

**Board of Health Professions
Regulatory Research Committee
Meeting & Public Hearing**

**June 26, 2018
8:30 a.m. - Board Room 4
9960 Mayland Dr., Henrico, VA
23233**

In Attendance Yvonne Haynes, LCSW, Board of Social Work
Martha S. Perry, MS, Citizen Member
James Wells, RPH, Citizen Member
Jacquelyn M. Tyler, RN, Citizen Member

Absent All members present

DHP Staff Elizabeth A. Carter, PhD, Executive Director BHP
Yetty Shobo, PhD, Deputy Executive Director BHP

Observers Clara Keane, Arlington, VA
Anne Mills, Alexandria, VA
Amber Golden, Richmond, VA
Terri Giller, Richmond, VA
Yonsenia White, Fredericksburg, VA
Laura Taumisto, Staunton, VA
Monika Burkholder, Staunton, VA
Cassandra Crane, Henrico, VA
Darlene Green, Staunton, VA
Leila Saadeh, VATA
Sydney Haton, Norfolk, VA
Rebecca Reiss, Norfolk, VA
Becky Bowers-Lanier, VCA

Speakers Kancha Orr, Spotsylvania, VA
Gretchen Graves, VATA
Carol Olson, VATA
Ann Mills, Alexandria, VA

Emergency Egress Dr. Carter

Call to Order

Chair Mr. Wells **Time** 8:31 a.m.
Quorum Quorum established

Public Comment

Speaker - Kandra Orr, Board Certified Art Therapist

Ms. Orr is in favor of licensure of art therapists in Virginia. See Appendix 1 for additional comment from Ms. Orr.

Speaker – Gretchen Graves, Credentialed Art Therapist

Ms. Graves is in favor of licensure of art therapists in Virginia. See Appendix 1 for additional comment from Ms. Graves.

Speaker - Carol Olson, Board Certified Art Therapist, President - Virginia Art Therapy Association

Ms. Olson is in favor of licensure of art therapists in Virginia. See Appendix 1 for additional comment from Ms. Olson.

Speaker – Ann Mills, Registered and Board Certified Art Therapist

Ms. Mills is licensed in DC, Maryland and New York and lives in Virginia. Ms. Mills is in favor of licensure of art therapists in Virginia. See Appendix 1 for additional comment from Ms. Mills.

Approval of Minutes

Presenter Mr. Wells

Discussion

The February 27, 2018 committee meeting minutes were approved with no revisions. All members in favor, none opposed.

Art Therapist Workplan Review

Presenter Mr. Wells

Discussion

Ms. Jackson provided an update on the request from committee members at the February 27, 2018 meeting seeking additional information on risk of harm to the consumer and economic impact of licensure. Ms. Jackson stated that no new information is available regarding risk of harm. The actual number of art therapists in Virginia is unknown, but considered to be relatively low. Inclusion with

another profession, more specifically a behavioral sciences profession, would allow for the cost of licensure to be relatively low. Existing behavioral sciences application fees range from \$165 - \$200.

New Business

Presenter Mr. Wells

Discussion

There was no new business.

August 23, 2018 Next Committee Meeting

Presenter Mr. Wells

Discussion

Mr. Wells announced the next committee meeting would be held on August 23, 2018.

Adjourned

Adjourned 9:21 a.m.

Chair James Wells, R.Ph.

Signature: _____ Date: ____/____/____

**Board Executive
Director** Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____

VIRGINIA:

BOARD OF HEALTH PROFESSIONS
Regulatory Research Committee Meeting & Public Hearing

PUBLIC HEARING:

Invitation for Public Comment on the Review of the Need for
Regulation of the Practice of Art Therapy in Virginia

* * * * *

The matter in the above-titled hearing came on for hearing on Tuesday, June 26, 2018, at the U.S. Department of Health Professions Office, Perimeter Center, 9960 Mayland Drive, Boardroom 4, Henrico, Virginia, 23233, before Denise M. Holt, VCR No. 0315066.

