May 16, 2011

The Honorable Max Baucus, Chairman
Senate Committee on Finance
511 Hart Senate Office Building
Washington, D.C. 20510

RE: In Support of S. 604, the “Seniors Mental Health Access Improvement Act of 2011” with Recommendation to Include Art Therapists Licensed as Either “Art Therapists” or “Creative Arts Therapists”

Dear Senator Baucus:

The American Art Therapy Association is the professional membership organization for practitioners and research scientists engaged in the field of art therapy. The Association comprises over 5,500 national and international members. The AATA National Office works in concert with the Association’s 38 state and regional chapters. Many of our members are licensed master-level or doctoral-level art therapists, who practice under a variety of licensure titles that vary across states, including as licensed art therapists, counselors, psychologists, occupational therapists, marriage and family therapists and others, depending upon their qualifications.

We support and appreciate the stated purpose of Senate Bill S. 604, which is “(t)o amend title XVIII of the Social Security Act to provide for the coverage of marriage and family therapist services and mental health counselor services under part B of the Medicare program, and for other purposes.” We agree and the support the purpose of S. 604 to increase seniors’ access to mental health services by obviating restrictions on mental health providers that would require them to offer and bill services to Medicare beneficiaries as “incident to” physicians’ services.

State Licensure Requirements Sufficiently Protect Public Health and Welfare, Including for Medicare Beneficiaries

Once these mental health services providers meet state licensure or equivalent authorization requirements to offer and render services to the public, the health and welfare of the public has been sufficiently protected, so as to allow these providers to render their services to independently to the general public in that state. There is no reason why the Medicare program should not recognize that protective function as fulfilled by the state, thus, making additional programmatic restrictions to the performance of those services unnecessary, as concerns Medicare beneficiaries.

By freeing mental health services providers from the requirement to provide and bill their services as “incident to” those of physicians, this bill will, indeed, increase senior’s access to beneficial services that improve their mental health. In turn, improved psychological health
leads to improved physical health and concomitant cost-savings in services utilization for the Medicare program.

“Art Therapist” and “Creative Arts Therapist” Licenses

Art therapists are uniquely positioned with regard to state licensure because these mental health professionals are handled differently by different states, with regard to the licensure titles available to them. Because only five states offer a license specifically named “Art Therapist” or “Creative Arts Therapist,” these licenses comprise a unique subset of licensed mental health providers that have met nearly identical state requirements as marriage and family therapists but less well known to the public, including legislators.

Currently, those states with the “Art Therapist” license are Kentucky, Mississippi, New Mexico, and Wisconsin; New York offers a “Creative Arts Therapist” license. So, it is only in those five states that an Art Therapist can be licensed as such. In Pennsylvania, Massachusetts, and Texas, art therapists are specifically included in counselor licensure laws, so they become licensed counselors in those states. Lacking an available, more specific license title, most licenses art therapists hold are under titles other than Art Therapist or Creative Arts Therapist, as previously noted.

Art Therapist and Creative Arts Therapist License Qualifications are Virtually Identical to Marriage and Family Therapists’ License Qualifications

You will see from the attached matrix of comparative state licensure requirements, that those states that offer licenses under titles of Art Therapist or Creative Arts Therapist have virtually identical requirements for those licenses as for licenses entitled, “Marriage and Family Therapist.” For that reason, the “Marriage and Family Therapist” is the license of choice for many art therapists who practice in the vast majority of states that do not have “Art Therapist” or “Creative Arts Therapist” licenses.

For instance, in Wisconsin, art therapists are licensed by the same composite board that provides the “Marriage and Family Therapist” and Counselor licenses, the Joint Board of Marriage & Family Therapy, Professional Counseling & Social Work. Art therapists register in Wisconsin as such and are licensed to practice “psychotherapy, under regulation RL 140.01 Authority. The rules in chs. RL 140 to 142 are adopted by the department pursuant to ss. 227.11 (2) and 440.03 (14) (am) and (d), Stats., to govern the registration of music, art and dance therapists and the issuance of licenses to practice psychotherapy to registrants. Certification and practice for “Therapists” falls under the WI Administrative Code that applies to marriage and family therapists, Chapters MPSW 15 to 20. The scope of practice definition for “psychotherapy” that applies to both professions is under Section 457.01 Definitions:

457.01(8m) “Psychotherapy” means the diagnosis and treatment of mental, emotional, or behavioral disorders, conditions, or addictions through the application of methods derived from established psychological or systemic principles for the purpose of assisting people in modifying their behaviors, cognitions, emotions, and other personal characteristics, which may include the purpose of understanding unconscious processes or intrapersonal, interpersonal, or psychosocial dynamics.
Marriage and family therapy is defined essentially a sub-category of psychotherapy that applies to marital or other familial relationships:

457.01(5)
(5) "Marriage and family therapy" means applying psychotherapeutic and marital or family systems theories and techniques in the assessment, marital or family diagnosis, prevention, treatment or resolution of a cognitive, affective, behavioral, nervous or mental disorder of an individual, couple or family.

The regulatory definition of art therapy recognizes its “full spectrum of models of assessment and treatment,” for “individuals, couples, families and groups,” under RL 140.02(3):

RL 140.02(3)
(3) "Art therapy" means the specialized, professional and psychotherapeutic use of art media, images, the creative art process, and client responses to the created art productions as reflections of an individual's development, abilities, personality, interests, concerns, and conflicts. "Art therapy" is based on knowledge of human development and theories which are implemented in the full spectrum of models of assessment and treatment including educational, cognitive, transpersonal, and other therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem. Art therapists serve individuals, couples, families and groups. "Art therapy" may include the use of elements of other art forms.

