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

I provide the following testimony 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 artmaking and the tools involved to facilitate psychotherapy. I was born and raised in Nebraska, living in Nebraska for 27 of my 39 years. I am currently a resident of Omaha, having recently bought a house in the Benson neighborhood. I am currently, to my knowledge, the only Nebraska resident with a Doctorate in Art Therapy, which I obtained in 2019.

I have worked with a wide variety of populations over the course of 15 years as an art therapist including individuals (of all ages) with developmental disabilities, individuals with addictions, individuals who have experienced significant trauma, and more general psychiatric populations. I have utilized traditional talk therapy and art therapy with all of these populations. Over the course of my work, I have observed that art therapy reaches clients in a different way than traditional talk therapy, I have witnessed children who are too anxious to speak communicate their anger and frustration with art. I have also witnessed adults have realizations in just one art therapy session that they hadn’t come to in months or years of verbal counseling. My most recent clinical practice is as a program therapist at the Child/Adolescent Partial Hospitalization Unit at CHI Immanuel Medical Center in Omaha, where I provide art therapy every day to children ages 5 to 12 and working with adults in private practice in the Dundee neighborhood.

Specifically, my following testimony addresses the committee’s request for understanding of how one may become an art therapist and a reported case of harm from non-Art Therapists attempting to practice art therapy. At a minimum one must obtain a master’s degree in art therapy or a master’s degree in another mental health field with additional art therapy specific coursework. There are additional steps to become a certified art therapist; I will describe those here based on the current national certification process from the Art Therapy Credentials Board, which I will refer to from here on as the ATCB. The ATCB is composed of professional art therapists who enforce standards developed by the board with feedback from other professionally credentialed art therapists. The educational requirements to become an art therapist are the same regardless of whether certification is pursued. However, the lack of consistently required and enforceable certification across states makes is difficult to ensure that high quality services are provided to art therapy participants.
After graduating from an accredited Art Therapy program, a graduate may apply for the optional title of Art Therapist Registered-Provisional (ATR-P) and must provide the ATCB with evidence of their education and an agreement with a credentialed supervisor for initial client contact hours. This step assists the graduate in tracking their post-graduate practice and supervision hours and in verifying supervisor qualifications, however obtaining ATR-P is not required, graduates may choose to track these hours and select a supervisor without the assistance of the ATCB. If the applicant chooses to not pursue ATR-P, they must provide evidence of their education when applying for the ATR credential. Upon verified completion of these contact hours, which vary depending upon the degree completed by the applicant (which I will provide more detail on shortly), and written recommendations, the applicant qualifies for the Art Therapist Registered (ATR) and is then eligible to sit for the credentialing exam. After passing the Art Therapy Credentials Board Exam, the applicant achieves the title of Art Therapy Registered – Board Certified (ATR-BC). Interested graduates may also pursue an additional title of Art Therapist Credentialed Supervisor (ATCS) by completing additional training in supervision or by providing supervision of ATR-Ps for a number of years.

The number of practice hours required to achieve these credentials depends on whether the applicant obtained a degree accredited by the Commission on Accreditation of Allied Health Education Programs, which I will refer to from here on as CAAHEP. An applicant who obtained their education from a CAAHEP approved program must complete 1000 directed client contact hours post-graduation utilizing art therapy and a minimum of 100 supervision hours. Fifty of these supervision hours must be provided by an ATR-BC or an ATCS. The other 50 may be supervised by an ATR or a fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice such as an LIMHP. This standard exists because currently there are a limited number of ATR-BCs and ATCS in practice, particularly in more rural states such as Nebraska.

An applicant who graduates from a non-CAAHEP approved Art Therapy program or who completed a related mental health degree and obtained the additional art therapy specific credit hours may seek credentialing as well. This applicant must complete 1500 directed client contact hours post-graduation utilizing art therapy and a minimum of 150 supervision hours. Seventy-five of these supervision hours must be provided by an ATR-BC or an ATCS. The other 75 may be supervised by an ATR or a master's or higher fully licensed or credentialed practitioner with a master’s degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice such as an LIMHP.

