

August 6, 2016

Karen Wilson, HPA  
Practitioner Licensing and Investigations Section  
Department of Public Health  
410 Capitol Avenue, MS#12APP  
P.O. Box 340308  
Hartford, Connecticut 06134

Re: **Scope of Practice Review Request**

Dear Ms. Wilson,

On behalf of the Connecticut Art Therapy Association, I am writing to submit documentation for a scope of practice review regarding a Clinical Art Therapy license. Art Therapists who reside or work in Connecticut seek to obtain state licensure in the clinical practice of art therapy to ensure public welfare and implement safe professional practices through state regulation in Connecticut. To our knowledge; there has been no scope of practice changes or requests during the last five years in Connecticut.

The Connecticut Art Therapy Association (CATA) is an affiliate state chapter of the American Art Therapy Association (AATA) which is an ongoing collaborating organization for SAMHSA's "Caring for Every Child's Mental Health" public awareness campaign initiative.

**Scope of Practice for Professional Art Therapy.** The scope of practice of a professional art therapist includes, but is not limited to:

- The use of psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in:
  - Increasing awareness of self and others;
  - Coping with symptoms, stress, and traumatic experiences;
  - Enhancing cognitive abilities; and
  - Identifying and assessing clients' needs in order to implement therapeutic intervention to meet developmental, behavioral, mental, and emotional needs.
- The application of art therapy principles and psychodynamic methods in the diagnosis, prevention, treatment and resolution of psychological problems and emotional or mental conditions that include, but are not limited to:
  - Clinical evaluation and treatment approaches during individual, couples, family or group sessions which provide opportunities for expression through the creative process;

- Using the process and products of art creation to tap into client's inner fears, conflicts and core issues with the goal of improving physical, mental and emotional functioning and well-being; and
- Using diagnostic art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, mental, and emotional needs; and
- The implementation of art media, the creative process and the resulting artwork to assist clients to:
  - Reduce psychiatric symptoms of depression, anxiety, post traumatic stress, and attachment disorders;
  - Enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas;
  - Cope with symptoms of stress, anxiety, traumatic experiences and grief;
  - Explore feelings, gain insight into behaviors, and reconcile emotional conflicts;
  - Improve or restore functioning and a sense of personal well-being;
  - Increase coping skills, self-esteem, awareness of self and empathy for others;
  - Healthy channeling of anger and guilt; and
  - Improve school performance, family functioning and parent/child relationship.

Art therapy is a specialized psychotherapeutic practice used for the mental health treatment of children and adults who experience psychological conditions including but not limited to anxiety, depression, trauma, abuse and neglect. Clinical treatment is conducted during individual or group sessions in which art therapists provide a healing platform through the creative process accessing client's inner fears, conflicts and core issues to improve physical, mental and emotional functioning and well-being. Diagnostic art therapy assessments are conducted to evaluate current levels of functioning, to determine treatment goals for implementing therapeutic art interventions, in order to meet developmental, behavioral, mental, and emotional needs. A Clinical Art Therapy License will protect the public from individuals who are not adequately trained in this field, thus, providing the public with access to safe art therapy mental healthcare. (A more in-depth definition is attached as supporting documentation.)

**Art Therapy in Connecticut.** Immediately following the Sandy Hook Elementary School tragedy, there was significant need for trauma-informed art therapy treatment in the Newtown and surrounding communities. AATA launched a Recovery Task Force and the state chapter implemented numerous programs. Ongoing treatment and new referrals continue to date including a recent referral for one of the five students who escaped her classroom where the

school massacre occurred. There are evidenced-based healing benefits with the application of art therapy and documented findings on its efficacy in trauma work with Veterans, Alzheimer's disease, and childhood trauma. The field of art therapy is the only non-licensed mental health profession listed as a reimbursable trauma treatment by the Newtown Collaborative Recovery Fund Reimbursements for "Licensed" mental health providers.

The danger in non-art therapy trained individuals purporting to provide art therapy services is that they are not trained to recognize mental illness symptoms and features or "graphic indicators" in the process of art making or art product that suggest someone may be at risk to harm themselves or others. Art is a wonderful expressive tool and trained art therapists know how to appropriately respond to a client's artwork. Indicators in the art can reflect when a client is at risk of decompensation among other causes. For example, while leading an art therapy group for chronically mental ill adults, a change in the artwork of a young man in the group was identified by a Bridgeport art therapist. Images were fragmented, chaotic and different from his usual art. The client had a history of not taking prescribed anti-psychotic medication. The decline in his drawing was the first clue that he was noncompliant once again, and it was apparent through the art before changes in his behavior ever took place. The psychiatric team intervened before he could become a danger to himself or others.