Licensed art therapists, regardless whether their licensure title is Art Therapist, Creative Therapist, or Marriage and Family Counselor, all have master degrees or doctorates and are fully trained and qualified to provide services to individuals, couples, families and groups. In this manner, art therapists licensed as either “Art Therapist” or “Creative Arts Therapist” already meet the language, spirit and intent of S. 604 provisions:

- Art therapists licensed as either “Art Therapist” or “Creative Arts Therapist” possess a “master’s or doctoral degree which qualifies for licensure or certification as a marriage and family therapist pursuant to State law.” (S. 604, lines 14-16)

- Art therapists licensed as either “Art Therapist” or “Creative Arts Therapist” are legally permitted within their scope of practice to provide services “for the diagnosis and treatment of mental illnesses, which the marriage and family therapist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed. (S. 604, lines 1-6)

**Post-graduate, Supervised Clinical Experience**

In addition to this, the two-year requirement in S, 604 clearly intends to further ensure the qualifications of those offering therapy to Medicare recipients by focusing on the nature of the therapists’ post-graduate, supervised clinical experience. We agree with this requirement but note that it specifies a 2-year time duration but not the number of clinical hours required for completion within this period. Art Therapy and Creative Arts Therapist licenses require more post-graduate supervised clinical hours of experience than the Marriage and Family Therapist license in most states.
**TABLE: COMPARISON OF POST-GRADUATE, SUPERVISED CLIENT HOURS REQUIRED FOR ART THERAPIST LICENSE & MFT LICENSE**

<table>
<thead>
<tr>
<th>State</th>
<th>Postgraduate Client Contact Hours Required</th>
<th>Postgraduate Client Contact Hours Required: MFT LICENSE</th>
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<tbody>
<tr>
<td>KY</td>
<td>ART THERAPY LICENSE 1,000 hours supervised post-grad client contact OR 700 hours supervised internship PLUS 2,000 hours additional supervised post-grad client contact</td>
<td>2 years' post-master's experience in MFT (#hours not specified) PLUS 200 hours post-master's clinical supervision</td>
</tr>
<tr>
<td>MS</td>
<td>LICENSED PROFESSIONAL ART THERAPIST ALT 1: master or doctoral degree in art therapy with 600 hours supervised internship PLUS 1,000 hours supervised post-grad client contact OR ALT 2: master or doctoral degree in related field PLUS 21 min. semester hours- sequential art therapy course work PLUS 700 hours supervised internship experience PLUS 2000 hours supervised post-grad client contact</td>
<td>2 years postgraduate clinical experience (agency, institution, or group practice) PLUS 200 hours MFT supervision</td>
</tr>
<tr>
<td>NM</td>
<td>LICENSED PROFESSIONAL ART THERAPIST 2 years min. post-grad professional art therapy experience: 3,000 hours post-grad clinical client contact PLUS 100 hours face-to-face post-grad supervision; (700 clinical client contact hours may be from the applicant’s internship or practicum)</td>
<td>2 years min. post-grad marriage &amp; family therapy experience: 1,000 hours min. post-grad marriage &amp; family clinical client contact PLUS 200 hours post-grad marriage &amp; family supervision, including 100 hours min. individual supervision</td>
</tr>
<tr>
<td>NY</td>
<td>LICENSED CREATIVE ARTS THERAPIST 1500 hours post-grad clinical experience</td>
<td>1500 hours supervised clinical client contact OR 1500 hours post-master's supervised clinical client contact in MFT</td>
</tr>
<tr>
<td>WI</td>
<td>LICENSE TO PRACTICE PSYCHOTHERAPY (for registered Music, Art or Dance Therapist)</td>
<td></td>
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</tbody>
</table>

**AATA Recommendation:** We recommend and request that the S. 604 requirement for post-graduate “clinical supervised experience” incorporate, by general reference, the requirements of the provider’s state of licensure for the license s/he holds. This is more appropriate than a generic two-year requirement without a maximum time period for completion and absent a specified number of clinical hours because 1) state licensure is the baseline requirement for Medicare provider participation; 2) requirements for hours of post-graduate, “clinical supervised experience” vary across states and among license types across and within states; and 3) some states do not articulate a timeframe within which the required number of hours of post-graduate,
“clinical supervised experience” must be obtained. In those states, imposing a federal requirement for a two-year time period in which to complete an unspecified number of post-graduate, supervised clinical hours of experience in order to qualify as a Medicare-covered provider of covered services is problematic. Apart from lacking in specificity, that federal requirement would, arguably, essentially constitute an impermissible pre-emption of state authority to define professional licensure requirements, such authority having been long ago delegated by the federal government to states.

(See Appendix 1: Matrix of Comparative Licensure Qualifications for Art Therapists and Marriage and Family Therapists)

Equal Protection and Unequal Application of S. 604 Provisions to Licensed Art Therapists

S. 604 highlights an unusual and ironic adverse consequence to certain licensed art therapists that is, undoubtedly, an unintended result of S. 604 stemming from the unique licensing position of art therapists. One is hard-pressed to imagine any other professionals who are licensed under such a wide variety of titles due to the lack of a specifically titled license for their profession in most states. Many licensed art therapists hold marriage and family therapist or counselor licenses, thus, are automatically covered under S. 604, while those holding meeting the same licensure requirements but having the license title “Art Therapist” and “Creative Arts Therapist” are not covered under S. 604.

Due the small minority of five, more progressive states that offer a specifically titled “Art Therapist” or “Creative Arts Therapist” license to art therapists, art therapists with those licenses would be excluded from S. 604 provisions the way they are currently drafted, while art therapists with license titles of “Marriage and Family Therapist” or “Counselor” would be included, under S. 604. This could lead to an Equal Protection challenge to S. 604 on the basis of the law applying unequally to art therapists in two scenarios.

SCENARIO 1: One way in which unequal treatment could occur, under S. 604 is for two categories of state-licensed art therapists who meet the same state licensure qualification requirements to be either excluded from or included under S. 604, solely on the superficial basis of licensure titles and their respective availability in different states. Category A art therapists with licenses entitled, “Art Therapists” or “Creative Arts Therapists,” would be excluded from S. 604 provisions, while Category B art therapists with license title of “Marriage and Family Therapist” would be included under S. 604.

