**HB 932 – Art Therapy License**

**Legislators’ Frequently Asked Questions**

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**Your Questions…Answered**

**Q1: What is the rationale for this legislation?**

**A:** Professional Art Therapists have been growing increasingly concerned about rising numbers of cases in which untrained or undertrained professionals have misled the public by holding themselves out as art therapists or claiming to “do art therapy”. Some may have done so intentionally, and others may have done misled unwittingly due to confusion created by the current LPC license.

It is easy to mislead the public due to a lack of clarity in the current LPC law. Some Counselors may not even know that it is inappropriate or misleading to say that they are conducting art therapy. They see art therapy as a simple tool or technique. They don’t realize that art therapy is a separate profession with a distinct education, theory, and ethical basis for clinical decision-making and engagement with clients.

Presently, art therapy is hidden in the L.P.C. as a “related mental health profession” to Counseling. The law inaccurately implies that art therapists have the same education and essentially work the same way as Professional Counselors. This is not correct! The blurring of these professional boundaries has led to confusion by both professionals and clients!

The following are the risks for vulnerable Pennsylvanians caused by misuse or misrepresentation of Art Therapy:

• Untrained/undertrained professionals can make dangerous and critical mistakes.

* Through Inappropriate art materials and art directives. Art materials and art activities can evoke strong feelings. Art therapists learn the Expressive Therapy Continuum and how to assess a client’s readiness for a certain art directive or material. Undertrained therapists can cause clients to unravel or become retraumatized and drop out of necessary treatment. Clients can decompensate quickly, and the under-trained professional wouldn’t know how to use art materials to provide support and containment to recompensate the client.
* Untrained professionals may make inaccurate and ill-timed interpretations of images in artwork, imposing their beliefs on vulnerable clients. Interpreting artwork seems superficially easy but requires timing, sensitivity, and restraint, all of which are taught in art therapy graduate education. Art interpretations that are incorrect or issued too soon can overwhelm or traumatize a client, causing them to flee therapy and never again pursue necessary treatment.
* Violation of clients’ ethical right to privacy. Most non-Art Therapists don’t know that Art Therapists consider clients’ art products confidential medical records. Art Therapy education includes ethical guidelines and decision-making practices surrounding storage, reproduction, and displaying of client artwork. Undertrained professionals may violate confidentiality by sharing photos of client artwork or holding client art shows because of its dramatic or aesthetic appeal. They also sometimes exploit vulnerable clients by displaying or selling it for institutional publicity or financial gain.
* Art Therapy’s popularity entices undertrained professionals to its use. Unscrupulous therapists may claim to do art therapy in order to attract more clients to their practice because of the profession’s rising profile and reputation. On the Psychology Today therapist database if you do a search for art therapists in your area, many of the individuals who list art therapy as a specialty are not credentialed art therapists!
* The current LPC law creates confusion and blurred professional boundaries. The LPC law lists Art Therapy as a “related mental health profession” without differentiating Art Therapy’s training from that of Professional Counselors. Untrained mental health therapists may believe that they can call themselves Art Therapists or say that they are “doing Art Therapy” because it falls under their LPC. Vulnerable PA consumers have no way to know whether a therapist using art materials is an Art Therapist.
* Under-trained professionals may mislead clients by underestimating the power of art-making:
* Under-trained professionals view art materials and activities as a tool in their intervention tool box whereas art therapists view art-making and art products as a third essential member in the critical treatment relationship. Art therapists possess specialized training in the creative process, psychological and structural properties of art materials, and nonverbal communication. Professionals using art as a clinical tool should not claim to be “doing art therapy”.
* Art materials are deceptively familiar, sometimes inexpensive, and seem simple. Coloring books claiming to be “Art Therapy” are on the market for this reason. For the under-trained, asking a client to draw something may seem like the quickest way to get them to relax or open-up. This is not therapy. Art Therapy occurs in the context of the empathic therapeutic relationship between Art Therapist and client, informed by years of specialized education and extensive supervised clinical experience.
* Vulnerable clients and upstanding art therapists have no recourse: Presently, there are no laws or penalties surrounding educational requirements, ethical guidelines, title protection, remedies or consequences specific to the practice of Art Therapy. When an under-trained person misrepresents their services as Art Therapy or if an Art Therapist violates safe and ethical practice, there is no leverage to induce that person to desist. There are no legal penalties or consequences. Consequently, when Art Therapists demand violators cease and desist from misrepresenting or practicing outside the scope of their practice, the request is often ignored at the expense of vulnerable Pennsylvanians.

