

September 16, 2019

Thomas L. Williams, M.D.  
Chief Medical Officer  
Director, Division of Public Health  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
Lincoln, NE 68509

Re: 407 Credentialing and Review Application for Art Therapy

Dear Dr. Williams,

The Nebraska Art Therapy Licensure Coalition is pleased to submit this 407 Credentialing and Review application under the Credentialing Review (407) Program for consideration by the Nebraska Department of Health and Human Services. The Coalition is comprised of Nebraskans for the Arts, Concordia University, Nebraska, The Brain Injury Alliance of Nebraska, Heartland Counseling, the Nebraska Arts Council, and individual art therapists.

Our proposal calls for the credentialing of Art Therapists as Licensed Mental Health Practitioners under the Mental Health Practice Act with associated certification as professional art therapists.

Art therapy is a specialized, distinct mental health and behavioral science 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. Art therapy has a scope of practice, academic and clinical training requirements, professional credentialing process, and code of ethics that equal or exceed those of other master's-level mental health professions currently credentialed by the Nebraska Board of Mental Health Practice.

The Coalition's primary purpose in requesting regulation of art therapists is to address the problems of potential harm to Nebraskans from untrained, inappropriate, and incompetent practice of art therapy, as well as the potential for fraud by programs and practitioners falsely representing themselves as qualified to provide art therapy services. The secondary purpose is to retain and expand access to art therapy services for Nebraskans in light of recent legislative changes that will likely result in art therapists' no longer being eligible for licensure.

Until recently, art therapists in Nebraska have qualified for credentialing as Licensed Mental Health Practitioners with certification as Professional Counselors, the mental health profession with education and clinical practice requirements that most closely align with art therapy. Lacking distinct art therapist licenses in most states, many art therapy master's degree programs

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have been structured to provide dual training in both counseling and art therapy, allowing graduates to qualify for both state counseling licenses and national art therapist credentials.

However, as the mental health counseling profession has sought to define itself more distinctly in recent years with state licensing requirements based on CACREP accredited or substantially equivalent counseling-specific program degrees, art therapists in growing numbers of states have found themselves excluded from the last remaining licensing opportunity available to them and have had to seek their own distinct art therapy licenses. Now art therapists in Nebraska are in urgent need of a new path toward licensure, with the recent passage of LB1034 limiting the qualifying accredited master's degree programs for licensure. Licensure and regulation of art therapists offer a timely and cost-effective approach to help address current shortages of qualified mental health providers in the state and improve the public's access to mental health services.

We believe this proposal meets the standards for eligibility set forth in the Regulation of Health Professions Act. As the practice of professional art therapy requires a complete definition of a scope of practice to ensure the safety of the public, we are requesting the first set of criteria be used to evaluate our proposal, Evaluation of Proposals for Initial Credentialing of the Members of Unregulated Health Professionals Currently Allowed to Engage in Full Practice.

Thank you for your consideration of this review request. If you have any questions or need additional information, please do not hesitate to contact me. We look forward to collaborating with you in this review process.

Sincerely,



Doug Zbylut, Executive Director  
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## Request for the Credentialing Determination for Professional Practice of Art Therapy

Submitted to  
407 Credentialing and Review Application for Art Therapy

August 2019

Submitted on behalf of the Nebraska Art Therapy Licensure Coalition

### Introduction: The Art Therapy Profession

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 processes, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapy, facilitated by a professional art therapist, is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, reduce and resolve conflicts and distress, and enhance social functioning.

Art therapy education combines understanding of human development and psychological theories and techniques with training in art media, the cultural and neurobiological implications of art-making, and the creative process. Master's level art therapists must understand the science of imagery and of color, texture, and media and how these can calm or bring closure within a culturally specific context to clients. They are trained in art-based interventions designed to access different parts of the brain where non-verbal memories are stored and emotions are processed through cognitive and verbal channels.

In practice, an art therapist is required to make parallel assessments of a client's general psychological disposition and how art media and processes are likely to affect each individual's mental state and corresponding behavior. They must understand how and when to probe a client's emotions and how to use art media and artistic expression to heal. Recognition of the potential for art-making to reveal emotions, and knowledge and skill in safely managing the reactions it may evoke, are competencies that distinguish art therapy master's education and art therapy as a profession.

Art therapy has the unique ability to unlock emotional expression by facilitating non-verbal communication. This is especially useful in cases where traditional psychotherapy has been ineffectual. Art and art-making are inherently perceptually- and sensory-based. They involve the brain and the body in ways that verbal language does not. **Art therapy provides an alternative means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating health conditions.**

Art therapists work with diverse client populations in individual, couples, family and group therapy formats. They practice in a wide variety of settings including hospitals, schools, psychiatric and rehabilitation facilities, community mental health clinics, wellness centers, forensic institutions, crisis centers, senior communities, veteran’s clinics, juvenile facilities, correctional institutions and other community facilities. The benefits of art therapy have been demonstrated with clients as diverse as children with autism, victims of domestic violence and abuse, cancer patients, veterans with post-traumatic stress disorder, and aging adults with dementia. The broad application of art therapy with all age groups and in many diverse settings is highlighted in the American Medical Association’s Health Professions Career and Education Directory (2009-2010): “With the growing acceptance of alternative therapies and increased scientific understanding of the link between mind, body, and spirit, art therapy is becoming more prevalent as a parallel and supportive therapy for almost any medical condition.”

Therapeutic use of art was defined and developed into a discipline, first in England in the 1940s, then in the United States during the 1950s in pioneering art therapy programs at the National Institutes of Health, Menninger Foundation, Hahnemann Hospital in Philadelphia, and other distinguished medical institutions. By the 1960s, hospitals, clinics and rehabilitation centers increasingly began to include art therapy programs in addition to traditional “talk therapies,” recognizing that the creative process of art-making enhances recovery, health and wellness.

Today, nearly 7,000 professional art therapists hold national art therapy credentials from the Art Therapy Credentials Board, Inc., and many new qualified art therapists graduate each year from the thirty-nine approved art therapy master’s degree programs located in twenty states and Canada. In 2017 both existing and new graduate art therapy programs began the independent national accreditation process through the Commission on Accreditation of Allied Health Education Programs (CAAHEP), with the first ten programs having received accreditation to date.

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## Description of the Applicant Group and its Proposal

### 1. Provide the following information for the applicant group(s):

- a) Name, Address, Telephone Number, E-mail Address, and Website of the Applicant Group in Nebraska, and any National Parent Organization
- Name: *Nebraska Art Therapy Licensure Coalition* housed within Nebraskans for the Arts
  - Address: PO Box 8517 Omaha NE 68108
  - Telephone: 402-595-2125
  - E-mail: doug@nebraskansforthearts.org
  - Website: <http://neartherapylicensurecoalition.weebly.com>
- b) Composition of the Group and Approximate Number of Members in Nebraska; and Relationship of the Group to the Occupation Dealt with in the Application
- Charlotte Ingram LMHP & ATR: Licensed Mental Health Practitioner and Registered Art Therapist working in Nebraska
  - Doug Zbylut: Executive Director, Nebraskans for the Arts
  - Hannah Rose, BFA: Nebraska citizen and graduate art therapy student
  - Kari Cadell, LMHP, LPC, ATR-BC: Licensed Mental Health Practitioner and Board-Certified Art Therapist working in Omaha Public School system in Nebraska
  - Jenelle Hallaert, MS: Nebraska citizen and graduate art therapy student
  - Jennifer Jackson, LIMHP, LPC, ATR-BC: Board Certified Art Therapist, Licensed Independent Mental Health Practitioner, and Executive Director of community mental health center in Nebraska working in both Nebraska and Iowa
  - Jessica Stallings, PhD, ATR-BC, LMHP, LPC: Licensed Mental Health Professional, graduate school professor, and Board-Certified Art Therapist working in both Nebraska and Kansas
  - Lisa Vogel LIMHP, ATR-BC: Licensed Independent Mental Health Practitioner and Board-Certified Art Therapist working in Nebraska
  - Nicole Sabata, PLMHP, ATR-P, MA: Provisionally Licensed Art Therapist and Provisionally Licensed Mental Health Practitioner working in Nebraska
  - Pamela Mueggenberg, LMHP, ATR, MA: Licensed Mental Health Professional and Registered Art Therapist working in Nebraska
  - Wendy Schardt, ATR-BC: Board Certified Art Therapist and Director of Student Health and Counseling at the University of Nebraska Kearney
  - Yasmin Shante Tucker, LMHP, ATR: Licensed Mental Health Professional and Registered Art Therapist working in Nebraska at Community Alliance

**2. Identify by title, address, telephone number, e-mail address, and website of any other groups, associations, or organizations in Nebraska whose membership consists of any of the following:**

a) Members of the Same Occupation or Profession as that of the Applicant Group

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b) Members of the Occupation Dealt with in the Application.

