

Art Therapy Registration and Licensure in Wisconsin Executive Summary

The following documents provide evidence for the ongoing necessity for the Wisconsin Art Therapy Registration and Licensure for Art Therapists.

The documents include documentation of mental and behavioral health needs across the State of Wisconsin, illuminated client stories and successes of art therapy, expressed numbers of art therapy clients that are currently served and have been served over the past 10 years, stories of the need for regulation to protect consumers from persons posing as art therapists who are not educated, or trained to provide ethical art therapy services, and prior testimony to this committee.

Definition: Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (AATA, 2022).

The 2019 [Wisconsin Behavior Health Gaps](#) report illustrates an ongoing need for expanded mental and behavioral health services across the state. Art Therapy is a mental health profession, and its elimination would only decrease the available mental health workforce within the State. The included testimonial stories represent only a handful (less than 1/10) of the art therapists practicing across the State of Wisconsin and report current inclusive caseloads of 260 persons, and 16,125 Wisconsin residents have been served by licensed and registered art therapists during the last 10 years. Wisconsin art therapists practice in a myriad of settings and treat clients with trauma, persistent and severe mental health conditions, anxiety and depression, childhood disorders such as autism, life challenging illnesses, difficulties with behaviors and interpersonal dynamics, addiction, and more.

Those fraudulently proposing to practice art therapy range from artists who have claim to engage clients in art therapy for various ailments, through art teachers (k-6 and high school) who have witnessed trauma symptoms manifesting in classrooms and engage in ‘healing’ students without knowledge or training in art therapy to otherwise trained health providers using art without the understanding of media properties risking re-traumatization and other adverse effects. The wrongly defined provider at <https://www.colorstudiollc.com/services> claims to be an art therapist simply through having taken art classes and some training in social work.

Also included in this document are regulation and credentialing pieces from the American Art Therapy Association and the Art Therapy Credentials board that manage national art therapy credentialing and education accreditation. These organizations are similar to the American Counseling Association, and the American Marriage and Family Therapy Association that manage credentials for other mental health professions that currently hold licensure in the State of Wisconsin.

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The American Art Therapy Association on art therapy
Arttherapy.org

Definition: Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship (AATA, 2022).

Art therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art therapy is used to improve cognitive and sensorimotor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change.

Art therapists are master-level clinicians who work with people of all ages across a broad spectrum of practice. Guided by ethical standards and scope of practice, their education and supervised training prepares them for culturally proficient work with diverse populations in a variety of settings. Honoring individuals' values and beliefs, art therapists work with people who are challenged with medical and mental health problems, as well as individuals seeking emotional, creative, and spiritual growth.