**Q2: Is this legislation going to expand government or increase budget costs?**

**A:** We believe that HB 932 will either be revenue neutral or even increase state income. Art Therapists are already licensed as LPCs and they are already figured into the budget for the administration of the LPC. Also, it is important to remember that we are not requesting the creation of a brand-new licensure board. For these reasons, costs should remain largely unchanged or even increase state revenue.

* We anticipate that most art therapists who are not currently licensed by the Board will seek to be licensed as professional art therapists.
* We also anticipate that many art therapists holding counseling licenses will apply for separate or second licenses. This will be so if they want to engage in independent practice or be allowed to represent themselves to the public as licensed to practice art therapy.
* In addition, we expect that having a distinct art therapist license will encourage many recent art therapy program graduates to remain in-state or return to the state to obtain licenses.
* Lastly, there will be incentive for art therapists who left PA to pursue work in nearby states with art therapy licenses to return to Pennsylvania to obtain licenses.

Another cost-saving feature of HB 932 is outsourcing credentialing responsibilities to The Art Therapy Credentials Board, Inc. (ATCB), an organization accredited by the National Commission for Certifying Agencies (NCCA). Cost to the state would be minimal as an Art Therapy-specific proficiency certification exam and code of professional practice exist. The PA LPC law already accepts the ATCB certification examination as qualifying criteria for licensure. Continuing to us the ATCB examination will keep costs down.

**Q3: Is art therapy an established, legitimate profession?**

**A:** Yes. We are a profession with a unique set of educational guidelines and distinct theory and ethics. Art therapy has been in existence formally for 50 years and informally between 75-85 years. We have a national organization called the American Art Therapy Association (AATA) and a statewide chapter, called the Pennsylvania Art Therapy Association.

**In PA, we have:**

* 623 total art therapists
* 475 credentialed art therapists, and
* 7 graduate level art therapy programs: Cedar Crest College, Drexel University, Edinboro University, Holy Family University, Jefferson University, Marywood University, and Seton Hill University.

**The independent, nonprofit Art Therapy Credentials Board (ATCB) sets and oversees standards for:**

* The minimal professional entry requirement of a master’s degree from an approved or accredited institution
* postgraduate experience of 1,000 hours and 100 clinical supervision hours to become a Registered Art Therapist (ATR)
* A Certification Examination, certifying that the art therapist holding the “Board Certified” (BC) credential has reached the highest level of education and experience in the field
* Postgraduate Continuing Education requirements to maintain Board Certification the highest level of credentialing.

**Q4: What is art therapy and how does it work?**

**A:** Art therapy uniquely provides a means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, severe illness, and other debilitating health conditions.

**Art therapists** work with diverse client populations in individual, couples, family and group therapy formats. They practice in a wide variety of settings including hospitals, schools, psychiatric and rehabilitation facilities, crisis centers, senior communities, and correctional institutions. Art therapists also work in private practice settings and can be primary or adjunctive therapists.

**Art Therapists** use psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in:

(1) Increasing awareness of self and others;

(2) Coping with symptoms, stress, and traumatic experiences;

(3) Enhancing cognitive abilities; and

(4) Identifying, diagnosing and assessing clients’ needs in order to implement therapeutic intervention to meet developmental, behavioral, mental, and emotional needs.