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Research Assistant/Data Manager  
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c) Employers of the Occupation Dealt with in the Application

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**Child Saving Institute, Inc.**

4545 Dodge Street, Omaha NE 68132

**University of Nebraska at Kearney**

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**Community Alliance**

4001 Leavenworth Street, Omaha, NE 68105

**CHI Health Immanuel Medical Center**

6901 N 72nd Street, Omaha, NE 68122

**Children's Hospital and Medical Center**

8200 Dodge Street, Omaha, NE 68114

**Concordia University at Nebraska**

800 N Columbia Avenue, Seward, NE 68434

*Private practice companies owned or operated by the clinician:*

**Omaha Art Therapy LLC**

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**West Maple Counseling Associates**

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d) Practitioners of the Occupations Similar to or Working Closely with Members of the Occupation Dealt with in the Application

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**Chelsea Balzer, PLMHP, MA**  
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**Jack Dross, LMHP**  
 Licensed Mental Health Practitioner  
 8031 West Center Road, Suite 302  
 Omaha, NE 68124

e) Educators or Trainers of Prospective Members of the Occupation Dealt with in the Application

- **Concordia University, Nebraska**
  - Rev. Dr. Brian L. Friedrich - President
  - Don Robson - Professor of Art, Art Department Chair
  - Dr. Nancy Elwell - Dean, College of Education, Health & Human Sciences
  - Thad Warren - Chair, Human & Social Sciences
- **Emporia State University**
  - Gaelynn Wolf Bordonaro, Professor and Director of Art Therapy Programs
  - Jessica Stallings, Adjunct Professor of Art Therapy
  - Libby Schmanke, Assistant Professor of Art Therapy
  - Katrina Miller, Chair of Counselor Education

f) Citizens Familiar with or Utilizing the Services of the Occupation Dealt with in the Application (e.g., Advocacy Groups, Patient Rights Groups, Volunteer Agencies for Particular Diseases or Conditions, etc.)

Individuals with:

- Diagnoses as identified in the Diagnostic and Statistical Manual of Psychiatric Disorders Volume 5
- A recent history of, or ongoing major life events (i.e. loss of a job, marriage)
- A score of 1 or higher on the Adverse Childhood Experiences Questionnaire
- A diagnosis of cancer, cardiovascular disease, or any other medical condition that requires significant, distressing, and/or frequent intervention
- Immigration, refugee, or expatriation status

Table 1. *Locations Familiar with and/or Utilizing Art Therapy Services in Nebraska*

<b>Name</b>	<b>Address</b>
Attachment and Trauma Center of Nebraska	638 N 109th Plaza, Omaha, NE 68154 <a href="http://www.atcnebraska.com/">www.atcnebraska.com/</a>
Boys Town Nebraska	Multiple locations in Eastern and Central Nebraska Main Campus: 14100 Crawford Street Boys Town, NE 68010 <a href="https://www.boystown.org">https://www.boystown.org</a>
Brain Injury Alliance of Nebraska	P.O. Box 22147, Lincoln, NE 68542 <a href="https://biane.org/">https://biane.org/</a>
Children's Hospital and Medical Center	8200 Dodge Street, Omaha, NE 68114 <a href="https://www.childrensomaha.org/">https://www.childrensomaha.org/</a>
Child Saving Institute, Inc.	4545 Dodge Street, Omaha, NE 68132 <a href="https://childsaving.org/">https://childsaving.org/</a>
Community Alliance	4001 Leavenworth Street, Omaha, NE 68105 <a href="https://community-alliance.org/">https://community-alliance.org/</a>
Concordia University, Nebraska	800 N Columbia Avenue, Seward, NE 68434 <a href="https://www.cune.edu/">https://www.cune.edu/</a>
Heartland Counseling	Multiple locations throughout Nebraska 917 W 21st Street, South Sioux City, NE 68776 <a href="https://www.heartlandcounselingservices.org/">https://www.heartlandcounselingservices.org/</a>
Heartland Family Services	Multiple locations throughout Nebraska 2101 S 42nd Street, Omaha, NE 68105 <a href="https://heartlandfamilyservice.org/">https://heartlandfamilyservice.org/</a>
Jewish Family Service	333 S 132nd Street   Omaha, NE 68154 <a href="http://jfsomaha.com/">http://jfsomaha.com/</a>
Lincoln Public Schools	P.O. Box 82889, Lincoln, NE 68501 <a href="https://www.lps.org/">https://www.lps.org/</a>
Lutheran Family Services	Multiple locations throughout Nebraska 120 S 24th Street, Suite 100, Omaha, NE 68102 <a href="https://www.lfsneb.org/">https://www.lfsneb.org/</a>
Methodist Hospital	8303 Dodge Street, Omaha, NE 68114 <a href="https://www.bestcare.org/">https://www.bestcare.org/</a>

Name	Address
Midwest Arts for Vets and Caregivers	55 Vince Drive, Bennet, NE 68317 <a href="https://www.midwestartsforvets.com/">https://www.midwestartsforvets.com/</a>
Nebraska Arts Council	1004 Farnam Street, Omaha, NE 68102 <a href="https://www.artsCouncil.nebraska.gov/">https://www.artsCouncil.nebraska.gov/</a>
Nebraskans for the Arts	1004 Farnam Street, Omaha, NE 68102 <a href="https://www.nebraskansforthearts.org/">https://www.nebraskansforthearts.org/</a>
Nebraska Medicine Psychiatric Clinic	510 S 42nd Street, Omaha, NE 68131 <a href="https://www.nebraskamed.com/">https://www.nebraskamed.com/</a>
Omaha Public Schools	3215 Cuming Street, Omaha, NE 68131 <a href="https://district.ops.org/">https://district.ops.org/</a>
Omaha Therapy and Arts Collective	3031 S 87th Street, Omaha, NE 68124 <a href="http://www.otac.space/">http://www.otac.space/</a>
Open Door Mission	2828 North 23rd Street East, Omaha, NE 68110 <a href="https://www.opendoormission.org/">https://www.opendoormission.org/</a>
Project Harmony	11949 Q Street, Omaha, NE 68137 <a href="https://projectharmony.com/">https://projectharmony.com/</a>
The Center for Mindful Living	621 N. 51st Street, Omaha NE 68132 <a href="http://www.thecenterformindfullivingomaha.com/">http://www.thecenterformindfullivingomaha.com/</a>
University of Nebraska Medicine Olson Center	4400 Emile Street, Level Four, Omaha, NE 68105 <a href="https://www.nebraskamed.com/">https://www.nebraskamed.com/</a>
VetSet Nebraska	800 S.13th Street,. Suite 100 Lincoln, NE 68508 <a href="https://nalhd.org/our-work/vetset/vetset.html">https://nalhd.org/our-work/vetset/vetset.html</a>
Woman’s Center for Advancement	3801 Harney Street, Omaha, NE 68131 <a href="https://wcaomaha.org/">https://wcaomaha.org/</a>

See **Appendix 11: Support Letters** for a selection of endorsements from various organizations and individuals across Nebraska.

- g) Any other group that would have an interest in favor of, or unfavorable to your application.

**Nebraskans for the Arts (NFTA)** is an arts advocacy organization that is in full support of this regulation and has been a strong advocate for licensure through this process.

#### Nebraska Art Museums

- Bone Creek Museum of Agrarian Art (David City)
- Elkhorn Valley Museum (Norfolk)
- El Museo Latino (Omaha)
- History Nebraska (Lincoln)
- Joslyn Art Museum
- Lux Center for the Arts (Lincoln)

#### University Art Museums and Art Galleries in Nebraska

- Eisentrager Howard Gallery (U of Nebraska - Lincoln)
- Great Plains Art Museum (U of Nebraska - Lincoln)
- International Quilt Museum (U of Nebraska - Lincoln)
- The Lentz Collection for Asian Culture (U of Nebraska - Lincoln)
- Museum of Nebraska Art (University of Nebraska Kearney)
- Nordstrand Visual Arts Gallery (Wayne State College, Wayne)
- Robert Hillestad Textiles Gallery (U of Nebraska, Lincoln)
- Sheldon Museum of Art (U of Nebraska, Lincoln)
- University of Nebraska State Museum (U of Nebraska, Lincoln)
- Marxhausen Gallery of Art (Concordia University, Nebraska)

#### Nebraska Art Centers

- Bemis Center for Contemporary Arts (Omaha)
- Carnegie Arts Center (Alliance)
- The Edgerton Explorit Center (Aurora)
- Hot Shops Art Center (Omaha)
- KHN Center for the Arts (Nebraska City)
- Lux Center for the Arts (Lincoln)
- The Midwest Theater (Scotts Bluff)
- Norfolk Arts Center
- Prairie Arts Center (North Platte)

#### Nebraska Non-Profit Art Organizations

- Albion Arts Council
- Art Farm (Marquette)
- Cathedral Arts Project (Omaha)
- Columbus Area Arts Council (Columbus)
- Fremont Area Art Association (Fremont)
- Lincoln Arts Council
- Nebraska Arts Council
- Nebraska Art Teachers Association
- Nebraska Humanities Council

### Local Arts Councils

- Alliance Arts Council
- Bemis Center for Contemporary Arts
- Butler County Arts Council
- Fremont Area Art Association
- High Plains Arts Council
- Lincoln Arts Council
- Lincoln Association for the Traditional Arts
- Mid-America Arts Alliance
- Moonshell Arts and Humanities Council
- Nebraska Arts Council
- Omaha Public Art Commission
- Ogallala Regional Arts Council
- Perkins County Area Arts Council
- Ponca Tribe of Nebraska
- Sheldon Art Association
- Valentine Area Arts Council
- Why Arts, Inc.