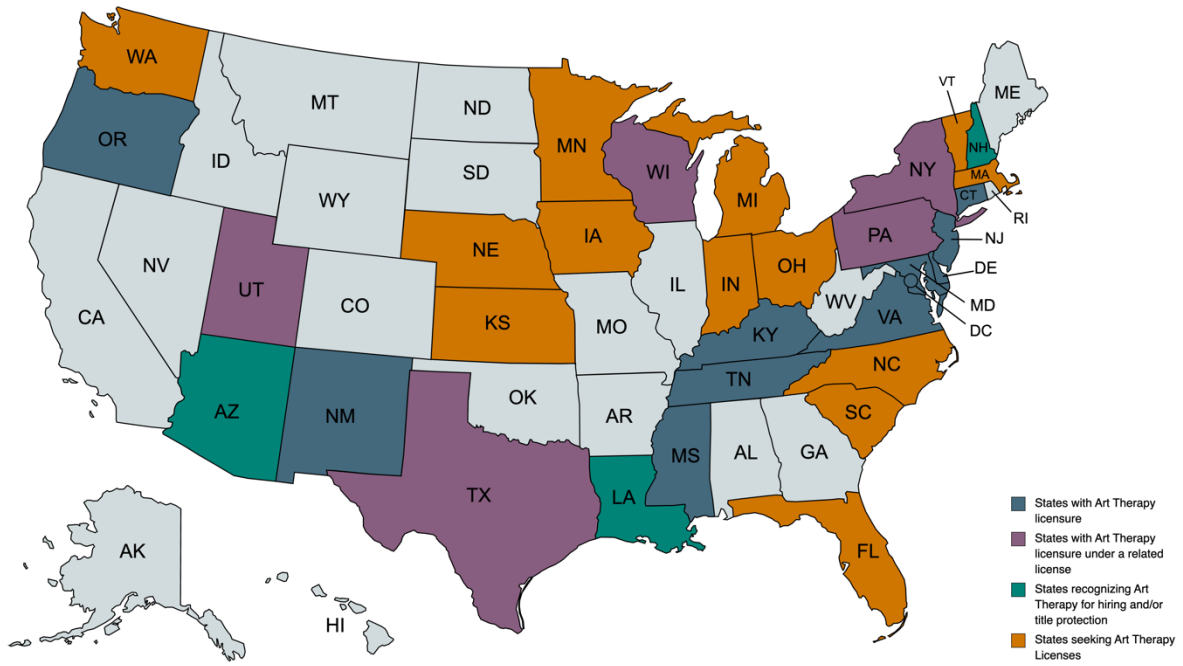
Art therapists work with individuals, couples, families, and groups in diverse settings. Some examples include: Hospitals, Schools, Veteran's clinics, Private practice, Psychiatric and rehabilitation facilities, Community clinics, Crisis centers, Forensic institutions, Senior communities, and many others.

Art Therapy works: Through integrative methods, art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice to experience and empowers individual, communal, and societal transformation.

Advocacy and Licensing: <https://arttherapy.org/state-advocacy/>
HOW DOES THE AATA WORK WITH STATE ADVOCATES?

The AATA works with its 39 state and regional chapters and with art therapist advocacy groups to expand public awareness of and access to services provided by licensed or credentialed art therapists. The AATA advises and supports advocacy with state legislatures and regulatory agencies with a variety of services designed to help local advocates through every step of the process. Services provided include, but are not limited to:

- Train first-time advocates on how to effectively organize an advocacy effort, seek broader community support, and initiate communications with legislators.
- Complete extensive research on each state's legislative and regulatory landscape and identify available policy options.
- Provide literature on the efficacy of art therapy, templates for surveys, testimonials and advocacy materials, and other useful background information.
- Create tailored webinars based on state member surveys and unique local challenges.
- Offer expert advice on the process of creating and amending a bill and providing bill drafts.
- Provide guidance on maintaining membership engagement and counseling on group dynamic.



Created with mapchart.net

States with Art Therapy Licensure.

Art Therapy Credentials Board

Art therapy uses art media, the creative process, and the resulting artwork as a therapeutic and healing process.

Clients – young, old, and in-between – are able to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety and increase self-esteem.

Art therapy is practiced in mental health, rehabilitation, medical, educational, and forensic settings – as well as in private practice, in workshops and small-group settings. Clients come from all walks of life, facing a full array of challenges. Individuals, couples, families, and groups can benefit from various art therapy formats.

Art therapy is an effective treatment for persons experiencing developmental, medical, educational, social or psychological impairment. A key goal in art therapy is to improve or restore the client's functioning and his/her sense of personal well-being.

Art therapists are trained in both art and therapy. The process isn't an art lesson – it is grounded in the knowledge of human development, psychological theories, and counseling techniques.

A master's degree is required for entry-level practice in art therapy. Minimum educational and professional standards are established by the American Art Therapy Association, Inc. (AATA), a membership and advocacy organization.

Art therapy is growing and the professional, academic, and research foundation is expanding. The Art Therapy Credentials Board (ATCB) continues to invest in art therapy's professional standards and ethics and is the only nationally recognized credentialing organization for art therapists in the United States.