**Art Therapists** apply art therapy principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions that include, but are not limited to:

(1) Clinical appraisal and treatment activities during individual, couples, family or group sessions, which provide opportunities for expression through the creative process;

(2) Using the process and products of art creation to tap into client’s inner fears, conflicts, and core issues with the goal of improving physical, mental and emotional functioning and well-being; and

(3) Using diagnostic art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, mental, and emotional needs; and Art Therapists employ art media, the creative process and the resulting art products to assist clients to:

1. Reduce psychiatric symptoms of depression, anxiety, posttraumatic stress, and attachment disorders;
2. Enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas;
3. Cope with symptoms of stress, anxiety, traumatic experiences, medical procedures and treatment, and grief;
4. Explore feelings, gain insight into impulses and behaviors;
5. Reconcile emotional conflicts;
6. Improve or restore functioning and a sense of personal well-being;
7. Increase coping skills, self-esteem, awareness of self and empathy for others;
8. Healthy channeling of anger and guilt; and
9. Improve school or vocational performance, family functioning, parenting, and parent/child relationships.

**Q5: How is art therapy different from related mental health professions?**

**A:** The professions that most closely align with art therapy in training and practice are professional counseling, clinical social work, and marriage and family therapy. All these professions are licensed and regulated in Pennsylvania. All four professions share a common foundation in human psychological development, theories of personality, group and family therapy, appraisal and evaluation, counseling methods, and therapeutic knowledge and skills. Like art therapy, these professions require a minimum of a master’s degree for entry into the profession and engage in practice that focuses on assessing and treating adults and children experiencing developmental, medical, educational, social or psychological impairments. All three professions also work with individuals, families, and in a wide variety of medical, clinical, educational, social services, and other community settings.

While having some things in common, art therapy differs markedly from these mental health professions in both its academic training and scope of practice.

In contrast to traditional “talk therapy” employed by counselors and marriage and family therapists, art therapists seek to engage a client’s mind, body, and spirit in ways that are distinct from verbal articulation alone. We use art therapy assessments, art materials, art-making, and the creative process. These creative and art processes create kinesthetic, sensory, perceptual, and symbolic opportunities that activate alternative modes of receptive and expressive communication. Visual-spatial processing and communication can circumvent the limitations of language. Visual and symbolic expression is a bridge to one’s inner experience and empowers healing and transformation.

**Art therapy education is also distinct with course content based on two underlying theories:** The Expressive Therapies Continuum which guides decision making processes in art therapy practice, and the premise that focused art making constitutes reflective practice and facilitates learning. The art therapy graduate curriculum encourages students’ immersion in their own reflective art practice, and art-based learning is integrated into coursework and clinical supervision.

Art therapy education teaches art therapists a systematic method of assessing clients’ artwork for indicators of developmental progress or regression, neurological issues, trauma, suicide/homicide risk, impulsiveness versus self-control, and relationship dynamics. Equally importantly, art therapy education always focuses on ethical application of art-based assessment. Art therapists are taught to use art indicators of risk strategically to know WHEN a client is ready to explore feelings deeply and when the client needs to decrease exploration due to risk of decompensation or being overwhelmed by emotions or impulses.

In Pennsylvania and other states without specialized art therapy or creative arts therapy licenses, many art therapists have qualified for licensure as professional counselors or as marriage and family therapists. Many art therapists graduate with master’s degrees from academic programs that offer dual training to prepare graduates for both state licensure and the ATR credential. This has resulted in the incorrect impression among state officials and other professions of art therapy as a specialization of other licensed professions rather than a distinct profession with its own specialized training and scope of practice.

Art therapy also is widely associated with other creative arts therapy professions, particularly with music therapy, dance/movement therapy and drama therapy. Like art therapy, these creative arts professions use art forms and the creative process to improve clients’ physical, mental and emotional well-being and help them express thoughts and emotions in ways other than by strictly verbal means. These professions also are practiced as both individual and group therapy in many of the same health, education, and social services settings. Requirements for professional entry also increasingly require master’s degrees, although music therapists can be credentialed with bachelor’s degrees from approved undergraduate programs or post-baccalaureate degree equivalency programs.

Art therapy is different from the other creative arts therapies in its focus on art media as a primary mode of communication.

Unlike art therapy, some other expressive therapy professions are less focused on assessing cognitive or developmental conditions than on facilitating a client’s own discovery or personal understanding to enhance physical, cognitive, emotional, or social functioning. Other creative and expressive therapies often require clients to participate in a group to create music, dances or dramatic presentations, and tend to focus more on social functioning, relationship building, and on therapeutic goals of symptom relief, emotional and physical integration and personal growth.