1 Board of Health Profession Board Members:
2
3 James Wells, Chairperson
4 Elizabeth Carter
5 Jacquelyn M. Tyler
6 Martha S. Rackets
7 Lisette P. Carbajal
8 Maribel Ramos
9 Kevin P. O'Connor
10 Yvonne Haynes
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 MR. WELLS: Good morning. My name is Jim Wells, and
2 I am the Chair of the Regulatory Research Committee, and this
3 is a public hearing to receive public comment on the Board's
4 review of the need for regulation for the practice of art
5 therapy in Virginia. The Code of Virginia authorizes the
6 Board of Health Professions to advise the Governor, the
7 General Assembly and Department of Health Professions'
8 Director on matters related to health care professions,
9 occupations, and professions.

10 Accordingly, the Board is conducting this review and
11 will provide recommendation on the competency of Virginia art
12 therapists to practice art therapy. At this time, I will
13 call on persons who signed up to comment. As you come up,
14 please, as I call your name, come forward, tell us your name
15 and where you are from. And in the interest of time, we do
16 have a meeting after this.

17 We want to hear from all of you. We definitely do.
18 If there are similar comments, or if there's a spokesman for
19 a particular setup, if you could maybe limit it to that. So
20 I will call on the first person, and is it Kendra Orr?

21 MS. ORR: Yes.

22 MR. WELLS: Yes, ma'am. If you would state your
23 name and affiliation please.

24 MS. ORR: My name is Kendra Orr. I'm from
25 Spotsylvania, Virginia. I'm a board certified art therapist.

1 I feel very strongly that our therapists need to be licensed
2 in order to address the current mental health crisis.
3 According to the CDC, since 1999, the suicide rate in the
4 U.S. has gone up across all racial and ethnic groups, in both
5 men and women, in both cities and rural areas and across all
6 age groups.

7 Overall, the suicide rate has increased nearly 30
8 percent. Twenty-five states have suicide rate increases of
9 more than 30 percent, and suicide is one of the leading
10 causes of death and is on the rise. Among adolescents,
11 suicide is the third leading cause of death and has been
12 rising. Depression and anxiety is affecting college students
13 at alarming rates.

14 As noted in Collegiate Center of Mental Health,
15 anxiety and depression are the top reasons that college
16 students seek counseling, and nearly one in five university
17 students are affected with anxiety and depression. Youth
18 mental health is worsening. Rates of youth with severe
19 depression increased from nearly 6 percent in 2012 to over 8
20 percent in 2015. And even with severe depression, 63 percent
21 of youth are left with no or insufficient treatment.

22 In Virginia alone, the suicide rate among children
23 has increased 29 percent in 2016, the highest it's been in 18
24 years. In adults, one in five adults have a mental health
25 condition, which is over 40 million Americans. There's a

1 serious mental health workforce shortage. In states with the
2 lowest work force, there's up to six times the individuals to
3 only one mental health professional, which includes
4 psychiatrists, psychologists, social workers, counselors and
5 psychiatric nurses. The agency that I work with in the
6 Stafford-Fredricksburg area, there's currently a two-month
7 waiting list for people who need mental health support.

8 Licensing our therapists would provide another tier
9 of healers to address the mental health crisis. Also, these
10 statistics are imposing an increasing burden on children's
11 hospitals and pediatricians. As suicide rates have risen in
12 Virginia, Governor Northam has signed legislation calling on
13 state officials to report how they're addressing the problem.

14 On a personal level, as a registered art therapist,
15 when I moved to Virginia 22 years ago, the lack of licensing
16 made our therapy positions difficult to find. In
17 desperation, I began teaching public high school instead. If
18 I had a license as an art therapist at the time, I could have
19 found work and maybe helped hundreds of people. Art therapy
20 work was hard to find, still is, largely due to the fact that
21 mental health agencies in Virginia are reticent to hire art
22 therapists because of the lack of licensing.

23 Given the increasing rate of anxiety, depression,
24 trauma, and suicide nationwide and in Virginia, I think
25 licensing our therapists in Virginia would provide

1 substantially more mental health professionals and better
2 access to mental health treatment for adults, children, and
3 adolescents. Thank you.

4 MR. WELLS: I apologize. We were running a little
5 bit late, and we have one piece of business we have to take
6 care of. Ms. Carter?

7 MS. CARTER: In the event of an emergency in which
8 we have to evacuate the building, you can go out that door
9 right there or this door right here, make an immediate right,
10 go across the parking lot into the fence and stand. Sorry.
11 It has happened. We have had calls. This is so you know
12 what to do. Thank you.