Credentialing and Certification offered through the Art Therapy Credential Board constitute recognition of current competence and adherence to the Code of Ethics, Conduct and Disciplinary Procedures in the practice of art therapy. All credentials conferred by the ATCB is an independent assessment of competency and a greater attestation of an individual's ethical compliance and current skills than education or work experience alone. Earning and maintaining a credential is an indication that the individual meets the minimum professional experience, is in compliance with the ATCB's ethical code and professional conduct standards set by ATCB.

The ultimate beneficiaries of the ATCB credentials and board certification are the consumers and the general public who can look to an ATCB credential and board certification for assurance that the individual holding these possesses the knowledge, skills, experience for quality practice in art therapy and are following the ethical code.

We confer and administer four professional credentials to art therapy practitioners. The credential year runs from July 1 through June 30. Before a new credential year begins, every ATCB credential holder attests they are in compliance with the ATCB Code of Ethics, Conduct and Disciplinary Procedures.

ATCB Credentials at a Glance.

PROVISIONAL REGISTERED ART THERAPIST (ATR-PROVISIONAL)

The Provisional Registered Art Therapist (ATR-Provisional) is the credential that ensures an art therapist meets established educational standards, with successful completion of

advanced specific graduate-level education in art therapy, and is practicing art therapy under an approved supervisor(s). Individuals are eligible to apply for this credential once they have completed their degree (or education requirements for the ATR-Provisional) and are engaged in a supervisory relationship with a qualified supervisor(s). The ATR-Provisional is not a required credential to apply for the ATR.

REGISTERED ART THERAPIST (ATR)

The Registered Art Therapist (ATR) is the credential that ensures an art therapist meets established standards, with successful completion of advanced specific graduate-level education in art therapy and supervised post-graduate art therapy experience.

BOARD CERTIFIED ART THERAPIST (ATR-BC)

The Board Certified Art Therapist (ATR-BC) is the highest-level art therapy credential. ATR-BCs pass a national examination, demonstrating comprehensive knowledge of the theories and clinical skills used in art therapy. All board-certified art therapists (ATR-BC) are required to recertify their board certification every five years through the completion of 100 continuing education credits or successful passage of the ATCBE national examination.

ART THERAPY CERTIFIED SUPERVISOR (ATCS)

Experienced Board Certified Art Therapists who provide supervision may want to consider becoming an Art Therapy Credentialed Supervisor (ATCS). The ATCS is designed for ATR-BCs who have acquired specific training and skills in clinical supervision. Working with an ATCS ensures that current art therapy students and early-career practitioners receive the best art therapy supervision available.

Letters from Practicing Wisconsin Art Therapists

9/9/2022

Dear Recipient NameCommittee:

Thank you for taking the time to review the information provided in this letter. My name is Justine Kopp MS, ATRL-BC. I am a Licensed Art Psychotherapist, Registered Art Therapist-Board Certified, in the State of Wisconsin. I have 20 years' experience in providing psychotherapy in various mental health settings, nursing homes and medical clinics in Ozaukee, Washington and Milwaukee County. I currently provide art therapy/mental health services within Advocate Aurora Health Care cancer clinics. I provide care to patients and their families, many of whom have trauma-related mental health issues due this life changing event in their lives. As a practicing art therapist within the clinics, my ATRL professional license is my professional livelihood. Without my ATRL professional license, I will not be able hold my job within the Advocate Aurora Healthcare system as it requires a license status.

Below are the demographics of people I currently serve and over the past nine years. My current position is part-time, 20 hours a week.

2022 Current Caseload: Average 21 patients plus 4 family members

2013-2021: 175 patients/family members a year, equaling **1,575 individuals over 9 years**

Demographics:

Communities: suburban, rural/country, and northern city of Milwaukee

Race: Black, Asian, Hmong, Russian, Caucasian

Age: Patients 24-87, Family ages 6-85

Again, thank you for taking the time to see the importance of maintaining the ATRL in Wisconsin. It's imperative to keep the ATRL so quality professional care can continue to be provided to our communities in need.

