February 23, 2017

To the Distinguished Members of the Public Health Committee:

On behalf of the Connecticut Art Therapy Association (CATA), I would like to thank you for this opportunity to respond to testimony submitted by the Connecticut Occupational Therapy Association (ConnOTA).

It is essential to understand the comparative differences between the professions of Art Therapy and Occupational Therapy, and we respectfully submit the following clarification in consideration of our previously submitted Scope of Practice Review:

Art Therapy is a Mental Health Profession. Evidenced-based Art Therapy Assessments examine both psychological functioning and unconscious conflicts using art modalities for clinical diagnostic purposes along with treatment interventions. In the psychiatric setting, occupational therapists provide success oriented activities using art materials. While comparatively, art therapists provide art psychotherapy, using art and the creative process to assess, treat and explore issues to help restore emotional and psychological functioning.

ConnOTA’s impact statement seeks to highlight their work, "with individuals with mental health diagnoses, conditions and/or disorders," however it seems not entirely consistent with the profession description provided on the American Occupational Therapy Association (AOTA) website highlighting occupational therapy services as typically involving “customized intervention to improve the person's ability to perform daily activities and reach goals.”

As further listed on the AOTA website, occupational therapy services typically include:

- Customized treatment programs to improve one's ability to perform daily activities
- Comprehensive home and job site evaluations with adaptation recommendations
- Performance skills assessments and treatment
- Adaptive equipment recommendations and usage training
- Guidance to family members and caregivers.

While in some settings, Art Therapists and Occupational Therapists work as part of a treatment team, goals and interventions are distinctly separate. Art Therapy treatment
focuses on helping individuals respond to and address emotional and psychological trauma while Occupational Therapy focuses primarily on recovery from physical injury and the adaptation to equipment required for walking, climbing stairs, and personal daily hygiene tasks.

Differing approaches for each profession can be demonstrated through the following examples:

An Art Therapy treatment focus for an individual injured in an automobile accident provides clinical intervention on how the individual responds to and addresses the emotional and psychological trauma of the accident and allows for ongoing psychological assessment for symptoms of possible complicated trauma or post traumatic stress and other psychiatric symptoms including anxiety or depression. In this example, the occupational therapy focuses primarily on recovery from physical injury and restoring physical functioning similar to physical therapy.

The role of art therapy in children’s hospitals addresses the physical and emotional needs of pediatric patients through a variety of psychoeducational and healing art experiences that help build trust and empowers children to see themselves as active partners in the work of getting well. Children often find non-verbal expression to be the only outlet to their intense feelings of fear, isolation, sadness, and loss. Those unable to find words to express their emotions or behaviors typically discover a freer world of expression through art therapy. Following inpatient hospitalization, recommendation for occupational therapy may be part of the discharge plan.

Another distinguishing feature between Art Therapy and Occupational Therapy is our strong grounding in psychology. A number of art therapy master's program courses are often taught by licensed psychologists and admission to Art Therapy master's programs require prerequisites that include psychology courses in behavioral psychology, clinical and abnormal psychology.

Moreover, art therapy treatment is unique in that it allows great effectiveness as an alternative means of communication for persons who are unable to verbally express emotions, inner conflict, or fear as a result of trauma, brain injury, and developmental disabilities. In this regard, Art Therapy can be said to complement, inform and validate the diagnoses and treatments of occupational therapists and other medical and mental health professions rather than overlap or conflict with other professions' approaches and treatments.

ConnOTA expressed concerns about the language of the art therapy scope of practice and asked for clarification of such language. We offer the following with respect to our occupational therapy colleagues:
The first bullet point made by the ConnOTA refers to this section of the art therapy scope of practice:

“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.”

ConnOTA bullet point: The language used to define the scope of practice for an Art Therapist includes scope of practice language inherent to Occupational Therapy, particularly in regards to providing assessment, treatment and interventions when working with individuals with mental health diagnoses, conditions and/or disorders. Occupational Therapists utilize the modality of art in skilled assessment and treatment; clarification of the proposed language is requested especially as it relates to excluding Occupational Therapy’s knowledge and use of the concepts of sense of self, cognitive abilities and coping skill identification and management.

**CATA Response:** Both art therapy and occupational therapy are human service professions. Just as there are similarities between art therapy and the professions of counseling and marriage and family therapy, there are some similarities with occupational therapy. There are also many differences. Scopes of practice in all these professions include providing assessment, treatment and interventions when working with mental health diagnoses, conditions and/or disorders, each profession using their unique skills in doing so. Like counseling and marriage and family therapy, art therapy requires a Master’s degree to practice. Human psychological development, theories of personality, group and family therapy, appraisal and evaluation, and therapeutic knowledge and skills are required. In states without specialized art therapy or creative arts therapy licenses, many art therapists also qualify for licensure as professional counselors or marriage and family therapists with master’s degrees from dual academic programs that prepare them for both state licensure and the ATR credential.

