



# The clinical effectiveness and current practice of art therapy for trauma

## Evidence review

A review of the current evidence on the clinical effectiveness of art therapy and analysis of the status of art therapy within the psychology profession in Australia

**Dr Janine McMillan / Amanda Moo / Rajneet Arora / Dr Beth Costa**

A joint initiative of

## CONTENTS

---

Acknowledgements	3
Executive summary	4
Background and Scope	4
Method	4
Key findings	4
Introduction	6
Review Questions and Scope	6
Question 1. What is the current evidence of the clinical effectiveness of art therapy?	7
Key findings	7
Method	7
Search Process	7
Findings	9
Question 2: What is the status of art therapy within the psychology profession in Australia?	15
Key Findings	15
Method	15
Findings	15
Implications	21
References	22
Appendix	23
Literature search process and study classification	23

## LIST OF TABLES

---

Table 1. Systematic review study characteristics	10
Table 2. Primary study characteristics	11
Table 3. Summary of systematic review key findings	12
Table 4. Summary of the published results of art therapy primary studies	13
Table 5. ANZATA approved art therapy courses available in Victoria <sup>#</sup>	17
Table 6. Victorian health institutions offering art therapy in 2018 <sup>#</sup>	19

## LIST OF FIGURES

---

Fig 1. PRISMA diagram showing search process for identifying studies of the clinical effectiveness of art therapy	8
---	---

## ACKNOWLEDGEMENTS

---

This report has been prepared for the Transport Accident Commission (TAC). The Institute for Safety, Compensation and Recovery Research (ISCRR) would like to acknowledge TAC for their assistance and collaboration throughout the development of this evidence review. The authors also wish to thank staff at ISCRR who supported the evidence review and production of the report.

### Disclaimer

Please note: This Evidence Review has been produced by the Institute for Safety Compensation and Recovery Research (ISCRR) Worldwide Evidence Scanning Team in response to a specific question from the Transport Accident Commission. The content of this report may not involve an exhaustive analysis of all existing evidence in the relevant field, nor does it provide definitive answers to the issues it addresses. The review findings were current at the time of publication, February 2018. Significant new research evidence may become available at any time.

ISCRR is a joint initiative of WorkSafe Victoria, the Transport Accident Commission and Monash University. The opinions, findings and conclusions expressed in this publication are those of the authors and not necessarily those of the Transport Accident Commission or ISCRR.

## EXECUTIVE SUMMARY

---

### **Background and Scope**

Art therapy is a psychological treatment involving creative visual art making as a form of non-verbal expression. This therapeutic approach has been used to assist clients to explore, externalise, process and resolve negative thoughts and feelings associated with trauma. Art therapy can also be appropriate for individuals with difficulty verbally expressing themselves, including children or individuals with acquired brain injury.

An evidence review on the clinical effectiveness of art therapy following trauma was conducted in 2012.<sup>1</sup> The review included three randomised controlled trials (RCTs), and one systematic review study that evaluated art therapy for children and adolescents delivered within inpatient settings. The evidence review concluded there was insufficient evidence to determine whether art therapy was a useful treatment for individuals who had experienced trauma.

The Transport Accident Commission commissioned this evidence review to provide an updated review of the clinical effectiveness of art therapy.

The key review questions, developed in consultation with the TAC, were:

1. What is the evidence of effectiveness of art therapy?
2. What is the status of art therapy within the psychology profession in Australia? This included:
  - The qualifications needed to become a registered art therapist in Victoria and the institutions where those qualifications can be obtained; and
  - The nature of art therapy currently being delivered within Victoria.

### **Method**

This evidence review was conducted in two parts:

- A systematic review of the scientific evidence of the clinical effectiveness of art therapy
- An environmental scan on practice of art therapy within the psychology profession in Australia

### **Key findings**

#### **Question 1: What is the current evidence of the clinical effectiveness of art therapy?**

- Nine primary studies and six systematic reviews that have evaluated the clinical effectiveness of art therapy have been published since 2012.
- Art therapy has been used to treat physical and psychological trauma, thus these studies are relevant for TAC clients.
- There is **moderate** evidence that art therapy can significantly reduce **depression** and **anxiety** symptoms associated with **psychological trauma** based on four primary and one systematic review study.
- There is **very limited** evidence that art therapy can significantly reduce depression symptoms for individuals with **physical trauma** based on one study.
- The long-term efficacy of art therapy is unclear.

#### **Question 2: What is the status of art therapy within the psychology profession in Australia?**

- Psychologists, counsellors and social workers can work with qualified art therapists to provide interdisciplinary therapy.

- The peak art therapy professional organisations in Australia are the Professional Association for Arts Therapy in Australia, New Zealand and Singapore (ANZATA) and the Australian Creative Arts Therapies Association (ACATA).
- To be eligible for membership of ANZATA, art therapists must have completed an approved Masters level course in art therapy.
- Two accredited training institutions in Victoria offered Master of Art Therapy courses.
- In February 2018 there were 56 art therapists in the Melbourne area who were members of a professional organisation.
- Public and private health institutions in Victoria offer art therapy for mental health and medical conditions.

## INTRODUCTION

---

Art therapy is a psychological treatment that involves creative visual art making as a form of non-verbal expression. An art therapy session consists of the client using various art materials to express their thoughts and emotions in the presence of an art therapist who helps to explore, build insight and make meaning of the art work. This may take place individually or in a group.