SCENARIO 2: The other way unequal treatment could occur under S. 604, is for two categories of state-licensed mental health providers who render the same marriage and family therapy services within their legal scopes of practice to be either excluded from or included under S. 604, on the superficial basis of their license titles. The substantive basis of their having met strenuous license qualification requirements that enable them to legally provide marriage and family therapy services within their scope of practice, as delineated in licensing laws and regulations, should override mere license titles, for purposes of S. 604. Category C art therapists with licenses entitled, “Art Therapist” or “Creative Arts Therapist,” who provide marriage and family therapy services under their legal scope of practice would be included under S. 604 provisions, while Category D art therapists with the license title, “Marriage and Family Therapist,” who
provide *marriage and family therapy services under their legal scope of practice* would be *included*, under S. 604 provisions.

**Excluding Licensed “Art Therapists” or “Creative Arts Therapists” Undermines the Primary Purpose of S. 604 to Expand Seniors’ Access to Mental Health Services**

We believe that S. 604 is inadvertently under-inclusive in its language, due to a lack of general knowledge as to the fact that five states currently differ from the rest in offering licenses under the titles of “Art Therapist” or “Creative Arts Therapist.” Given the increasing attention to art therapy within the general medical community, it is also possible that more states will eventually offer more profession-specific licenses with these or similar titles, under which more art therapists will then practice. Revising the language of S. 604 now, to be properly inclusive, would be easier and more prudent than attempting to do so after it is passed into legislation and implemented by regulations.

Seniors need access to the best possible range of mental health services possible that will contribute to maximizing their psychological well-being and physical health. Toward that end, mindful of the laudable goal and purpose of S. 604, we urge you to revise S. 604 to pre-empt the unintended, negative consequence of depriving seniors of much-needed access to state-licensed art therapists who practice under more specific license titles in five states. This issue is easily correctable by editing S. 604 to specifically address the quirk of license availability across states by including those who render mental health services under the license titles of “Art Therapist” or “Creative Arts Therapist.”

**Art Therapy is More Effective than Talk Therapy for Many Senior Patients**

Access to mental health services obviously is optimized when seniors have access to the widest variety of mental health providers that can meet the unique needs of this population. Many seniors have various kinds of disorders or impairments that impede communication through spoken words. For these people, art therapy can be a more effective treatment method than the talk therapy that is the mainstay of marriage and family therapists, counselors, psychologists and psychiatrists.

There are increasingly larger populations of seniors with cognitive, memory and other impairments to spoken communication, whether from stroke, Alzheimer’s disease or other causes. Seniors tend to have more co-existing chronic diseases and disorders that impede their functioning, including vision, balance, and hearing impairments. Aging also causes psychosocial adjustment issues for many older persons, which art therapy can uniquely address. For those with the kinds of mental and physical challenges that seniors experience, art therapy is especially useful to unlock memories and enable people to communicate their thoughts and feelings non-verbally. Art therapists are specially trained to interpret symbolism in art self-expression, so they can identify and address issues therapeutically that may be missed by other kinds of therapists who are not trained to be sensitive to patients in this way. Art therapy can often allow seniors to work through their psychological issues more readily than talk therapy would allow them to do. Many studies have demonstrated the effectiveness of art therapy in the senior population. *(See Appendix 2, Citations)*
**Medicare, Part B, Payment for Services of Art Therapists and Creative Arts Therapists**

The Secretary of the Department of Health and Human Services (HHS) should retain the discretion to create a fee schedule that pays for the services of Art Therapists and Creative Arts Therapists at a rate commensurate with their advanced degrees in education and training, rather than be restricted solely by payment with reference to a percentage of the fee schedule payment for another professional, such as a psychologist.

Some licensed psychologists and other “related professionals” to art therapists can earn post-professional certifications in art therapy. For licensed psychologists who either hold dual advanced degrees in psychology and art therapy or have post-professional art therapy certification, they may be dually licensed as art therapists or creative arts therapists. In those situations, dually licensed psychologists can personally perform art therapy services or creative arts therapy services and code/bill Medicare accurately for those services. Dually licensed professionals should not be penalized by receiving only a percentage of their usual fee as a psychologist, simply because they provide art therapy or creative arts therapy services to Medicare beneficiaries.

Both of these issues can be easily resolved by structuring the payment provision of S. 604 to take into account the need for the Secretary’s discretion in setting fee schedules for professionals that are appropriate for their specific characteristics and by ensuring that dually licensed professionals are not short-changed when they provide services of one type, compared to another type.

**Suggested Revisions to S. 604 to Include Art Therapists, Art Therapy, Creative Arts Therapists and Creative Arts Therapists**

The American Art Therapy Association has made suggested revisions in dark violet, bold, italic text to the current language of S. 604, so that its provisions are inclusive of art therapists licensed under the titles of “Art Therapist” or “Creative Arts Therapist,” as well as those art therapists already included under S. 604, by virtue of having licenses under the title of “Marriage and Family Therapist” or “Counselor” and its nomenclature variations. For ease of reference to the original version, the text of S. 604 has been left as intact as much as possible in the following suggested, revised version. *(See Appendix 3, AATA Suggested Revised Version of S. 604 with edits tracked, and Appendix 4, Revised Version of S. 604 in Final Format)*

Should you wish to obtain more information on the manner in which art therapists assist people with various disorders, if we can act as a resource, or otherwise be of service to you, please do not hesitate to contact us. Thank you, again, for your service with regard to this crucial issue.

