



## **Medical Rebates and EBT**

As far as medicare rebates are concerned the Government decided that only the current 8 professions that are approved under the Medicare eligibility criteria would be rebatable up until the next COAG meeting. The relevant Government Departments have recommended to ANZATA that National Registration of the profession (just as these other eight professions have done would be the next step to take.) All Health Departments keep reminding ANZATA that until there is sufficient research done to verify that expressive therapies assist people, the old Evidenced Based Practice Research, our profession will struggle for recognition. ANZATA's information on Evidenced Based Treatment is below.

### **Clinical Research and Evidence-based Practice**

There is a growing body of evidence for the practice and efficacy of Art Therapy. The literature shows Art Therapy is a valuable intervention expanding the possibilities of working psychotherapeutically with client populations who may not be able to engage in more verbal oriented psychotherapies. It also shows that working with the art therapy process enables a connection to and processing of feeling states that reach beyond the limits of verbal communication. Dr Andrea Gilroy's book titled "Art Therapy, Research & Evidence-based Practice" (2006) provides a comprehensive overview of all the significant research into the efficacy of Art Therapy. She provides an overview of the evidence from the British and American art therapy literatures to date which we have summarized below:

#### **Adults**

##### **Abuse and Trauma**

References: Brooke (1995), Howard (1990), McClelland (1992, 1993), Morgan & Johnson (1995), Peacock (1991), Schaverien (1992, 1998), Waller (1992)

Outcomes: Several outcome studies demonstrate effectiveness of short-term group and individual Art Therapy.

Decrease in anxiety and depression and symptoms of PTSD, improvements in self- esteem.

##### **Addictions**

References: Albert Puleo (1980), Dickman (1996), Francis (2003), Julliard (1995), Mahony & Waller (1992), Springham (1994, 1998, 1999)

Outcomes: Effective in helping clients acknowledge their addictions, facilitate change, reduce isolation. Art Therapy as an intervention is more tolerable to this client group than more verbal approaches.

##### **Dementia**

References: Byers (1995, 1998), Falk (2002), Gregoire (1998), Doric-Henry (1997), Schexnadre (1993), Shepard (1998), Stewart (2004), Tyler (2002), Waller (2001, 2002), Weiss (1989), Wilks & Byers (1992), Yaretzky (1996), Dennes & Gilchrist (2005)

Outcomes: Several outcome studies and a small Randomized Control Trial (RCT) have shown a reduction in depression, improved attentiveness, sociability, mental acuity, physical competence and calmness.

### **Eating disorders**

References: Levens (1995), Luzzatto (1994), Rehavia-Hanauer (2003), Rust (1994), Schaverien (1989, 1994), Waller (1994), Wood (1996)

Outcomes: Outcome studies show Art Therapy is a suitable form of treatment enabling negotiation and management of emotional and psychological issues.

### **Learning difficulties**

References: Bowen & Rosal (1989), Dubowski (1984, 1990), Fox (1998), Kuczaj (1998), Lomas & Hallas (1998), Mackenzie (2000), Rees (1995), Stack (1998), Stott & Males (1984), Tipple (1992, 1993, 1994)

Outcomes: Outcome studies show: that long term group and individual work improve behavior difficulties and decrease feelings of helplessness: improved capacity for symbol formation and ability to complete developmental tasks.

### **Offenders**

References: Ackerman (1992), Eisdell (2005), Gussack (2004), Haagood (1994), Liebmann (1998), Tamminen (1998), Teasdale (1995, 1997, 2002), Riches (1994) Sarra (1998)

Outcomes: Outcome studies show that Art Therapy can address the antecedents to crime, improve communication, increase insight, change criminogenic behaviours, decrease the likelihood of recidivism.

### **Palliative care**

References: Bell (1998), Bocking (2005), Coote (1998), Greece (2003), Hardy (2001), Luzzatto (2000, 2005), Luzzatto & Gabriel (1998, 2000), Pratt (2004), Reynolds (2002), Rockwood & Graham-Pole (1997), Sibbett (2005), Schut (1996), Theorell (1998), Waller & Sibbert (2005), Weldt (2003), Wood (1998, 2002, 2005), Zammit (2001)

Outcomes: RCT and outcome studies show that group and individual art therapy enables adjustment to changes in health, body image, circumstances, behavior, improves self esteem, quality of life and maintains identity. Alleviation and psychological control of pain.