Sincerely,

Your Name

262-227-6391

Jmkopp8@gmail.com

September 10, 2022

Dear Jill and to whom it may concern,

As a practicing art therapist in Wisconsin for over 30 years, it has come to my attention that the State of Wisconsin is considering major changes to our practice of art therapy that will affect our ability to serve clients that seek our specialized therapeutic interventions. Many clients of all ages and challenges that seek therapeutic services do not respond well to traditional talk therapies and have found art therapy as their preferred modality. The potential delisting of the Art Therapy licensures and registrations in WI will significantly limit options for clients that we serve through private practices, schools, healthcare facilities, hospitals, telehealth and other service entities, as well as affect the livelihoods of art therapists in Wisconsin. These art therapy clinicians have chosen to serve the citizens in the state of Wisconsin to make it a better place for all to live, grow and thrive. If there is no art therapy licensure in Wisconsin, these art therapists will most likely leave the state to seek clients and professional work that no longer benefits Wisconsin.

I am a practicing art therapist without a current caseload of clients, but presently supervise three art therapists that have caseloads combined of over 65 clients a week (average 20ish clients per supervisee) (1:1, as well as small and large groups) on site, telehealth and in home therapy. The art therapy and music therapy clinic they work for serves the Milwaukee and adjacent counties. Their ability to practice through this facility is accomplished as I am a Board Certified, Registered Art Therapist through our national organization AATA, AND am Licensed as an Art Therapist with Psychotherapy through the State of Wisconsin. The facility is reimbursed through insurance, waivers and other entities that require state licensure for payments. Some states' insurance programs do not require state licensure for reimbursements; they accept the National Organizations certifying and registration processes, but WI does. During the past 10 years, I have supervised 17 art therapists seeking their art therapy credentials through the American Art Therapy Association, their annual combined weekly caseloads have numbered well over 630 clients in 1:1, small and large groups. This is going to be very interesting as to how WI will move our profession forward or backward in mental health considerations.


During the past 10 years, I annually saw over 920 children a year in schools and private practice settings in art therapy. These were 1:1, small groups/large groups that lasted from 4-8 weeks. Since I moved from Milwaukee in 2020, I have not set up a practice or have connected with clinic/facility to continue seeing clients due to the impending issues with licensure in Wisconsin. I have many referrals, and at this time, cannot in good conscience take them on as clients with this all in flux. It is limiting the ability of potential clients to access health care services in a timely and meaningful fashion, with the potential for others who are NOT licensed art therapists to unprofessionally state that they are art therapists and practice with few ethics-a very harmful situation. It has been said that the State of Wisconsin has had few reports of persons calling themselves art therapists that aren't qualified, but I think that that speaks to the integrity of persons who are art therapists and to others that understand art therapy to stave off the "imposters". It isn't widespread issue because people realize that it is a legitimate licensed profession currently in WI. If we do not have State of WI available to "redirect" unlicensed art therapists, the future of ethical art therapy is over. Without state licensure, then there will be risk that the state will

have allowed unlicensed and unregulated art therapy to happen and potentially harm clients seeking mental health support. There are few art therapists, other therapists and counselors available in most parts of WI, and now the state wants to limit the ones that are working with citizens in our state. The mounting costs of unattended to mental health care issues will only continue to rise as there are fewer supports available for successful interventions, fewer places for persons with mental health issues to seek inpatient/outpatient care and less mental health support for police officers and others who are first responders in potentially volatile situations.