*(Available upon request: .PDF e-file of this letter and Appendices.)*

Very sincerely yours,

Angela Foehl, J.D., M.P.H.  
Director of Public Policy
AATA Letter of May 16, 2011: “In Support of S. 604, the ‘Seniors Mental Health Access Improvement Act of 2011’ with Recommendation to Include Art Therapists Licensed as either ‘Art Therapists’ or ‘Creative Arts Therapists’”
## Appendix 1: AATA Matrix Comparing Art Therapist & Marriage & Family Therapists’ License Requirements

<table>
<thead>
<tr>
<th>STATE BOARD</th>
<th>ART THERAPIST</th>
<th>MARRIAGE-FAMILY THERAPIST</th>
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<tbody>
<tr>
<td>Kentucky</td>
<td><em>Licensed Professional Art Therapist (LPAT)</em>&lt;br&gt;is a registered art therapist or board certified art therapist, as defined by the Art Therapy Credentials Board, and has either:&lt;br&gt;&lt;br&gt;I. master’s or doctoral degree in art therapy that includes 600 hours of supervised internship experience from an accredited institution PLUS 1,000 postgraduate client contact hours of experience under appropriate supervision; OR II. master’s or doctoral degree in a related field, min. 21 semester hours of sequential course work in art therapy PLUS 700 hours of supervised internship experience from an accredited institution, PLUS 2,000 additional postgraduate client contact hours under supervision.</td>
<td>I. master's or doctoral degree program in marriage and family therapy, from a regionally-accredited educational institution OR II. master's, post-master's, or doctoral program (approved by the Commission on Accreditation for Marriage &amp; Family Therapy Education) PLUS <em>2 years post-master's experience</em> in the practice of marriage and family therapy PLUS <em>200 hours of post-master's clinical supervision</em> acceptable to the Board PLUS Pass a written examination</td>
</tr>
<tr>
<td>Mississippi</td>
<td><em>Licensed Professional Art Therapist 21 years of age</em>&lt;br&gt;I. master's degree or doctoral degree in art therapy that includes 600 hours supervised internship PLUS 1000 postgraduate client contact hours of experience under appropriate supervision; OR II. master’s degree or doctoral degree in a related field PLUS 21 minimum semester hours of sequential course work in art therapy PLUS 700 hours of supervised internship experience PLUS 2000 postgraduate client contact hours of experience under supervision</td>
<td>21 years of age masters or doctoral degree with a major in marriage and family therapy PLUS 2 years postgraduate clinical experience (agency, institution, or group practice) with 200 hours of marriage and family therapy supervision PLUS Pass examination: American Association of Marital and Family Therapy Regulatory Board’s (AMFTRB) Examination in Marital and Family Therapy.</td>
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<tr>
<th><strong>LEGAL</strong></th>
<th><strong>Professional Licensure Division</strong></th>
<th><strong>Mississippi State Board of Examiners for Social Workers and Marriage &amp; Family Therapists</strong></th>
</tr>
</thead>
</table>

| **New Mexico** | Licensed Professional Art Therapist 21 years of age & sign agreement to be bound/governed by the code of ethics. **PLUS** masters or doctoral degree in art therapy, counseling or counseling related field-accredited institution or nationally approved art therapy program **PLUS** 48 graduate semester hours min. or 72 quarter hours min. in art therapy core curriculum **PLUS** 2 years’ min. post-graduate art therapy experience: 3,000 hours post-grad clinical client contact **PLUS** 100 hours of post-grade supervision; (700 clinical client contact hours may be from internship or practicum) **PLUS** Pass art therapy credentials board certification examination (ATCBE) | 21 years of age & sign agreement to be bound/governed by the code of ethics. **PLUS** master's or doctoral degree from an accredited institution in marriage and family therapy meets the requirements of the core curriculum in marriage and family therapy. **PLUS** 2 years’ min. post-grade marriage & family therapy experience: 1,000 hours min. post-grad marriage & family clinical client contact **PLUS** 200 hours of postgraduate marriage & family supervision, including 100 hours min. individual supervision **PLUS** Pass examination for marital and family therapy (PES). |

<p>| <strong>LEGAL</strong> | Department Counseling and Therapy Practice Board, Chapter 27 - PART 7 REQUIREMENTS FOR | 16.27.06 NMAC Requirements for Licensure as a Marriage and Family Therapist (LMFT) |</p>
<table>
<thead>
<tr>
<th>State</th>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>Licensed Creative Arts Therapist</td>
<td>21 years old, master's or doctoral degree in MFT PLUS 1500 supervised clinical client contact hours OR 1500 post-master's supervised clinical client contact hours in MFT PLUS Pass examination</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>License to Practice Psychotherapy</td>
<td>master's or doctoral degree in marriage and family therapy OR master's or doctoral degree in a field substantially equivalent to marriage and family therapy 3000 hours supervised marriage and family therapy practice in no less than 2 years, including at least 1000 hours of face-to-face client contact PLUS Pass Exam administered by Board</td>
</tr>
</tbody>
</table>

**New Mexico**

LICENSURE AS A PROFESSIONAL ART THERAPIST (LPAT) 16.27.07
NMAC QUALIFICATIONS: 16.27.7.10 http://www.rld.state.nm.us/counseling/

QUALIFICATIONS: 16.27.6.9 http://www.rld.state.nm.us/counseling/

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<tr>
<th>State</th>
<th>Requirement</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>Licensed Creative Arts Therapist</td>
<td>21 years old, master's or higher degree in creative arts therapy PLUS 1500 clinical hrs, post-master's, supervised PLUS Pass examination in creative arts therapy</td>
</tr>
</tbody>
</table>

NY Education Law Title VIII, Article 163§8404. Creative arts therapy, & Regulations of the Commissioner of Education, Section 52.34; Subpart 79-11 Creative Arts Therapy http://www.op.nysed.gov/prof/mhp/article163.htm#arts

Wisconsin | License to Practice Psychotherapy Core curriculum | master's or doctoral degree in marriage and family therapy OR master's or doctoral degree in a field substantially equivalent to marriage and family therapy 3000 hours supervised marriage and family therapy practice in no less than 2 years, including at least 1000 hours of face-to-face client contact PLUS Pass Exam administered by Board |

Legislation: Certification and practice, WI Statute, Ch.15, Music, art and dance therapy, Chs. RL 140 to 142 Music, Art, and Dance Therapists - Direct Licensing A person registered as a Music, Art or Dance Therapist may be granted a license to practice psychotherapy under rules

