

407 Public Hearing for Art Therapy
Nebraska State Office Building
February 4th, 2020

Dear 407 Technical Review Committee for the Regulation of Art Therapy,

I am writing this letter in support of the regulation of professional art therapy and title protection for both terms “art therapist” and “art therapy” through the creation of a certificate to be added to the existing Licensed Mental Health Practitioner (LMHP) or Licensed Independent Mental Health Practitioner (LIMHP) in the state of Nebraska. Art therapy is a mental health profession that utilizes the healing properties of visual art-making and the tools involved to facilitate psychotherapy.

I have been a resident of Nebraska for 27 years. I attended a Nebraska college for my undergraduate education - Concordia University, Nebraska (CUNE). This is where I first learned about what art therapy was and how to pursue a career in this particular field. Since graduating from CUNE I then earned my MS in Counseling Psychology in Kansas. After returning home to Nebraska the summer after graduation I decided to earn my MA in Art Therapy Practice. This required me to leave the state because there were no graduate art therapy programs within 200 miles. This remains the current status of available graduate art therapy education in Nebraska. In this program I worked over 700 hours with inner-city DC adults in a community mental health center, and with children who had life threatening illnesses such as cancer and blood disorders. With only one semester left in my graduate art therapy program I have decided to move home to Nebraska to trailblaze using my garnered art therapy skills despite the lack of occupational regulation. Someone has to do it.

I am in favor of this regulation as it will provide a level of needed protection to the public by allowing only those practitioners who have appropriate training and experience in art therapy to work within a defined scope of practice. See attached to this letter examples of past harm that were inflicted on the public from a variety of jurisdictions across the nation. As for harm caused in Nebraska, during a conversation with the CEO of a non-profit homeless shelter in Omaha, NE she concernedly explained her struggle to find competent and ethical mental health practitioners that can provide services to the shelter guests, and the psychological harm caused by these misrepresented “practitioners”. Business employees will benefit by knowing what credentials to look for when hiring art therapists. With regulation, businesses and individuals can be at ease by putting their trust in the law knowing what art therapy is and who is qualified to practice it.

Thank you for your time and consideration of the Art Therapy 407 Credentialing and Review Application.

Sincerely,



Jenelle M. Hallaert, MS.
Medical Art Therapy Intern
Tracy's Kids
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Examples of Public Harm in Other Jurisdictions

Art Therapy Association of Colorado

A school psychologist for early childhood education looked at student artwork and came to conclusions about the images based on little information or understanding of the artistic elements of the work. He made broad assumptions about a student coming from an abusive home based on a single image. He based his claims on minimal information and without formal training as an art therapist, which affected the student in question.

A non-art therapist facilitated a group art therapy intervention to “draw how you are feeling”. A suicidal client drew an image of an angel hanging from a tree (an image related to her suicide attempt by hanging). The non-art therapist proceeded to allow the client to keep the artwork, leave it on the unit for others to see and take it home where her husband and daughter (a minor) were exposed to it, also traumatizing them and exposing them to suicidal imagery.

Bridge ATU/ADMHN chose to use an LPC to supervise an art therapy intern, despite having a credentialed and experienced ATR available to supervise. A board certified art therapist ran the intern program for years, as an AAMFT approved supervisor, and recruited the art therapy intern. Management decided that it was best to have an inexperienced, non-art therapist supervise her for his "professional development". Despite discussions about how this was not the best training for her, he felt he was appropriate and qualified to supervise her despite not being an art therapist.

Bridge ATU/ADMHN management promotes that they offer art therapy services despite not having any art therapists on staff. Additionally, they used non-art therapists to provide vacation coverage to the art therapy groups and continued to call it "art therapy groups". This is a disservice to clients because the therapy is misrepresented as art therapy.

A therapist without any art therapy training facilitated a group art project with children about topics such as nightmares and worries. The therapist asked the group to draw on these themes without understanding the response the art materials might elicit. One child in the group became disturbingly triggered. Not realizing the child's behavior was a symptom of PTSD, caused by trauma, the therapist ostracized the child for his behavior.

An art therapist accepted a position at a residential treatment center for children, and was informed that they have an "Art Therapy Room." Upon viewing this room, she was made aware that any therapist working at the facility is permitted to use this room for “art therapy” though there were no other trained art therapists working in the agency. A clinical director at the center voiced surprise stating, "I didn't even know you could go to school for art therapy." Due to this misrepresentation, clients were led to believe, through use of the “art therapy room”, they were receiving art therapy services although they were not provided by a trained art therapist at the time.

A therapist without any art therapy training used loose media and the prompt "draw your family" with children in a trauma-based, residential, group setting, and did not provide enough structure, support, or privacy for the clients. All of the children became dysregulated during the session. Some refused to participate at all and left the group, while some attempted to comply and then became increasingly upset. No closure or discussion followed the group and participants were reprimanded for their non-participation, leaving, and other behaviors that resulted from the triggering nature of the activity.

In a school setting, a licensed therapist and a layperson were running a therapeutic art group for a vulnerable population of children with past trauma under consultation with a registered art therapist. The licensed therapist was no longer able to run the groups. The layperson attempted to run the groups without a trained therapist present, despite consultation from the registered art therapist stating that this would be unethical. The registered art therapist observed this group and witnessed no awareness from the lay person of the intense experiences that

the art materials being used could elicit and an inability to dialogue about these experiences as they arose. The children became highly dysregulated and were ostracized for enacting their trauma, which the art interventions had elicited.

Connecticut Art Therapy Association (CATA)

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.

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 artwork. 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.

Art Therapy Association of Vermont (ATAV)

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.

A non-art therapist was teaching an undergraduate college course titled *Introduction to Art Therapy* in Vermont. A student in the class complained to faculty who was an art therapist that the non-art therapist instructor was using art therapy techniques and interventions in an experiential manner with the students and causing significant emotional turmoil and distress where students were crying, upset and agitated. The student was advised to consult with the non-art therapist instructor directly about her concerns. The student described the non-art therapist instructor stating that she was not an art therapist and appearing unable to take responsibility for utilizing the art therapy process and techniques in her class and causing emotional harm to the students. A complaint was brought to the dean of the college. This is an example of emotional harm being done to the students in the class and harm to the profession of art therapy when taught by a non-art therapist in an inappropriate and dangerous manner.

A non-art therapist received a 36-credit individualized master's, "mental health counseling and art techniques" degree in Vermont and repeatedly referred to her work as art therapy in her master's thesis and is now advertising her services as art therapist focusing on children with autism spectrum disorder. There is potential for harm here when the non-art therapist utilizes art materials without the experiential training and clinical knowledge of the effect that specific art materials may have on the psychological state of the client. This population is particularly vulnerable as they often experience sensory input as intrusive and threatening and the art materials can exacerbate this increasing emotional distress for the client. Children diagnosed with autism spectrum population already struggle moderating sensory information and it is essential that any professional working with them have a solid and thorough understanding of the art materials they introduce in therapy and the potential for harm.

A non-art therapist, LCMHC, reportedly used her own interpretations of a client's artwork and stated it was evidence of truth in the child's reported and unsubstantiated claims of sexual abuse, which was revealed during a trauma evaluation and review of the client's records. Harm and danger were caused here where serious allegations, with the possibility of life altering consequences were the result of a non-art therapist using the artwork of a client to diagnosis and assess without any understanding of the art, the art process and training or experience as an art therapist. This is an example of the possibility of significant harm to the health and welfare of the public when non-art therapist practitioners use client artwork to diagnosis, assess and accuse.