While having elements in common, Art Therapy differs markedly from Occupational Therapy and other mental health professions in both its academic training and scope of practice. Art therapy master’s level education is distinct in its emphasis on imagery and art making. The art therapy curriculum includes course content based on two underlying theories: the Expressive Therapies Continuum which guides decision making processes in art therapy practice, and the premise that focused art making constitutes reflective practice and facilitates healing. The art therapy graduate curriculum encourages students’ immersion in their own art practice, psychological counseling, and clinical supervision.
In clinical practice, art therapists also must employ a broader range of knowledge and skills. Art therapists use distinctive art-based assessments to evaluate emotional, cognitive and developmental conditions. They must understand the science of imagery and of color, texture, and media and how these affect a wide range of potential clients and psychiatric conditions. The trained art therapist also must 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. It is this understanding of the potential for artmaking to reveal emotions, together with the knowledge and skill to safely manage the reactions it may evoke, that distinguishes art therapy from other professions.

Art therapy is effective as an alternative means of communication for persons who are unable to verbally express emotions, fears, pain, as a result of trauma, brain injury, developmental disabilities, etc. In this regard, art therapy can be said to complement, inform and validate the diagnoses and treatments of occupational therapists and other medical and mental health professions rather than overlap or conflict with other professions' approaches and treatments.

Once again, we must emphasize art therapy's unique role as an alternative means of communication for persons who are unable to express emotions, fear or who may not respond to other therapies and treatments. Rather than duplicate the assessments and treatments of Occupational Therapists, art therapy often serves to complement, inform and validate the assessments and treatments of other medical and mental health professionals.

The next two ConnOTA bullet points refer to the following section of the art therapy scope of practice:

“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;”

ConnOTA bullet point: Occupational Therapists utilize art modalities for assessment and treatment not only individuals but the modalities are also used in group treatment particularly within the mental health context or when working with people with mental health conditions.

ConnOTA bullet point: requests clarification of the language “..improving physical, mental and emotional functioning…” in regards to the purpose of art modalities as Occupational Therapists have the skill and expertise to also utilize varied art approaches for the purpose of improved functioning and functional outcomes.
**CATA Response:** Art therapists do not assert exclusivity to the use of art materials in the therapeutic setting. Many related professions, including occupational therapy, use art in practice. Our scope of practice and appeal for state regulation will not effect any profession whether allied, medical or mental health. We are open and willing to work together with occupational therapists to identify language that best differentiates our professions without implying exclusionary language.

“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...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”

ConnOTA requests specific clarification that the request for licensure by the Art Therapists, and as suggested above in language from their proposed scope of practice, that the exclusion of Occupational Therapy is not implied.

Occupational Therapists in the state of Connecticut and nationally currently provide assessment and treatment for the psychosocial aspects of humans, along the age continuum, as it relates to optimal functioning as defined and perceived by the individual(s) receiving the care - for example an Occupational Therapist working in an Intensive Outpatient Program for adolescents with identified mental health conditions/diagnoses may utilize varied art media to allow for sublimation of guilt, anger, fear and/or the absence of emotion as it relates to coping skill identification/management and the impact on social interactions.

**CATA Response:** The proposed scope of practice for licensure of art therapists is not intended in any way to exclude Occupational Therapists or any other licensed professional from using any art media in ways that as consistent with their own training and scope of practice. In their request for clarification of art therapy’s scope of practice, ConnOTA describes its own scope of practice, both in Connecticut and nationally, as providing assessment and treatment for the psychosocial aspects of humans, along the age continuum, as it relates to optimal functioning as defined and perceived by the individual(s) receiving the care.” This description contrasts to the more limited description of the scope of practice of Occupational Therapy in state law, in Sec. 20-74a(1), defining Occupational Therapy as involving the planning and implementation of “a program of purposeful activities to develop or maintain adaptive
skills necessary to achieve the maximal physical and mental functioning of the individual in his daily pursuits.”

The example ConnOTA provides describing the work of Occupational Therapists working in an Intensive Outpatient Program for adolescents as utilizing “…varied art media to allow for sublimation of guilt, anger, fear and/or the absence of emotion as it relates to coping skill identification/management and the impact on social interactions” also would appear to be much broader than their define scope of practice in current state law. Section 20-74a(1)(C) does authorize use of “manual and creative activities” as a example of occupational therapy techniques, but places them within a more limited context of “specific exercises to enhance functional performance, and treatment techniques for physical capabilities for work activities.”

In contrast, the focus of art therapy is the use of specifically designed art therapy assessment principles and techniques, together with extensive training in the use and interpretation of these assessment tools that is unique to art therapy master’s degree programs, to unlock emotional expression by facilitating non-verbal communication that facilitates evaluation, treatment and amelioration of psychological, emotional, behavior and developmental conditions. It does not seek to infringe upon or restrict in any way the use of art media by Occupation Therapists in their use of activities and treatments to develop and maintain adaptive skills or enhance functional performance as defined in current state law.

On behalf of the Connecticut Art Therapy Association, thank you for your thoughtful consideration. If any further information is required, please don't hesitate to contact me at 203-722-4141.

Sincerely,

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