight or flight response, then the avoiding (heard a car horn, turn up TV volume to not hear)
Over time that temporary relief becomes chronic, and the person's world becomes smaller and smaller
Heightened sensitivity to trauma cues
Every time you experience reminder of the trauma, you are teaching your body it is dangerous

Now to the pain cycle
Starts with the pain sensation, then comes the fear of injury
I might re-injure myself
The automatic response is to escape that situation, again a temporary escape,
But over time that leads to reduced world, and more pain sensitivity

For psychologists, the question is, how do we break this cycle? Do we avoid pain sensations - that is passive avoidance
That pain avoidance doesn't work
Can we change the way we think about these reminders, this pain?
For some people this works, but it's for most people not sufficient
There is a lot of truth in danger avoidance too
Even if you practise a belief system, you might not believe it at your core
What about this or that, possibilities keep popping into mind

Trying to intervene at the third stage (avoidance), instead
Not just facing the danger you fear, but testing one step at a time - maybe the discomfort could go down?
Sometimes approaching instead of avoidance works, but attempting it could be worthwhile
In our therapies we're always asking, what else is important in your life, besides just the relief - there is more to us than our symptoms, we also have meaning, purpose, value systems

Here is an example of what this could look like
Create a list of activities, and try to anticipate the level of discomfort
In general we want to start of with what the person can tolerate best
For example, just sitting in the car
When that works, challenge them a bit now
Then drive in the neighborhood, and they're ok,
Then further, and they're okay, but then further and they get uncomfortable, so repeat the uncomfortable task until they're okay with it, then continue forward
This is a patient-centered approach - can take days or weeks, etc.
And done in a values-directed way
We're trying to increase function, quality of life, not just lessening discomfort
The threat of harm becomes less and less significant - we are focusing on fulfilment in life for the patient

So the way we set up exposures, is we target the emotion, what does the patient not want to experience?
Sadness, fear, guilt?
Learning to have a new relationship with his emotions
Can we design an activity that is meaningful to the person
Getting in the car because the person desires freedom or feels responsibility, etc
When to do the exposure, how often, how long
Mostly so people can tolerate it, not just looking to increase comfort
This is not us telling them what to think, but their experiences telling them what to think, giving them a new story, new perspectives

Okay, we'll do exposure with everyone here, I will be the therapist, NH will be the patient
Feel free to roleplay along with us at home

The experiment/exposure with be holding breath
Only participate if you want to
We'll be using the scale that was shown on an earlier slide
Breathe normally, I'll cue when to hold it - the task is, can you face and tolerate feeling short of breath?
People often have fear of the anxiety itself
You may feel similar in a situation with the feeling of a provoking of danger
[2026/06/25 09:02] Carolyn Carillon: NH: Everyone can experience this

[2026/06/25 09:02] Katie Velvetpaw: AS: a lot of exposures bring us closer to the human condition
Ok, we're going to see if we can notice and sit with feelings of fear
Several repetitions of holding breath for 45 seconds - you can take a quick little breath if you need, though
What might keep you from doing this?
[2026/06/25 09:04] Carolyn Carillon: NH: I think I want to learn that I can do tough stuff
I want to learn the difference between can't and won't
[2026/06/25 09:04] Katie Velvetpaw: AS: a good example - doctors say you shouldn't do certain things anymore
[2026/06/25 09:04] Carolyn Carillon: NH: I'm pretty nervous
[2026/06/25 09:05] Katie Velvetpaw: AS: when we talk about anxiety, you're telling yourself you can't do it. But this is different from "physical" doctor telling you can’t do this
[2026/06/25 09:05] Carolyn Carillon: NH: I'm wishing I was a swimmer and I was good at holding my breath
[2026/06/25 09:05] Katie Velvetpaw: AS: become aware of everything, even the wishful thinking. This is what happens when we approach fear, many thoughts get activated - just the thought that you could have been a swimmer makes you feel better
[2026/06/25 09:05] Carolyn Carillon: NH: ok
[2026/06/25 09:06] Katie Velvetpaw: AS: don't brace yourself, just relax. I'm doing this with you, too.
[2026/06/25 09:06] Carolyn Carillon: NH: ok
[2026/06/25 09:06] Katie Velvetpaw: AS: when you're ready, start now
(timing the holding)
[2026/06/25 09:06] Gentle Heron: /me is holding her breath now
[2026/06/25 09:07] Widget Whiteberry: /me needs to watch a clock