Creative arts therapies can include various art modalities including visual art, music, dance, drama and photography. For the purpose of this report, we focused on art therapies that use visual art-making such as drawing, painting, and creating mosaic with clay, ceramics or any other material.

Traumatic events are often difficult to express in words alone and they can be stored in the brain visually. Art therapy has been used to assist clients to explore these stored images, and to externalise, process and resolve the negative thoughts and feelings associated with trauma.<sup>2</sup> Art therapy is also particularly helpful for people for whom expressing themselves verbally is problematic, such as children or patients with acquired brain injury.

Exposure to trauma can lead to post-traumatic stress disorder (PTSD), a chronic condition with symptoms including intrusive recollection (re-experiencing), avoidance/numbing and increased arousal (hyper-vigilance). These symptoms can affect an individual's life and serve as a barrier to basic tasks. Art therapy has been used to treat PTSD and other psychological consequences related to physical or psychological trauma.

An evidence review on the effectiveness of art therapy following trauma was conducted in 2012.<sup>1</sup> The review included three randomised controlled trials (RCTs), and one systematic review study that evaluated art therapy for children and adolescents delivered within inpatient settings. The evidence review concluded there was insufficient evidence to determine whether art therapy was a useful treatment for individuals who had experienced trauma.

### **Review Questions and Scope**

This evidence review was conducted to identify the clinical effectiveness and current practice of art therapy for trauma.

The key review questions, developed in consultation with the TAC, were:

1. What is the evidence of effectiveness of art therapy?
2. What is the status of art therapy within the psychology profession in Australia? This included:
  - The qualifications needed to become a registered art therapist in Victoria and the institutions where those qualifications can be obtained; and
  - The nature of art therapy currently being delivered within Victoria.

This evidence review was undertaken in two parts to address each of the review questions:

1. An update of the previous evidence review by performing a systematic review of research studies published since 2012 that examined the clinical effectiveness of art therapy; and
2. An environmental scan on the status of art therapy within the psychology profession in Australia.

This report was prepared by the ISCRR Worldwide Evidence Scanning Team and presents a review of scientific and practice evidence.

## QUESTION 1. WHAT IS THE CURRENT EVIDENCE OF THE CLINICAL EFFECTIVENESS OF ART THERAPY?

---

### *Key findings*

- Nine primary studies and six systematic reviews that have evaluated the clinical effectiveness of art therapy have been published since 2012.
- Art therapy has been used to treat physical and psychological trauma, thus these studies are relevant for TAC clients.
- There is **moderate** evidence that art therapy can significantly reduce **depression** and **anxiety** symptoms associated with **psychological trauma** based on four primary and one systematic review study.
- There is **very limited** evidence that art therapy can significantly reduce depression symptoms for individuals with **physical trauma** based on one study.

### *Method*

An updated systematic search of the scientific literature for evaluation studies of the clinical effectiveness of art therapy published since 2012 was conducted in January 2018.

### *Literature search*

The specific inclusion and exclusion criteria based on the original review are described below.

### *Population*

The types of participants included individuals with an injury or condition due to motor vehicle accident, or any other trauma, injury or condition. Trauma due to domestic violence, sexual or child abuse was excluded.

### *Intervention*

The search included evaluations of the effectiveness of art therapy delivered as a standalone treatment or as part of a multidisciplinary treatment program. Interventions that included music therapy, writing or dance therapy were excluded, as were creative art classes that were not facilitated by an art therapist.

### *Outcomes*

To be included primary evaluation and systematic review studies were required to report at least one mental health measure as a primary outcome. Mental health outcomes could include depression, anxiety, stress, or post-traumatic stress disorder symptomology. Eligible studies could report physical health outcomes including quality of life, physical function or pain.

### *Search Process*

The search process is summarised in Figure 1 below, and further described in the Appendix.

The quality of the included primary studies were assessed using the Effective Public Health Practice Project (EPHPP) Quality Assessment tool for quantitative studies. The quality of the included systematic reviews were assessed using A Measurement Tool to Assess systematic Reviews (AMSTAR).