All applicants must complete the following core content areas before obtaining an Art Therapy Credential:

- 18 credit hours (or 27 quarter credits) of studio art in a variety of two dimensional and three-dimensional media (either completed as an undergraduate or graduate student).
  - "In lieu of academic based studio coursework, the ATCB will accept up to six (6) credits from a portfolio demonstrating competency provided the applicant obtains a letter from a full-time or pro rata faculty member who has current ATR-BC or ATCS status of a graduate art therapy program that is within a regionally or nationally accredited institution of higher
education, who has reviewed the portfolio and is willing to attest that the applicant has demonstrated such competency."

- A minimum of 3 graduate semester hours (or 4 quarter credits) in each of the following areas of core mental health content (this standard is parallel to the fields of Clinical Counseling, Social Work and Psychology):
  - Psychopathology/Abnormal Psychology
  - Psychological Assessment
  - Human Growth and Development
  - Counseling and Psychological Theories
  - Research to include research methodology, and ethical, legal, and practical issues in the use of research to assess effectiveness of mental health services

- A minimum of 24 graduate semester hours (or 36 quarter credits) in Art Therapy Core Content (this may occur in an Art Therapy Master’s degree or as post graduate credit after completion of a related masters such as Clinical Counseling, Social Work and Psychology):
  - History of Art Therapy
  - Theory of Art Therapy
  - Techniques of practice in Art Therapy
  - Application of art therapy with people in different treatment settings
  - Art Therapy Assessment
  - Matters of cultural and social diversity bearing on the practice of art therapy (including ethical provision of art therapy in a diverse society with diverse visual symbol systems)
  - Standards of good/ethical art therapy practice (including issues such as credentialing, licensure, public policy, advocacy for profession and clients, and information on art therapy professional organizations)

- Practicum and Internship (completed on the graduate level)
  - A minimum of 700 hours of supervised art therapy practice, with 350 hours “direct provision of art therapy services to individuals, groups, and/or families. The remaining hours may include supervision, case review, record keeping, preparation, staff meetings, and other administrative functions. Supervision hours must be overseen and documented as such: individual (1:1) supervision hours must be accrued at a ratio of one hour of supervision for every ten hours of practicum/internship and/or group (2+ supervisees per supervisor) supervision must be accrued at a ratio of one and one-half hours of supervision for every ten hours of practicum/internship. A minimum of 70 individual or 105 group supervision hours is required."
  - The practicum/internship “course must be taught, supervised or advised by a current ATR, ATR-BC and/ or ATCS. On-site supervision must be provided by someone with a minimum of a master’s degree in a mental health field and a current master’s level mental health credential [such as
As stated previously, at this time some art therapists do not pursue the national certification and may pursue no certification at all; however, all art therapists are encouraged in their educational programs to pursue the national certification regulated by the ATCB. The ATCB handles ethics complaints and ensures those calling themselves art therapists have the proper training and are held accountable to the agreed upon standards of the profession. The optional nature of the current certification process provides an argument for adding Art Therapy certification to the Mental Health Practice Act, as that would require the field to be regulated in the state of Nebraska providing assurance to the public that they are receiving good quality services and providing recourse when services are not delivered to the set standard. For simplicity’s sake, the state of Nebraska may model the legal standards for certification after the national credentialing process I have described above.

To further emphasize the need for this certification, I will briefly detail a documented case of harm that occurred in Connecticut and was documented in their successful licensing bid: A licensed clinical social worker mistakenly believed a 7 year old girl to be a victim of sexual abuse perpetrated by her father. This conclusion was made through interpretation of family drawings that did not include hands on the young girl’s figure. The licensed social worker treated the girl as a victim of sexual abuse based on a single omission of hands in a drawing. This matter came to the attention of an art therapist after the licensed social worker sought to obtain an art therapist’s opinion. 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. Mistakenly treating the child as a victim of child abuse was a harmful mistake and one that could have been easily avoided if an art therapist was involved earlier in the case.

I am happy to answer further questions regarding this information at the contact information I have included below. You may also find further information on the Applicants link at atcb.org. Thank you for your time and consideration.

Respectfully,

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