[2026/06/25 09:06] Carolyn Carillon: NH: are we done yet?
Sorry I have to take a breath
[2026/06/25 09:06] Katie Velvetpaw: AS: you're doing a great job
What do you notice right now?
[2026/06/25 09:07] Carolyn Carillon: NH: my hands are sweaty, my heart is racing
I was thinking I can't breathe!
I felt I was going to die
[2026/06/25 09:07] Katie Velvetpaw: AS: definitely me too!
I tell myself I should be able to do this. scale of 1-100 where are you now?
[2026/06/25 09:07] Carolyn Carillon: NH: Right now, I'm at a 50. It's definitely come down though. I was at an 80 or 90
[2026/06/25 09:07] Katie Velvetpaw: AS: I was at around 50
I went up a bit when I saw you in distress, I wanted to help

[2026/06/25 09:08] Widget Whiteberry: Am I meant to hold my breath after exhaling?
[2026/06/25 09:08] Gentle Heron: I would think inhaling, Widget
[2026/06/25 09:09] Widget Whiteberry: ty
[2026/06/25 09:08] Roxie Marten: scuba diver, this not hard

[2026/06/25 09:08] Carolyn Carillon: NH: This is all about retraining
I'm guessing you're a pro
[2026/06/25 09:08] Katie Velvetpaw: AS: I'm more a pro at the tolerance piece
hold now
(timing)
stop
So what are you noticing right now?
[2026/06/25 09:09] Carolyn Carillon: NH: Definitely still sweaty hands
My heart isn't racing as much
When it started, I wasn't as scared
I was trying to count, but couldn't
[2026/06/25 09:09] Katie Velvetpaw: AS: yeah, I noticed a lot of pressure behind my eyes, and tension in my heart and body
Was that a preplanned strategy?
[2026/06/25 09:10] Carolyn Carillon: NH: I was just desperate (laughs)
[2026/06/25 09:10] Katie Velvetpaw: AS: our minds aren't made to be deprived of oxygen
[2026/06/25 09:10] Carolyn Carillon: NH: yeah
[2026/06/25 09:10] Katie Velvetpaw: AS: anything decreasing now?
[2026/06/25 09:10] Carolyn Carillon: NH: I was at a 50. Now I'm at a 45
[2026/06/25 09:10] Katie Velvetpaw: AS: I noticed I had a tingling feeling on my nose
This is our body system kicking in
One more
[2026/06/25 09:11] Carolyn Carillon: NH: I can do it

[2026/06/25 09:11] Katie Velvetpaw: AS: starting now
(timing)
notes - Three Rounds of the Following:
Take a normal breath in
Take a normal breath out
Hold your breath for 45 seconds
Notice:
Sensations
Thoughts
Emotions
Urges
Rate distress (0–100)
Timing ends - what do you notice right now?
[2026/06/25 09:12] Carolyn Carillon: NH: ok!
That time, it wasn't so bad
[2026/06/25 09:12] Katie Velvetpaw: AS: what made it not as bad?
[2026/06/25 09:12] Carolyn Carillon: NH: I've done it before so I knew what was going to happen
I knew my hands would get sweaty. I knew I'd feel like I was going to die.
[2026/06/25 09:13] Katie Velvetpaw: AS: my mind knows, I want to be a good psychologist, but I want to cheat too (chuckles)

[2026/06/25 09:13] Carolyn Carillon: NH: I kept holding my breath. You're right.
[2026/06/25 09:13] Katie Velvetpaw: AS: what is your rating now?
[2026/06/25 09:13] Carolyn Carillon: NH: Right now, I'm like a 40.
I knew if I was scuba diving, I could hold my breath for 45 seconds.
[2026/06/25 09:14] Roxie Marten: CC: [NH?] you are not suppose [to]. Your lungs will explode