Art therapy has been described as a three-way process between the client, the therapist, and the art process that uniquely provides opportunities for expression and communication without words. This makes it uniquely helpful for people who find it difficult to express their thoughts or emotions in words, those who have lost their ability to speak because of stroke or dementia, or trauma victims who are unable to put their ideas or experiences into words.

**Q6: Do art therapists need to have special art therapy judgement to make decisions about client safety and treatment and how is it developed?**

**A:** Art therapists must achieve the highest levels of proficiency in independent diagnostic, clinical, safety, and ethical judgement in order to practice this profession. Art therapists possess a specialized skill set to:

* assess and diagnose developmental, cognitive, trauma, substance abuse, or mental health disorders
* evaluate for suicidality/homicidality
* warn against risk of harm or substance abuse relapse
* develop appropriate treatment plans and execute appropriate, ethical, and excellent psychotherapy or therapy services
* work to preserve individual and community safety and promote justice and peace in PA and beyond

Often, art therapists practice independently or as the only art therapist member of an interdisciplinary team. Working in any of these situations necessitates excellent independent judgement as a practitioner.

Art therapists are thoroughly trained to handle assessment, diagnosis, plans of care, documentation, and all other essential aspects of treatment. Art therapists use observation of art-making processes and art products to assist with assessment of risk of suicidality or of harming others. We are also mandated reporters of child abuse. In addition, ethical practice for art therapists includes seeking supervision when questions related to assessment, treatment, or therapeutic process arise.

Art therapists are highly trained and skilled professionals who abide by established professional standards and ethics. There exists a clearly defined set of theory and principles that art therapists use daily and in real time with clients. These guiding principles are taught in specialized coursework in art therapy graduate schools, and reinforced and enhanced in ongoing clinical art therapy supervision. This ensures that, by the time an art therapist begins independent private practice, she or he can execute independent and ethical judgement to keep clients safe while progressing in treatment.

Presently, art therapists are not ethically permitted to enter private practice until they become a Registered Art Therapist (ATR) through the Art Therapy Credentials Board. Registration is achieved after completion of 1,000 hours of post-graduate clinical experience and 100 hours of clinical art therapy supervision with an experienced ATR art therapist. It takes an ATR applicant a minimum of 2-3 years to complete this requirement. This high standard is required to ensure that art therapists have developed skill and expertise enough to provide outstanding and safe treatment for their clients.

**Q7: What education must art therapists possess to work in the profession?**

**A:** The minimum educational level for entry level professional art therapists is a master’s degree. Master’s level art therapy programs require rigorous academic, research, and art-process training, internship, and supervision. It meets or exceeds the level of training of other master’s level mental health professions, such as counselors, marriage and family therapists, or social workers.

Art therapists can earn additional credentials representing advanced postgraduate experience and supervision. We can become registered (A.T.R.) with the Art Therapy Credentials Board (ATCB). Registration requires that an applicant gain 1,000 hours of postgraduate clinical experience with 100 hours of clinical supervision with an A.T.R. art therapist. Supervisors are required to provide at least one hour of direct supervision for every ten hours of client contact by a supervised therapist.

Upon receipt of Registration, art therapists are eligible to take the ATCB certification examination, which many states including PA use as the qualifying exam for the LPC license.

**Q8: Is there any current law in Pennsylvania that regulates Art Therapy?**

**A:** Not exactly; that’s the problem. While a full new license with an accompanying new board is not necessary, the current license under PA LPC falls short in protecting the public from harm when it comes to art therapy. Art therapists in Pennsylvania are license eligible under the current LPC legislation, but within the current legislation it does not outline standards of practice specifically for art therapists. This lack of delineation between counseling practice and art therapy practice within the current bill is confusing to the public – and mental health professionals. The blurring of definitions and inter-professional boundaries poses real risks for vulnerable consumers.