I have worked in the past with clients with autism that were potentially harmful to themselves and others. One 17-year-old male, found it very challenging to be on a city bus with the sounds, smells and eye gazes of others. He was becoming more inappropriately verbal with other riders, to the point where he was getting kicked off the bus. Unfortunately, he was very routine based and when he was in unfamiliar places, he would escalate his self-stimulation behaviors and verbalizations causing more issues. He did have a cell phone and was able to contact his father to get him before other situations could arise. Through art therapy, we were able to develop strategies that helped him visualize and calm down to de-escalate his anxiety in various, yet frequent to him scenarios. He carried cue cards that he designed which redirected his rising anxiety, flipping through them with more appropriate behavioral and verbal re-actions. Other therapeutic interventions had been previously tried, but none other than art therapy was able to connect with him on many sensory levels. He was able to reconnect and appropriately take public transportation and is independently living on his own at this time. We want our citizens in Wisconsin to live independent and meaningful lives, and some just need mental health supports in this time of trauma and increased mental health concerns. Let us be partners in support of our citizens that require therapeutic interventions through art therapy.

I submit this letter of my professional work and for continued art therapy licensure support in Wisconsin for the future of the citizens in this state. Please let me know if there is anything else I can do to be of service in this endeavor. Thank you for your work on this. It is greatly appreciated.

Respectfully,



Susan D. Loesl, WATRL, ATR-BC

To whom it may concern,

My name is Alison Heintz, I am a Registered Art Therapist and Licensed Professional Counselor in the state of Wisconsin. I currently see about 25-30 clients per week, and have on average about 60 clients on my case load. I work full time in rural north-central WI where mental health services are limited. My work as an art therapist has provided mental health and wellness care to an underserved population.

I worked with a 6 year old girl who suffered from significant anxiety which resulted in Selective Mutism. She had 'failed' out of other treatment modalities due to being non-verbal. Through art therapy I was able assist her in processing thoughts and feelings related to her anxiety, which promoted a sense of relaxation and calm. Art therapy became her voice and she was finally able to express herself. Both the client and her parents expressed appreciation for my work as an art therapist as it provided healing and growth.

A family came to me desperate to improve their relationships among family members. Overall there was a lot dysfunction with in the home. Through my work as an art therapy we were able to work together as a family to address a trauma that was the family unit hadn't healed from. Art therapy provided the family a way to express and contain their thoughts and feelings surrounding the trauma in a healthy. The parents were able to validate and support their teenaged children through this process. Through the art therapy we engaged with together, the family was able to heal from the trauma and develop a strong, functional family unit.

I have been approached by someone claiming to be an art therapist multiple times. One example is when a high school teacher contacted me asking 'how she could become an art therapist'. I provided her with information on the WATR (Art Therapy Registration) and ATRL (Art Psychotherapy License). My clients informed me they felt uncomfortable taking her art classes in school due to her attempts to provide 'therapy' in that inappropriate setting.

Another example is mental health clinic who claimed to be providing art therapy in the area. I contacted them and explained the license and registration required to provide art therapy. They changed the name of the service to 'art wellness', however they continue to practice outside their scope of practice. Below is the service description which is provided by a k-6 art teacher: "Art Wellness helps children, adolescents and adults explore their emotions, improve self-esteem, manage addictions, relieve stress, improve symptoms of anxiety and depression, and cope with physical illness and disability. Artistic ability is not necessary for art wellness to succeed, because the therapeutic process is not about the artistic value of the work, but rather about finding associations between the creative choices made and a client's inner life. The artwork can be used as a springboard for reawakening memories and telling stories that may reveal messages and beliefs from the unconscious mind." **This represents the critical importance that the WATR (Art Therapy Registration) and ATRL (Art Psychotherapy License) provides to ensure safety to the public.**

Sincerely,

Alison Heintz

STATEMENT OF

Christopher M. Belkofer, PhD, ATR, LPC On behalf of the
Wisconsin Art Therapy Association

On

Assembly Bill 605, Relating to Reports on Bills Requiring Occupational Licenses

Before the

Committee on Regulatory Licensing Reform Wisconsin State Assembly

January 8, 2020

Chairman Horlacher, Vice-Chairman Ballweg, and Members of the Committee:

My name is Christopher Belkofer and I am the Director of the Graduate Art Therapy Department at Mount Mary University (MMU) in Milwaukee, Wisconsin. I also serve as Government Affairs Representative for the Wisconsin Art Therapy Association, on whose behalf I am appearing before the Committee today to express the Association's concerns with AB 605, which would create a reporting process for legislative bills requiring occupational licenses.