LEGAL http://drl.wi.gov Joint Board of Marriage & Family Therapy, Professional Counseling & Social Work - Marriage & Family Therapist Section ss. 15.08 (5) (b), 15.405 (7c) (d) and 227.11 (2), Stats. WI Administrative Code Marriage & Family Therapy, Counseling
<table>
<thead>
<tr>
<th>promulgated by the Dept. in sections RL 140 through RL 142 of the WI Administrative Code for granting such a license.</th>
<th>Wisconsin Administrative Code Marriage &amp; Family Therapy, Counseling &amp; Social Worker, CHAPTER MPSW 1</th>
</tr>
</thead>
</table>

In Pennsylvania, Massachusetts, and Texas, art therapists are specifically included, under counselor licensure laws.
Appendix 2: Citations

Please note: These are only examples of studies that pertain to senior adults. We have many more, available upon request. Journal names underlined indicate hyperlinks to websites.

Aging/Elderly, General


Abstract (in Introduction to Art Therapy Research)

_Aim & Method:_ An art therapy intervention using an eight-session pottery class based on Eastern Method throwing technique was implemented with 20 elderly nursing home residents, with the aim of improving their psychological well-being. Quantitative evaluation was based on Hebl & Enright (1993) and employed a quasi-experimental design measuring the participants’ self-esteem (Coopersmith, 1981), depression (Beck Depression Inventory, Beck et al., 1961), and anxiety (State-Trait Anxiety Inventory, Spielberger et al., 1983) compared with 20 nonparticipating elderly residents of the nursing home. Qualitative evaluation included client self-evaluations (a subjective measure, designed for this study), case progress notes, journal notes, and photographs.

_Results:_ Following the intervention, the participating group showed significantly improved measures of self-esteem, and reduced depression and anxiety at posttest (p < .05) relative to the comparison group. However, it should be noted that those with high self-esteem and low anxiety at the beginning of the study did not make significant gains; conversely, those with low self-esteem and high anxiety, pre-intervention, benefited the most. Implications for art therapy intervention with institutionalized elderly and further research are discussed. (Doric-Henry, 1997, p. 163; P. St. John, 8/14/05)


Full Text (232K) (Aging, Elderly, Geriatric/Quantitative)

The focus of this outcome study was on art therapy as a support for medical treatment and palliative care. A total of 41 patients were placed in 2 matched groups: 22 patients with Parkinson’s disease and 19 patients without Parkinson’s disease. Each participant completed the Brief Symptom Inventory (BSI) (Derogatis, 1993) pre- and post-test session, and was asked to manipulate a ball of clay and to respond to follow-up questions on the experience. Quantitative and qualitative results showed a positive outcome with significant decrease in somatic and emotional symptoms in both groups. This research supports the value of an art therapeutic clay program for patients diagnosed with Parkinson’s disease and recommends future studies addressing art therapy with caregivers. (p. 122)
The value of art therapy for older people with mental health problems is well documented although there is a paucity of research for people who are home bound. This study, based in England, involved five clients all older people with mental health problems, receiving art therapy sessions at home. The clients and caregivers were then interviewed to ascertain their views. This study indicated that clients and caregivers do feel that art therapy can be of benefit in the home environment. These benefits include an increase in confidence and motivation, with emotional support also being valued. The study concludes that an art therapist can work in the home environment as long as he/she is flexible, organized and assertive. (p. 52)

Abstract
Objective: This study was designed to investigate the benefits of a short-term intervention for older adults that targeted cognitive functioning and quality of life issues important for independent living.
Method: One hundred twenty-four community-dwelling participants (aged 60 to 86) took part in one of three study conditions: theater arts (primary intervention), visual arts (non-content-specific comparison group), and no-treatment controls.
Results: After 4 weeks of instruction, those given theater training made significantly greater gains than did no-treatment controls on both cognitive and psychological well-being measures. A comparison of theater and visual arts training showed fewer benefits in fewer areas for visual arts. Discussion: The authors suggest reasons why various aspects of theater training appear to enhance healthy aging.

Abstract
The present article reports on a controlled intervention study of the effects of a nondirected use of pictures as a possible modality for improving well-being in elderly women. Works of art were chosen for the individual taste pattern on the basis of psychological and art scientific research on aesthetic reactions to and perception of art. Participants were randomly allocated either to the intervention (n = 20) or to the control (n = 20) group. Participants in both groups had the same amount of social contact with and attention from the experimenter. The difference between the groups indicated improved well-being in the intervention group, an improvement not seen in the control group. The quantitative analyses of the results reveal a significant improvement of the positive mood parameters happiness, peacefulness, satisfaction and calmness and the negative parameters low-spirited, unhappy and sad. Systolic blood pressure decreased and an improvement was seen in the subjects' medical health status with regard to reported dizziness, fatigue, pain and use of laxatives.
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[PubMed - indexed for MEDLINE]

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Abstract

Aim & Method: The investigation was aimed towards constructing a visual art programme for communication with elderly.

Methods: Pictures of works of art were used in a controlled intervention study. Dialogues were performed with elderly persons (age 82.6 years) at a senior's apartment building. The Wheel Questionnaire parameters structure, motivation, and emotional investment were analysed using ANOVA (mixed model).

Findings: Significant improvement was found in the visual art group (n = 20) compared with a matched control group (n = 20) over the studied period of time. Communication directions were different in the intervention group compared with the control group. In the intervention group there was an inexhaustible source of topics to be discussed that originated from pictures of works of art. In the control group the dialogues dealt with daily events in the elderly persons' lives. During the final phase of the intervention period it was difficult to find topics of conversation in the control group compared with the intervention group.

Conclusions: The visual art programme is an example of how the language of works of art could be used for nursing management. The findings show a new way to care for elderly persons that builds upon elderly persons' knowledge and personal experience.