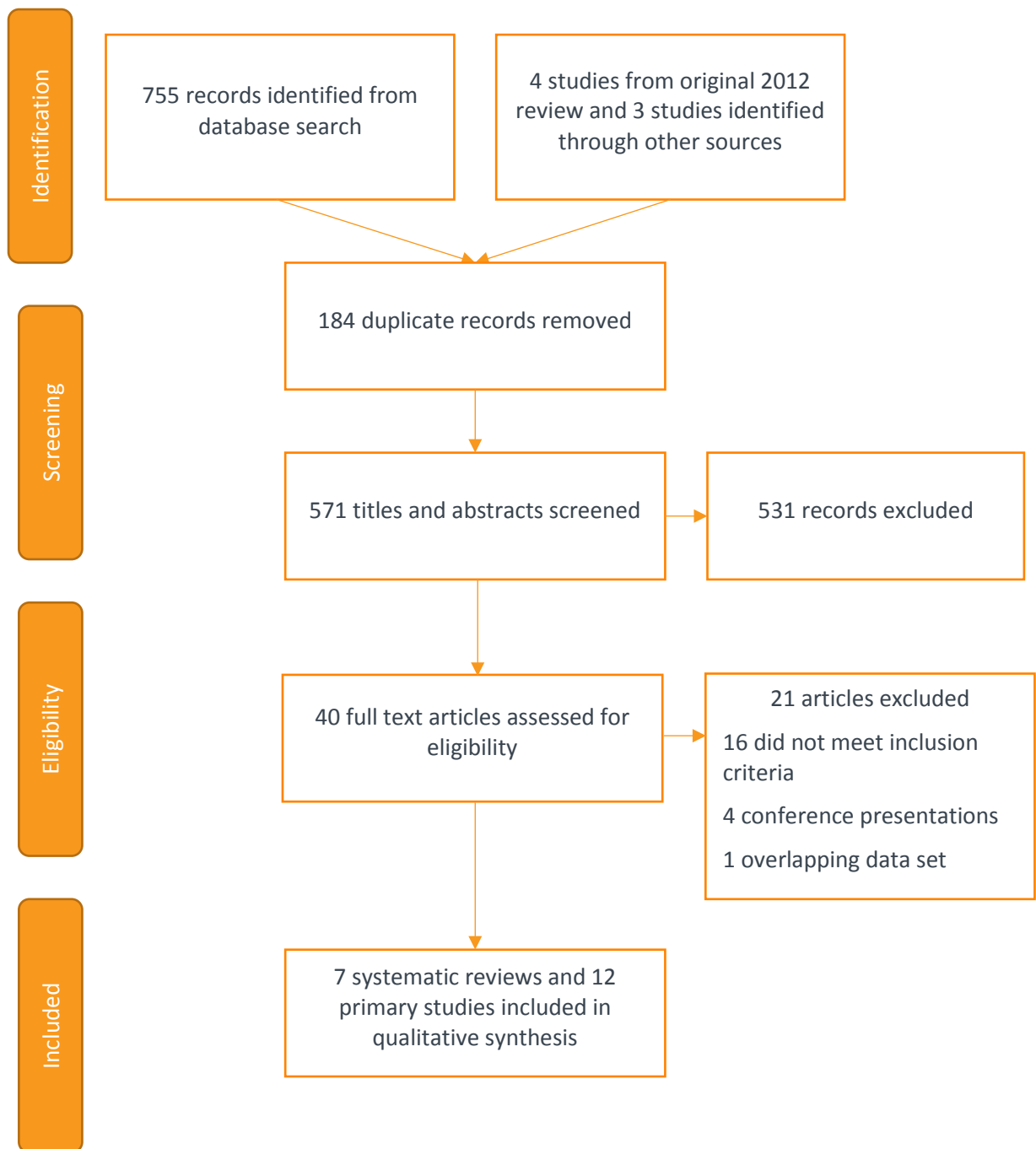


Fig 1. PRISMA diagram showing search process for identifying studies of the clinical effectiveness of art therapy



## **Findings**

### **Detailed findings**

We identified for review 19 papers that included seven systematic review and 12 primary evaluation studies. One systematic review<sup>2</sup> and three primary studies<sup>3-5</sup> from the 2012 ISCRR review<sup>6</sup> (#0312-002-R9) were included in this review. A summary of systematic review papers included for review is shown in Table 1, and primary study characteristics in Table 2.

Of the 19 papers included for review, one systematic review<sup>7</sup> and one primary study<sup>1</sup> were conducted in Australia. The remaining six systematic reviews were conducted in countries comparable to the Australian context. The primary studies were conducted in a range of countries.

Of the twelve primary studies, eight were randomised controlled trials (RCTs), and three used a cohort and one a controlled cohort study design.

Art therapy was delivered to target those with: injury from motor vehicle accident, trauma, spinal cord injury, PTSD or other mental health disorders, stroke, breast cancer, dementia, schizophrenia and personality disorders. One primary study evaluated the effectiveness of art therapy delivered to healthy ageing adults.

Table 1. Systematic review study characteristics

	Reference (year)	Country	Targeting those with	Years searched	N studies; N participants	Outcomes	Quality rating <sup>1</sup>
Physical trauma	Schouten et al (2015) <sup>8</sup>	The Netherlands	Adult trauma	- 2013	6; 223	Psychological trauma symptoms	Medium
	Wethington et al (2008) <sup>22</sup>	United States	Childhood trauma	- 2007	1 of 7 <sup>2</sup> ; nr	Mental health symptoms	High
Psychological trauma and mental health disorders	Ramirez (2016) <sup>9</sup>	United States	Military-related PTSD	nr	12; nr	PTSD symptoms	Low
	Uttley et al (2015) <sup>10</sup>	United Kingdom	Mental health disorders	- 2013	27; 965	Mental health symptoms	High
Other conditions	Reynolds (2012) <sup>11</sup>	United Kingdom	Stroke	nr	nr	Cognitive function, physical function	Low
	Chancellor et al (2014) <sup>12</sup>	United States	Dementia	1980-2013	16; 169	Cognitive function, wellbeing	Low
	Maujean et al (2014) <sup>7</sup>	Australia	Range	2008-2013	8; 988	Mental health symptoms	Low

Notes. <sup>1</sup>Based on AMSTAR rating of systematic review quality, where high quality reviews achieved an AMSTAR rating of 9-11, medium quality reviews a rating of 5-8, and low quality reviews a rating of 1-4; <sup>2</sup>one primary study included for review evaluated art therapy; <sup>2</sup>systematic review included in original review; nr = not reported; PTSD = post-traumatic stress disorder.