13 MR. WELLS: One other thing that I didn't say is
14 that this is a formal public hearing, but it's also informal.
15 If any members have any questions that they would like to ask
16 any of the speakers as we go, please feel free, and hopefully
17 you all are willing to answer some back-and-forth questions
18 that we might have questions about. Okay. Our second
19 speaker is Gretchen Graves.

20 MS. GRAVES: Good morning, good morning. I'm
21 Gretchen Graves. I am a credentialed art therapist who lives
22 here in Richmond. I work at the Children's Hospital at MCV.
23 I have been driving this study for a while. I went through
24 and I did find a few inaccuracies in this, and I would like
25 to address a couple of them now, and I will send all of the

1 inaccuracies that I saw to Miss Lawrence; is that okay?

2 Okay. Thank you. One of the most important ones
3 that I did notice is on page 8, under credentialing. Can you
4 all hear me? The second paragraph, it states to maintain
5 ATCB certification, art therapists must complete a yearly
6 minimum of six continuing credits. We wish it was 20 per
7 year, which comes out to be a hundred continuing education
8 credits for every five years. And we have to renew our
9 credentialing every five years, and so that is how that
10 worked. And I felt like that was a pretty important piece,
11 because that speaks to how we are monitored under our
12 credentialing.

13 On page 9, under education, the first paragraph, I
14 think there was a typo or a misunderstanding. The first
15 sentence says education to practice as an art therapist
16 requires a minimum of a master's degree in a program
17 accredited by the Art Therapy Credentials Board. And
18 actually, the programs are accredited by the Education
19 Program Approval Board, which currently is in a five-year
20 transition to have accrediting going external with CAAHEP.

21 And I apologize, but I don't remember what that
22 acronym stands for. But it is an external accrediting board
23 for educational programs. There were a few other minor
24 details. I will forward those to Miss Lawrence, but those
25 didn't seem quite as important to me as the other thing.

1 I also want to point out a few facts that recently
2 were uncovered that speaks to art therapists and public
3 protection. In Psychology Today, for example, there are 232
4 clinicians advertising that they provide art therapy in
5 Virginia. However, only 29 of them, like a tenth almost,
6 were actually credentialed art therapists. So there is a lot
7 of people going out there and expressing that they're doing
8 art therapy, and they're not.

9 And the thing that is very important about that is
10 that we are trained with certain modalities to use with
11 certain populations. We understand that we're not gonna go
12 use specific materials with, for example, substance abuse
13 people. There's just some materials you don't want to use
14 with certain populations. And if you are not a trained art
15 therapist, you may not understand that, and you could cause a
16 lot more harm than good for your client in the end.

17 So it's very important, and there was another
18 statistic. Recently, the Virginia Art Therapy Association
19 just did a study of graduates or students -- graduate student
20 survey, and it had 23 participants in it. So one of the
21 questions they said -- that they asked was does the lack of
22 licensure in Virginia pose a barrier in staying in Virginia
23 once you graduate.

24 Well, out of all those people, 18 of them said yes,
25 they were gonna move out of Virginia to seek states that have

1 license -- for example -- Maryland has licensure.
2 Washington, D.C. is moving forward with art therapy
3 licensure. North Carolina is moving forward with art therapy
4 licensure. These are pulling very viable, very trained
5 mental health service people out of our state. We need good
6 mental health people in our state. And I think that's all I
7 have to say right now. Thank you.

8 MS. ORR: CAAHEP is the Commission on Accreditation
9 of Allied Health Education Programs. It's CAAHEP.

10 MS. CARTER: We're familiar with that organization.

11 MS. ORR: Great. Thank you.

12 MR. WELLS: The next speaker is Carol Olson.

13 MS. OLSON: Hi, I'm Carol Olson. I'm a board
14 certified art therapist and a certified art therapy
15 supervisor as well as several other credentials. And I am
16 also the president of the Virginia Art Therapy Association.
17 There are a lot of people working on this issue to get art
18 therapy licensing in Virginia. I agreed with everything my
19 peers have said. I have been working in this field for a
20 long time.

21 Right now, very recently, there are concerns that we
22 are trying to get people credentialed, finish their
23 educations, go into practice, provide ethical services that
24 we face in an unregulated field. I think it's time for us to
25 be regulated. We seek that as a group of people, which is

1 why several of our members are here with us. We want to be
2 engaged more formally in the mental health system. There are
3 a lot of us who have been in practice for a long time.