I would like to begin my testimony today in a somewhat unorthodox manner, by starting with a story. John (a pseudonym) is a thirteen year old boy who has a history of outbursts in the school and in the community. John likes to draw but is shy and has very few friends. One day in school he makes a drawing. In the left corner of the drawing John depicts a tombstone. In the center of the drawing is a picture of John's school Mascot, the Wildcats. To the right of the mascot is a drawing of a machine gun encircled by children in pools of blood. As you hold this image in your mind, I ask you to consider the following question: Is John a danger to himself or others? Is this drawing "just a drawing" or is there something else going on?

According to a 2019 report by Mental Health America, only 10 states have a greater prevalence of mental illness than Wisconsin. We also rank low in terms of mental health workforce availability, placed 36th out of the 50 states with one mental health worker for every 560 persons. Wisconsin is not alone in facing the mental health challenges of today, which are nationwide, but Wisconsin can be pioneering in our work to address them. We need licensing reform but we must also provide quality services to our most vulnerable citizens and refrain from economically disadvantaging mental health professionals. We are facing a public health crisis in the areas of mental health and substance abuse. I am here today because I am concerned that parts of this bill may

threaten our State's ability to respond effectively. My rationale for these concerns is related to the following:

1. Requirement for Documented Harm to the Public Health and Safety

Section 1(3)(a) of the bill requires the Department of Safety and Professional Services to evaluate whether the unregulated practice of a profession, occupation or business can “clearly harm or endanger the health, safety, or welfare of the public,” and also whether the potential for harm “is recognizable and not remote or speculative.”

We are concerned that the rigidity of this language, as well as the lack of clear definitions regarding “recognizable” or “speculative” evidence of harm might create an unrealistic and inaccurate standard for determining need for licensure and regulation of art therapists and other health and mental health professions. If strictly implemented, this standard would tend to provide higher levels of regulation to occupations that have documented records of untrained or incompetent practice and of abusing public health and safety, while denying comparable regulation to professional groups with high levels of specialized training, strict training and credentialing standards, and strong professional ethics requirements.

The profession of art therapy, for example, has had few documented disciplinary or enforcement actions nationally, either in states that have specific art therapist licenses, or in states, like Wisconsin, with registration programs to practice psychotherapy. This can be attributed in part to the nature of the profession, which requires master's level professional education and extensive supervised work experience to qualify for entry-level practice, and a professional credentialing process that requires credential holders to maintain professional competency and adhere to strong ethical and practice standards.

Also, the lack of specific art therapist licenses in most states have required that art therapists obtain licenses to practice under related mental health licenses. This has had the consequence of : (i) making art therapists indistinguishable to consumers and state regulators from others holding the same license, and (ii) failing to provide specific standards for competent and ethical practice of art therapy that regulators are able to enforce and provide consumers with a reasonable expectation that persons claiming to provide art therapy services will have the training and competence to provide them.

2. Additional Criteria for Evaluating Need for Regulation

We would suggest that an additional, and equally important, standard for assessing the potential for public harm for many health-related professions involves the need to protect potential clients from misrepresentation, fraud, and potentially harmful actions by persons claiming to offer professional services, such as art therapy, but who lack any professional training or have inadequate specialized training or credentials to engaged in practice.

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Art therapy, for example, recognizes the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client’s psychological disposition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy master’s degree training.