Table 2. Primary study characteristics

	Reference (year)	Country	Study design (follow up)	Targeting those with N, % male	Intensity	Outcomes of interest	Quality rating <sup>1</sup>
Physical trauma	Wang et al, 2015 <sup>13</sup>	China	RCT (12m)	Motor vehicle accident, 52, NR	40m/w x 8	PTSD severity; post-traumatic growth; depression; anxiety	Strong
	Macri and Limoni (2017) <sup>14</sup>	Italy	Cohort (post intervention)	Spinal cord injury, 19, 74%	mean 15.5h	Anxiety; depression; well-being; general health	Moderate
	Chapman et al (2001) <sup>32</sup>	United States	Controlled cohort (nr)	Childhood trauma, 85, 70%	1 x 1h	PTSD symptom severity	Moderate
Psychological trauma and mental health disorders	Schreier et al (2005) <sup>52</sup>	United States	RCT (18m)	Childhood trauma	1 x 1h	PTSD symptom severity	Weak
	Campbell et al (2016) <sup>15</sup>	United States	RCT (post-intervention)	Military related PTSD, 17, 100%	8 x 1.25h	Depression; PTSD symptoms	Weak
	Lyshak-Stelzer et al (2007) <sup>42</sup>	United States	RCT (7d)	Adolescent PTSD, 29, 55% male	1h/w x 16	PTSD symptom severity	Moderate
	Kopytin and Lebedev (2013) <sup>16</sup>	Russia	RCT (post-intervention)	Military related mood disorder, 112, 91%	1/w x 3	Mood disorder symptoms; quality of life	Weak
	Caddy et al (2012) <sup>1</sup>	Australia	Cohort (post-intervention)	Mood disorders, 403, 18%	6x 1.5h	Mental health outcomes (depression, anxiety, stress), quality of life, functioning	Weak
	Crawford et al (2012) <sup>17</sup>	United Kingdom	RCT (12m)	Schizophrenia, 417, NR	1.5 h/w x 12m	Global functioning; mental health symptoms; social functioning; satisfaction with care	Strong
Other conditions	Haeyen et al (in press) <sup>18</sup>	The Netherlands	Cohort (post-intervention)	Personality disorders, 74, 30%	1.5h/w x 10	Mental health symptoms	Weak
	Monti et al (2012) <sup>19</sup>	United States	RCT (2w)	Breast cancer, 18, 0%	2.5h/w x 8	Anxiety	Moderate
	Kim (2013) <sup>20</sup>	Korea	RCT (post-intervention)	Healthy ageing, 50, 22%	3 x 1.25h/w x 4	Affect; anxiety; self-esteem	Moderate

Notes. <sup>1</sup>Based on the Effective Public Health Practice Project (EPHPP) Quality assessment tool for quantitative studies; <sup>2</sup>study from original review; nr = not reported; PTSD, post-traumatic stress disorder; RCT = randomised controlled trial.

### Evidence of the effectiveness of art therapy interventions

This section provides a synthesis of the effectiveness of art therapy interventions. Table 3 provides a summary of the systematic review finding and Table 4 provides a summary of the findings reported in primary evaluation studies.

Table 3. Summary of systematic review key findings

	Reference	Targeting those with	Key findings
Physical trauma	Schouten et al (2015)	Trauma	Psychological trauma symptoms: 3/6 studies reported significant decrease Depression: 1/6 studies reported significant decrease
	Wethington et al (2008)	Paediatric trauma	PTSD symptom severity: 0/1 studies reported significant decrease Conclusion: insufficient evidence to determine effectiveness
Psychological trauma and mental health	Ramirez (2016)	PTSD	PTSD symptom severity: 4/6 studies reported significant decrease Additional reported impacts: increased ability to verbalise thoughts, improved social relationships
	Uttley et al (2015)	Non-psychotic mental health disorders	Mental health symptoms: 10/15 studies reported significant improvement
Other conditions	Reynolds (2012)	Stroke	Cognitive functioning: qualitative case study evidence suggests improvement
	Chancellor et al (2014)	Dementia	Qualitative and quantitative evidence of improved cognitive functioning but unclear if benefits extend outside therapy
	Maujean et al (2014)	Range	Mental health symptoms: 7/8 studies reported significant improvement

Table 4. Summary of the published results of art therapy primary studies

	Reference	Targeting those with	Intervention effects
Physical trauma	Wang et al (2015)	Motor vehicle accident	PTSD severity: ns Post-traumatic growth: ns Depression: ns Anxiety: ns
	Macri and Limoni (2017)	Spinal cord injury	Anxiety: ns Depression: ↓ baseline to post intervention mean dif 10.0, p < 0.01 Well-being: ns General health: ↑ baseline to post intervention mean dif 24.0, p < 0.01
	Chapman et al (2001)	Childhood trauma	PTSD symptom severity: ns
	Schreier et al (2005)	Childhood trauma	PTSD symptom severity: ns
Psychological trauma and mental health disorders	Campbell et al (2016)	Military related PTSD	Depression: ns PTSD symptoms: ns
	Lyshak-Stelzer et al (2007)	Adolescent PTSD	PTSD symptom severity: ↓ post-intervention intervention vs control mean dif 18.3, p < 0.01
	Kopytin and Lebedev (2013)	Military-related mood disorder	Depression: ↓ post-intervention intervention vs control mean dif 0.2, p<0.05 Quality of life: ↑ post-intervention intervention vs control mean dif 2.4, p<0.05
	Caddy et al (2012)	Mood disorders	Depression: ↓ baseline to post intervention mean dif 17.3, p < 0.001 Anxiety: ↓ baseline to post intervention mean dif 13.0, p < 0.001 Stress: ↓ baseline to post-intervention mean dif 16.4, p<0.001
	Crawford et al (2012)	Schizophrenia	Global functioning: ns Mental health symptoms: ns Social functioning: ns
Other conditions	Haeyen et al (2017)	Personality disorders	Mental health: ↑ baseline to post-intervention mean dif 9.6, p<0.01
	Monti et al (2012)	Breast cancer	Anxiety: ↓ baseline to post-intervention, p=0.03#
	Kim (2013)	Healthy ageing	Mood: ↑ post-intervention intervention vs control mean dif 14.2, p < 0.001 Anxiety: ↓ post-intervention intervention vs control mean dif -16.2, p < 0.001 Self-esteem: ↑ post-intervention intervention vs control mean dif 3.8, p < 0.001