Cancer


Find a library that holds this journal: [http://worldcat.org/issn/01619268](http://worldcat.org/issn/01619268)


**Diabetes**


**Hemodialysis**


**Aim & Method:** Qualitative Research. People on hemodialysis live longer because of advances in technology; however, there are concerns about the diminished quality of life and the emotional problems these patients experience. During hemodialysis, patients rarely engage in any meaningful activity. The purpose of this study is to investigate eight patients’ (volunteers who were right-handed, ages 30 – 75 years, three men and five women, all African-American) responses to drawing experiences while in a hemodialysis unit. “Duration of hemodialysis treatment varied from less than one year to 10 years” (p. 92). The inquiry involved a series of drawings and a series of interviews conducted before and after the drawings. By introducing a meaningful activity such as drawing, it was postulated that patients would be stimulated to talk about issues and experiences and improve their confidence and self-esteem. “Data were collected on two forms: a series of drawing activities [(1) Free drawing; (2) Self-portrait; (3) Draw what you most like)] and a series of [two] interviews” (p. 94). Materials were 9 x 12” white paper, standard pencils with erasers and colored pencils for tasks 1 and 2, and watercolor crayons for task 3. “To increase the validity and reliability of interpretation, all drawings were named and dated and colors were standardized” (p. 92). Interviews were audiotape. The predrawing interviewed “provided information about education, background, demographics, art experience, and views about the patient’s sense of self. A post-drawing interview discussed the participants’ responses to the drawings tasks. Information was gathered on aspects that were enjoyable or difficult, ideas and topics drawn, and what the drawings represented” (p. 92). “Interpretative protocols such as those advocated by Adamson, Cousins, Bach (1990), and Furth (1988) were used in conjunction with analytical inductive reasoning to interpret the outcomes” (p. 92). This inquiry describes how patients perceived the situation before and during hemodialysis and explores the relationship between drawing and feelings of well being.

**Results:** The results indicate that all patients enjoyed the experience of drawing; they became focused on doing the drawings and the hours passed more quickly. (Weldt, 2003, p. 92; abstract modified by St. John, 8/14/05)

**Stroke**


This case report discusses the potential for art therapy to aid in the recovery of early-chronic stroke patients. The patient was diagnosed with having a subarchnoid hemorrhage from a cerebral aneurysm rupture 1 year prior to hospitalization. Therapies used as part of the patient’s treatment included 10 weeks of art therapy conducted twice a week, resulting in improvements in the patient’s emotions and cognition. The patient’s artwork provides an especially valuable opportunity for tracking improvements in cognition not easily detected in standard rehabilitation
therapy. Results from the MMSE, MVPT, and psychological tests conducted before and after art therapy treatment showed improved scores in visual perception and cognition, as well as an increase in motor activity and function as a secondary effect. This case report suggests that art therapy may have a positive therapeutic effect on chronic stroke patients. (p. 129)
S 604 IS
1 SEC. 2. COVERAGE OF MARRIAGE AND FAMILY THERAPIST
2 SERVICES AND MENTAL HEALTH COUNSELOR
3 SERVICES UNDER PART B OF THE MEDICARE
4 PROGRAM.
5 (a) COVERAGE OF SERVICES.—
6 (1) IN GENERAL.—Section 1861(s)(2)¹ of the
7 Social Security Act (42 U.S.C. 1395x(s)(2)) is
8 amended—
9 (A) in subparagraph (EE), by striking
10 “and” after the semicolon at the end;
11 (B) in subparagraph (FF), by inserting
12 “and” after the semicolon at the end; and
13 (C) by adding at the end the following new
14 subparagraph:
15 “(GG) marriage and family therapist services, 16 (as defined in subsection (iii)(1));
16 art therapist services or creative arts therapist services,
17 (as defined in subsection (iii)(3))
18 and 17 mental health counselor services (as defined in subsection
19 (ii)(5));’’.
20 (2) DEFINITIONS.—Section 1861 of the Social
21 Security Act (42 U.S.C. 1395x) is amended by add
22 ing at the end the following new subsection:
23 ‘‘Marriage and Family Therapist Services; Marriage and
24 Family Therapist; Art Therapist Services; Art Therapist; Creative Arts Therapist Services; Creative
25 Arts Therapist; Mental Health Counselor Services; Mental Health Counselor
26 services’’ means services performed by a marriage and

S 604 IS
1 family therapist (as defined in paragraph (2)) for the diag
2 nosis and treatment of mental illnesses, which the mar
3 riage and family therapist is legally authorized to perform
4 under State law (or the State regulatory mechanism pro
5 vided by State law) of the State in which such services
6 are performed, as would otherwise be covered if furnished
7 by a physician or as an incident to a physician’s profess
8 sional service, but only if no facility or other provider
9 charges or is paid any amounts with respect to the fur

¹ Part E—Miscellaneous Provisions
DEFINITIONS OF SERVICES, INSTITUTIONS, ETC. [514]
Sec. 1861. [42 U.S.C. 1395x]

Medical and Other Health Services
(s) The term “medical and other health services” means any of the following items or services:
“(2) The term ‘marriage and family therapist’ means an individual who—
(A) possesses a master’s or doctoral degree which qualifies for licensure or certification as a marriage and family therapist, pursuant to State law;
(B) after obtaining such degree has performed the number of hours and/or duration of clinical, supervised experience required by the relevant laws and regulations of his or her state of licensure for the license held in marriage and family therapy;
(C) in the case of an individual performing services in a State that provides for licensure or certification of marriage and family therapists, is licensed or certified as a marriage and family therapist in such State.

“(3) The terms ‘art therapist services’ or ‘creative arts therapist services’ mean services performed by an art therapist or creative arts therapist (as defined in paragraph (4)) for the diagnosis and treatment of mental illnesses, which the art therapist or creative arts therapist is legally authorized to perform under State law (or the State regulatory mechanism provided by State law) of the State in which such services are performed, as would otherwise be covered if furnished by a physician or as an incident to a physician’s professional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services.