In Connecticut, the art therapy field is not state regulated and there are many non-credentialed people advertising art therapy services. Many states have passed the licensing process for art therapists (Maryland, New York, New Mexico, New Jersey and others). CATA is looking to obtain licensure to make Connecticut the next state to value the distinct benefits of art therapy and protect its mental health consumers.

The Art Therapy Credentialing Board (ATCB) provides national regulation within the ethical guidelines of the ATCB's Code of Professional Practice. Master's level art therapists, from an American Art Therapy Association (AATA) accredited graduate program are required to meet the guidelines set by the ATCB in order to earn the credential of Registered Art Therapist (ATR) and National Board Certification (ATR-BC). Requirements include the completion of qualifying 60-credit master's level education (including art therapy core curriculum, supervised practicum and fieldwork experiences), post-education supervised clinical experience, and passage of a national certification examination. The Art Therapy Credentials Board Examination (ATCBE) is a reliable and valid tool used by several state licensing boards. Comprehensive knowledge must be demonstrated of the theories and clinical skills used in art therapy. National board certification is the highest credential available in the field and is a widely recognized professional designation of the major health and educational professions in the United States.

**Risks of Untrained Practice of Art Therapy.** Art therapists recognize the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client's psychological history and composition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy training exclusively. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner.

**Risks from Licensed Mental Health Practitioners without Adequate Art Therapy Training.**

Individuals using art therapy methods and art materials in their mental health practice without appropriate or adequate clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments the practitioner has not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to interpret or treat. The potential for harm is magnified where a client has a vulnerable psychological predisposition. (Supportive documentation providing additional examples of public harm is attached.)

**Risks from Misrepresentation of Art Therapy Training and Credentials.** The threat to public harm from untrained practice of art therapy has increased with growing numbers of online and university-based programs that claim to provide certificate training and even master's degrees in areas that sound very much like art therapy. These programs typically require minimal on-site coursework or online self-instruction courses that do not include anything approaching the clinical training, coursework, supervised practice and national credentials required of professional art therapists. These programs serve to confuse the public about what art therapy is and the level of education and clinical training required to safely practice art therapy. Recent examples for such programs are attached and some include:

- **Art & Creativity for Healing** and Brandman University (part of the California based-Chapman University System) offers an Art4Healing certificate program directed to “counselors, teachers, therapists, medical professionals, artists and others interested in learning the Art4Healing method and using the exercises in their own work with children and adults suffering from abuse, illness, grief and stress.” The certificate program requires only 45 hours of on-site workshops at the University’s Art & Creativity for Healing studio.
- The University of Florida has initiated a **Master of Arts in Arts in Medicine** program which offers a fully on-line, 35-credit master’s degree program to train artists to work in hospital settings. The University also offers a graduate certificate program in Arts in Public Health.
- Montclair State University (NJ) has initiated a **Graduate Certificate Program in Art and Health** in cooperation with Atlantic Health System in response to what it describes as increasing demand among “medical professionals interested in exploring ways that the arts can be used in comprehensive health care.” Certification involves only five 3-credit graduate-level courses which are delivered primarily on-line, with in-person meetings with instructors only at the start and end of each course.
- **Art & Creativity for Healing, Inc.** provides certification for individuals to serve as facilitators to conduct workshops in Art for Healing methods that are designed to “to share art as a tool for self-expression and self-exploration.” Facilitator training is provided through self-paced DVD programs in the Arts 4 Healing method that, for \$1,200, “includes comprehensive training manuals and teaching methods.”

**Risks Resulting in Public Confusion about Art Therapy and Required Professional Training.** Adding to public confusion regarding art therapy and the professional requirements needed to practice art therapy has been recent efforts to integrate professional artists and artwork within healthcare environments. At least one national organization, the Global Alliance for Arts & Health (GAAH), is in the process of creating a national “Artists in Healthcare-Certification” program. The intent of the Artists in Healthcare program is to certify for healthcare facility administrators that artists who do artwork activities with patients have a minimal level of knowledge and competency to safely work in healthcare environments. Certification would involve passage of a national examination. However, no specific training or prior experience in a health care setting is required to sit for the exam.