We are aware at this point of only one organization, the Platte Institute based in Omaha, that has expressed opposition to this application. The Institute's objections to occupational licensing and their advocacy of licensing reform seek to target new regulations that will limit the free market and to remind policymakers that decisions to regulate occupations "should be a result of careful consideration of public safety and health." The Institute's opposition would appear to be more generalized and not specific to art therapy.

**3. If the profession is currently credentialed in Nebraska, provide the current scope of practice of this occupation as set forth in state statutes. If a change in this scope of practice is being requested, identify that change. This description of the desired scope of practice constitutes the proposal. The application comprises the documentation and other materials that are provided in support of the proposal.**

Not Applicable.

**4. If the profession is not currently credentialed in Nebraska, describe the proposed credential and the proposed scope of practice, and / or the proposed functions and procedures of the group to be reviewed. This description of the desired scope of practice and the proposed credential constitute the core of the proposal. Also, please describe how the proposal would be administered. The application comprises the documentation and other materials that are provided in support of the proposal.**

The Nebraska Art Therapy Licensure Coalition is proposing to amend the Uniform Credentialing Act and the Mental Health Practice Act to provide for licensing of qualifying art therapists as Licensed Mental Health Practitioners and Licensed Independent Mental Health Practitioners with a credential as a Certified Art Therapist to be administered by the Board of Mental Health Practice.

### Scope of Practice

The scope of practice of a credentialed art therapist includes, but is not limited to:

1. Use of psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in:
  - a. Increasing awareness of self and others;
  - b. Coping with symptoms, stress, and traumatic experiences;
  - c. Enhancing cognitive abilities; and
  - d. Identifying and assessing clients' needs in order to implement therapeutic intervention to meet developmental, behavioral, psychological, and emotional needs.
  
2. Application of art therapy principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or psychological conditions that include, but are not limited to:
  - a. Clinical appraisal and treatment during individual, couples, family or group sessions which provide opportunities for engagement through the creative process;
  - b. Using the process and products of art creation to tap into client's inner fears, conflicts and core issues with the goal of improving physical, psychological and emotional functioning and well-being; and
  - c. Using art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, psychological, and emotional needs.
  
3. Employment of art media, the creative process and the resulting artwork to assist clients to:
  - a. Reduce psychiatric symptoms of depression, anxiety, post-traumatic stress, and attachment disorders;
  - b. Enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas;
  - c. Cope with symptoms of stress, anxiety, traumatic experiences and grief;
  - d. Explore feelings, gain insight into behaviors, and reconcile emotional conflicts;
  - e. Improve or restore functioning and a sense of personal well-being;
  - f. Increase coping skills, self-esteem, awareness of self and empathy for others;
  - g. Healthy channeling of anger and guilt; and
  - h. Improve school performance, family functioning and parent/child relationship.

## Administration

Licenses and credentials as Licensed Mental Health Practitioners and Certified Art Therapists would be issued by the Nebraska Department of Health and Human Services upon the recommendation of the Board of Mental Health Practice. Procedures and qualifications for licensing art therapists by the Board would be the same as those applicable to other professionals licensed as mental health practitioners, as defined in the Mental Health Practice Act and in rules and regulations adopted and promulgated by the Department. Education, supervised experience, and examination requirements for certification as an art therapist, while applicable to the profession of art therapy, would be consistent with those defined in the Mental Health Practice Act for certification as professional counselors, marriage and family therapists, and clinical social workers.

Art therapists holding credentials as Licensed Mental Health Practitioners or Licensed Independent Mental Health Practitioners and as Certified Art Therapists would have the same privileges and responsibilities, and be subject to the same requirements and disciplinary procedures as other licensed professionals regulated by the Department under the Uniform Credentialing Act.

The Licensure Coalition is proposing to add one art therapist member to the current 8-member Board of Mental Health Practice. The art therapist member would need to meet all qualifications for licensure as a Licensed Mental Health Practitioner and Certified Art Therapists at the time of appointment to the Board.

We also propose that the Board use its authority under section 38-121 of the Uniform Credential Act to create a three-member art therapist advisory committee to serve on a temporary basis to advise the Board in developing credentialing requirements, professional and ethical standards for practice of art therapy, and other rules and regulations for promulgation by the Department to implement the licensure and certification program. The advisory committee also would assist the Board in reviewing initial applications for certification and perform other duties as determined by the Board. The advisory committee would be chaired by the art therapist member of the Board, with two professional members appointed by the Board from among art therapists who meet the requirements for licensure and certification.

**5. Describe in detail the functions typically performed by practitioners of this occupation, and identify what if any specific statutory limitations have been placed on these functions. If possible, explain why the Legislature created these restrictions.**

Art therapy is an integrative mental health and behavioral health profession that enriches the lives of individuals, families, and communities through active art-making, creative processes, applied psychological theory, and human experience within a psychotherapeutic relationship.

Art therapists seek to engage a client's mind, body, and spirit in ways that are distinct from verbal articulation alone. They use art therapy assessments and methods to create kinesthetic, sensory, perceptual, and symbolic opportunities that invite alternative modes of receptive and

expressive communication which can circumvent the limitations of language. Visual and symbolic expressions give voice to experience and empowers healing and transformation.

Art therapists work in diverse settings and with diverse client populations. Their functions and methods may differ depending on the setting and the clients served. However, there are functions that may be considered basic to all practice of art therapy, including:

- Selecting and employing art-based appraisal tools and evaluation techniques to assess clients' levels of functioning and capabilities and determine treatment approaches and goals;
- Creating safe, supportive, and non-judgmental environments for client art-making and evaluation;
- Applying therapeutic interventions in individual and group sessions to facilitate visual, non-verbal, and verbal communication and engagement;
- Introducing art materials and therapeutic interventions as needed to assure client safety and to address changes in client needs and capabilities;
- Employing art media, the creative process and the resulting artwork to assist clients in coping with and reducing psychiatric symptoms, enhancing neurological, cognitive and verbal abilities, and promoting appropriate skills development; and
- Engaging in case management, client education, recordkeeping, crisis intervention, client advocacy and referrals.

Like other mental health professionals, art therapists also may engage in case management, client education, consultation and referral, recordkeeping, crisis intervention, client advocacy and research.

Statutory limitations on the functions or treatments of licensed art therapists are similar to those imposed on other master's level mental health practitioners. These typically include prohibitions against prescribing pharmaceuticals to clients, performing psychological testing or other assessments to diagnose serious mental illness, performing services or treatments that are outside their licensed scope of practice or their professional training, and disclosing confidential client information without the expressed consent of a client or a client's parent or guardian. A number of states include statutory provisions limiting art therapist's ability to diagnose disorders and conditions described in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders to those conditions that they have had specific training to diagnose.

Several states also require a licensed art therapist to refer a client who presents a disorder or problem that is beyond their education or training to a licensed health professional qualified to treat that disorder or problem.

All these restrictions or limitations are consistent with the ethical standards that credentialed art therapists already must adhere to under the Art Therapy Credentials Board's Code of Ethics, Conduct and Disciplinary Procedures. The ATCB Code outlines restrictions against providing assessments, treatments, or practices that are beyond an art therapist's scope of practice, experience, training, and education; requires consultation with qualified medical or psychological

practitioners in cases where medications may be required; requires therapists to assist in referrals of clients who require services they are unable to provide; and prohibits disclosure of confidential information without a client's explicit written consent, or as otherwise required by law or a court order. [The ATCB *Code of Ethics, Conduct and Disciplinary Procedures* is included as Appendix 4: ATCB Code of Ethics, Conduct, and Disciplinary Procedures]

## **6. Identify other occupations that perform some of the same functions or similar functions.**

The training and clinical practice in art therapy have many elements and functions in common with other mental health professions currently credentialed in Nebraska as Licensed Mental Health Professionals, particularly professional counselors, marriage and family therapists, and clinical social workers. All four professions share a common foundation in human psychological development, theories of personality, group and family therapy, appraisal and evaluation, and therapeutic knowledge and skills. And all four require a minimum of a master's degree and extensive supervised practice to enter the profession and engage in practice.