(4) The terms ‘art therapist’ or ‘creative arts therapist’ mean
(A) possesses a master’s or doctoral degree which qualifies for licensure or certification as an art therapist, creative arts therapist, or marriage and family therapist, pursuant to State law;
(B) after obtaining such degree has performed the number of hours and/or duration of clinical, supervised experience required by the relevant laws and regulations of his or her state of licensure for the license held in art therapy, creative arts therapy, or marriage and family therapy; and
(C) in the case of an individual performing services in a State that provides for licensure or certification of art therapists, creative arts therapists, or marriage and family therapists, is licensed or certified as an art therapist, creative arts therapist, or marriage and family therapist in such State.

S 604 IS
(5) The term ‘mental health counselor services’ means services performed by a mental health counselor (as defined in paragraph (6)) for the diagnosis and treatment of mental illnesses which the mental health counselor is legally authorized to perform under State law (or the State regulatory mechanism provided by the State law) of the State in which such services are performed, as would otherwise be covered if furnished by a physician or as an incident to a physician’s professional service, but only if no facility or other provider charges or is paid any amounts with respect to the furnishing of such services.

(6) The term ‘mental health counselor’ means an individual who—
(A) possesses a master’s or doctor’s degree in mental health counseling or a related field;
(B) after obtaining such a degree has per....
In Support of S. 604, the "Seniors Mental Health Access Improvement Act of 2011" with Recommendation to Include Art Therapists Licensed as either "Art Therapists" or "Creative Arts Therapists"
In Support of S. 604, the "Seniors Mental Health Access Improvement Act of 2011" with Recommendation to Include Art Therapists Licensed as either "Art Therapists" or "Creative Arts Therapists"

S 604 IS
1 U.S.C. 1395yy(e)(2)(A)(ii) is amended by inserting
2 "marriage and family therapist services (as defined
3 in section 1861(iii)(1)), art therapist services and creative arts therapist services (as defined in section
4 1861(iii)(3)), mental health counselor
5 services (as defined in section 1861(iii)(5))," after
6 "qualified psychologist services,"
7 6 (6) INCLUSION OF MARRIAGE AND FAMILY
8 THERAPISTS art therapists, creative arts therapists, AND MENTAL HEALTH COUNSELORS AS
9 PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Sec
10 tion 1842(b)(18)(C) of the Social Security Act (42
11 U.S.C. 1395u(b)(18)(C)) is amended by adding at
12 the end the following new clauses:
13 "(vii) A marriage and family therapist (as de
14 fined in section 1861(iii)(2)).
15 "(viii) An art therapist or creative arts therapist (as defined in section 1861(iii)(4)).
16 "(ix) A mental health counselor (as defined in
17 section 1861(iii)(6))."
18 16 (b) COVERAGE OF CERTAIN MENTAL HEALTH SERV
19 ICES PROVIDED IN CERTAIN SETTINGS.—
20 18 (1) RURAL HEALTH CLINICS AND FEDERALLY
21 QUALIFIED HEALTH CENTERS.—Section
22 1861(aa)(1)(B) of the Social Security Act (42
23 U.S.C. 1395x(aa)(1)(B)) is amended by striking "or
24 by a clinical social worker (as defined in subsection
25 (hh)(1))" and inserting "by a marriage
26 and family therapist (as defined in subsection
27
28 7
29 S 604 IS
30 1 (iii)(2), by an art therapist or creative arts therapist (as defined in section (iii)(4)) or by a mental health
31 counselor (as defined
32 in subsection (iii)(6))". 
33 3 (2) HOSPICE PROGRAMS.—Section
34 1861(dd)(2)(B)(i)(III) of the Social Security Act (42
35 U.S.C. 1395x(dd)(2)(B)(i)(III)) is amended by inserting "marriage and family therapist, art therapist, creative arts therapist, and mental
36 health counselor" after "social worker".
37 8 (c) AUTHORIZATION OF MARRIAGE AND FAMILY
38 THERAPISTS AND MENTAL HEALTH COUNSELORS TO
39 DEVELOP DISCHARGE PLANS FOR POST-HOSPITAL SERV
40 ICES.—Section 1861(ee)(2)(G) of the Social Security Act
41 12 (42 U.S.C. 1395x(ee)(2)(G)) is amended by inserting ",
42 including a marriage and family therapist, an art therapist, a creative arts therapist, and a mental
43 health counselor who meets qualification standards estab
44 lished by the Secretary" before the period at the end.
In Support of S. 604, the "Seniors Mental Health Access Improvement Act of 2011" with Recommendation to Include Art Therapists Licensed as either "Art Therapists" or "Creative Arts Therapists"

Appendix 4: AATA Suggested Revised Version of S. 604 in Final Format

S 604 IS
1 SEC. 2. COVERAGE OF MARRIAGE AND FAMILY THERAPIST SERVICES AND MENTAL HEALTH COUNSELOR SERVICES UNDER PART B OF THE MEDICARE PROGRAM.
5 (a) COVERAGE OF SERVICES.—
6 (1) IN GENERAL.—Section 1861(s)(2)² of the
7 Social Security Act (42 U.S.C. 1395x(s)(2)) is
8 amended—
9 (A) in subparagraph (EE), by striking
10 “and” after the semicolon at the end;
11 (B) in subparagraph (FF), by inserting
12 “and” after the semicolon at the end; and
13 (C) by adding at the end the following new
14 subparagraph:
“(GG) marriage and family therapist services, 16 (as defined in subsection (iii)(1));
art therapist services or creative arts therapy services,
(as defined in subsection (iii)(3))
17 mental health counselor services (as defined in subsection
18 (iii)(5));’’.
19 (2) DEFINITIONS.—Section 1861 of the Social
20 Security Act (42 U.S.C. 1395x) is amended by add
21 ing at the end the following new subsection:
22 “Marriage and Family Therapist Services; Marriage and
Family Therapist; Art Therapist Services; Art Therapist; Creative Arts Therapist Services;
23 Creative Arts Therapist; Mental Health Counselor Services; Mental Health Counselor
24 services’ means services performed by a marriage and