**Existing Art Therapy Licenses:**

New Mexico: Professional Art Therapist License (LPAT) issued by the Counseling and Therapy Practice Board under the Boards and Commissions Division of the New Mexico Regulation & Licensing Department.

Kentucky: Professional Art Therapy License (LPAT) issued by the Kentucky Board of Licensure for Professional Art Therapists, which is attached to the Office of Occupations and Professions of the Kentucky Public Protection Cabinet.

Mississippi: Professional Art Therapy License (LPAT) issued by the Mississippi State Board of Health with a 3-member Professional Art Therapy Advisory Council.

Maryland: Professional Clinical Art Therapy License (LPCAT) issued by the State Board of Professional Counselors and Therapists (a 13-member state board appointed by the Governor that includes 1 art therapy member).

New Jersey: Professional Art Therapy License (LPAT) issued by a five-member Art Therapy Advisory Committee under the State Board of Marriage and Family Therapy Examiners.

**Art Therapy qualifying under related licenses:**

Texas: Professional Counselor with Specialization in Art Therapy License (LPC-AT) issued by the Texas State Board of Examiners of Professional Counselors.

New York: Creative Arts Therapist License (LCAT) issued by the Office of the Professions of the New York State Education Department.

Wisconsin: Registered Art Therapist with License to Practice Psychotherapy issued by the Wisconsin Department of Safety and Professional Services to qualifying registered art therapists (ATR) certified by the Art Therapy Credentials Board (ATCB).

Pennsylvania: Professional Counselor License (LPC) issued by the State Board of Social Work, Marriage and Family Therapists and Professional Counselors under the Pennsylvania State Secretary of State. Art therapy is defined in statute as a qualifying “closely related field” for the professional counseling license, with the ATCB Board Examination as the qualifying licensing examination.

Utah: Art therapists with clinical art therapy master’s degrees were recently (2014) recognized as eligible to apply for the Associate Clinical Mental Health Counselor license administered by the Utah Division of Occupational and Professional Licensing.

**Potential Art Therapy licenses in Additional States:** Art Therapists are actively pursuing licensure in at least 16 states and the District of Columbia. In addition to the licensing legislation we are submitting in Connecticut, legislation to create separate Professional Art Therapy licenses or higher level Clinical Art Therapy licenses will be introduced in the 2017 state legislative sessions in Delaware, Colorado, Florida, Iowa, Kansas, Louisiana, New York, North Carolina, Ohio, Oregon, Pennsylvania, Tennessee, Vermont, Virginia, Wisconsin, and the District of Columbia.

**How would licensure and proposed regulation either directly or indirectly affect the cost of services provided by the occupational group?** Since many art therapists are employed by state agencies, hospitals, community mental health centers, private clinics, school districts, and correctional facilities, the proposed regulation is likely to have minimal effect on the cost of services they provide, except where state law or company policy may require a higher hourly rate or salary for licensed professionals. Art therapists with clinical training that seek to engage in independent practice will likely need to increase charges for services to cover their business expenses. However, the overall cost of art therapy services to the public is unlikely to change significantly with the proposed regulation, and may actually be reduced, in response to important changes in the market for mental health services and the delivery and payment of art therapy services. For example:

With regulation and increased public awareness of the availability and benefits of art therapy, art therapy services could be obtained directly from qualified art therapists, and reimbursed directly by insurance and state health care programs, without clients having to pay the additional costs of initial consultations and referral charged by physicians, psychologists, clinical social workers, or other licensed professionals.

Art therapists often are consulted by clients, or client’s families, who have tried different treatments or therapies that have proven inappropriate or ineffective. Public recognition and increased awareness of art therapy services could reduce unnecessary costs paid by clients to experiment with ineffective treatments before learning of art therapy, or finding a qualified art therapist.

Regulation would prohibit individuals without required professional training and experience from practicing art therapy or claiming expertise in art therapy, thus preventing unnecessary expenditures by clients on treatments that are ineffective and potentially harmful.

Regulation would increase the number of trained professionals who are qualified to address the growing public need for mental health services, helping to restrain increases in service costs that might otherwise result from continued shortage of qualified professionals.