4 We face people out there with absolutely no
5 education and no degrees, marketing themselves as art
6 therapists and calling themselves counselors who don't know
7 what they're doing. And we, as a profession, end up then
8 seeing these people afterward, and we have to kind of undo
9 potential damage to the clients. We feel that the popularity
10 of art therapy is rising right now. We hear about it in the
11 news.

12 It's effective in multiple treatment issues,
13 especially trauma, and we are trying to ensure that the best
14 trained people are providing competent services in particular
15 modalities, and we hope that you will take our application
16 seriously and work with us on this. Any questions?

17 MR. WELLS: Ms. Olson, walk me through. You said
18 that you were board certified, and you said that you were
19 credentialed; what are you able to do now? What can you do
20 now that differentiates you from me? What is available to
21 you now?

22 MS. OLSON: Well, in Virginia nothing, that's why
23 we're here. Right. So the National Art Therapy Association,
24 in an effort to help art therapists practice in their states,
25 you know, now offer a national test in what we call board

1 certification. So we spend, as outlined in our application,
2 hours, just like any other mental health professional.

3 So I've done the same thing twice. So I've gone
4 through practice for two years under the supervision of an
5 art therapist, and I took a national exam. And I do a
6 hundred hours every five years, 20 hours a years, of
7 additional certification classes to maintain my board
8 certification to allow me to call myself an art therapist.

9 But in Virginia, actually you could call yourself an
10 art therapist and charge money and see people and do
11 counseling without any education at all, and that's the
12 difference. We would like Virginia to recognize us as a
13 health profession and have title protection, and we could be
14 regulated and address issues of fraud and protect the public.

15 I would like there to be a difference between us.
16 And I'm an artist too, but I had never called myself a
17 therapist before I went through the extensive degrees and
18 training that I did.

19 MR. WELLS: So currently there is a national board
20 exam?

21 MS. OLSON: The Art Therapy Credentials Board does a
22 national test that people take to call themselves art
23 therapists.

24 MR. WELLS: Are there programs in Virginia?

25 MS. OLSON: There's Eastern Virginia Medical School

1 that has an art therapy program, and George Washington
2 University has their art therapy program within Virginia,
3 northern Virginia. We have a few undergraduate programs as
4 well in Virginia. Our field considers entry into the field
5 as a professional after the completion of a master's degree
6 and after supervision.

7 MR. WELLS: Thank you.

8 MS. RACKETS: I was curious -- my name is Martha
9 Rackets. I work at a licensed substance abuse agency in
10 Virginia, and I'm curious about what the previous speaker and
11 also what you were speaking to around adding art therapists
12 into the work force in Virginia, and what some of the
13 experience barriers are by your profession in becoming
14 employed in Virginia in agencies, in licensed agencies for
15 mental health or substance abuse or facilities; given that
16 they are licensed facilities and sometimes the requirement is
17 that they're hiring licensed mental health practitioners, and
18 you know, if that is an experience or something that is
19 brought up in your meetings or your profession.

20 I'm just curious to hear some of the concerns. I
21 know that at the agency that I work at, it is a barrier.
22 We're looking for licensed mental health practitioners, and
23 art therapists don't qualify, unless they have a dual license
24 in something else. So I was just curious if you could speak
25 to that.

1 MS. OLSON: Definitely. As Gretchen said, you can
2 join me for a few questions. We spend a lot of time as
3 professionals, spend a lot of time mentoring people and
4 supervising them, just to have to watch them move to another
5 state in order to practice. So it is something that we talk
6 about in meetings all the time, is how to keep people in
7 Virginia. For me, when I moved here, I knew I was gonna stay
8 here. I mean, I had to go the extra effort to get another
9 degree and another licensure just to maintain employment
10 here.

11 So it is a huge factor. We have to have a licensed
12 person. We want art, so they will call and hire a
13 non-licensed person and allow them to do art therapy and, you
14 know, they get around the regulation that way. They still
15 call it art therapy all the time. They can hire that person
16 much cheaper. They have very little training, and generally
17 they don't realize that the staff is gonna have to come in
18 and help that person when you have clients in crisis.