[2026/06/25 09:14] Katie Velvetpaw: AS: and also this in and of itself might not be that interesting, but knowing you can do this, does this inspire you to do something else?
[2026/06/25 09:14] Carolyn Carillon: NH: I didn't think I could stand [that] for that long. I thought I could stand [that] for a few minutes. But maybe I could do a little more than I can do now.
[2026/06/25 09:14] Katie Velvetpaw: AS: when I'm looking for big changes in a session, feeling confident is great
Awesome job Dr H. People at home, any reactions to this?
[The floor is open for questions/comments]

[2026/06/25 09:14] Gentle Heron: knowing what will happen helps
You know what to expect
[2026/06/25 09:15] Katie Velvetpaw: AS: a lot of what it is about, is understanding how the external world works, and what you yourself are capable of
[2026/06/25 09:15] Gentle Heron: Did it get easier for everyone in the audience?
[2026/06/25 09:15] Carolyn Carillon: NH: I have to keep doing it
[2026/06/25 09:15] Sheila Yoshikawa: It got better for me as I did it more often
[2026/06/25 09:16] Gentle Heron: Sheila got better, I did with the second one, but the third one was harder
[2026/06/25 09:15] Katie Velvetpaw: AS: any other thoughts? anyone had a hard time with it?
[2026/06/25 09:16] alphahealthjon Resident: I have stage 3 COPD, not possible for me
[2026/06/25 09:16] Roxie Marten: Honestly it didn't do a thing to me.
[2026/06/25 09:16] Roxksie Logan: 🙄
[2026/06/25 09:16] Katie Velvetpaw: AS: sometimes things are easier than you thought, sometimes harder, then you take a small step back
PTSD exposure therapy needs to be grounded in reality
I guess we continue now
Key Takeaway->
Exposure is not about reducing discomfort.
Exposure is about learning that discomfort does not necessarily mean danger.
[2026/06/25 09:17] Carolyn Carillon: NH: thank you for leading us through that, Andrew
What we say isn't as powerful as doing it
Do you have any questions?
Want to share your experience?

[2026/06/25 09:17] Mook Wheeler: QUESTION: With regard to the exposure hierarchy, if you forced someone to jump in at Level 10 straight away, would that guarantee a higher percentage of failure in most/all people, or is the level *always* individual-dependent? How much depends on the human physiology, and how much on other factors? I'm wondering what the bell curve shows on this process since, historically, the old belief was to get

straight back onto the horse as opposed to a gentle sneaking up on it as the exposure hierarchy proposes.
[2026/06/25 09:18] Carolyn Carillon: NH: There is an approach where people will jump in at the highest level
We call it flooding
We let the patient pick
Usually that's around level 5 or 6

[2026/06/25 09:17] Gentle Heron: Thank you Drs. Hellman and Sherrill. This was a well organized and fun session. QUESTION: It is quite clearly understood that there is a lot of stigma around mental health conditions. Is there also stigma related to pain? How does pain stigma impact people?
[2026/06/25 09:18] Carolyn Carillon: NH (responding to Gentle): there is a lot of stigma
We've both worked with veterans and we've seen this a lot
[2026/06/25 09:19] Katie Velvetpaw: AS: it can go in both directions, people may feel okay being identified with the PTSD or pain - it depends how culturally bound our interpretations of it are
One of the most sticky processes is "I am X so cannot do Y" - leads to the passive avoidance.
"I have PTSD from combat, so can't enjoy July 4 fireworks anymore."
"I get migraines every time I travel, so I can't travel anymore."
We want to challenge this through experiences, not just tell people how to think
Society tries to tell people how to think about themselves
"I have this condition, so people won't accept me"
[2026/06/25 09:21] Carolyn Carillon: NH: no one will date me
I can't have friends
[2026/06/25 09:21] Katie Velvetpaw: AS: that is how we think of stigma - there are cognitive therapies that help
People try to think about life from the head down, and exposure therapy is from the feet up.

[2026/06/25 09:21] Roxie Marten: With my mobility issues, I do have a fear of going someplace and not getting myself back
[2026/06/25 09:21] Roxksie Logan: relatable.
[2026/06/25 09:22] Carolyn Carillon: NH: Roxie makes a great point
Very relatable
That's how our world is
Not every place is accessible
Someplace our mind runs with it
Like there is no place that's accessible
With exposure therapy, we get to decide
Maybe I want to give it a try
I know with pain, there are flare ups
Where it's not possible to try exposure
But we need to make the difference between the things our mind is telling us and what is actually happening

[2026/06/25 09:22] Marcus Llewellyn: Question: What about when just tolerating an experience can be exhausting? What is the appropriate level of tolerance?
[2026/06/25 09:22] Roxksie Logan: will I get too tired is it over stimulating.

