

Welcome to the George Washington University Art Therapy Center (GWATC)
413 John Carlyle St. 2nd Floor Alexandria, VA 22314

The GW Art Therapy Center (GWATC) provides state-of-the-art treatment in Art Therapy to members of the GW community and community at large, with a focus on healing through art and the expressive therapies. The center is a training facility for graduate art therapy students under the supervision of licensed and board certified therapists. The center also provides opportunities for faculty and student-led art therapy research.

What is Art Therapy?

As defined by the American Art Therapy Association, art therapy is “based on the belief that the creative process involved in artistic self-expression helps people to resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight” (AATA, 2009).

In an art therapy session, you may draw, paint, and make sculptures or a variety of other activities. Although art therapy is considered a non-verbal modality, talking about the art, or about issues, is a part of the process. Art therapy does not require talent in art, only a willingness to create. Please discuss any questions that arise with your therapist.

As you prepare to have an intake session with one of our art therapists, please read the following information contained in this document carefully so that you will know what to expect from our services. We are happy you are here and look forward to assisting you.

Services Provided by GWATC

The George Washington University Art Therapy Center provides Art Therapy services to the community. Most of our sessions are conducted by student therapists who are pursuing a Master of Arts Degree in Art Therapy at The George Washington University. These students have completed academic courses preparing them for their work with you, and they have met rigorous academic and clinical standards before they are eligible to work in the Art Therapy Center. They are supervised by licensed mental health professionals/ counselors and/ or board certified art therapists.

Videotaping

Because the GWATC is affiliated with the art therapy training program, all art therapy sessions at the Center will be video and audio taped and reviewed by the student therapist(s) and his/her supervisor in a confidential classroom setting within the University. We believe this level of accountability through closely monitored supervision will benefit both the client and the student therapist in providing the best treatment possible.

In some instances, these recordings may be beneficial for educational use outside the George Washington University, for example at professional meetings and art therapy conferences. With your consent, a recording of one or more of your therapy sessions may be used for these purposes.

Another mission of the Center is to engage in art therapy research. You may be asked to participate in a research study while you are a client at the Center. You will be provided a written description of any research project in which you are asked to participate and your participation is entirely voluntary. If you choose not to participate, your relationship with the Center will not be affected. Such research studies often involve the review and analysis of sessions with clients which have been videotaped as well as the review and analysis of art produced in these sessions. All research and clinical work will be carefully monitored for best ethical practices. There is a separate consent form for the audio/videotaping at the GWATC.

Clinical Issues

Some of the art therapy options offered at the Center are:

- Individual Art Therapy
- Group Art Therapy
- Family or Couples Art Therapy

Individual sessions are typically 45- 50 minutes in length, but may be as long as 90 minutes if clinically indicated. The length of sessions will depend on you and your therapist. Fees for the services will vary based on length of session and your ability to pay.

Initial Session

The initial session is designed to clarify your concerns and the reason you are seeking treatment. At the end of this session, you and your therapist can determine if you want to continue with services at our Center and if so, what type of services will best fit your needs.

Confidentiality

GW adheres to the American Art Therapy Association and the Virginia Board of Counseling Code of Professional Ethics. All GWATC records, files, art works, and video and audio recordings are confidential and maintained in secure file systems to ensure client confidentiality. Computer data records are maintained in a secure, electronic database and will be destroyed at the end of treatment. Clinical records are shredded or otherwise destroyed after seven (7) years. Art work created in sessions is yours to keep at the completion of therapy and if you choose not to keep your art work, it will also be destroyed after termination. Data records may be used for service utilization, program evaluation, and occasionally research studies that present data in summary form and *do not* identify individual clients. The Center will make every effort to ensure that privacy and confidentiality of clients is maintained by subordinates, including employees and clerical assistants.

In order to provide you with the best possible service, your therapist and therapist's supervisor may need to consult with another professional staff member who has been involved in your care. In this case, you will sign a release to permit us to speak with other doctors, clinicians or agencies that will help ensure continuity in your care.

We do not release any of your personal records to others without your explicit, written consent except in emergency situations. The law of the Commonwealth of Virginia mandates that information be disclosed if

- a) there is a risk of imminent or significant harm to yourself or others
- b) where there is an indication of child abuse or neglect, or elder abuse
- c) or as required by a court of law.

If you are the legal guardian of a minor child or other individual, you will need to provide documentation to that effect.

Fees

Fees will be determined upon intake assessment, and you will be expected to come to each session prepared to pay at the time of service. A part of our fees helps us pay for the art materials that we provide in the session. We are a fee for service clinic, meaning that you are responsible for payment in full. We have a sliding fee scale to keep our services affordable. Because we do not officially diagnose clients, we are unable to provide you with a statement or bill for your sessions. Payment can be made by cash or check made out to The George Washington University.

24-Hour Cancellation Policy: *If you do not cancel a session with at least 24 hours notice, or fail to show up for a scheduled session, you will be responsible for payment in full at the time of your next session.*

Communication/ Contact Information

E-mail, cell phones and any form of electronic communication is *not* secure and confidential. We will only use this form of communication for scheduling and/or administrative matters. Please do not relay any urgent personal concerns via email. Please, instead leave a message and your therapist will return your call as soon as he/she is able.

You can contact GWATC at 703 548-1358 and leave a message in the therapist's mailbox. You can also leave a message for Tally Tripp, Clinic Director, at 703 299- 4173.

Academic Schedule, Emergency and After Hours

GWATC works on an academic calendar. Students begin seeing clients in the clinic in the fall (September) and end in early May. Some students will be able to continue providing sessions in the summer months (May-July) but this cannot be guaranteed. The clinic does take breaks during the year including a 3 week Winter break (usually mid-December to mid-January), a Spring break (usually in March) and is closed during the month of August.

The GWATC does not provide emergency or after hours services. You must call your doctor, the local emergency room or 911 in the event of a clinical or medical emergency. Art therapy is not a primary therapy for everyone and we often work in collaboration with other therapists. If you are experiencing severe distress, you must let your therapist know as soon as possible. We may need to adjust the therapy or help you locate other resources and services. You may request referrals and additional resources from us at any time.

Termination

When it is time to end therapy, whether due to schedule, resolution of clinical issues, or dissatisfaction with progress, ***we ask that you spend at least 1-2 sessions discussing this with your art therapist.*** Saying goodbye is an important part of the therapeutic relationship and helps both client and therapist reflect upon the work they have done.

Conclusion

In order for any therapy to be effective, an honest and open relationship must be established between client and therapist. We encourage being as open as possible with your therapist and discussing any concerns, discomfort or problems as they arise. Usually with discussion, these issues can be resolved quickly. If you decide to end therapy, we ask that you spend at least one session discussing this with your therapist. ***Therapy is most effective when it is consistent.*** Please consider your availability and commitment to the agreed upon weekly appointment time.

If you have any questions about this form or the services provided by GWATC please discuss them with your therapist. If you do not feel you can discuss these concerns with your therapist, you can ask to speak with another therapist or the Director of the Center who will follow up with you. At the end of your therapy sessions, you will be given a brief questionnaire to provide us with feedback regarding your experiences at the GWATC.

I have read the above and have received a copy of this information sheet. I understand I will have an opportunity to discuss my questions regarding services with my therapist. I agree to all the above procedures and consent to services at The George Washington University Art Therapy Center.

Name of Client: _____

Signature of Client: _____

Date: _____

Signature of Therapist: _____

Date: _____