In summary, the critical rationale in support of art therapy licensure is to regulate and provide quality mental health treatment and consumer safety from untrained/unlicensed individuals. In order to do so, the art therapy profession must have its own license to:

- Protect the public and ensure those in need of services receive services from qualified clinical art therapists;
- Ensure quality of art therapy services by a specifically trained and experienced provider;
- Provide a distinct service and reimbursement code under public and private insurance for which art therapists are qualified;
- Enable art therapists to provide their distinct services within state law; and
- Be recognized as an important, unique mental health profession contributing to state-wide mental wellness.

Please let us know if you required any additional information or documentation.

Thank you for your thoughtful consideration to this crucial matter.

Sincerely,

Mary Pellicci Hamilton, MSAT, ATR-BC, LPC  
Licensed Professional Counselor (CT) and Board Certified and Registered Art Therapist  
President, Connecticut Art Therapy Association

Supporting Documents sent as email attachments:

- Definition and Practice of Art Therapy
- Evidential Statement of Public Harm
- Discussion of Potential Risks to Public Health and Safety
- Cost Reduction through State Licensure
- Yale Children's Hospital Endorsement Letter

## **Definition and Practice of Art Therapy.**

Art therapy is a distinct mental health and behavioral science profession that combines knowledge and understanding of human development and psychological and counseling theories and techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. The art therapist uses art media, and often the verbal processing of produced imagery, to help people resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight. Art therapy uniquely provides a means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, severe illness, and other debilitating health conditions.

Art therapists work with diverse client populations in individual, couples, family and group therapy formats. They practice in a wide variety of settings including hospitals, schools, psychiatric and rehabilitation facilities, crisis centers, senior communities, and correctional institutions. Art therapists also work in private practice settings and can be primary or adjunctive therapists. Art therapy is integrated in comprehensive treatment plans administered by individual art therapists, or by art therapists as part of interdisciplinary team where art therapy complements and informs the work of other medical, mental health, and allied health professionals.

While art therapists share elements of their training and practice with other mental health specialties, it is the combining of psychological knowledge and counseling skills with understanding of art media, the effect of art stimulus, and the creative process that distinguishes art therapy. The qualified art therapist is required to make parallel assessments of a client's general psychological disposition and how art as a process is likely to be moderated by the individual's mental state and corresponding behavior. Recognition of the potential for art-making to reveal emotions, and knowledge and skill in safely managing the reactions it may evoke, are defining elements of art therapy as a profession.

## **Educational Qualifications and Credentials**

National requirements for professional entry into the practice of art therapy include, at minimum, a master's degree and extensive post-graduate clinical experience under the supervision of credentialed art therapists—a process which typically requires a minimum of four years. Some art therapists also have a doctorate degree. Because of the uniqueness of the study and practice of art therapy, practitioners must be trained within an approved art therapy master's degree program recognized by the American Art Therapy Association. The Association has approved thirty-nine art therapy master's degree programs at thirty-five accredited colleges and universities in twenty states and the District of Columbia.

Art therapy master's level education requires training in studio art (drawing, painting, sculpture, etc.), the creative process, psychological development, group therapy, art therapy assessment, psychodiagnostics, research methods, and multicultural diversity competence. Students must also complete 100 hours of supervised practicum, and 600 hours of supervised art therapy internship. The art therapy graduate curriculum is uniquely guided by the premise that focused art-making constitutes reflective practice and facilitates learning. The curriculum includes students' immersion in their own art practice, and art-based learning is integrated into all courses and clinical supervision.

In addition to educational requirements, standards for art therapy training and practice exist at both the state and national levels. Nationally, both the American Art Therapy Association and the Art Therapy Credentials Board (ATCB) regulate the profession. AATA's Education Program Approval Board (EPAB) sets the education standards for the profession and monitors compliance with educational institutions providing art therapy master's degree programs, while ATCB sets the parameters of ethical practice for the profession through the ATCB Code of Professional Practice. Following completion of the master's degree, graduates of approved programs must complete 1000 hours of direct client contact, with 100 hours of supervision, to be eligible to apply to ATCB for the ATR ("Art Therapist, Registered") credential. Those who also pass the ATCB examination become Board Certified and hold the ATR-BC credential. To maintain these credentials, art therapists must comply with a renewal process that involves continuing education requirements.

### **Potential Harm from Untrained Practice of Art Therapy**

Art therapy recognizes the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client's psychological disposition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy training. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner. Individuals using art therapy methods and art materials in their mental health practice without appropriate or adequate academic and clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments they have not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to safely manage.