Like the other master's-level mental health professions, art therapy focuses on assessing and treating children and adults experiencing developmental, psychological, behavioral, or emotional impairments or conditions. Art therapists use similar counseling methods and skills for building therapeutic relationships with clients, developing and adjusting treatment plans to address clients' capabilities and needs, and implementing therapeutic interventions in individual and group sessions to facilitate clients' communication and engagement. In states without specialized art therapy licenses, many art therapists qualify for licensure as professional counselors or marriage and family therapists, having earned master's degrees from dual academic programs that prepare them in the methods and functions required to both state licensure and national art therapist credentials.

Art therapy is also similar to a number of licensed behavioral health and recreational professions in the use of art and art materials with clients. These include counselors, social workers, rehabilitation therapists, recreational therapists, and occupational therapists.

## **7. What functions are unique to this occupation? What distinguishes this occupation from those identified in question 6?**

While sharing important foundations and training with other mental health professions, art therapy is unique in its focus on non-verbal information processing. Where other master's-level mental health practitioners are trained to employ cognitive and verbal interventions, art therapists are trained in art-based interventions that stimulate the brain's tactile-haptic, visual, sensory, and perceptual channels to allow integrated verbal and non-verbal processing of emotions. Art therapists are also distinct in their use of specialized art-based diagnostic tools to assess and evaluate each client's capabilities and levels of cognitive and physical functioning. An art therapist's training and understanding of the potential for art-making to reveal emotions, along with the knowledge and skill to safely manage the reactions it may evoke in different clients, are competencies that are unique to art therapy master's degree education and that clearly distinguish art therapy from other master's-level mental health professions.

In practice, a professional art therapist is required to make parallel assessments not only of each client's general psychological disposition, but also how different art media and processes are likely to affect each individual's mental state and corresponding behavior. They must understand the science of imagery, color, and texture, and how each may affect a wide range of potential clients and personalities in order to know when to probe a client's emotions and how to use art media and artistic expression to heal. **Because art and art making are inherently perceptually and sensory based and involve the brain and the body in ways that verbal language does not, art therapy provides an alternative means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating health conditions.** Art therapy's unique ability to unlock emotional expression by facilitating non-verbal communication is especially useful in cases where traditional verbal psychotherapy has been ineffectual.

Rehabilitative, recreation, and occupational therapists differ from art therapists in the role that art and art materials play in their work with clients. These therapists generally use art materials or art making as one approach in broader treatment plans to help improve physical and emotional functioning for people with a variety of challenges that are diagnosed by other medical and mental health professionals. Art therapists, in contrast, use art media and creative processes to assess a client's inner fears, conflicts, and core issues in order to provide appropriate art-based interventions designed to improve their physical, cognitive and emotional functioning.

**8. Identify other occupations whose members regularly supervise members of this occupation, as well as other occupations whose members are regularly supervised by this occupation. Describe the nature of the supervision that occurs in each of these practice situations.**

Students in a graduate art therapy program are required to have a minimum of 700 hours of supervised art therapy practicum/internship, including a minimum of 350 hours of direct provision of art therapy services to individuals, groups, and/or families. Supervision hours must be overseen and documented as such: individual (1:1) supervision hours must be accrued at a ratio of one hour of supervision for every ten hours of practicum/internship and/or group (two or more supervisees per supervisor) supervision must be accrued at a ratio of one and one-half hours of supervision for every ten hours of practicum/internship. A minimum of 70 individual or 105 group supervision hours is required. [For further information see Appendix 1: Art Therapy Credentials Board – Registered Art Therapist (ATR) Application Handbook.]

In art therapy, after a student graduates supervision is required for clinical training to qualify applicants for both national Art Therapy Credentials Board (ATBC) credentials and for state licensure. On-site supervision must be provided by someone with a minimum of a master's degree in a mental health field and a current master's level mental health credential or license. A master's or higher degree in a mental health field must have been required to obtain that license or credential. Examples include but are not limited to, Licensed Mental Health Practitioners (LMHP), Licensed Independent Mental Health Practitioners (LIMHP), Licensed Masters Level Psychologist (LMLP), Professional Psychologists, Licensed Clinical Social Workers (LCSW), and Registered Art Therapists - Board Certified (ATR-BC).

For credentialing as a registered Art Therapist (ATR) through the ATCB, a qualified art therapist must complete a minimum of 1,000 hours of practice in direct contact with clients under

the supervision of an Art Therapy Certified Supervisor (ATCS), a credentialed Art therapist or other licensed mental health professional. Supervision must include a minimum of 100 hours of direct supervision with the supervisor, at least half of which must involve a supervisor holding an ATCS or ATR-BC credential. The frequency and location of supervision is determined by the and the supervisor, although locations may have specific on-site requirements and rules for supervised practice.

Also, in states where there may be inadequate numbers of qualified art therapy supervisors to provide appropriate supervised practice, both ATCB and state licensing laws/regulations allow for supervision in appropriate settings by other licensed mental health practitioners using the examples noted that are relevant to Nebraska.

Post-education supervised art therapy experience requirements vary based on academic education:

- Graduates of AATA/EPAB-Approved or CAAHEP-accredited Programs:
  - A minimum of 100 hours of supervision to 1000 hours direct client contact applying art therapy.
- Graduates of Art Therapy Programs not AATA-Approved or CAAHEP-accredited:
- A minimum of 150 hours of supervision to 1500 hours direct client contact applying art therapy.
- Individuals with post-master's or post-doctoral coursework in art therapy:
  - A minimum of 200 hours of supervision 2000 hours of direct client contact applying art therapy.

For licensing, state licensing agencies and boards have generally followed the ATCB standards for supervised practice, while adding additional requirements relating to total hours of supervised practice and qualifications for supervisors. Earlier statutes in states that had few licensed or certified art therapists, for example, gave boards greater flexibility in approving supervisors who are licensed or credentialed in other mental health professions.

**9. What actions, judgments, and procedures of this occupation can typically be carried out without supervision or orders? To what extent is this occupation, or portions of its practice, autonomous?**

National art therapist registration by the ATCB is based on the premise that once an art therapist has completed master's degree training in an approved art therapy program and completes a minimum of 1,000 hours of client-contact supervised practice (influenced by master's program accreditation), he or she should be knowledgeable about intake and evaluation, assessment and evaluation instruments specific to art therapy and related disciplines, an understanding of diagnoses and populations art therapists work with including developmental, psychiatric, and addictive disorders, professional art therapy and counseling ethical standards, art therapy environments including but not limited to clinical and studio practices, and clinical art therapy skills which include knowledge of art materials/how clients respond to materials and basic counseling skills. Core content areas of an art therapy education as dictated by CAAHEP, the accrediting body for art therapists include:

- Proficiency in studio art including 2D and 3D methods (a prerequisite to Art Therapy Graduate work)
- Foundational knowledge in psychology including abnormal and developmental psychology (a prerequisite to graduate work)
- History and theory of art therapy
- Professional orientation, ethical and legal issues
- Materials and techniques of art therapy practice
- Creativity, symbolism and metaphor
- Group work
- Art therapy assessments
- Human growth and development
- Helping relationships and application
- Psychopathology and diagnosis
- Psychological and counseling theories
- Appraisal and evaluation
- Research as it applies to effective practice and program evaluation
- Cultural and social issues
- Studio art (including methods and display of art work and implications of display for clinical practice/client progress)
- Career Development

All graduates of CAAHEP approved programs must demonstrate knowledge of each area, skills for implementation of this knowledge and behaviors/professional dispositions that reflect values of the field of art therapy with regard to client access to services and appropriate delivery of services. [For more information see Appendix 2: CAAHEP Standards 2016.]

The art therapist is educated in these factors in their master's education and continues to refine these areas of knowledge and related skills in post graduate supervision. Once a professional art therapist completes their post graduate hours of required clinical work and hours of required supervision (this supervision is provided in supervision meetings outside of client sessions), they should be knowledgeable, competent, and skillful enough to practice on their own without supervision. Their effective clinical supervision ensures that clients are competently served and that their learned skills allows them to work autonomously to provide effective treatment, client retention, and satisfaction.

Professional art therapists offer guidance to individuals, couples, families and groups who are dealing with issues that affect their mental health and well-being during therapy sessions. They also complete intake assessments, screenings, initial diagnostic interviews, biopsychosocials, treatment plans, transition plans, discharge plans, and progress notes. During therapy, professional art therapists encourage clients to discuss emotions and experiences, examine issues that include substance abuse, aging, bullying, anger management, careers, depression, relationships, LGBTQ issues, self-image, stress and suicide. Furthermore, professional art therapists help clients define their treatment goals, come up with action plans, and gain insight into their problems. Finally, professional art therapists work with a team of professionals and refer their clients to other wraparound as needed, such as psychological testing, psychiatric evaluation, or community support.

A professional art therapist can work autonomously once they have completed their required supervision hours post-graduation. However, just like any other licensed therapist, it is always best practice for someone that is struggling with a client to reach out for assistance from another therapist for peer supervision. While many art therapists are qualified to work as independent practitioners, they are obligated under the profession's guidelines for ethical practice to provide referrals to qualified mental or mental health professionals for clients with conditions or needs that exceed their professional training and experience.