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S 604 IS
1 family therapist (as defined in paragraph (2)) for the diag
2 nosis and treatment of mental illnesses, which the mar
3 rriage and family therapist is legally authorized to perform
4 under State law (or the State regulatory mechanism pro
5 vided by State law) of the State in which such services
6 are performed, as would otherwise be covered if furnished
7 by a physician or as an incident to a physician’s profess

² Part E—Miscellaneous Provisions
DEFINITIONS OF SERVICES, INSTITUTIONS, ETC. [514]
Sec. 1861. [42 U.S.C. 1395x]

Medical and Other Health Services
(s) The term “medical and other health services” means any of the following items or services:
“(2) The term ‘marriage and family therapist’ means
an individual who—
(A) possesses a master’s or doctoral degree
which qualifies for licensure or certification as a
marriage and family therapist, pursuant to State law;
(B) after obtaining such degree has performed the number of hours and/or duration of
clinical, supervised experience required by the relevant laws and regulations of his or her state of
licensure for the license held in marriage and family therapy;
and
(C) in the case of an individual performing
services in a State that provides for licensure or cer-
tification of marriage and family therapists, is licensed or certified as a marriage and family
therapist in such State.

“(3) The terms ‘art therapist services’ or ‘creative arts therapist services’ mean services
performed by an art therapist or creative arts therapist (as defined in paragraph (4)) for the
diagnosis and treatment of mental illnesses, which the art therapist or creative arts therapist is
legally authorized to perform under State law (or the State regulatory mechanism provided by
State law) of the State in which such services are performed, as would otherwise be covered if
furnished by a physician or as an incident to a physician’s professional service, but only if no
facility or other provider charges or is paid any amounts with respect to the furnishing of such
services.

“(4) The terms ‘art therapist’ or ‘creative arts therapist’ mean
(A) possesses a master’s or doctoral degree which qualifies for licensure or certification as an
art therapist, creative arts therapist, or marriage and family therapist, pursuant to State law;
(B) after obtaining such degree has performed the number of hours and/or duration of clinical,
supervised experience required by the relevant laws and regulations of his or her state of
licensure for the license held in art therapy, creative arts therapy, or marriage and family therapy;
and
(C) in the case of an individual performing services in a State that provides for licensure or
certification of art therapists, creative arts therapists, or marriage and family therapists, is
licensed or certified as an art therapist, creative arts therapist, or marriage and family therapist in
such State.

“(5) The term ‘mental health counselor services’
means services performed by a mental health counselor (as
defined in paragraph (6)) for the diagnosis and treatment
of mental illnesses which the mental health counselor is
legally authorized to perform under State law (or the
State regulatory mechanism provided by the State law) of
the State in which such services are performed, as would
otherwise be covered if furnished by a physician or as inci
tent to a physician’s professional service, but only if no
AATA Letter of May 16, 2011: “In Support of S. 604, the ‘Seniors Mental Health Access Improvement Act of 2011’ with Recommendation to Include Art Therapists Licensed as either ‘Art Therapists’ or ‘Creative Arts Therapists’”
services, where such services could be permissibly billed and reimbursed under one or more applicable professional fee schedules and/or payment formulae.

21 (5) EXCLUSION OF MARRIAGE AND FAMILY
22 THERAPIST SERVICES, art therapist services, creative arts therapist services AND MENTAL HEALTH COUN
23 SELOR SERVICES FROM SKILLED NURSING FACILITY
24 PROSPECTIVE PAYMENT SYSTEM.—Section
25 1888(e)(2)(A)(ii) of the Social Security Act (42

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S 604 IS
1 U.S.C. 1395yy(e)(2)(A)(ii)) is amended by inserting
2 “marriage and family therapist services (as defined
3 in section 1861(iii)(1)), art therapist services and creative arts therapist services (as defined in
section 1861(iii)(3)), mental health counselor
4 services (as defined in section 1861(iii)(5)),” after
5 “qualified psychologist services,”.
6 (6) INCLUSION OF MARRIAGE AND FAMILY
7 THERAPISTS art therapists, creative arts therapists, AND MENTAL HEALTH
COUNSELORS AS
8 PRACTITIONERS FOR ASSIGNMENT OF CLAIMS.—Sec
9 tion 1842(b)(18)(C) of the Social Security Act (42
10 U.S.C. 1395u(b)(18)(C)) is amended by adding at
11 the end the following new clauses:
12 “(vii) A marriage and family therapist (as de
13 fined in section 1861(iii)(2)).
14 “(viii) An art therapists or creative arts therapist (as defined in section 1861(iii)(4)).
15 “(ix) A mental health counselor (as defined in
16 section 1861(iii)(6)).”.
16 (b) COVERAGE OF CERTAIN MENTAL HEALTH SERV
17 ICES PROVIDED IN CERTAIN SETTINGS.—
18 (1) RURAL HEALTH CLINICS AND FEDERALLY
19 QUALIFIED HEALTH CENTERS.—Section
20 1861(aa)(1)(B) of the Social Security Act (42
21 U.S.C. 1395x(aa)(1)(B)) is amended by striking “or
22 by a clinical social worker (as defined in subsection
23 (hh)(1))” and inserting “, by a clinical social worker
24 (as defined in subsection (hh)(1)), by a marriage
25 and family therapist (as defined in subsection

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1 (iii)(2), by an art therapist or creative arts therapist (as defined in section (iii)(4)) or by a
2 mental health counselor (as defined
3 in subsection (iii)(6))’’.
3 (2) HOSPICE PROGRAMS.—Section
4 1861(dd)(2)(B)(i)(III) of the Social Security Act (42

AATA Letter of May 16, 2011: “In Support of S. 604, the ‘Seniors Mental Health Access Improvement Act of 2011’ with Recommendation to Include Art Therapists Licensed as either ‘Art Therapists’ or ‘Creative Arts Therapists’”
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