### **The Art Therapy Profession**

Art therapy is not a new profession. The therapeutic use of art was defined and developed into a discipline, first in England in the 1940's, then in the United States during the 1950's in pioneering art therapy programs at the National Institutes of Health, Menninger Foundation, Hahnemann Hospital in Philadelphia, and other distinguished medical institutions. Beginning in the 1960's, hospitals, clinics and rehabilitation centers increasingly began to include art therapy programs in addition to traditional "talk therapies," recognizing that the creative process of art making enhances recovery, health and wellness.

Over 5,000 professional art therapists now hold ATCB credentials, over half achieving national Board Certification. Increasing numbers of qualified graduates receive degrees from the thirty-nine AATA-approved art therapy master's degree programs in twenty states and the District of Columbia. They are well equipped for what the U.S. Department of Labor's O\*NET Online occupation database describes as a "bright outlook" occupation that will experience rapid employment growth in coming years.

## **Cost Reduction Through State Licensure.**

Licensure would be provided through the state's existing Department of Public Health (DPH). The requirements for licensure of art therapists in the bill meet or exceed the standards for other mental health professionals licensed by the DPH. Since the licensing requirements in the bill meet or exceed the requirements for Board Certification as an art therapist by the Art Therapy Credentials Board (ATCB), the ATCB could provide a point of verification of applicants' educational and training experience, as well as document their ongoing expertise through continuing education and a rigorous exam. The Connecticut Art Therapy Association (CATA) is also prepared to provide an application review service for potential applicants to ensure that applications are complete and ready for submission to the DPH that could further minimize administrative costs.

There are currently over 150+ art therapists in Connecticut who would qualify as Licensed Professional Art Therapists in the first 1-2 years after the legislation becomes effective, providing **\$47,250** to help offset initial-year increases in DPH expenditures. Fees from license renewals and licensure of qualified art therapists who will return or move to practice in the state should require minimal administrative costs in subsequent years and produce increasing net revenue to the DPH and the state. Moreover, fee revenue would be expected to increase as licensure and employment opportunities increase the number of students seeking art therapy degrees and licenses. The availability of an art therapy license will attract art therapists from other states who either move or return to Connecticut to seek employment, open practices, pay taxes, and support local communities. (Source: *AATA Case Statement for the Professional Art Therapist License - June 2013*)

**Operational and Technical Assistance:** To assist the DPH in making the review process as efficient as possible the following supporting actions will be taken:

**The Connecticut Art Therapy Association (CATA) will:**

- Provide two half-day training workshops per year to art therapists to assist them in making a successful and complete license application.
- Provide an on-demand webinar for art therapists to help them complete the application and provide all required documents in the application packet.
- Work with the art therapy master's degree educational programs in Connecticut to assist them to train their graduates in the license process, gather the documentation needed, and complete the supervision requirements for the license.
- Encourage its credentialed members to serve as supervisors for those requiring additional supervised practice hours.

**The Art Therapy Credentials Board (ATCB)** will provide a list of credentialed art therapists residing in Connecticut with full contact information so as to assist the DPH with its responsibilities to review qualified master's degrees and degree programs, document supervised training and complete continuing education. The ATCB also provides convenient access to information relating to individual results on the Board Certification Exam to document applicants' compliance with the requirement to pass the national art therapy professional competency examination.

**The American Art Therapy Association (AATA)** will serve as an easily accessible resource to the Connecticut Department of Public Health for information and assistance in facilitating the licensure of professional art therapists, providing drafts of professional standards of practice, code of ethics, continuing education standards and qualifying continuing education opportunities. AATA and CATA will make members or staff available to advise the Department on questions relating to practice of art therapy and assist in structuring and maintaining a state program to license and regulate professional art therapists.

## **Evidential Statement of Public Harm**

**Risk for harm or danger to the health, safety, or welfare of the public can be clearly demonstrated if the practice of the art therapy profession/occupation were to remain unregulated. Examples of actual harm or danger to the health, safety or welfare of the public resulting from the lack of regulation of art therapy include but are not limited to:**

Several days following the Sandy Hook Elementary School tragedy, a portrait artist residing in Vermont listed on her website that 'Art Therapy' groups were being held for students of Sandy Hook Elementary. The Vermont artist intended on holding Art Therapy groups for students of Sandy Hook Elementary School to create portraits of the victims and then hold a public art exhibit in Newtown. Despite not having training or credentials in art therapy or any related mental health field, the Vermont artist believed the services she was providing was 'art therapy.' The artist's rationale to organize Sandy Hook Elementary students to create portraits of their murdered classmates needless to say was alarming and would only serve to further traumatize these fragile children.

