February 4, 2011

Dear Members of Congress:

The American Art Therapy Association (AATA) is a proud National Co-Sponsor of Arts Advocacy Day 2011, as the professional membership organization for over 5,000 national and international practitioners and research scientists in the field of Art Therapy. Art Therapists have master and/or doctorate degrees and are trained to heal people at the interface of psychotherapy and visual arts. Their licensure titles vary, including Art Therapist, Psychologist, Occupational Therapist, Marriage and Family Therapist, Counselor and others, depending upon the individual’s qualifications and state. We support professional licensure and are dedicated to the belief that the creative process of art-making is healing and life enhancing. Art Therapists work in a wide spectrum of settings to address clients’ psychological, emotional, cognitive, neurosensory, physical, and social needs. Art Therapists’ clients include active and veteran military members with post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI), children with autism-spectrum disorders, and elders with Alzheimer’s and other dementias.

We thank you for the broad language in the Patient Protection and Affordable Care Act of May 1, 2010, that encompasses art therapists. We respectfully request that you support art therapists/therapy through:

1. Educational loans and grants for: art therapy students in advanced degree programs; related professionals in art therapy certification programs; and art therapy graduates in the process of obtaining qualifications for state licensure;

2. Student loan forgiveness programs for Art Therapists who work in a Health Professional Shortage Area, a Medically Underserved Area; or Government-declared natural disaster areas (U.S. and non-U.S. nations);

3. Financial support for art therapy degree and certification programs, including grants to enhance curricula to match in-state licensure requirements;

4. Specifically include Art Therapists:
   a. Under “healthcare practitioners” in all references to “pupil services” and “related services” in reauthorization for the Elementary and Secondary Education Act (ESEA);
   b. As providers for government-funded healthcare programs and facilities, i.e., TRICARE, Veterans Health Administration facilities, Federally Qualified Health Centers; Medicaid, Medicare and Federal Employee Healthcare Plans (FEHB);
   c. in “essential benefits packages” for Qualified Health Plans (QHPs) administered by State Exchanges;
   d. in charters for federal advisory groups, task forces and committees with input into healthcare policy and programs, and for state advisory groups, task forces and committees under federal mandate or oversight.

We urge you to fund federal agencies to research cost-effectiveness, care quality, patient outcomes, and other benefits of art therapy in healthcare programs. Thank you for listening with your hearts and minds.

Very sincerely yours,

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