Note. #Mean difference not reported. M=Mean; ns= not significant, PTSD= post-traumatic stress disorder

### Physical trauma

One art therapy intervention for individuals with spinal cord injury significantly decreased depression symptoms and improved general health post-intervention. The effective intervention was delivered to 19 individuals across a mean 15 hours.

One medium quality systematic review of six primary studies reported that art therapy for general physical trauma significantly reduced mental health symptoms in three studies. The specific mental health outcomes assessed in primary studies was not described by the review authors.<sup>8</sup>

### Psychological trauma and mental health conditions

There was a moderate level of evidence in support of art therapy for psychological trauma and mental health conditions, based on four primary studies of effective interventions. Specifically, art therapy was found to significantly reduce depression, anxiety and stress symptoms in three weak quality primary studies and one moderate quality primary study. There was additional supporting evidence from two systematic reviews.

For example, art therapy delivered weekly for three weeks to Russian veterans diagnosed with mood disorders significantly decreased depression symptoms and improved quality of life post-intervention compared to treatment as usual<sup>16</sup>. Likewise, Caddy et al<sup>1</sup> reported that art therapy decreased depression, anxiety and stress in patients with mood disorders. A similar study of art therapy delivered weekly across 16 weeks to adolescents diagnosed with PTSD reported that the intervention significantly decreased PTSD symptom severity at treatment end compared to a control treatment.<sup>4</sup> Similar findings were reported in a cohort study of Dutch individuals with a personality disorder who participated in art therapy weekly for 16 weeks.<sup>18</sup>

One low quality systematic review considered six primary studies that evaluated the effectiveness of art therapy for PTSD.<sup>9</sup> Four of the included primary studies found that art therapy significantly reduced PTSD symptom severity. The review authors concluded that in addition to having a significant impact on PTSD symptoms, art therapy was associated with an increased ability to verbalise thoughts and improved social relationships. Similarly, one high quality systematic review examining the effect of art therapy on patients with non-psychotic mental health disorders<sup>10</sup> found that mental health symptoms were significantly improved in 10 of 15 studies.

One high quality RCT evaluated the effectiveness of art therapy for schizophrenia and failed to find any significant effects on mental health symptoms post-intervention and 12 months later.<sup>17</sup> However qualitative findings reported in a separate study indicated that among participants who engaged with the program, art therapy was associated with benefits including improved self-esteem, confidence and sense of control.

### Other conditions

Art therapy was found to reduce anxiety symptoms shown to reduce anxiety in two further populations, women with breast cancer<sup>19</sup> and healthy, older adults<sup>20</sup>. Both studies were of moderate quality. Art therapy delivered for healthy ageing was additionally associated with increased mood and self-esteem.

Three low quality systematic reviews provided additional moderate evidence for the effectiveness of art therapy on mental health symptoms and cognitive function for stroke<sup>11</sup>, dementia<sup>12</sup> and a range of other conditions<sup>7</sup>. For example, the systematic review by Reynolds found that available evidence in stroke patients was very limited but case studies demonstrated that art therapy may address many of the diverse cognitive, emotional and functional needs of people disabled by stroke, including attention, spatial processing, sequencing and planning.

In dementia patients art therapy was found to engage attention, provide pleasure, and improve neuropsychiatric symptoms, social behaviour and self-esteem.

## QUESTION 2: WHAT IS THE STATUS OF ART THERAPY WITHIN THE PSYCHOLOGY PROFESSION IN AUSTRALIA?

---

### **Key Findings**

- Psychologists, counsellors and social workers can work with qualified art therapists to provide interdisciplinary therapy.
- The peak art therapy professional organisations in Australia are the Professional Association for Arts Therapy in Australia, New Zealand and Singapore (ANZATA) and the Australian Creative Arts Therapies Association (ACATA).
- To be eligible for membership of ANZATA, art therapists must have completed an approved Masters level course in art therapy.
- Two accredited training institutions in Victoria offered Master of Art Therapy courses.
- In February 2018 there were 56 art therapists in the Melbourne area who were members of a professional organisation.
- Public and private health institutions in Victoria offer art therapy for mental health and medical conditions.

### **Method**

A desktop scan of publicly available grey literature was conducted in January and February 2018 to examine the current practice of art therapy in Australia.

We searched the electronic search engine Google using combinations of the following terms: art therapy, art therapists, Victoria, accident, injury and trauma. Additionally we conducted targeted searches of the webpages of: the Australian Institute of Health and Welfare (AIHW), the Australian Psychological Society (APS), the Australian Health Practitioner Regulation Agency (AHPRA), the Psychotherapy and Counselling Federation of Australia (PACFA), and the International Institute for Complementary Therapists (IICT).

### **Findings**

Art therapists work within mental health, allied health and human services. Art therapy is a tool used by mental health professionals to help clients, especially those who have suffered some kind of trauma in their lives, to open up and unlock their inner feelings, which may be known, unknown or unable to speak about.