**10. Approximately how many people are performing the functions of this occupation in Nebraska, or are presenting themselves as members of this occupation? To what extent are these people credentialed in Nebraska?**

According to the Art Therapy Credential Board, Inc. (ATCB) and the American Art Therapy Association (AATA) there are 23 active members listed in combination of both websites, as well as additional art therapists known to members of the Nebraska Art Therapy Licensure Coalition making a total of 30 art therapists either living in the state or living in nearby states and practicing in the state. There are an additional five or ten in supervised practice either in the state or in other states.

Each are listed as professional members, new professionals, credentials professionals along with being Registered or Registered, Board Certified Art Therapists in Nebraska. We estimate that there are at least twice that number or higher, with others practicing under supervision prior to credentialing or who have not joined the national organization due to money constraints. It is difficult to track this number due to the lack of specific licensing, which would provide more accurate numbers during the provisional phase. Some art therapists' education has allowed for licensure as LMHP; however, this typically requires additional education, such as counseling ethics courses, in order to qualify for this license. (Note: Ethics classes/training, are already required in art therapist and cover issues related to counseling and art therapy-specific ethics).

Furthermore, Concordia University, Nebraska has an undergraduate art therapy program that graduates approximately 3-5 students each year. These graduates are likely to continue to study art therapy in graduate programs in other states. These graduates will in turn become art therapists and will likely be seeking a license and/or credential in the state during the initial two years after the legislation is implemented. In total, we project there will likely be 50-60 art therapists seeking a license and/or credential in the state during the initial two years after the legislation is implemented (which would likely be four years from now assuming the bill is passed next session and it takes most of a year to develop and implement regulations)."

**Note that although under current state licensing laws many art therapists have been able to gain licensure under other fields such as counseling, there is recently enacted legislation that could make that impossible or more difficult.** NE LB1034 included revisions to Chapter 38 of the Revised Statutes of Nebraska to narrowly define an "approved educational program" for purposes of meeting the education requirement for credentialing as a Licensed Mental Health Practitioner as master's degree programs that have received specific program accreditation by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), The Council for Accreditation of Counseling and related Education Programs

(CACREP), the Council on Rehabilitation Education (CORE), and the Council on Social Work Education (CSWE).” Art therapy programs rarely meet the standards of these accreditation bodies because art therapy programs have their own accreditation standards under CAAHEP (see Appendix 2). Therefore, many of the practitioners listed in the following would not be able to gain licensure under these changes. This indicates that **going forward many new previously license eligible art therapists will no longer be license eligible, therefore adding to the shortfall of clinicians in the state of Nebraska.**

All Nebraska practitioners listed as members of the American Art Therapy Association and/or the Art Therapy Credentials Board:

1. Caddell, Kari, LMHP, LPC, ATR-BC (Omaha)
2. Dibbern Manhart, Jill, Expired LMHP, ATR-BC (Lincoln)
3. Eskridge, Janet, Inactive LMHP and Professional Co, ATR-BC-Retired (Lincoln)
4. Flint Widdifield, Lynn E, LIMHP, ATR-BC (Grand Island)
5. Fruehling, Sarah, LIMHP, LMHP, LPC, ATR (Hastings)
6. Hennig, Christine, LMHP, ATR (Omaha)
7. Hogan, Michelle Troia, ATR (Omaha)
8. Ingram, Charlotte, LMHP, ATR (Scottsbluff)
9. Jackson, Jennifer Jo Jividen, LMHP, ATR-BC (South Sioux City)
10. Jenny, Amelia, PLMHP/provisional ATR
11. Langemach, Norm (Deceased) former board member of Art Therapy Credentials Board
12. Marcy, Linda, LMHP, LPC, ATR-BC (Lincoln)
13. McCready, Margaret, LIMHP, ATR-BC (Juniata)
14. Mellen, Betty Jane, LMHP, ATR-BC-Retired (Lincoln)
15. Mueller, Kimberly, LIMHP, ATR-BC (Ralston)
16. Mueggenberg, Pamela, LMHP (Omaha)
17. Radil, Jennifer, ATR (Omaha)
18. Sabata, Nicole M, PLMHP, ATR-P (Lincoln)
19. Schardt, Wendy, LMHP, LPC, ATR-BC (Kearny)
20. Stallings, Jessica, LMHP/LPC, ATR-BC (Omaha)
21. Sullivan, KrisAnn Weber, Inactive LMHP, LPC, ATR-Retired (Kearney)
22. Tucker, Yasmin Shante, LIMHP, LPC, LADC, ATR (Omaha)
23. Vogel, Lisa, LIMHP, ATR-BC (Omaha)
24. Widdifield, Lynn, ATR-BC, LMHP (Grand Island)
25. Worstell, Melanie S, No license, ATR (Norfolk)

**11. Describe the general level of education a training possessed by practitioners of this occupation, including any supervised internship or fieldwork required for credentialing. Typically, how is this education and training acquired?**

Professional entry to art therapy requires a master's degree. It is important to understand that unlike similar mental health fields, art therapy requires prerequisites in studio art and psychology. Specifically, art therapy master's programs require completion of 18 credit hours in studio art with experience in a variety of 2-dimensional and 3-dimensional art media. These studio prerequisites ensure practitioner experience with a variety of media which prepares them to instruct clients in the use of said materials as well as provides them with personal experience with the psychological effects of said media.

Art therapy master's programs require 12 credit hours of prerequisites in psychology with specific coursework in developmental psychology and abnormal psychology, ensuring foundational knowledge in psychological theories which are later expanded upon in master's courses.

Art therapy education came into existence through the pioneering efforts of independent practitioners of art therapy. Standards were developed and have evolved to assist educators in planning and implementing effective graduate programs of study. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) grants accreditation for educational programs preparing students for practice as Art therapists. Accredited degree programs must meet the following standards adopted by the American Art Therapy Association (AATA) and CAAHEP. These standards are predicated on the view that preparation for the practice of art therapy is achieved at the master's degree level.

AATA recognizes that alternative instruction methods (e.g., distance learning), currently exist in art therapy education programs. Furthermore, all education must be offered in an academic institution accredited by one of the regional or national institutional accrediting bodies recognized by the Council for Higher Education Accreditation (CHEA). AATA offers educational standards for master's programs; however, CAAHEP is the accrediting body.

According to the Art Therapy Credentialing Board (ATCB), a master's degree or higher from a program approved by AATA or accredited by CAAHEP at the time of graduation. If the program is no longer approved, the applicant is responsible for obtaining verification of past approval directly from AATA or CAAHEP, and submitting that verification along with the application, or applicants who do not hold a master's or higher degree from a program approved by AATA or accredited by CAAHEP at the time of graduation must meet the education requirements as outlined below.

All coursework must have earned credit from a college or university approved by a national or regional accrediting agency. An overall grade point average (GPA) of 3.0 or higher is required for all coursework counted towards the credential.

**Degree Requirement for application for the ATR:**

A master's or higher degree with coursework in the following areas is recommended:

- Human growth and development

- Theories of counseling/psychotherapy
- Psychopathology/ abnormal psychology
- Psychological assessment, research, and field experience in a clinical setting.

If an applicant does not have such a specific master's or higher degree, they must have still earned a master's degree or higher, and will still be responsible for collecting all of the listed mental health coursework and field experience prerequisites at the graduate level.

#### Studio Art Content Requirements:

- Eighteen semester credits (or 27 quarter credits) in studio-based art courses.
- Studio art coursework can be at the graduate or undergraduate level.
- Applicants must have successfully completed coursework in a variety of two- and three-dimensional art media (which may include digital art) and processes.
- At least 12 credit hours must be completed prior to beginning the art therapy coursework. The remaining six hours may be completed after beginning the first art therapy course that will count toward this credential, but must be completed within a year of beginning graduate coursework in art therapy.
- Studio based courses taken within an art therapy program do not satisfy the prerequisite studio art courses.

In lieu of academic based studio coursework, the ATCB will accept up to six credits from a portfolio demonstrating competency, provided the applicant obtains a letter from a full-time or pro rata faculty member who has current ATR-BC or ATCS status and who teaches in a program that is within a regionally or nationally accredited institution of higher education, and who has reviewed the portfolio and is willing to attest that the applicant has demonstrated such competency. Applicants may also use non-credit art instruction.

#### Mental Health Content Requirement:

A minimum of three graduate semester credits (or four quarter credits) in each of the following six areas. If the master's or higher degree did not include coursework in all required areas, up to two courses may have been completed independent of the graduate program, provided they earned graduate credit at a nationally or regionally accredited college or university. Official transcripts are required for all coursework applied to the ATR requirements. If content is covered in the context of an art therapy graduate program, this must be demonstrated through course descriptions or syllabi detailing course content.