19 I mean, many factors can happen. Their behavior is
20 not regulated, so they have dual relationships with clients
21 and other inappropriate behavior. They are not regulated.
22 We can't do anything about that, but we have to repair the
23 damage. So we do face losing the work force. I work at an
24 agency now and have a hard time finding counselors for these
25 reasons.

1 There's a whole slew of counselors in Virginia that
2 would love to work, and they have the appropriate training,
3 and they're under supervision, and they maintain themselves
4 under supervision. We behave like licensed professional
5 counselors. We are seeking education, staying in
6 supervision, and are engaging in supervision as well, and
7 maintaining all of the education requirements that we have.

8 So we would like to be formalized. We would like to
9 have title protection as part of that. We sent you a list of
10 all the private practitioners who are not art therapists who
11 set up private practice in Virginia, who call themselves art
12 therapists, and we feel they are defrauding the public.

13 MR. WELLS: Comment or questions?

14 MR. O'CONNOR: Hi. I am Kevin O'Connor with the
15 Board of Medicine. I am sort of new to this process. So,
16 how many states license art therapists currently?

17 UNIDENTIFIED SPEAKER: We have the same licenses in
18 seven states, and three states have our license under
19 counseling specialization in art therapy, and then we have
20 title protection, which has been an additional. It's
21 growing.

22 MR. O'CONNOR: Also, help me understand the
23 intersection or the spectrum between art therapy, music
24 therapy, counseling occupational therapy and physical
25 therapy; tell me how those all intersect. Many people would

1 say music therapy falls into that as counseling or physical
2 therapy or occupational therapy. So help me understand. If
3 we're going to be licensing art therapists, the next people
4 to be here would be music therapists.

5 MS. ORR: Well, other than separate lobbying
6 efforts, we see ourselves distinctly. We started distinctly.
7 So we can sometimes be lumped under the realm of what might
8 include art and us, music, dance, theater. So a lot of it is
9 because they are growing out in separate fields, because they
10 are not being regulated. People start associations because
11 states would not listen to us when we're saying like, these
12 particular modalities are extremely effective with working
13 with clients across the range of mental health issues, across
14 the range of ages, across the range of ethnicities.

15 And so we're watching, you know, just really who
16 creates a lobbying group to push their field forward, and we
17 started as art therapy, and it certainly is a very defined
18 field, and certainly other people are using creative means.

19 MR. O'CONNOR: I guess that is my point. We are
20 talking about expressive therapy and seeing how that is used
21 for mental health counseling. It's also used, to some
22 extent, for rehabilitation, stroke rehab, that sort of thing.
23 That group is also served by other expressive therapists, and
24 so, why you and why not everyone else?

25 MS. GRAVES: Well, music therapists are trained and

1 credentialed differently than art therapists. Music
2 therapists graduate from, I think, even undergraduate
3 degrees. They can sit credentially for a music therapy
4 credential; that is not the same as art therapists.

5 MR. O'CONNOR: I don't mean to interrupt, but the
6 population we serve is the same. It can be the same.

7 MS. GRAVES: Yes.

8 MR. WELLS: So if the purpose is to regulate the
9 service provided to a population, where does that line stop?
10 Where does dance therapy stop? And it could be said that
11 next year we will be regulating dance therapists because they
12 serve a similar population with similar goals.

13 MS. OLSON: Well, we serve all populations, and we
14 work with many other medical and psychiatric professionals
15 when working with a client. I guess I'm not sure why we
16 would have to be lumped in with them.

17 MR. O'CONNOR: Well, I'm not putting you on the hot
18 seat here.

19 MS. OLSON: That's okay, I understand.

20 MR. O'CONNOR: You lump this all together and call
21 it expressive therapists, and so I have had some experience
22 in northern Virginia where we have a very active art therapy
23 population and a very active music therapy population, and
24 they serve the same population. They do it as inpatient and
25 outpatient. So I'm just trying to wrap my head around why we

1 should regulate one group that provides this bundle of
2 services and not regulate another or a third.