Psychologists, counsellors and social workers can work with qualified art therapists to provide interdisciplinary therapy. Additionally allied health professionals are trained in art therapy and offer art therapy as a component of their core therapy services.

A website search to identify relevant evidence-based guidelines in Australia yielded very limited results (see Appendix). The Australian Counselling Association (ACA) offers art therapy workshops and events for practising health professionals.\*

---

\* <https://www.theaca.net.au/>

### *Art therapy regulatory bodies*

We identified two peak organisations governing the practice of art therapy in Australia. These were:

- **The Professional Association for Arts Therapy in Australia, New Zealand and Singapore (ANZATA)** is a member-run self-regulating organisation that advocates for the profession and ensures the practice of art therapy meets international standards. ANZATA publishes the Australian and New Zealand Journal of Arts Therapy (ANZJAT), a peer-reviewed annual publication, as part of their commitment to supporting new research and knowledge in the arts therapies field.
- **The Australian Creative Arts Therapies Association (ACATA)** is a national, independent non-profit organisation that maintains the professional standards for the practice of creative arts therapies in Australia. ACATA does not approve or recommend art therapy training courses in Australia.

Both organisations recognise a range of disciplines within the arts therapies that includes the visual arts, drama, dance and movement, and music. ANZATA and ACATA members have access to networking, standards, advocacy and professional development in art therapy.

Two additional peak bodies are involved in maintaining the professional standards of art therapy within Australia:

- **Australian Counselling Association (ACA)** is Australia's largest registration body for counsellors and psychotherapists. The ACA Professional Colleges establishes standards of practice for counsellors working within specialist fields, including creative arts therapies.
- **Psychotherapy and Counselling Federation of Australia (PACFA)** is the national peak body for counsellors and psychotherapists and professional associations in the counselling and psychotherapy field in Australia. ANZATA is affiliated with PACFA.

### *Art therapy qualifications in Victoria*

Two criteria are required to be met to practice as a registered art therapist within Australia. The first criterion is the completion of an ANZATA approved course at a registered training institution. Table 5 summarises the key art therapy courses on offer at Victorian institutions at the time of preparing this report. We identified four training institutions in Victoria that offered ANZATA approved art therapy courses. Two of these, La Trobe University and The Miescat Institute offered Masters level qualifications.

The Australian Psychological Society does not expressly endorse art therapy as a psychological therapy. However APS members are eligible for continuous professional development (CPD) points following attendance at art therapy courses offered by approved training institutions, such as the CECAT.\*

---

\* <https://arttherapycourses.com.au/art-therapy-course-details/accreditation-and-recognition/>



Table 5. ANZATA approved art therapy courses available in Victoria<sup>#</sup>

Institution	Course name	Prerequisite	Intensity; mode	Practical training	Professional recognition
La Trobe University	<b>Master of Art Therapy</b>	Undergraduate degree in a relevant field At least one year of relevant work experience	2y FT; F2F	750h placement	ANZATA
	<b>Art Therapy Short Course Program</b>	None	1-2d; F2F	None	None
The Miecatt Institute	<b>Masters in Therapeutic Arts Practice</b>	No information available	3y PT; nr	1.5d/w x 12m	ANZATA
	<b>Professional Doctorate in Therapeutic Arts Practice</b>	MIECAT Masters or equivalent	5y PT; nr	Group and individual supervision	ANZATA
College for Educational and Clinical Art Therapy (CECAT)	<b>Introductory Course</b>	None	2d; F2F	None	None
	<b>Certificate in Educational and Clinical Art Therapy</b>	CECAT introductory course	6-12m PT; F2F, online	None	ANZATA
	<b>Diploma in Educational and Clinical Art Therapy</b>	CECAT Certificate Course	3-6m PT; F2F, online	None	No information available
	<b>Master Class for Certified and Graduate Art Therapists</b>	Aged 21 years; training or experience in psychological theory or practice	No information available	No information available	No information available
IKON Institute of Australia	<b>Advanced Diploma of Art Therapy</b>	None	12 or 24m; F2F, online	100h supervised placement	Eligibility for membership with ACATA
	<b>Graduate Diploma of Arts Psychotherapy</b>	Undergraduate or VET qualification, minimum 3 years previous experience	12m; F2F	100h placement	Accredited with the ACA; Eligibility for membership with ACATA and Australian Association of Holistic and Transpersonal Counsellors (AHHTC)
	<b>Bachelor of Arts Psychotherapy</b>	At least 18 years, Certificate IV, Diploma, Advanced Diploma or Associate Degree	3y FT; F2F	480h placement	Eligibility for membership with PACFA, ACATA, ANZATA and the ACA.

Notes. <sup>#</sup>Does not represent an exhaustive list of all available courses; ACA = Australian Counselling Association; ACATA = The Australian Creative Arts Therapies Association; ANZATA = Professional Association for Arts Therapy in Australia, New Zealand and Singapore; FT = full time; F2F = face to face; nr = not reported; PACFA = Psychotherapy and Counselling Federation of Australia; PT = part time

The second criterion to practice as a registered art therapist in Australia is professional membership with ANZATA. The requirements to gain ANZATA professional membership are:

- Completion of an approved Master's level course in art therapy
- Completion of a minimum 750 hours of supervised art therapy clinical placement
- Ongoing supervision and professional development
- Practice under a code of ethics

### ***Art therapy programs currently delivered within Victoria***

In February 2018 there were 56 practicing art therapists across the Melbourne region registered on the ANZATA directory of registered art therapists. Individual art therapists provided treatment for a range of conditions. According to the ANZATA directory, people were most commonly treated for: mental health issues, grief and loss, and anxiety.

