

Welcome to the George Washington University Art Therapy Center (GWATC)

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/or 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 about art therapy with your therapist.

You are about to have a confidential interview with one of our art therapists. We are happy you are here and look forward to assisting you. Please read the following information contained in this document carefully so that you will know what to expect from our counseling services.

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 Masters 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. Any 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 can provide us with assistance towards 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 for that session in advance. 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.

*****In the event you cannot make the appointment, for any reason, you must contact your therapist at least *twenty-four (24) hours* in advance of the session, otherwise you will be charged for the session.*****

Communication/ Contact Information

E-mail, cell phone communication 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 electronic communication. 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 a break 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 or clinical issues being resolved 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 aspect of the therapeutic relationship and often helps both client and therapist wrap up the work that has been 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.

Please keep this form for your records.

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: _____

Signature of Therapist: _____

GWATC Client Information Form

Client's Name: _____ Today's Date: _____

Client's Gender: _____ M _____ F Client Age: _____ DOB: _____

Client's Marital Status: (circle) Single Married Widowed Divorced

Ethnic Background: _____ Caucasian _____ African American _____ Hispanic _____ Native American
_____ Asian _____ Other (specify) _____

Client Local Address: _____

Permanent Address: (if different from above) _____

Client's Occupation: _____

If current student, what grade/level? _____ School? _____

Client's highest level of education: _____ High School _____ University _____ Graduate School

Client's Phone # Home: _____ Work: _____ Cell: _____

Email: _____ (Please print clearly!)

Best time/day/ method to reach you: _____

OK to contact you by email? _____ Yes _____ No (**** not secure, only for appt scheduling)

OK to leave telephone messages? _____ Yes (Preferred Phone # _____) _____ No

Parent or guardian name (for children < 18): _____

Emergency Contact Information:

Name: _____ Telephone: _____ Relationship: _____

How did you find us? Internet/WEB site Flyer/Brochure Direct Referral Other

If you were referred by an agency or other therapist please give their name and telephone #:

Name: _____ Telephone: _____

OK to contact them to thank them for the referral? _____ Yes _____ No

GWATC Client Self-Report

Please check any of the current symptoms you are currently experiencing:

- Depression
- Low self esteem
- Low motivation
- Irritability
- Difficulty concentrating
- ADD / ADHD
- Moodiness
- Problems sleeping
- Mania/ feeling high without drugs
- Anger management
- Anxiety
- Panic
- Drug use
- Alcohol use
- Eating Disorder/ appetite changes
- Anorexia
- Binge/purge
- Compulsive eating
- Inattention/ difficulty concentrating
- School problems (academic)
- Relationship problems
- Problems in the family
- Problems with friends
- Work problems
- Identity issues
- Transitions/ dealing with change
- Confused thoughts
- Psychosis
- Dissociation
- PTSD
- Trauma: assault
- Trauma: abuse
- Flashbacks/ Intrusive thoughts
- Sexual concerns
- Problems with body image
- Thoughts about hurting self
- Self harm/cutting
- Suicidal thoughts
- Thoughts of hurting others
- Violent thoughts
- Bereavement/ grief or loss
- Other (please specify)

List the problem(s) that are having the most significant impact on your life *right now*?

How is this problem now? How does this affect your day to day life?

How long has this been a problem? 1 month-6 months <6 months >6 months-1 year Longer

What medications do you currently take? (list all medications and dosages) Who prescribes your medications?

Medication	Dosage	Duration	Prescribing MD	Side Effects

Do you use alcohol? If so, how much (1 drink, 2 drinks, 3+ drinks) and how often? Daily, Occasionally, Never

Do you use drugs? If so, what drugs, how much and how often? Daily, Occasionally, Never

Have you ever been hospitalized for a psychiatric problem? (yes, no) If yes, please provide dates and circumstances.

Have you been suicidal, a danger to self or others in the last year? (yes, no) If yes, please describe.

List any current stressors: (financial, relational, any changes or transitions, ie: housing, school)

Family Information: Please list significant members of your family including family of origin.

Name	Relationship to you

Is there a history of mental illness in your family? (depression, anxiety, substance abuse, hospitalization)

List one or two people who are most supportive of you and who you would call if you needed help.

What do you see as your strengths? What do you like about yourself?

Any history of or current legal involvement? Any history of being on probation or parole? Any custody orders?

What are your goals for art therapy? What would you like to work on in art therapy?

Anything else you feel is important for us to know about you?

If weekly art therapy is recommended, what times are usually good for you to come in for sessions?

Monday	Mornings 9-11	Afternoons 12-4	Evenings 5-9
Tuesday	Mornings 9-11	Afternoons 12-4	Evenings 5-9
Wednesday	Mornings 9-11	Afternoons 12-4	Evenings 5-9
Thursday	Mornings 9-11	Afternoons 12-4	Evenings 5-9
Friday	Mornings 9-11	Afternoons 12-4	Evenings 5-9
Saturday	Mornings 9-11	Afternoons 12-4	

Please read carefully and sign below:

The GWATC offers Art Therapy at a sliding scale fee to the community. Most sessions at the clinic are run by Art Therapy graduate students. To that end, videotaping is required and sections of a session may be viewed by trainees and supervisors in the classroom setting. The clinic can provide Art Therapy as individual, group or family therapy, but does not provide emergency or after hours services. If you are experiencing a mental health emergency or crisis, you should contact your medical doctor, local emergency room, hotline or call 911. Because the services are provided as a part of the academic program of Art Therapy, the length and scheduling of treatment may be subject the academic calendar and its limitations.

I have read the above paragraph and can accept this policy.

Name: (please print) _____

Signature: _____ **Date:** _____

Art Therapist/Witness: _____ **Date:** _____