3 MS. GRAVES: Well, counselors and OTS and PTs are
4 regulated, am I not correct?

5 MS. OLSON: They are regulated. So, I mean, we are
6 fine if you regulate music therapists.

7 MS. GRAVES: Yeah, we're good with that.

8 MS. OLSON: We're not saying you shouldn't actually.
9 I mean, like she said, it's really different training. We
10 see ourselves different, much like, you know, there are
11 different levels of other types of therapists out there. You
12 know, substance abuse is regulated separately than mental
13 health counseling in that they overlap and tend to, you know,
14 really cross realms sometimes.

15 We would support music therapy being regulated as
16 well. We're advocating right now within our own. So we
17 don't see it as competitive or different. We see it as
18 complementary.

19 MS. RAMOS: A quick question. If art therapists
20 were regulated, what is the impact on the work force, and do
21 you have specific numbers? How would that help meet the
22 demand?

23 MS. GRAVES: I don't know if we have specific
24 numbers at this time. But as I stated earlier about, you
25 know, the projection of students coming out of the two very

1 large graduate programs that we have in the state, I think
2 that we would retain more licensed therapists in our state
3 than if we didn't regulate. Like I said, deregulate it,
4 they will leave.

5 MS. OLSON: So you look at these graduating classes,
6 on average, between 25 to 30 people graduate from each school
7 in Virginia. So on average, that's 50 to 60 art therapists
8 graduating each year from schools, as well as the potential
9 of people who go to other art schools -- art therapy schools
10 outside of Virginia that want to come back to practice.

11 So when we state it that way, you have a force of
12 people who would come out looking for jobs that would go
13 elsewhere, because we don't have the ability to provide them
14 what they need or salary stability. You know, in this realm,
15 it's a mixed bag of what people can expect to earn as well.

16 MS. CARBAJAL: Speaking about the population that
17 art therapy serves, can you talk to me a little bit about how
18 it serves our seniors, especially those with cognitive
19 impairment. Are there programs that would benefit this
20 certain population?

21 MS. OLSON: Yeah. Actually that was one of my
22 specialty areas was working with the elderly and dementia.
23 And there have been a couple of times I've been able to work
24 on special grants within the population, and I would love to
25 really formalize that service for the various agencies.

1 Art therapy is a great way of working with those
2 with dementia and other aging-process issues. Actually, I
3 made a small film about it. I will send it to you. Because
4 it can help with orientation. It can help with different
5 family issues. I have done a mix of different ways of using
6 art in helping the elderly.

7 And, you know, I have worked in programs outside of
8 Virginia as well in rehabilitation. So it's a very effective
9 means with other modalities as well. So it would be a great
10 way to, you know, expand the ability of working with the
11 elderly in a very broad population. It is a very effective
12 means of working with them.

13 MR. CARBAJAL: So you view yourself as working in
14 nursing homes?

15 MS. OLSON: Yes.

16 MS. SAADEH: Hi. My name is Leila Saadeh. I am the
17 vice president of the Virginia Art Therapy Association. I
18 just wanted to speak with you, Dr. O'Connor; is that okay? I
19 would just hate for art therapy to be bundled up into dance
20 therapy, music therapy, because we are, in fact, very
21 different. The only thread of similarity is that we come
22 from an art space practice. So art therapists are trained as
23 psychotherapists. We have the same training as LPC
24 counselors -- anyone who wants to be a psychotherapist.

25 In my experience in working with music therapists,

1 we are very different. They don't have the counseling in the
2 psychotherapy, psychopathology, training, and education.

3 MS. OLSON: They have a bachelor's degree, is that
4 correct?

5 MS. SAADEH: Which is different. So I just want to
6 make that clear with you. I know that dance, music, art is
7 very expressive, but we are actually very different. And
8 that also ties in with the populations that we serve. We can
9 serve anyone who has a mental health diagnosis, a chronic
10 illness diagnosis. Autism is extremely valuable, which as we
11 all know, is increasing in numbers, and there's a huge need
12 for professionals who serve that population.

13 So I won't keep talking about all the people that we
14 can serve, because we can really serve anyone who needs any
15 sort of help. As where other expressive therapies are a
16 little bit more limited, but I can't speak to you on that. I
17 appreciate it.