Table 6 shows the art therapy programs and therapies offered within Victorian health institutions. One art therapy program offered to individuals following road trauma is described as a case study in Box 1.

A range of public and private health institutions, largely based in Melbourne, were found to offer art therapy for a range of medical and mental health conditions. For example, three large hospitals offered art therapy to patients in an inpatient setting, including both individual and group basis. Of note, the Austin Health's Royal Talbot Centre offered art therapy to individuals with an ABI as part of multidisciplinary rehabilitation. Not-for-profit and private providers offered art therapy within the community setting to treat a range of conditions. Two additional programs offered in the community setting within the Geelong region were identified.

Table 6. Victorian health institutions offering art therapy in 2018#

Institution	Description	Target health condition/s	Delivery mode
St Vincent's Hospital Melbourne	Art therapists work at both St Vincent's Palliative Care sites	Palliative care	Not stated
The Olivia Newton-John Cancer Wellness & Research Centre, Austin Health Melbourne	Public hospital	Cancer	Individual or small group sessions
The Royal Children's Hospital Melbourne	Public hospital; art therapist employed on part time basis	Variety	Individual or group session
The Royal Talbot Rehabilitation Centre, Austin Health Melbourne	Public hospital; specialist provider of intensive rehabilitation programs	Mental health conditions, ABI	Individual or group session
The Victoria Clinic Melbourne	Private psychiatric facility offering inpatient and outpatient mental health services. Referral to the art therapy program is required	Variety	12-week program
Road Trauma Support Services	Not-for-profit organisation No referrals needed	Road trauma	Monthly group sessions
The Art Cabriolet Melbourne	Not-for-profit organisation Collaborates with hospitals, hospices, youth centres and schools	Childhood trauma	Program-based
The Melbourne Therapy Centre Melbourne	Not-for-profit organisation	Medical or mental health	Individual or group session
Wesley Mission Victoria Melbourne	Not-for-profit organisation	Huntington's disease and other neurological conditions	Not stated
Creative Healing Melbourne	Private practice Medicare rates may apply with a Mental Health referral letter	Mental health	Not stated
Folk n Fable Melbourne	Private practice Currently partnering with Eastern Access Community Health (EACH) and Headspace Works with community and government services	Mental health, intellectual disability, physical disability, ABI, substance use disorder	Individual and group  Small groups for NDIS participants

Institution	Description	Target health condition/s	Delivery mode
Indigo Art Therapy Melbourne	Private practice	Mental health	Individual or group
Melbourne Art Therapy Studio Melbourne	Private practice	Mental health	Individual and group
Storm Insight Geelong	Private practice	Mental health	No information available
The Geelong Clinic Geelong	Private hospital	Mental health	No information available

Note. #Not an exhaustive list of all institutions and organisations that offered art therapy programs and treatments.

### Box 1. Art therapy case study

#### Road Trauma Support Services Victoria (RTSSV)

The RTSSV is a not-for-profit organisation that offers free face-to-face and telephone counselling services across Victoria to individuals affected by road trauma. The RTSSV established the Art Therapy Group in 2012 as part of their peer support program.

Initially targeting mothers bereaved through road trauma, the Art Therapy Group has since expanded to include any individual directly or indirectly affected by road trauma.

Monthly facilitated sessions are offered at the Surrey Hills Community Centre in Melbourne. Clients are encouraged to express their thoughts and feelings related to grief and loss through the art medium. The group occasionally produce shared pieces of art. For example, in 2016 the group created a mural made from felt for the annual Time for Remembering ceremony. The work of pulling apart the soft fibres and bringing them together again in the felting process was seen to be symbolic of the internal healing process after trauma.

## IMPLICATIONS

---

This evidence review identified the best available current evidence of the clinical effectiveness of art therapy, as well as the current practice of art therapy in Victoria. A summary of key findings according to the two guiding review questions is presented below.

### *Question 1: What is the current evidence of the clinical effectiveness of art therapy?*

- Nine primary studies and six systematic reviews that have evaluated the clinical effectiveness of art therapy have been published since 2012.
- Art therapy has been used to treat physical and psychological trauma, thus these studies are relevant for TAC clients.
- There is **moderate** evidence that art therapy can significantly reduce **depression** and **anxiety** symptoms associated with **psychological trauma** based on four primary and one systematic review study.
- There is **very limited** evidence that art therapy can significantly reduce depression symptoms for individuals with **physical trauma** based on one study.
- The long-term efficacy of art therapy is unclear.

### *Question 2: What is the status of art therapy within the psychology profession in Australia?*

- Psychologists, counsellors and social workers can work with qualified art therapists to provide interdisciplinary therapy.
- The peak art therapy professional organisations in Australia are the Professional Association for Arts Therapy in Australia, New Zealand and Singapore (ANZATA) and the Australian Creative Arts Therapies Association (ACATA).
- To be eligible for membership of ANZATA, art therapists must have completed an approved Masters level course in art therapy.
- Two accredited training institutions in Victoria offered Master of Art Therapy courses.
- In February 2018 there were 56 art therapists in the Melbourne area who were members of a professional organisation.
- Public and private health institutions in Victoria offer art therapy for mental health and medical conditions.

