



WHITMAN-WALKER HEALTH

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TESTIMONY OF MARTINA EFODZI, ATR-BC, LPC, LCPC, LCPAT, PSYCHOTHERAPIST IN SUPPORT OF DC BILL 23-0250, PROFESSIONAL ART THERAPIST LICENSURE AMENDMENT ACT OF 2019

DECEMBER 19, 2019

Thank you Chairman Mendelson, Chairman Gray, and members of the Committee of the Whole and the Committee on Health for the opportunity to testify.

My name is Martina Efodzi. I currently serve as a Psychotherapist at Whitman-Walker Health, (Whitman-Walker or WWH) which is a Federally Qualified Health Center in Washington, DC that provides affirming, community-based health and wellness services to all, and offers special expertise in LGBTQ and HIV care. I have been employed by Whitman-Walker Health for the past nine and a half years, and served as a Masters-level art therapy intern for one year prior to that. I earned a Bachelor of Arts in Political Science and a Master of Divinity in Religious Studies from Howard University in 2002 and 2007, respectively. I also earned a Master of Arts in Art Therapy from the George Washington University in 2011. I am a Board-Certified Art Therapist, through the Art Therapy Credentials Board (ATCB), as well as a Licensed Professional Counselor in Washington, DC. I am also a Licensed Clinical Professional Counselor and a Licensed Clinical Professional Art Therapist in the State of Maryland. My resume is attached.

According to the American Art Therapy Association, “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” (American Art Therapy Association, 2019). One of my clients described it in this way, “art therapy allows me to art what I cannot say.” For the past ten and a half years, I have made it my life’s work to use the clinical application of this expressive modality as a means of helping my clients process those things for which they cannot find words. Whether they have experienced the sudden death of a loved one, survived a personal tragedy, or weathered a natural or human-made disaster, we labor together to “make sense” out of the seemingly senseless.

Art therapists are trained mental health clinicians who are not only well-versed in traditional psychotherapeutic methods, but also understand how the selection of art materials and various facilitation methods may impact the therapeutic relationship and treatment outcomes, for better, or for worse. We understand that without the proper training, supervision and guidance that are required to responsibly function in this field, which takes at least two years to acquire at the Master’s level, one can cause serious harm to those we serve. So, while the use of watercolors, for example, might assist one client in becoming more expressive and open, it could also cause destabilization and emotional dysregulation in another. Thus, in an effort to protect the public

from potential harm, and to establish a more uniform standard of care for those providing clinical art therapy services in the city, I wholeheartedly support Bill 23-0250, the “Professional Art Therapist Licensure Amendment Act of 2019.”

This brings me to the story of one client I had the pleasure of working with for the better part of two years. My client initially came to Whitman-Walker Health to connect to medical care. An avid runner and sports enthusiast, they were the picture of health. However, several years into their care, they were diagnosed with HIV and their mental health began to rapidly deteriorate. Trauma symptoms, in the form of nightmares and flashbacks, long suppressed from their abusive childhood, began to emerge, ultimately leading to numerous suicide attempts and hospitalizations. Staff at Whitman-Walker worked diligently to coordinate the client’s care, assembling an impressive multi-disciplinary team of clinicians to provide wrap-around services including psychiatry, group therapy, individual therapy, as well as art therapy.

On the client’s first day joining the art therapy group, I introduced an art therapy directive that myself, and another clinician, Christopher Straley, LICSW, developed called “Figures of Speech.” This activity involved the use of Russian matryoshka dolls to assist group members in resolving feelings of ambivalence they might have towards change. Clients were asked to consider different parts of themselves involved in the decision-making process to improve their self-care practices, and to use the art supplies provided to depict what these different parts might look like.

When the activity was introduced to the group, my client began working right away. Using a variety of mixed media approaches, they worked mostly in silence, week after week. As stressors began to mount and circumstances in the client’s outer world became more complicated, their inner world of thoughts, feelings and emotions, found safe harbor in their artwork. By providing an avenue for emotional catharsis, it was clear that the process of art-making ultimately engendered feelings of empowerment and satisfaction for the client. During the course of group, their mood fluctuated frequently, ranging from one of tearfulness and sorrow to happiness and joy. Nevertheless, they persisted, returning again and again to add drips of blue paint, glitter, safety pins, beads and embroidery thread. They delighted in the assortment of found objects and even incorporated left-over ornaments, from holidays past, for good measure. Although they struggled to adhere to their treatment regimen, often missing medical, psychiatry and individual therapy appointments, they rarely missed the art therapy group. The group, and the sense of community it fostered, provided the client with a measure of stability and consistency that was hard to establish outside of the health center.

And then, on June 12, 2016, the client’s situation went from bad to worse when Omar Mateen, a 29 year old security guard, killed 49 people and wounded 53 others in a mass shooting inside Pulse, a gay nightclub in Orlando, Florida. When the client failed to show up for art therapy, several days later, the treatment team became concerned. We later learned that the client was admitted to the hospital following a self-harming incident. The client believed that they knew some of the individuals who perished in the massacre, and felt that they were to blame for what happened. Weeks later, when the client eventually returned to the group, they had very little to say, but they completed this piece (Re. artwork).

From a clinical standpoint, I can say that their artwork suggests a desire for containment and organization, but it also appears to have indicators of profound pain and suffering. It suggests an attempt at grounding and stabilization, but there also appears to be indicators of dissociation and decompensation. This artwork is but one snapshot in time, in the life of a client trying to find reconciliation with the trauma of their past, the decisions they have made, and within themselves. Nearly two years later, after a great deal of hard work, and reconnecting with their treatment team, the client reached a period of stabilization. They gifted this piece to Whitman-Walker Health and asked that I use it to teach other art therapists, and whoever else would listen, how art therapy impacted their life and aided in their ongoing process of self-actualization and recovery. Art therapist Carol Thayer Cox, who co-wrote the book entitled, *Telling Without Talking: Art as a Window into the World of Multiple Personality*, once said that even when a client has nothing to say, their art always has something to say (Cox & Cohen, 1995).

It is my hope that you have heard, and will consider the voice of my client, speaking through their work, and pass this much needed legislation. In so doing, you will be validating the work of myself and my colleagues who labor tirelessly to give voice to the felt emotions and concerns of our clients, in a meaningful way, through the clinical art therapy services we provide.

Thank you.

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American Art Therapy Association. (2019). *Art Therapy*, Retrieved December 18, 2019 from <https://arttherapy.org/about-art-therapy/>

Cox, C. T. & Cohen, B. (1995). *Telling without talking: Art as a window into the world of multiple personality*. New York, NY: W.W. Norton & Co., Inc.