- Psychopathology/Abnormal Psychology: Criteria of psychiatric diagnoses, biopsychosocial factors, and level of functioning; theories of psychopathology; ability to recognize indicators of functional and organic disorders in clients; basic knowledge of types of psychopharmacological medications.
- Psychological Assessment: Historical perspectives of assessment, basic concepts of standardized and non-standardized testing and assessment, fundamentals of psychological testing, biopsychosocial assessment, statistical concepts including reliability and validity, strategies for selection of assessment tools, and familiarity with a variety of specific instruments and procedures used in appraisal and evaluation. Course descriptions/syllabi must demonstrate coverage of DSM diagnostic criteria in use at the time the course was successfully completed.
- Human Growth and Development: Human psychological development across the lifespan, theories of personality development, cultural and environmental influences. Familiarity

with human behavior, including developmental crises, disability, exceptional behavior, and addictive behavior.

- Counseling/Psychological Theories: Historical development of counseling and psychological theories, understanding of systems perspective, application to case material, and interviewing and counseling skills.
- Research: Basic tenets of planning, conducting, and evaluating research and understanding research methodology, to include qualitative and quantitative designs. The importance of research in the psychotherapy professions, ethical, practical, and legal considerations, and the use of research to assess effectiveness of mental health services.
- Field Experience: Clinical field experience providing counseling/psychotherapeutic services under supervision and completed for graduate credit. This requirement can be waived if the applicant is a graduate of an art therapy graduate program and completed art therapy field experience meeting the ATR requirement.

### Art Therapy Core Content Requirement:

A minimum of 24 graduate semester credits (or 36 quarter credits) in art therapy core curriculum (not including credits earned for practicum/internship or studio art) that substantially cover the content in the nine areas listed below. These courses can be completed within a degree program or outside a degree program.

- History of art therapy: includes a study of art therapy history and events, the development of art therapy as a distinct therapeutic practice, and the contributions of major art therapy theorists and practitioners.
- Theory of art therapy: includes a study of psychotherapy theories relevant to art therapy. Techniques of practice in art therapy: includes a study of the application of art therapy theory, the use of art processes and materials in art therapy practice, and the establishment of therapeutic goals and intervention strategies.
- Application of art therapy with people in different treatment settings: includes a study of art therapy interventions including materials, theories and practices for the treatment of individuals in various treatment settings (e.g. inpatient, outpatient, partial treatment programs, and aftercare).
- Art therapy assessment: includes a study of a variety of art therapy assessment tools and methods, administration and documentation of art therapy assessment, and the formulation of treatment goals, objectives, and strategies related to assessment and evaluation.
- Ethical and legal issues of art therapy practice: includes a study of the ethical and legal issues of the art therapy profession, the ethical standards of the ATCB and the AATA, and the proper application of ethical and legal principles of art therapy practice.
- Matters of cultural and social diversity bearing on the practice of art therapy: includes a study of cultural diversity theory and competency models applied to an understanding of diversity of artistic language, symbolism, and meaning in artwork and art making across culture and within a diverse society.
- Standards of good art therapy practice: includes a study of art therapy professional organizations, credentialing and licensure, public policy, advocating for the profession, and client advocacy.
- Group art therapy: includes a study of the theory and practice of group art therapy, principles of group dynamics, therapeutic factors, member roles and behaviors, leadership styles and approaches, selection criteria, and the influence of art media on group process.

**Practicum/Internship Requirement:**

These requirements must be completed within a structured art therapy practicum course for graduate credit. The practicum course must be taught, supervised or advised by a current ATR, ATR-BC and/or ATCS. On-site supervision must be provided by someone with a minimum of a master's degree in a mental health field and a current master's level mental health credential or license. A master's or higher degree in a mental health field must have been required to obtain that license or credential. A minimum of 700 hours of supervised art therapy practicum/internship, including a minimum of 350 hours of direct provision of art therapy services to individuals, groups, and/or families. The remaining hours may include supervision, case review, record keeping, preparation, staff meetings, and other administrative functions. Supervision hours must be overseen and documented as such: individual (1:1) supervision hours must be accrued at a ratio of one hour of supervision for every ten hours of practicum/internship and/or group (two or more supervisees per supervisor) supervision must be accrued at a ratio of one and one-half hours of supervision for every ten hours of practicum/internship. A minimum of 70 individual or 105 group supervision hours is required.

**Graduates of AATA-Approved or CAAHEP-accredited Programs:**

A minimum of 1,000 post-education, direct client contact hours using art therapy. Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR. Post-education experience must start after the date the master's or higher degree was conferred and all educational requirements and prerequisites were completed and documented. Supervision Requirement: A minimum of 100 hours of supervision. For ATR applicants who graduated (or completed their education requirements) on or after January 1, 2018, at least 50 hours must be provided by a current ATR-BC or ATCS. For ATR applicants who graduated (or completed their education requirements) prior to January 1, 2018, at least 50 hours must be provided by a current ATR, ATR-BC, or ATCS. Additional hours may be supervised by an ATR, or a fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice. Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields are considered on a case-by-case basis. For a supervisor's license or credential to be accepted, a master's or higher degree in a mental health field must be required to obtain that license/credential. Licenses/credentials that do not require a master's degree are not accepted.

**Graduates of Art Therapy Programs not AATA-Approved or CAAHEP-accredited:**

A minimum of 1,500 hours of direct client contact using art therapy. Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR. Post-education experience must start after the date the master's or higher degree was conferred and/or all educational requirements and prerequisites have been completed and documented. If a course is lacking in any area—i.e., studio art, prerequisites, or AT core curriculum—no credit is granted for any post-education experience. If additional coursework is completed to meet these requirements, post-education experience may then begin to accrue. Supervision Requirement: A minimum of 150 hours of supervision. For ATR applicants who graduated (or completed their education requirements) on or after January 1, 2018, at least 75 hours must be provided by a current ATR-BC or ATCS. For ATR applicants who graduated (or completed their education requirements) prior to January 1, 2018, at least 75 hours must be provided by a current ATR, ATR-BC, or ATCS. Additional hours may be supervised by an ATR, or a fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health

field and whose license/credential is for independent practice. Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields are considered on a case-by-case basis. For a supervisor's license/credential to be accepted, a master's or higher degree in a mental health field must be required to obtain that license/credential. Licenses/credentials that do not require a master's degree are not accepted.

#### Individuals with Post-master's or Post-doctoral Coursework in Art Therapy:

A minimum of 2,000 hours of direct client contact using art therapy. Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR. Post-education experience must start after all educational requirements and prerequisites have been completed and documented. If a course is lacking in any area—i.e., studio art, prerequisites, or AT core curriculum—no credit is granted for any post-education experience. If additional coursework is completed to meet these requirements, post-education experience may then begin to accrue. Supervision Requirement: A minimum of 200 hours of supervision. For ATR applicants who graduated (or completed their education requirements) on or after January 1, 2018, at least 100 hours must be provided by a current ATR-BC or ATCS. For ATR applicants who graduated (or completed their education requirements) prior to January 1, 2018, at least 100 hours must be provided by a current ATR, ATR-BC, or ATCS. Additional hours may be supervised by an ATR or a master's or higher fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice. Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields are considered on a case-by-case basis. For a supervisor's license/credential to be accepted, a master's or higher degree in a mental health field must be required to obtain that license/credential. Licenses/credentials that do not require a master's degree are not accepted. It is the applicant's responsibility to determine that each supervisor's license or credential is current, and in good standing throughout the length of supervision, and acceptable per the ATCB's requirements.

#### Private Practice Hours:

Any applicants planning to use post-education art therapy experience in their own private practice must be a licensed/certified practitioner in another psychotherapeutic discipline. All post-education art therapy experience hours completed in an applicant's private practice must be supervised by a current ATR/ATR-BC/ATCS. Please note that certain states will not allow one to maintain a private practice without the proper credential; the applicant is responsible for being informed about and adhering to the requirements of relevant state licensure boards.

**Volunteer Experience:**

ATCB accepts supervised direct client contact experience providing art therapy services as a volunteer in lieu of paid employment. To qualify, volunteer art therapy experience hours must be accrued through an organization or agency that provides supervised mental health services.

[For further information, see Appendix 1: Art Therapy Credentials Board (ATCB)– ATR Application Handbook and Appendix 2: CAAHEP Standards 2016]

**12. Identify the work settings typical of this occupation (e.g., hospitals, private physicians' offices, clinics, etc.) and identify the predominant practice situations of practitioners, including typical employers for practitioners not self-employed (e.g., private physician, dentist, optometrist, etc.).**

Art therapists work with individuals, couples, families, and groups in culturally and demographically diverse settings. They are members of interdisciplinary treatment teams in hospitals, community agencies, mental health clinics and numerous other settings where their work informs and supports the assessment and treatment of other medical, mental health, and allied health professionals.