## REFERENCES

---

1. Caddy L, Crawford F, Page AC. 'Painting a path to wellness': correlations between participating in a creative activity group and improved measured mental health outcome. *Journal of Psychiatric & Mental Health Nursing*. 2012;19(4):327-33.
2. Wethington HR, Hahn RA, Fuqua-Whitley DS, Sipe TA, Crosby AE, Johnson RL, et al. The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: a systematic review. *American journal of preventive medicine*. 2008;35(3):287-313.
3. Chapman L, Morabito D, Ladakakos C, Schreier H, Knudson MM. The Effectiveness of Art Therapy Interventions in Reducing Post Traumatic Stress Disorder (PTSD) Symptoms in Pediatric Trauma Patients. *Art Therapy*. 2001;18(2):100-4.
4. Lyshak-Stelzer F, Singer P, St. John P, Chemtob C. Art Therapy for Adolescents with Posttraumatic Stress Disorder Symptoms: A Pilot Study. *Art Therapy*. 2007;24(4):163-9.
5. Schreier H, Ladakakos C, Morabito D, Chapman L, Knudson MM. Posttraumatic stress symptoms in children after mild to moderate pediatric trauma: a longitudinal examination of symptom prevalence, correlates, and parent-child symptom reporting. *The Journal of trauma*. 2005;58(2):353-63.
6. Donoghue E, Piccenna L. *Art Therapy*. Institute for Safety, Compensation and Recovery Research,; February 2012.
7. Maujean A, Pepping CA, Kendall E. A systematic review of randomized controlled studies of art therapy. *Art Therapy*. 2014;31(1):37-44.
8. Schouten KA, de Niet GJ, Knipscheer JW, Kleber RJ, Hutschemaekers GJ. The effectiveness of art therapy in the treatment of traumatized adults: a systematic review on art therapy and trauma. *Trauma Violence & Abuse*. 2015;16(2):220-8.
9. Ramirez J, Erlyana E, Guillaum M. A Review of Art Therapy Among Military Service Members and Veterans with Post-Traumatic Stress Disorder. *Journal of Military and Veterans Health*. 2016;24(2):40-51.
10. Uttley L, Scope A, Stevenson M, Rawdin A, Buck ET, Sutton A, et al. Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders. *Health Technology Assessment*. 2015;19(18):1-+.
11. Reynolds F. Art therapy after stroke: Evidence and a need for further research. *Arts in Psychotherapy*. 2012;39(4):239-44.
12. Chancellor B, Duncan A, Chatterjee A. Art Therapy for Alzheimer's Disease and Other Dementias. *Journal of Alzheimers Disease*. 2014;39(1):1-11.
13. Wang XL, Lan C, Chen JW, Wang WY, Zhang H, Li L. Creative arts program as an intervention for PTSD: a randomized clinical trial with motor vehicle accident survivors. *International Journal of Clinical and Experimental Medicine*. 2015;8(8):13585-91.
14. Macri E, Limoni C. Artistic activities and psychological well-being perceived by patients with spinal cord injury. *Arts in Psychotherapy*. 2017;54:1-6.
15. Campbell M, Decker KP, Kruk K, Deaver SP. Art Therapy and Cognitive Processing Therapy for Combat-Related PTSD: A Randomized Controlled Trial. *Art Therapy: Journal of the American Art Therapy Association*. 2016;33(4):169-77.
16. Kopytin A, Lebedev A. Humor, self-attitude, emotions, and cognitions in group art therapy with war veterans. *Art Therapy*. 2013;30(1):20-9.
17. Crawford MJ, Killaspy H, Barnes TR, Barrett B, Byford S, Clayton K, et al. Group art therapy as an adjunctive treatment for people with schizophrenia: a randomised controlled trial (MATISSE). *Health Technology Assessment*. 2012;16(50):iii-76.
18. Haeyen S, van Hooren S, Van der Veld WM, Hutschemaekers GJ. Promoting mental health versus reducing mental illness in art therapy with patients with personality disorders: a quantitative study. *The Arts in Psychotherapy*. In press.
19. Monti DA, Kash KM, Kunkel EJ, Brainard G, Wintering N, Moss AS, et al. Changes in cerebral blood flow and anxiety associated with an 8-week mindfulness programme in women with breast cancer. *Stress and health : journal of the International Society for the Investigation of Stress*. 2012;28(5):397-407.
20. Kim MK, Kang SD. Effects of art therapy using color on purpose in life in patients with stroke and their caregivers. *Yonsei Medical Journal*. 2013;54(1):15-20.

## **APPENDIX**

---

### ***Literature search process and study classification***

#### ***Search process***

##### **Search words**

“art therapy” AND (rehabilitation OR trauma OR accident OR condition)

English language only, humans, and year 2012 to current

The databases searched were Ovid Medline, Embase, Web of Science, PsychINFO, CINAHL, and Cochrane database of systematic reviews.

Identified titles were retained if they evaluated an art therapy intervention delivered as a stand-alone treatment or as part of a multidisciplinary approach. Following the initial screening process, full text articles were obtained and assessed for eligibility based on specific criteria developed a priori by the ISCRRT project team in collaboration with the TAC project sponsor.

#### ***Study classification***

The electronic database searches yielded 755 potentially relevant references. A further three were identified through other sources and the four studies in the 2012 ISCRRT Art Therapy Evidence Review were included. After removal of duplicates 571 records remained. Screening of the titles and abstracts resulted in 531 records excluded and 40 full text articles were assessed for eligibility. Seven systematic reviews and 12 primary studies that fit the inclusion criteria were retained for data extraction and synthesis. Information on study design, population, art therapy intervention characteristics and study results were extracted for each included intervention study.