The public is unaware of such non-professionals who falsely advertise services where no formal training or credentials have been obtained. Many Newtown residents were inundated with mental health services and the various treatment approaches for trauma and grief. Parents were unfamiliar with recommended trauma and mental health approaches and had difficulty making decisions amid such states of shock and grief. It is therefore, imperative to offer bonafide professional services to the public to prevent further devastation through improper and negligent practice by untrained and unlicensed individuals. Similar to any trained profession, wherein service to the public is provided, it is a potential harm to the public to falsely advertise services without holding proper educational training and professional standards. The field of art therapy needs regulation to protect the public especially when navigating through severe devastation and trauma.

A licensed clinical social worker in Wethersfield, Connecticut misdiagnosed a 7 year old girl and believed she was a victim of sexual abuse perpetrated by her father. The diagnosis was made from an overly zealous interpretation of family drawings that did not include hands on the young girl's figure. The licensed social worker misdiagnosed and was treating the client as a victim of sexual abuse based on a single omission of hands. This matter came to my attention after the licensed social worker sought to send me her client drawings to obtain an art therapist's impression. The drawings were normal and developmentally appropriate. Professional training in art therapy underscores the importance of not simply making a diagnosis based solely on art work. Children frequently omit illustrating hands in their pictures for the simple fact that they are difficult to draw. It is alarming that even a licensed practitioner from a related mental health field can cause potential harm when utilizing art therapy techniques and practices with no formal training.

A psychology intern was working in a school with a seven-year-old child who had a history of complex trauma and a diagnosis of posttraumatic stress disorder. The intern used art materials to plaster onto the child's face in an attempt to create a mask. The intern described to the art therapist the child's subsequent "temper tantrum" and oppositional behaviors with her in therapy and refusal to meet with her. The art therapist, who was also working with the child, had never experienced this behavior from the child when utilizing the art process and art materials and asked the child about the experience. The child became very agitated and upset and described his distress and fear during the mask-making episode with the intern, and the subsequent difficulties he and his parent had removing some of the art material used in the process from his hair for days afterwards. It appears evident here that emotional harm was caused to the child who was re-traumatized by the intern who did not have any expertise or understanding of the art therapy process or materials. Physical harm was also caused by the intern's choice of materials and the pain and suffering the child experienced trying to remove the plaster from his hair. In addition the child's reaction to the experience may have distorted the inexperienced intern's psychological assessment of him by labeling him as resistant, oppositional and defiant, increasing emotional harm.

A psychologist at a community mental health clinic was working with a five-year-old child with a history of complex trauma and a diagnosis of posttraumatic stress disorder. An art therapist was assigned to also work with the child in a school and the psychologist described to the art therapist her experience of giving the child paints and her subsequent surprise and confusion when the child became overwhelmed and agitated and threw the paints all over the treatment room. It appears evident that emotional harm was caused to the child by the psychologist's choice of an art material, which caused emotional regression. In addition the child's physical safety was put in danger when her emotional deregulation created physical deregulation as evidenced by her increased impulsivity and physical agitation. An art therapist is aware of the potential for regression when utilizing specific materials with specific populations.

An art therapist at a drug and alcohol rehabilitation facility described creating art therapy groups for the clients and the staff's insistence that non-art therapist practitioners could facilitate the art therapy groups when the art therapist was absent. The art therapist protested against this but was dismissed and when a non-art therapist practitioner ran the group they provided an art therapy directive that caused one of the clients to de-stabilize and put his recovery at risk indicating significant emotional harm.

Body tracings of children are done by many professional disciplines that are not art therapists, despite the discovery that many of the children have trauma histories, which often include sexual abuse. It has become clearly understood that this technique needs to be administered by clinical art therapists who have the experience and understanding of the art process to determine the timing of the introduction to this intervention/technique as well as the interpretation, to decrease the likelihood of harm caused to the child. Children who have been sexually and/or physically abused are easily threatened by any physical contact or the likelihood of, and often lack body awareness and a sense of their own physical boundaries. The experience of someone else tracing the outline of their body may become indistinguishable to the abused child from memories of abuse, and trigger flashbacks and/or significant emotional distress. The close physical proximity that body tracings require increases the likelihood that traumatized children might experience this and become overwhelmed and flooded with a terrifying experience of mind-as reality.