**Some Examples Include, but are not Limited, to:**

- AIDS treatment center
- Art studios and museums
- Cancer treatment centers
- Child advocacy centers
- Community agencies and nonprofit settings
- Community clinics
- Community mental health centers
- Correctional facilities including county jails, prisons
- Crisis centers
- Day programs, day rehabilitation
- Domestic violence and homeless shelters
- Forensic institutions
- Halfway houses
- Homeless shelters
- Hospitals and clinics, both medical and psychiatric
- Inpatient mental health agencies
- Military bases
- Outpatient mental health agencies and day treatment facilities
- Psychiatric and rehabilitation facilities
- Religious organizations
- Residential treatment centers
- Schools, colleges and universities
- Senior communities including nursing homes/assisted living
- Sheltered workshops
- Substance abuse treatment centers
- Veterans clinics
- Wellness centers

**Past and Current Employers of Nebraska Art Therapists:**

- Heartland Counseling Services, Inc.
- Children's Hospital & Medical Center
- Omaha Art Therapy, LLC
- West Maple Counseling Associates
- Kimberly Mueller, LLC
- Omaha Public Schools
- Lincoln Public Schools
- Christine Hennig, LLC
- Lynn E Flint Widdifield
- Community Alliance
- Concordia University, Nebraska
- Psychiatric Residential Rehab
- Heartland Family Service
- Siena Francis House
- Behaven Kids
- Catholic Health Initiatives
- University Nebraska Kearney
- Lutheran Family Services
- The Lighthouse
- Hot Shops Art Center
- Ponca Pines Academy
- Uta Halee Girls Village
- Cooper Village for Boys
- Critical Incident Stress Management - Nebraska Team
- State of Nebraska
- Private Practice
- Child Guidance Center
- Omaha Tribe of Nebraska
- Eating Disorder (ED) Care
- Boys Town National Research Hospital
- Nebraska Department of Health and Human Services
- Options in Psychology, LLC
- Healing Grief Services of Lynn Widdifield
- Girls Inc.
- Center for Healing and Change
- Nebraska Department of Correctional Services

**Iowa Agencies that Service Nebraska Residents:**

- June E. Nylén Center
- Heart Therapy, Inc.
- Mercy Child Advocacy Center
- Stokes and Associates

**The Following Provides Examples of Settings in Nebraska Employing Art Therapists:**

- Heartland Counseling Services (Community Mental Health Center for 11 Counties)- Jennifer Jackson LIMHP, LPC, ATR-BC Executive Director
  - Mrs. Jackson has provided art therapy sessions to adult and children survivors of trauma, sexual abuse, neglect, and physical abuse. She has provided art therapy to Vietnam and Korean War veterans. These sessions have been provided to residents of Antelope, Dakota, Dixon, Holt, Thurston and Wayne counties. These counties have significant shortages of behavioral health providers and at this time.
- Immanuel Hospital Partial Hospitalization program (Psychiatric and rehabilitation facilities): Jessica Stallings, Doctor of Art Therapy, LMHP, ATR-BC, Program Therapist
  - Dr. Stallings works with children and adolescents with trauma histories/PTSD, Autism Spectrum Disorders, Attention Deficit Hyperactivity Disorder, attachment disorders, substance use, depression, anxiety and sexual abuse survivors, among other trauma, developmental and psychiatric conditions. Dr. Stallings serves clientele from Douglas, Sarpy, Cass, Dodge, and Washington counties.
- Children's hospital and medical center (former)-Kari Cadell, LMHP, LPC, ATR-BC
  - Serving patients from across the state
- Omaha Public Schools- Kari Cadell, LMHP, LPC, ATR-BC
  - Serving OPS students
- Lincoln Regional Center (Psychiatric and rehabilitation facilities/Inpatient psychiatric)- Amelia Jenny Provisional ATR
  - Serving patients from across the state
- Community Alliance (Substance abuse treatment)-Yasmin Tucker ATR, LIMHP, LPC, PLADC
  - Serving patients from a number of counties in the Omaha metro area.
- Private mental health practice
  - Lisa Vogel ATR-BC, LMHP, LPC, LMHC
  - Pamela Muggenberg, LMHP - working largely with adults experiencing trauma related disorders, mood disorders (such as depression), and anxiety disorders.
  - Charlotte Ingram, ATR - located in Scottsbluff, NE
    - With a shortage of mental health care workers in rural areas of Nebraska, licensing of art therapists, and retaining qualified art therapists seeking to obtain licenses, could help meet this critical deficiency in the state.
- University/Higher Education
  - Wendy Schardt, LMHP, LPC, Director of Student Health and Counseling, University of Nebraska at Kearney

**Other Nebraska institutions with art therapists as affiliates or consultants include:**

- Woman's Center for Advancement
- University of Nebraska Medicine Olson Center
- Nebraska Medicine Psychiatric Clinic
- Child Saving Institute, Inc.
- Attachment and Trauma Center of Nebraska
- Methodist Community Mental Health
- Jewish Community Center

**13. Do practitioners routinely serve members of the general population? Are services frequently restricted to certain segments of the population (e.g., senior citizens, pregnant women, etc.)? If so, please specify the type of population served.**

Professional art therapists work with a variety of populations. Art therapy was typically thought to only be for children; however, this is a myth. Art therapists work with children, adolescents, adults, senior citizens, groups and families of all cultures across the lifespan. They address and treat several issues across numerous populations including but not limited to:

#### Issues/Diagnoses

- Adjustments issues, such as divorce or loss of loved one
- Anxiety, depression and other mental/emotional problems
- Autism Spectrum Disorders
- Behavioral/Developmental delays
- Brain injury/Neurological disease
- Dementia, Alzheimer's
- Domestic violence
- Family and relationship issues
- Medical problems including but not limited to: cancer, epilepsy, Crohn's disease, head injury, etc.
- Mental illness including bipolar disorder, schizophrenia, personality disorders
- Personal trauma, post-traumatic stress disorder and loss
- Physical, cognitive and neurological problems
- Psychosocial difficulties related to medical illness
- Psychosocial difficulties related to developmental disabilities
- Sexual abuse, physical abuse, neglect
- Social/emotional difficulties related to disability or illness
- Substance abuse and other addictions
- Trauma

#### Populations

- Children/families
- Cross-cultural populations
- First responders
- Geriatric
- Homelessness
- Immigrants
- Individuals who identify as LBGTQIA+
- Military members and their families
- Prisoners/juvenile offenders
- Refugees
- Sex offenders
- Students
- Veterans

**14. Identify the typical reasons a person would have for using the services of a practitioner. Are there specific illnesses, conditions or situations that would be likely to require the services of a practitioner? If so, please specify**

The practice of art therapy is described in the *American Medical Association's Health Professions Career and Education Directory*:

“With the growing acceptance of alternative therapies and increased scientific understanding of the link between mind, body, and spirit, art therapy is becoming more prevalent as a parallel and supportive therapy for almost any medical condition. For example, art therapists work with cancer, burn, pain, HIV-positive, asthma, and substance abuse patients, among others, in pediatric, geriatric, and other settings.”

(American Medical Association, Health Care Careers Directory 2009-2010, 37<sup>th</sup> Edition, August 2009)

Art Therapists use drawings and other art/media forms to assess, treat, and rehabilitate patients with mental, emotional, physical, and/or developmental disorders. Art therapists use and facilitate the art process, providing materials, instruction, and structuring of tasks tailored either to individuals or groups. Using their skills of assessment and interpretation, they understand and plan the appropriateness of materials applicable to the client's therapeutic needs. With the growing acceptance of alternative therapies and increased scientific understanding of the link between mind, body, and spirit, art therapy is becoming more prevalent as a parallel and supportive therapy for almost any medical condition.

In medical or clinical settings, art therapists use art in the assessment and treatment of a broad range of emotional, behavioral or mental health problems, learning or physical disabilities, brain-injury or neurological conditions, and physical illness. Art therapy is integrated in comprehensive treatment plans administered by individual art therapists, or by art therapists as part of interdisciplinary teams where art therapy complements and informs the work of other medical, mental health and allied health professionals.

This list is by no means exhaustive but provides concrete examples of where, how and with whom art therapists practice.

- Art therapy programs with cancer patients seek to reduce emotional distress, helping patients regain an identity outside of being a cancer patient, ease the emotional pain of their on-going fight with cancer, and give them hope for the future.
- The role of art therapy in children's hospitals is to address the physical and emotional needs of pediatric patients through a variety of educational and healing art experiences that help to build trust and allow children to see themselves as active partners in the work of getting well. Children often find non-verbal expression to be the only outlet to their intense feelings of fear, isolation, sadness, and loss. Those unable to find words to express their emotions or behaviors typically discover a freer world of expression through art therapy.