Individuals using art therapy methods and art materials in their mental health practice without appropriate or adequate clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments the practitioner has not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to interpret or treat. The potential for harm is magnified where a client has a vulnerable psychological predisposition. In the case of John in the story at the beginning of my testimony, it is very likely that a school counselor or even a psychologist or professional counselor without art therapy training would have either inferred the wrong conclusions from the student's drawing or missed serious warning signs. Don't John and his family deserve professional help with specific training to understand and interpret the complexities of his non-verbal expression and behavior?

Increased awareness of how the process of art-making can influence neural pathways and lead to improved physical and mental health has encouraged other mental health practitioners to include art materials and art therapy methods within their practice and to misrepresent their services as art therapy. That this is occurring in Wisconsin can be readily illustrated by a review of the *Psychology Today* online listings of mental health professionals offering art therapy as a "treatment option" in the state. Of more than 140 listed professionals, only 21 identify themselves as having professional art therapist training and credentials, with most of the remaining being unknown to members of our Association.

A 2019 report by the Virginia Commission on Health Professions which examined the need to regulate art therapists included as major findings that "Art therapy practices pose an inherent risk of harm to the patient," and also that "Individuals practicing art therapy without the proper skills, level education, supervision and ethical standards pose a risk, especially to vulnerable patients who may have difficulty with verbal communication."

3. Addressing Wisconsin's Critical Need for Mental Health Practitioners

In addition to my program at Mount Mary University, the University of Wisconsin – Superior offers a graduate program in art therapy. There are also five Wisconsin colleges and universities offering undergraduate art therapy programs. Graduates of the MMU program are employed in hospitals, geriatric centers, schools, hospice care, prisons, community health organizations, and private and community mental health practices across Wisconsin. Most have been able to practice in these settings as Licensed Professional Counselors. However, this option may become

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unavailable for future graduates as the counseling profession in states across the nation, has taken steps to restrict eligibility for counseling licenses to persons holding degrees from specific accredited or equivalent counseling programs. In the absence of a specific art therapist license, art therapy graduates will be forced to move to other states that provide opportunities for licensure and cause Wisconsin to lose the next generation of qualified art therapist practitioners to help address the growing mental health crisis in our state.

We are concerned that the narrowly defined standard for assessing the need for regulation of professions and occupations in AB 605 will impose unreasonable and prohibitive barriers that may prevent art therapists, as well as other health-related professions, from obtaining appropriate regulation by the state. Without a qualifying mental health license for art therapists, there will be fewer licensed professionals to meet our state's current shortage of licensed professionals and less accessibility and diversity in mental health services available to Wisconsin consumers.

Providing art therapists with a qualifying mental health license can help address our state's shortage of mental health practitioners, as graduates of art therapy programs will be encouraged to remain or return to the state to establish practices, qualified art therapist in neighboring states without licenses will relocate to Wisconsin, and greater numbers of undergraduate students will be encouraged to obtain graduate training to practice in the state.

Thank you, Mr. Chairman and Members of the Committee for this opportunity to appear today to express our concerns with AB 605. Your commitment to the health, safety, and wellbeing of this state is greatly appreciated. While we do not oppose the proposal to create a regulatory review process for occupational licenses, and have found similar processes helpful in other states, we respectfully request that the Committee consider expanding the criteria for determining harm to the public to include issues relating to public confusion about who is qualified to practice specific professions and the potential for misrepresentation and fraud by practitioners lacking appropriate training and credentials to offer highly specialized services to the public.

I am confident in the quality of services that art therapists provide, and I welcome this opportunity to share the important work of art therapists in the state of Wisconsin. I am available today or in the future to answer any questions you may have.

Sincerely

Chris Belkofer, PhD, ATR-BC, LPC
Director, Graduate Art Therapy Department
Mount Mary University
Government Affairs Representative: Wisconsin Art Therapy Association

2019 WISCONSIN BEHAVIORAL HEALTH SYSTEM GAPS REPORT

Results of Key Informant Interviews, Surveys, and Consumer Focus Groups



University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Prepared for the Wisconsin Department of Health Services, Division of Care and
Treatment Services. August 2020.