[2026/06/25 09:23] Gentle Heron: Sometimes we need to remind ourselves that WE are not disabled by ourselves, but by our environment.
[2026/06/25 09:23] Roxie Marten: The pain is over whelming, my legs will buckle
[2026/06/25 09:23] Katie Velvetpaw: AS: "will I get too tired, will it be overstimulating" - these are good questions to test out
We encourage you to be curious during the exposure -
And can you trust the people with you to help if needed
You can't determine these things in your head, but must test out
Maybe things are more emotional or dangerous than we thought, but we must test out, experiment

[2026/06/25 09:24] Gentle Heron: Question- After Dr Zhuo's talk, I think it may be a chicken vs egg question. Which came first? It doesn't matter! You'll still have to deal with both. Is that a correct interpretation about pain and mental health issues?
[2026/06/25 09:25] Carolyn Carillon: NH: there's a chicken and egg question
Sometimes we get so focused on the label, we miss the experience
The why isn't as important as what's now
[2026/06/25 09:25] Gentle Heron: Sometimes insurance only pays for dealing with one thing. Is it better to start one way or the other?
[2026/06/25 09:26] Carolyn Carillon: NH: I find insurance is something that Americans have to grapple with more than in other areas of the world
Maybe you need to focus on that one piece for a while
What we find is that when you do one thing, the other thing can get easier too
[2026/06/25 09:26] Katie Velvetpaw: AS: you said it really well
That question does get us stuck
Sometimes we get stuck on "if only"
If only I knew how my brain works, if only the world were a certain way....
When you're in a hole, doesn't matter how you got there, focus on getting out
The important thing is not just "thinking your best thoughts"
Our legacies "he dealt with a lot, with courage"
Not "his pathologies were"
[2026/06/25 09:27] Mook Wheeler: Sometimes medication can break that cycle, allowing you to stop and address one point rather than the whole cycle all at once
Like Prozac breaking the depression cycle

[2026/06/25 09:27] Roxie Marten: I have a PTSD question, is there anger with PTSD?
[2026/06/25 09:28] Gentle Heron: Not all anger is a mental disorder, Roxie.
[2026/06/25 09:28] Carolyn Carillon: NH: Andrew there's a question about anger and PTSD
We're lucky because anger is one of Andrew's specialties
[2026/06/25 09:29] Katie Velvetpaw: AS: our pain and PTSD are signals that we've been hurt, and things have been dangerous
And often these signals are very uncomfortable, and some people deal with this by being mad at the world; it's a protective mechanism
[2026/06/25 09:29] Roxie Marten: angry at myself and my body
[2026/06/25 09:29] Katie Velvetpaw: AS: it's like a protective layer that builds up
It's the first layer we try to peel away in therapy
[2026/06/25 09:29] Carolyn Carillon: NH: When PTSD is portrayed in movies, we often see anger
I've heard patients say my body is betraying me

It makes sense you're angry at this
This isn't how you want your life to look
So in therapy we may move more towards sadness
Because that's what's underlying it
[2026/06/25 09:30] Katie Velvetpaw: AS: if you focus on the anger only, it's like dealing with the smoke and not the fire
But validate yourself, yes this sucks and is not fair, a metaphor [would be] drinking poison to hurt others, it just hurts ourselves
[2026/06/25 09:31] Carolyn Carillon: NH: I know our time is up
I'll let Gentle take us off the stage
But feel free to stay around and send messages
<<transcription ends>>