### **Depression**

References: Ponteri (2001)

Outcomes: Study with group art therapy showed increased self esteem & improved relationships.

### **Personality Disorders**

References: Dudley (2004), Greenwood (2000), Spring (2001), Teasdale (1995)

Outcomes: Studies show that Art Therapy can improve the management of highly charged emotional experiences. Ameliorating destructive tendencies.

### **Psychotic and related disorders**

References: Greenwood & Layton (1987, 1991), Killick (1991, 1995, 1997, 2000), Killick & Greenwood (1995) Saotome (1998), Wood (1997, 1999)

Outcomes: RCT and outcome studies show improved ability to enter and maintain relationships, enable symbolization and develop mature defences. Reduced need to mental health services, engages clients in psychological interventions.

## **Children and Adolescents**

### **General**

References: Ball (2002), Boronska (1995), Carr & Vandiver (2003), Case (1995, 2000, 2003, 2005), Chapman (2001), Chin (1980), Dalley (1993), Dolgin (1997), Henley (1994), Invanova (2004), Kymiss (1996), Malchiodi (1997, 1999), Meyerowitz Katz (2003), Onizo (1989), Orton (1994), Pleasant & Metcalf (1997), Pratt (1998), Prokoviev (1998), Rosal (1993) Rousseau (2003), Saunders & Saunders (2000), Stanley & Miller (1993), Tibbetts & Stone (1990), Welsby (1998), White & Allen (1971)

Outcomes: Outcome studies and RCTs have demonstrated positive outcomes in educational and mental health settings with the use of various art therapy approaches. Increased ability to symbolize, reduction in severity and frequency of symptoms, alleviation of stress, facilitation of communication and interaction.

### **ADHD**

References: Henley (1998, 1999), Murphy (2004), Safran (2002), Smitheman-Brown & Church (1996)

Outcomes: Outcome studies show positive changes in self esteem, self control and ability to function in a social environment.

### **Autistic Spectrum Disorders**

References: Evans (1998), Evans & Dubowski (2001), Evans & Rutten-Sarins (1998), Henley (2001), Kornreich & Schimmel (1991), McGregor (1990), Tipple (2003)

Outcomes: Outcome studies show long term and individual art therapy is effective in promoting cognitive and emotional development, enabling relationships and lessening destructive behaviours.

### **Child Sexual Abuse**

References: Brown & Latimer (2001), Buckland & Murphy (2001), Haagood (2000), Murphy (1998), O'Brien (2004), Pifalo (2002)

Outcomes: Outcome studies identify effective use of art therapy with this client group enabling exploration and understanding of emotion and experience and reducing effects of trauma.

ANZATA professionally registers art therapists and whenever art therapists apply for work or do presentations individually ANZATA encourages members to specify the correct training for a qualified art therapist. However, the public health sector and private health sector are still employing lesser qualified people who call themselves art therapists. That is why ANZATA at its AGM in Melbourne in October 2007 voted to do a submission to government for art therapists to become nationally registered by an independent body approved by Government. This would then protect properly qualified art therapists and would not allow underqualified people to call themselves art therapists. A submission to Government for Art Therapists to become Nationally registered will be sent in May 2007 as it is only then that the new 'National' registration system comes into reality.

We hope this will then give Art Therapy more of a recognized face in the mental health arena and perhaps then we will be able to again push to be considered for Medicare Rebates.

Two Private Health Funds will give us rebates, Commonwealth Bank Health Fund – this is a restricted fund to people who work for the Commonwealth Bank or who are family members. Australian Unity where they have a special medical package where if a GP or other allied health professional refers a client to an Art Therapist they will cover this. All this information has been sent to members in the past 12 months. Private Health Funds are only interested in professions that clients keep asking for treatment from. For example if the members of Private Health Funds constantly ring up the Fund and request say “massage” rebates, then the fund will take action to make that a providable service. Not many people call for art therapy apparently and that is a major factor in how health funds take on new providers of services.

ANZATA's committee even though only 8 of us as volunteers are always trying to keep information about art therapy out in the public arena. Our web page is hopefully going to be upgraded to have more information shortly to help raise the awareness of art therapy.