Art therapists begin therapy with the assumption that specific art therapy techniques, interventions and/or materials might already be too powerful for certain populations. The primary concern then is moderation of art-realness and the art therapist has the necessary competence to assess the effect of the art materials and the process, after substantial experiential learning within a psychological framework that is particular and unique to art therapy training.

### **Potential Risks of Harm from Unregulated Practice of Art Therapy:**

Individuals advertising their services in art therapy without appropriate training and education and using art therapy methods and art materials in their practice without formal clinical training pose significant risk to the emotional stability of the individuals they engage with.

It has been reported that there are a number of mental health programs where BA level case managers with no formal training in art therapy provide art therapy activities to their clients. It has also been reported that there are at least 5 alternative schools with no art therapists on staff that are teaching case managers how to “do” art therapy. It has also been reported that there are several local community mental health agencies that have BA level case managers and non-art therapists providing group art therapy to clients.

This threat to public safety is increasing with the growing numbers of online and university-based programs that claim to provide certificate training and even master’s degrees in areas that sound very much like art therapy, but with minimal on-site coursework or only online self-instruction courses that do not include anything approaching the 60-credit master’s degree coursework, clinical internship, post-graduate supervised practice, and national certification required of art therapists.

An excellent example of this is the Art & Creativity for Healing movement that appears to be spreading to many areas of the country and is advertised as “Art4Healing”. There is significant risk that persons receiving this training will misrepresent themselves as trained and credentialed art therapists in Connecticut if art therapy is not regulated.

Art can help people because it has power, but that power is not innately helpful. The recognition of the power of art to make inner states real is the basis of the art therapy profession itself and it is the psychological knowledge, experiential learning and clinical skill that art therapists acquire when using art in treatment, that keeps the practice safe.

Art therapists are trained to assess the risk factors in art projects with the vulnerable and seek out clinical supervision with credentialed art therapists to ensure the safety of their clients. Both art and art as therapy carry a risk of harm and is amplified massively when the participant has a vulnerable psychological predisposition. Lack of knowledge, skills and supervisory structures can allow unwitting risk and harm to the public when non-art therapists use art with these vulnerable populations.

There are some programs and practices in Connecticut that show arts and health activities existing in a grey area where creative projects that involve linkage to personal material can become art as therapy by default, with the power of art making the subjective seem real. The non-art therapist practitioner is often not equipped to competently assess this possibility or to manage the outcome and could potentially cause harm.

In addition someone without appropriate training or an understanding of art therapy ethics can disrupt a client's thinking process and interfere with their emotional regulation when attempting to interpret artwork. Interpretation of artwork is based on criteria learned in training towards an art therapy master's degree, and then in ongoing supervision. Art therapy students in training are taught to be cautious in their interpretations. Students also receive a course in ethics that emphasize this caution as well.

Inaccurate interpretations may negatively influence or jeopardize their clients' emotional stability and their perceptions of themselves and others causing significant harm.

## **Discussion of Potential Risks to Public Health and Safety from Unlicensed Practice of Art Therapy**

### **Organizations Claiming to Provide Health-related Art Training or Certification**

An additional concern involving potential harm to public health and safety from the unlicensed practice of art therapy is the potential risk caused by persons claiming art therapy-related training or certification that have no substantive academic or clinical training. Potential harm includes but is not limited to, the risk of misinterpreting or ignoring assessments they have not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to interpret or treat, and failing to identify and properly treat symptoms and warning signs of mental illness.

For persons claiming to have training in areas that are similar, or sound similar, to art therapy, the risk for potential harm is highlighted by the growing numbers of online and university-based programs that claim to provide certificate training and even master's degrees in areas that sound very much like art therapy, but with no or minimal on-site coursework or online self-instruction courses that do not include anything approaching the 60-credit master's coursework, clinical internship, post-graduate supervised practice, and national credentials required of professional art therapists. Several recent examples we have found include:

