

Good morning Chairman Huffman, Vice-Chair Gavarone, Ranking Minority Member Antonio, and members of the House Health Committee. I appreciate the opportunity to speak before you today in regards to House Bill 557 that establishes licensure for art therapy in Ohio. I would like to thank Representative Anielski as the primary sponsor for House Bill 557, as well as Representative Antonio, Representative Barnes, and Representative Lepore-Hagan for being co-sponsors.

My name is Ashley Skelly, and I am a registered art therapist and professional counselor here in Ohio. A lifelong resident of Ohio, I received my Bachelor's degree in Art Therapy from Capital University, and my Master's degree in Art Therapy and Counseling at Ursuline College. Currently, I work as an early childhood mental health therapist at Nationwide Children's Hospital. I also provide art therapy services for the Epilepsy Foundation of Greater Cincinnati and Columbus. I support House Bill 557 as an art therapist, as well as a concerned citizen who recognizes the problem of access to care in the state of Ohio.

Art therapists are masters-level professionals. The graduate training required qualifies art therapists to provide assessment and treatment to vulnerable populations of all ages. Art therapists must complete post-graduate experience and supervision to become registered, and must complete post-graduate examination to become board-certified.

Art therapy is a versatile approach to treatment that can be utilized with a wide variety of populations. Art therapists assist clients in using art media and the creative process to provide an outlet for self-expression, resulting in a transformative and empowering experience. Various research studies have identified a multitude of benefits from art therapy treatment, including a reduction in stress and anxiety, improvement in interpersonal dynamics, and decreasing emotional and physical distress. In Ohio, there are over 120 agencies that employ art therapists. Some of the populations served include, but are not limited to, individuals with various medical or mental health diagnoses, cancer and chronic illness, addiction and recovery, developmental disabilities, at-risk youth, veterans, survivors of domestic violence, abuse, and crime, and the general population. Art therapy can be utilized with individuals, with families or in group settings.

The use of art therapy in my work with the Epilepsy Foundation accentuates the consumer population's ability to express themselves in a non-verbal way. Participants use the art media and creative process to explore feelings, experiences and personal reflections on living with epilepsy. Group members share artwork with one another to discover similar experiences and find meaning in supporting their peers through the process. Through this work, I have witnessed individual growth in

very personal ways for the group members. One participant suffered brain damage as a result of multiple seizures, and he used art to express feelings of loss related to his functioning and dependence on caregivers. Another participant is an artist by trade, but identified significant benefits in using the art therapy process as a time for self-reflection and an opportunity to use art materials in a very different way than she does in her work. Yet another participant, who had limited fine motor skills and experienced tremors, was empowered through the accomplishment of completing small art tasks throughout the duration of the group. Though the participants shared the same environment and materials, they were able to utilize the experience in a meaningful way that was personal to them.

At Nationwide Children's Hospital, I work with children 0-6 years old and their caregivers to provide trauma-informed and family-centered treatment. Working with this age group requires a significant amount of non-verbal communication, primarily through play and the use of expressive arts materials. My training in art therapy has provided a strong foundation for working in the specific field of early childhood mental health. The use of art therapy theory and technique when working with young children provides the opportunity for expression through non-verbal communication, the most natural form of communication for children 0-6 years old. Additionally, the use of art intervention with young children provides caregivers with opportunities to attune to their child through a language that is familiar to both the child and the adult. Furthermore, engagement in art provides the additional benefit of sensory experience, which promotes self-regulation in the brain for both young children and caregivers.

In my recent work with one family, art intervention became the most efficient way for a caregiver and child to come together to share traumatic experiences. The caregiver displayed a preference to use verbalization to express, while the 6 year old child responded best to play and art engagement. The use of art therapy intervention promoted regulation for both caregiver and child, allowing the family to progress to sharing experiences through a common language.

While many of the tenants of art therapy overlap with other treatment modules used within my work in behavioral health, the specific use of art therapy as treatment is currently restricted due to insurance restrictions. This is a primary barrier to expansion within the behavioral health sector, as grant or private funding is often the most viable option available. Providing art therapists with a license will increase the availability of mental health services. Furthermore, an art therapy licensure would protect consumers from receiving services from individuals who have not completed appropriate training.

I am proud to be an art therapist. This work is meaningful and inspiring, and provides vast benefits to our consumers. The need for services is high, and continues to grow with the challenges we face in our society today. I am confident that art therapy licensure for the state of Ohio will open many opportunities to expand services within our communities.

Thank you, Chairman Hoffman and the members of the House Health Committee, for your consideration of House Bill 557. I welcome any questions at this time.