18 MR. WELLS: Is there anyone else who wishes to speak
19 who is not on the list? Yes, ma'am.

20 MS. MILLS: Good morning. My name is Ann Mills, and
21 I am a registered and board certified art therapist. I work
22 in Alexandria, Virginia. I am licensed in the District of
23 Columbia, Maryland, and New York. I am the former chair of
24 the Research Committee, former chair of the Nominating
25 Committee, the former director of the graduate program in Art

1 Therapy at George Washington University.

2 I am unable to work in Virginia. I am a proud
3 Virginian, and I would like to work in Virginia. I have an
4 example of harm done to a patient by a non-art therapist, an
5 example that has been repeated any number of times over the
6 30 years of my career. I am a trauma therapist. I
7 specialize in trauma therapy.

8 I have been approached by allied mental health
9 professionals who will say well, I had this or that clinical
10 challenge with a client, and I didn't know what else to do.
11 So I got out some letterhead and gave them a pen and asked
12 them to draw what happened, draw some horrible, traumatic
13 event.

14 So a specific of one of those was a survivor of
15 severe trauma became mute and unable to speak. She then drew
16 it for her therapist, not an art therapist, on letterhead.
17 And then the mental professional showed me a picture and
18 asked for sort of a curbside consult on it. And then after
19 she drew this, she withdrew and hid in a corner and started
20 banging her head. The patient started banging her head
21 against the wall and seemed not to hear me when I begged her
22 to stop.

23 So eventually, I put a pillow between her head and
24 the wall, and that is how the session ended. And what would
25 you have done as an art therapist that would have been

1 different? So I find this appalling. I am very concerned
2 that this kind of thing happens to clinicians when they get
3 stuck, and this is where we would hold as art therapists that
4 we would receive appropriate referrals due to practices that
5 are inherent in our profession and the characteristics of the
6 clients we serve as outlined on page 8 of the report.

7 This is the kind of thing where we feel we have
8 something special. We know we have something special to
9 offer in our hands, our skilled hands. We can help people.
10 It's a powerful tool, visual arts. As you know, it can
11 retraumatize people in untrained hands. Sometimes people
12 work beyond their areas of competence and their scope of
13 practice. We don't want them hurting people.

14 My private practice is in the District of Columbia.
15 I was grandfathered in as an LPC. But then just for fun, I
16 took the national counseling exam, just to kind of have that
17 legitimacy as well and passed that. Two-thirds of my
18 practice is people who live in Virginia. People seeking
19 referrals to art therapists call me weekly because they want
20 help for daughters who are dieting themselves to death, or
21 husbands whose explosive anger has caused them to be fired.

22 In Virginia, a licensed art therapist should be able
23 to help with support, and with your support, we will. I
24 wanted to also mention that I am also a researcher as well as
25 a clinician.

1 I am the director of the archive of the
2 International Collection of Drawings, standardized drawings.
3 Our policy is that only mental health professionals and art
4 therapy students may administer this particular assessment.
5 We do not allow artists and lay people to administer this
6 assessment.

7 I would like to say a word about CAAHEP. CAAHEP for
8 me personally would impose the impossible. It's already an
9 impossible standard for me to become an LPC in Virginia.
10 CAAHEP would make it that much more difficult. Thanks very
11 much. Any questions for me? Thank you.

12 MR. WELLS: Is there anyone else who would like to
13 speak or respeak?

14 MS. GRAVES: We're all art therapists. We come from
15 all over the state, and this is a small, small spattering of
16 what we have. Last time, the American Art Therapy
17 Association put together our numbers, we estimate there's at
18 least 300 or greater art therapists in our Commonwealth that
19 we know of. Only that we know. There's probably many out
20 there. But without things like licensure and stuff, they may
21 not come out of the woodwork and join the associations and
22 things like that.

23 MR. WELLS: Thank you.

24 MS. GRAVES: Thank you.

25 MR. WELLS: Okay. I want to thank all of who came

1 today and took time to comment. We will consider all of the
2 comments prior to submitting any recommendations. Written
3 comment will be accepted until 5 p.m. on July 27, and this
4 concludes our hearing this morning.

5

6

7

8

9

HEARING CONCLUDED

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

CERTIFICATE OF COURT REPORTER

I, DENISE HOLT, hereby certify that the foregoing hearing was taken down by me in stenotype and therefore reduced to typewriting; that I am neither related to, nor employed by any of the parties to which this public hearing was taken; and further, than I am not a relative or employee or employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

Given under my hand this 26th day of June, 2018.

Denise Holt

0315066