- **Art & Creativity for Healing** and Brandman University (part of the California based-Chapman University System) offers an Art4Healing certificate program directed to “counselors, teachers, therapists, medical professionals, artists and others interested in learning the Art4Healing method and using the exercises in their own work with children and adults suffering from abuse, illness, grief and stress.” The certificate program requires only 45 hours of on-site workshops at the University’s Art & Creativity for Healing studio.
- The University of Florida has initiated a **Master of Arts in Arts in Medicine** program which offers a fully on-line, 35-credit master’s degree program to train artists to work in hospital settings. The University also offers a graduate certificate program in Arts in Public Health.
- Montclair State University (NJ) has initiated a **Graduate Certificate Program in Art and Health** in cooperation with Atlantic Health System in response to what it describes as increasing demand among “medical professionals interested in exploring ways that the arts can be used in comprehensive health care.” Certification involves only five 3-credit graduate-level courses which are delivered primarily on-line, with in-person meetings with instructors only at the start and end of each course.
- The Wisdom School of Graduate Studies at Ubiquity University in Mill Valley, California, offers an **Art and Healing Masters Program** that students can complete with seven 5-day Intensive seminars and either a practicum or thesis project. Online seminars

taken on an independent study basis can also be counted “for credit toward Wisdom University academic degrees.”

- **Art & Creativity for Healing, Inc.** provides certification for individuals to serve as facilitators to conduct workshops in Art for Healing methods that are designed to “to share art as a tool for self-expression and self-exploration.” Facilitator training is provided through self-paced DVD programs in the Arts 4 Healing method that, for \$1,200, “includes comprehensive training manuals and teaching methods.”

In addition, there is a new organization, the Global Alliance for Arts & Health (GAAH), which is initiated a national “**Artists in Healthcare-Certification**” program. The intent of the program is to certify for healthcare facility administrators that artists who do artwork with patients have a minimal level of knowledge and competency to safely work in healthcare environments. Certification would involve passage of a national examination. However, no specific training or prior experience in a health care setting is required to sit for the exam. While GAAH emphasizes that certified artists are not art therapists, AATA is concerned that this will further confuse consumers and employers into thinking that certified artists who teach or assist with art in healthcare settings are qualified and credentialed art therapists or can substitute for more highly-trained and credentialed art therapists.

Unregulated programs such as those described above that purport to provide art-focused therapeutic training have the grave potential of doing more harm to an already fragile person seeking what believe to be clinical services. **Licensure and regulation will identify those practitioners with appropriate and qualified training to practice art therapy and help prevent future public confusion and malpractice in the State of Connecticut.**

## ENDORSEMENT LETTER – BRIDGEPORT HOSPITAL/YALE-NEW HAVEN CHILDREN'S HOSPITAL

Mary Pellicci Hamilton, ATR-BC, LPC  
CATA President,

Dear Ms. Hamilton:

On behalf of the my staff at the Yale-New Haven Children's Hospital at Bridgeport and New Haven campuses, I want to express our strong endorsement and support the efforts of the Connecticut Art Therapy Association to gain enactment of legislation for professional licensure of clinical art therapists by the State Board of Medical Examiners. Our Child Life Arts for Healing program, which includes a clinical art therapist, has been an important component of the care provided to infants and children at Children's Hospital since its inception in 2004. The clinical art therapist, Kendra Carlson, ATR, is a registered art therapist.

The role of the art therapist at Children's Hospital is to address the physical and emotional needs of pediatric patients through a variety of educational and healing art experiences. These activities provide opportunities for children to explore challenges, reaffirm their self-image and, in more basic terms, let them have fun. Our art therapist provides group sessions, individualized bedside sessions, enabling patients, family and staff alike to experience the expressive and therapeutic qualities of art creation and the visual arts.

The unique role of art therapy in a medical setting provides children with an opportunity to see themselves not as passive patients, but as active partners in the work of getting well. Our art therapist provides tools that allow children to cope with the pain and isolation they must endure, process scary and potentially traumatizing medical experiences, and safely express a range of feelings they may have about their treatment in an often bewildering medical environment. The art therapist is able to recognize themes, concerns, and needs because she actively listens to the patient, parents and care providers. One of the unique aspects of art therapy in the hospital setting is its ability to facilitate communication and help build trust and community.

The philosophy of care at Children's Hospital is to do everything possible to ensure a positive experience for each patient. Art therapy is an important component of that commitment. Highly trained and qualified art therapists, like those involved in the Child Life Arts for Healing program at Children's Hospital, deserve the same professional recognition that state licensure provides to all their colleagues in other medical, nursing and allied health specialties. We urge support for legislation to provide a program of professional licensure that will benefit both art therapists and all citizens of Connecticut.

Sincerely,

Ellen Good, MEd, CCLS  
Manager  
Child Life Department/Arts for Healing Program