[2026/06/25 09:31] Gentle Heron: Thank you both for a great presentation. Audience, please show our presenters your appreciation.
[2026/06/25 09:31] Widget Whiteberry: /me applauds
[2026/06/25 09:32] ლ ąŋđɛɛ ლ (Andee Cooper): claps... Thank you
[2026/06/25 09:32] Lucille Harper (LucilleHarper Resident): Thank you!
[2026/06/25 09:32] Gentle Heron: This was fun!
[2026/06/25 09:32] Phanessa (Phanessa Svenska): APPLAUSE!!!!
[2026/06/25 09:32] Katie Velvetpaw: +*☆*+*'*•.¸ APPLAUSE APPLAUSE ¸.•*'+*☆*+
[2026/06/25 09:32] Toriara Fairelander: Thank you so much!
[2026/06/25 09:32] Ari (Arisia Vita): applause
[2026/06/25 09:32] Sheila Yoshikawa: thank you!!
[2026/06/25 09:32] Roxksie Logan: thank you
[2026/06/25 09:32] Roxie Marten: good job
[2026/06/25 09:32] Phanessa (Phanessa Svenska): ★★♪☆㋡☆♪★★ Aᴘᴘʟᴀᴜsᴇ Aᴘᴘʟᴀᴜsᴇ ★★♪☆㋡☆♪★★
[2026/06/25 09:32] Elektra Panthar: ♫♪♫♪ Applauds ♪♫♪♫

[2026/06/25 09:32] Gentle Heron: Check out the displays and exhibits on Healthinfo Island this month. It's right next door to the West ALL EIGHT of the poster sets relate specifically to the topic of this conference.
http://maps.secondlife.com/secondlife/Healthinfo%20Island/195/158/2
If you want a notecard to remind you to come back this weekend, please click the blue sign to the left of the stage.

[2026/06/25 09:32] Katie Velvetpaw: Thank you for the presentation and great info Drs!
[2026/06/25 09:32] iSkye Silvercloud (iSkye Silverweb): Thank you for being with us today! This was a fantastic and very intriguing presentation!
[2026/06/25 09:33] Roxksie Logan: it's been really lovely that you've shared with us today. thank you.

[2026/06/25 09:32] Katie Velvetpaw: AS: thank you for inviting us!
SL, VR, etc, and all the things that can help with the treatment of PTSD!!!
[2026/06/25 09:33] Gentle Heron: Second Life can be very therapeutic
[2026/06/25 09:33] Roxie Marten: Virtual Ability is therapeutic
[2026/06/25 09:34] Gentle Heron: SL is safe and accessible!
[2026/06/25 09:34] Roxksie Logan: the best protection from the flu that's for sure 🙄

[2026/06/25 09:35] Gentle Heron: Good point Roxksie.
[2026/06/25 09:33] Katie Velvetpaw: AS: it took our field quite a while to see that tele-health can be very helpful
Human connection doesn't have to be face to face
For us, we really value being able to talk to people we don't usually are able to reach!
[2026/06/25 09:34] DrNHellman Resident: natalie.hellman@prismahealth.org
[2026/06/25 09:34] andrewsherrill Resident: andrew.m.sherrill@emory.edu
[2026/06/25 09:35] Katie Velvetpaw: (these are their emails for if you would like to contact them IRL)
[2026/06/25 09:36] Roxie Marten: The point is that it's long over due that your colleagues learn this more than a game
[2026/06/25 09:36] Gentle Heron: and yes Roxie we need more therapists to understand how to use SL
One of the secret sneaky reasons I invite therapists to speak here!
shhhhhh don't tell
[2026/06/25 09:37] DrNHellman Resident: hahahah we will spread the word too!
[2026/06/25 09:38] Gentle Heron: One of the things professionals do at professional conferences is make contacts with other professionals.
Here they can also contact the rest of us. We can have input too.

[2026/06/25 09:35] Roxie Marten: Katie: It was VAI that helped through the loss of my mobility. I felt useless, it was Gentle that helped a lot
[2026/06/25 09:35] Katie Velvetpaw: (Gentle is awesome!)
(just saying)
[2026/06/25 09:36] Gentle Heron: aww thank you Katie

[2026/06/25 09:38] andrewsherrill Resident: I've got to go see a patient. Thanks again, everybody! I'm happy to connect more with this community. :)
[2026/06/25 09:39] DrNHellman Resident: I've got to step away to teach at the hospital - thank you all for having us and participating!
[2026/06/25 09:39] iSkye Silvercloud (iSkye Silverweb): Thank you for coming, Dr. Sherrill!!
[2026/06/25 09:40] Gentle Heron: Thanks for sharing with us Dr Hellman
[2026/06/25 09:40] iSkye Silvercloud (iSkye Silverweb): Thank you for coming, Dr. Hellman!