There are seven risks for which there is presently no recourse:

* **We have no way to dissuade misusers**: Art therapists have no leverage to convince inadequately trained individuals to stop claiming to be art therapists or practice art therapy. We can inform them of their misinformation, but they do not need to cease or desist.
* **There is no consequences for violators**: Non-art therapists who claim to offer art therapy or hold themselves out as art therapists have no risk of consequences to punish or discourage their misleading and damaging behavior. Unscrupulous people wishing to KNOWINGLY mislead clients or trainees seem to be able to get away with it, and the public is unprotected.
* **Confusion exists FOR MENTAL HEALTH COUNSELORS because there isn’t legal differentiation of Art Therapy’s scope of practice from that of Professional Counseling**: There are no laws that define art therapy education and scope of practice even though it is different than Counseling education. Mental health professionals may erroneously assume that **because** art therapists are LPCs, that their LPC profession must be permitted to “do art therapy”. This may lead to professionals UNKNOWINGLY misleading of the public or even damaging use of art materials/processes.
* **MENTAL HEALTH CONSUMERS are ignorant and confused about what art therapy is and who can offer it** : The public and mental health practitioners in Pennsylvania currently have no clear means to understand standards of art therapy practice. They have no way to verify a clinician’s art therapy education, training, and expertise in the state of Pennsylvania. They have no way to know if a professional who CLAIMS to be an art therapist in fact possesses the necessary clinical training, experience, and supervision to help them. When they explore art therapy resources, they may receive therapy from an untrained or under-trained mental health professional who happens to use art materials.
* **No legal educational standards**: Presently, people who take brief “certificate courses” in art therapy can hold themselves out as art therapists and there is no law setting educational standards for art therapy training in PA.
* **No remedy for uncredentialed art therapists in PA**: There are uncredentialed master’s level art therapists practicing as art therapists in PA. They are still permitted to call themselves art therapists, yet they fly under the radar. They may lack motivation to obtain post-graduate professional credentials once they find work. Neither the ATCB nor the PA state licensure board have legal remedies if they practice unethically or impaired by mental health or addictions. The Professional Art Therapy license would require ALL art therapists who wish to hold themselves out as such to either hold the LPAT or be under supervision of an LPAT in the process of obtaining the license. This would ensure that the public receives high quality art therapy services and that less experienced art therapists would be working under supervision.
* **No protection of clients’ confidential medical records**: There is no law or regulation in the LPC license that protects client artwork as a confidential medical record. Clients’ right to privacy may be violated by under-trained/under-informed professionals claiming to be art therapists or unscrupulous people wishing to sell client artwork because of its rich imagery.

**Q9: Can the public protect themselves from misrepresentations of or misuse of art therapy?**

**A:** The public does not presently have the ability to protect itself from harm or risk of harm.

An individual seeking art therapy services would be best suited to seek a fully credentialed art therapist (ATR-BC = Registered Art Therapist, Board Certified). This would ensure the clinician obtained appropriate education and post-graduate experience. The public is largely unaware of art therapy’s industry standard credentials and credentialing body. Neither would they be aware that they can file ethics or practice complaints with the ATCB. Most lay people in the public are not aware of the meaning of or the need for these credentials. They would not know that someone without these credentials is under-trained or untrained. Even if they felt as though they were mistreated, they likely would have no recourse to stop individuals misrepresenting their practice as art therapy.

The public, especially the most vulnerable clients like children, developmentally/intellectually disabled, addicted, elderly/demented consumers, or uneducated or immigrant citizens, have minimal obvious avenues to protect themselves from harm.

**Q10: Do Art Therapists only work with kids? Where do Art Therapists work?**

**A:** Art Therapists work in many different settings with people of all ages. Art therapy settings include (but are not limited to) medical hospitals, every level of psychiatric and rehabilitation care, schools, residential and day treatment centers, drug and alcohol programs, hospices, wellness centers, the child welfare system, community mental health centers, homeless shelters, domestic abuse shelters, crisis and disaster relief, veterans’ hospitals, and assisted living centers and senior centers. They work as part of healthcare treatment teams, as consultants, individually in private practice, or as teachers and researchers in academic settings. The methods and treatment objectives of Art Therapy differ depending on the work setting and client population.

