

Governmental Operations Committee Proposed Bill H305, Testimony 3/31/23

Hello, thank you for your time today. I'm Betsy Graziadei MPS ATR-BC, Registered and Board Certified Art Therapist with the American Art therapy Association (AATA) and the Art Therapy Credentials Board (ATCB) and a member of the Art Therapy Association of Vermont (ATAV). I have provided art therapy services for a diverse range of individuals for twenty seven years.

The written and stated testimony today will inform you of the struggle to provide quality mental health services to our community for the last 20 years and more by art therapists. The barriers for consumers to access quality art therapy providers for the treatment of mental health conditions, physical health conditions, educational, vocational and substance abuse interventions for all ages across the system of care in our state need to be addressed.

Vermont art therapists provide diagnostic assessments, comprehensive treatment planning, trauma care, intensive emotional/behavioral interventions and effective maintenance support for people with some of the most challenging mental and physical health issues. The Art Therapy Association of Vermont has pursued licensure through OPR and the Secretary of States Office for the last twenty years with two sunrise reviews and three potential bills for the legislature. There is a great need for consumer protection through title protection, access to services through our state system of care and portability to attract other Arts Therapists to our state that will offer equitable and inclusive treatment options while supporting our economy with new businesses.

The Course we are pursuing will;

Improved access to mental health services, especially for those who are often best served by a non-verbal approach throughout schools and our system of physical and mental health care services.

Provide consumer protection from harm or misuse with greater access to nationally regulated and qualified professionals who achieve positive health outcomes for our communities.

Offer portability for professionals looking to start businesses and raise families and contribute their much needed expertise throughout our state.

We have been working on this pursuit collaboratively with the American Art Therapy Association whose mission is: "To advance art therapy as a regulated mental health profession and build a community that supports art therapists throughout their careers."

We need your help to protect the value of the title of art therapist for the consumer with a reliable operational plan with the secretary of state's office of professional regulation that requires minimal cost and resources of the state with the reliance upon the national organization of AATA and ATCB that regulate training and credentials.

I received my master's degree and clinical training from Pratt Institute where I was working in clinical settings with diverse patient populations providing individual, group art therapy for; inpatient psychiatric care for children and adults, medical art therapy for children in pediatrics, community organizations and in private practice. I was an art therapy member of the NY Coalition of Creative Arts Therapists who successfully passed legislation regulating psychotherapy in NY state with a Licensed Creative Arts Therapist bill. Advocacy has always been part of our profession because we do not have the numbers or lobbying power to

compete with counseling related degrees nationally or locally here in Vermont to be appropriately recognized within our system of care.

I am grateful for my training, supervision and direct care experience that has served me and my clients since I returned to Vermont to start my family and felt prepared to offer my services and experience. The community twenty years ago and when I held the position of vice president and president of the Art Therapy Association of Vermont, the art therapy community was largely supported by this organization and most of the members graduated from Vermont College. Gladys Agell, PhD and ATR built a nationally reputable training program that included a professional journal publication. She collaborated with professional regulators and OPR to ensure that the training standards would allow for art therapists to gain licensure as they would have no mechanism to be employed within the system of care. While still a cumbersome process for most art therapist that relocate to Vermont, most practitioners in our state today pursue this license in order to gain employment or start their own private practice business.

I was not eligible for this license and have build my private practice on the outcomes I achieve with my clients. I provide treatment for crime victims who suffer from the most severe traumatic stress experiences of sexual assault, torture and rape. I rehabilitate very young children who witness the murder of one or both of their parents. Vermont's rate of neurodevelopmental insults is comparable to national rates. The top five issues for children and their families is neglect, witnessing domestic violence, witness murder, physical and sexual abuse much of which is occurring in the early childhood. This informs the intervention that will be needed for those who's development has been impacted and are non-verbal and as well the providers who care for them in their home and community environments. I provide trauma evaluation, consultation and professional development through my longstanding contract with the Department of Children and Families Family Services Division. I have included my training history so you can see where in our system of care that my distinct expertise has been sought.

I provide art therapy in the homes of pediatric palliative patients for the entire ten years we have had this programming Vermont. My art therapy services are billed to medicaid by VT Dept Of Health. The pediatric palliative care program serves individuals with life limiting and life threatening medical conditions with a prognosis of not living past 18. My Masters in Art Therapy, my ATR, Registration with the American Art Therapy Association, and my Board Certification is what qualifies me to provide this service. Art and Music therapies account for 80% of services billed to medicaid from this program. Both in our state and nationally, art and music therapy are the most valued services by families currently and for the past 10 years old. Many states do not have the ability to provide the service at all due to lack of art and music therapy providers.

I am very appreciative of my colleagues who have referred cases to me after having experienced a bad reaction to offering trauma clients art materials. They had the good clinical judgment to know that they were beyond their scope of practice when offering materials to sensitive patient populations. Unfortunately at least half of the clients I have treated over the past twenty yeas have complained of being misled by providers who were not trained as art therapists but claim to offer this professionally. There are over 80 such providers who freely advertise offering art therapy but have no professional training in this area. I have informed clients that they may report such problems to OPR but few ever do as they have found the relief they are looking toward and have little energy for such pursuits. I as provider must attend in the therapeutic process to clean up this previous experience so it does not interfere with my relationship with the client.

My efforts to find my way through our system of care to provide the highly specialized and skilled service to those in need were joined by many others some here today. Lynn Butler Dube was a stronghold of the adult outpatient psychiatric services at Howard Center for 25

years and continues at the Adam Center for Mind and Body, one of our first trauma centers. We maintained therapeutic programming at UVM Medical Center, Central Vermont Medical Center and Brattleboro Retreat in their inpatient psychiatric service. Again, we are highly skilled clinicians, serving a range of complex patients across our state. I am honored to be alongside such professionals who remain committed to the care of others despite the history of barriers in serving the public with art therapy. Now more of the legislature knows that there are mechanisms already place to offer our incredibly valuable services within our system of care, we can move our profession into OPR so that we can collectively address the growing health needs in our community. Again thank you for your time and consideration today.