A December 2016 survey of Pennsylvania Art Therapists showed that Pennsylvania Art Therapists work in a wide variety of settings:

• Hospitals and clinics, both medical and psychiatric

• Out-patient mental health agencies and day treatment facilities

• Residential treatment centers

• Correctional facilities

• Domestic violence and homeless shelters

• In-Home treatment

• Community agencies and non-profit settings

• Schools, colleges, and universities

• Academia

• Elder care facilities

• Hospice

• Art studios

• Camps

• Private practice

**Q11: Will the legislation cause Art Therapy services to become more expensive or out of reach for consumers?**

**A:** Since many art therapists are employed by state agencies, hospitals, community mental health centers, drug and alcohol treatment facilities, private clinics, school districts, and correctional facilities, the proposed licensing of art therapists is likely to have minimal effect on the cost of services they provide, except where state law or company policy may require a higher hourly rate or salary for licensed professionals.

In addition, many Art Therapists already receive private insurance reimbursement and state Medicaid payments, either indirectly through the hospitals, community mental health centers and clinics where they are employed or receive referrals, or directly for services they provide under the other mental health licenses they hold.

Art therapists who seek to engage in private practice may need to increase charges for services to cover their business expenses. However, the overall cost of art therapy services to the public is unlikely to change significantly with the proposed licensing and regulation, and may actually be reduced. For example:

● With regulation and increased public awareness of the availability and benefits of art therapy, art therapy services could be obtained directly from qualified art therapists without clients having to pay the additional costs of initial consultations and referral charged by physicians, psychologists, clinical social workers, or other licensed professionals.

 ● Art therapists often are consulted by clients, or client’s families who have tried different treatments or therapies that have proven inappropriate or ineffective. Public recognition and increased awareness of art therapy services could reduce unnecessary costs paid by clients to experiment with ineffective treatments before learning of art therapy or finding a qualified art therapist.

● State programs serving lower income individuals and families in the state typically require participating practitioners to be licensed. Proposed licensing and regulation of clinical art therapists will provide a first necessary step in expanding services to the state’s most vulnerable persons at lower cost through state programs and private insurance.

● Regulation would prohibit individuals without required professional training and experience from practicing art therapy or claiming expertise in art therapy, thus preventing unnecessary expenditures by clients on treatments that are ineffective and potentially harmful.

● Regulation would increase the number of professionals who are qualified to address the growing public need for mental health services, helping to restrain increases in service costs that might otherwise result from continued shortage of qualified professionals.

**Q12: Will this legislation make Art Therapists eligible for third party payments or government grants?**

**A:** No, because art therapists already qualify for both. Currently, most art therapists already receive insurance payments, either directly as licensed professional counselors, or indirectly as part of a broader programs of care provided by hospitals, clinics, or other places where they are employed. The proposed legislation would not change the current situation. Art therapists presently ARE eligible for insurance payments if they possess the Pennsylvania Licensed Professional Counselor credential. As an insurance-eligible profession, art therapists in Pennsylvania have been able to open private practices and receive insurance payment or reimbursement.

The proposed legislation by itself does not qualify persons holding art therapist licenses for third party payment, and art therapists would need to apply to insurance companies to be accepted as insurance-eligible under the new Licensed Professional Art Therapist title. Because this proposed license is a lateral, clarifying maneuver, it seems as though obtaining insurance companies’ approval shouldn’t be controversial. Art therapists do NOT propose creating a new license and are NOT creating a new competition category for LPCs, LCSWs and LMFTs.

Most grants awarded by the federal Department of Health and Human services must be awarded to local units of government, higher education institutions, school districts, Indian tribes, not-for-profit agencies, and school districts. Individual applicants generally do not qualify whether they are licensed or not. NIH follows a similar approach with research grants. A licensure requirement may come into play when these grant funds have been awarded to state agencies or universities which then may require a state license for individual researchers to conduct elements of a program or study.

**Q13: Is there resistance or pushback from other stakeholders?**

**A:** The Pennsylvania Art Therapy Association reached out to the Professional Counseling Association, Music Therapists, and Dance-Movement Therapists. All the groups were supportive of our bill. We believe that it is not controversial because Art Therapists are already licensed and eligible for third-party reimbursement. Therefore, the legislation does not create new competition for therapy dollars in Pennsylvania. It is a bit of a lateral move that clarifies the training and practice of art therapy for professionals and consumers.