- The role of art therapy with sex trafficking victims is increasing and making a difference. “Across the globe, as many as 5 million women become victims of sexual trafficking at any given time (Hardy, Compton & McPhatter, 2013). The traumatic experience of sexual trafficking frequently results in severe and complex symptoms of Post-Traumatic Stress Disorder (Hardy, et. al., 2013). This researcher attempted to explore art therapy as a holistic recovery treatment for these victims. The study utilized clay-based art therapy with a group of women who were previously victims of sexual trafficking. These participants explored different ideas of recovery for six weeks using clay. Qualitative data included researcher observations, session discussions and qualitative interviews, which were reviewed for themes while the Trauma Symptom Checklist was used to supplement the results. The research question asked if clay-based art therapy would lower trauma symptoms, promote community building, increase feelings of empowerment and improve vocational and life skills. Ultimately the research data supported the research question. Following the art therapy trauma symptoms were lowered, a sense of community was built, feelings of empowerment increased, and life skills improved supporting that clay-based art therapy is an effective, and holistic form of treatment for sex trafficking victims.” Haynes, Nicole; *Group art therapy using clay with victims of the sex trade*. University of Florida. 2015: Page ix.
- Art therapists working with veterans and service members who suffer traumatic brain injuries, post-traumatic stress and psychological health conditions seek to empower their clients to express their experiences through a wide variety of art forms and materials that allow them to control the pace and process of their treatment and to gradually transform cognitions, emotions, and recollections of combat experiences. Art therapy avoids the stigma of traditional mental health counseling for many veterans and allows them to work through their trauma, anger or depression in a supportive and non-judgmental environment.
- “U.S. Department of Veterans Affairs (VA) healthcare is the largest healthcare delivery system in the United States and according to a U.S. Congressional Research Service report for Congress, the prevalence of PTSD among Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans receiving VA healthcare in FY2002-2012 was 29%. It is important to note that although combat exposure is a leading cause of PTSD among males, military sexual trauma (MST) is the leading cause of PTSD among females. Although treatment for PTSD is widely researched among past and present military service members, little is known about the potential therapeutic benefits art therapy could offer this population. Existing research indicates that art therapy shows promising treatment results among service members. This project aims to provide a review of why art therapy programs should be implemented among current military service members and veterans diagnosed with PTSD.” Ramirez, Jeremy; Erlyana, E and Guillaum, M. *A review of art therapy among military service members and veterans with post-traumatic stress disorder* [online]. *Journal of Military and Veterans Health*, Vol. 24, No. 2, Apr 2016: 40-51.
- According to Van Westrhenen (2014) symptoms of Post-Traumatic Stress Disorder (PTSD) include, “overwhelming feelings of re-experiencing the traumatic event (e.g., nightmares and intrusive thoughts), avoidance of trauma stimuli, negative alterations in cognition and mood” (p. 527). PTSD symptoms often involve involuntary intrusive

thoughts, recurring flashback of the traumatic events, and intense psychological distress for the person affected (Piotrowski, 2017). “Children can frequently become aggressive towards others, and avoidant of places or people that remind them of their trauma. Art therapy can be seen as a vehicle by which visual memories are accessed in a visual/tactile way; it is believed to bring more effective healing for the patient. The sense of touch that is involved when using tactile materials can bring the overwhelming memories to the surface, which allows them to realize many new thoughts and emotions with which they are dealing. With the use of different materials, such as pencils, crayons, markers, or paint, for example, they are able to work through their trauma, heal, and develop better ways of coping.” Morrison (2017) The benefits of art therapy with children affected by acute trauma.

- Art therapy in educational settings can be tailored to support academic and social or emotional needs or requirements. Art therapy has long been recognized as an integral part of special education services available for children with physical, mental or behavioral disabilities, especially children who fear talking with adults, who don't speak English or have limited vocabularies. A student's individualized art therapy treatment plan may address goals and objectives related to improving cognitive growth, emotional control, mastery of sensory-motor skills, reducing anxiety, increasing self-esteem, or positive adjustment to the classroom experience.
- Art therapy plays an important role in treatment plans for elderly persons suffering from Alzheimer's and other forms of dementia. While not halting the progress of the disease, it has been proven to help maintain maximum possible functioning, decrease isolation, lessen aggressive behavior, and facilitate both verbal and non-verbal communication. Individual case studies describe how art therapy can awaken patients in cognitive decline by stimulating senses with bright colors and textured materials, triggering dormant memories, and encouraging alternative avenues of expression.
- Art therapists work with individuals with Autism Spectrum Disorders (ASD) to address symptoms of ASDs as well as co-occurring anxiety and depression. Art therapy can address behavioral excesses, emotional regulation, physical delays, cognitive processing, and social skills concerns with these individuals (Schweizer, Knorth and Spreen, 2014; Schweizer, Spreen, and Knorth, 2018; Van Lith, Stallings, and Eliot Harris, 2017). For more information regarding how art therapy can address symptoms of ASDs and co-occurring symptoms see [<https://www.arttherapyandneurodiversity.com/why-art-therapy.html>] as well as Appendix 3: How and Why Art Therapy Helps Individuals with ASD]

(source: American Art Therapy Association, 2019)

**15. Identify typical referral patterns to and from members of this occupational group. What are the most common reasons for referral?**

Depending on the professional art therapist's practice or agency, their referral process may differ; however, the overall practice is the same as any other mental health practitioner working in Nebraska. The procedure can be as simple as an individual making an appointment with the professional art therapist on their own, a medical or mental health practitioner referring an individual to an art therapist colleague working in the same hospital or clinic, or another provider sending a referral form to/calling the agency where the professional art therapist works. The American Art Therapy Association provides a free *Art Therapist Locator* map on its website for users to search both national and international listings of art therapists within their database - a common referral tool among clients.

There are a variety of situations where an art therapy referral may be recommended; however, the most common reasons for a referral are to address mental health and or substance abuse issues. Clients or client's parents often refer themselves to art therapists after trying more traditional mental health or alternative approaches that have proven to be ineffective. For example, traditional verbal therapy may not be working with the client; therefore, they are referred to art therapy by colleagues. Various providers that refer to professional art therapists include the following: psychiatrist, psychologist, therapist, teacher, physician, or practitioner. Many times, people find the combination of traditional counseling and art therapy effective in processing problems.

It is also the responsibility of an art therapist to refer to other practitioners. Pursuant to paragraph 1.1.6 of the ATCB's *Code of Ethics, Conduct, and Disciplinary Procedures* (2018), to not engage in any practices or procedures that are "beyond their scope of practice, experience, training, and education." Also, they are obligated, under paragraphs 1.1.5 and 1.1.7, to maintain a therapeutic relationship with a client only so long as they believe the client is benefiting from the relationship and, if they are unable to continue providing professional care, to assist the client in making reasonable alternative arrangements for continuation of needed services. [Please find additional codes in Appendix 4: ATCB Code of Ethics, Conduct, and Disciplinary Procedures.]

Licensure would help to alert the public to the potential benefits of art therapy, identify persons qualified to practice professional art therapy, and help clients and their families avoid unnecessary delays and costs of first obtaining referrals or undergoing ineffective treatments before seeking help from licensed art therapists.

**16. Is a prescription or order from a practitioner of another health occupation necessary in order for services to be provided?**

No. Art therapy is a mental health and behavioral health service that is administered through verbal and nonverbal arts-based communication and does not involve the use of prescription medications or devices except where performed in cooperation and consultation with other practitioners who are qualified to make such prescriptions.

In states that provide separate art therapy licenses (Connecticut, Delaware, Kentucky, Maryland, Mississippi, New Jersey, New Mexico, and Oregon), and those that recognize art therapists holding related licenses (New York, Pennsylvania, Texas, Utah, and Wisconsin), art therapists make referrals to psychiatrists who prescribe medication.

### **17. How is continuing competence of credentialed practitioners evaluated?**

Continuing Education is monitored by the Art Therapy Credentials Board (ATCB), an independent organization from the American Art Therapy Association. Board Certified Art Therapists are required to complete 100 continuing education credits (CECs) within a five-year period. CECs must fall within seven different content areas that include the following: Psychological and Psychotherapeutic Theories and Practice, Art Therapy Assessment, Art Therapy Theory and Practice, Client Populations and Multicultural Competence, Art Therapy and Media, Professional Issues, and Ethics.

There are a variety of different activities that constitute an acceptable CEC. Art therapists fill out a CEC tracking form to be submitted to the Art Therapy Credentials Board. Furthermore, the ATCB must review each submission or activity, whether attended, taught, or produced, must fall into one of the following content areas, and recorded by that content area number on the CEC log. The ATCB monitors continued competency by random selection of approximately 10% of applicants for recertification each year for audits that require submission of documentation to verify continuing education credits and activities. The ATCB offers a CEC tracking log for art therapists to maintain a running tally of CECs earned and needed for recertification and for use if audited.

States that have established art therapy licensure, as well as states with pending art therapist licensing legislation, have comparable requirements to the ATCB. Licensure renewal typically requires licensees to complete a minimum of 20 credits of approved continued education per year, which is consistent with the ATCB's requirement of 100 CEC over ten years. Licensing boards in most states that regulate art therapy licensure require licensees to provide verification of their national certification from the ATCB, while other states complete random audits for continuing education.

#### **Program Eligibility:**

CECs will be accepted for all courses or events that fit in the ATCB Eligible Content Areas and that are presented or approved by any of the following art therapy, mental health, or behavioral sciences entities: state licensing authority, national professional organization, or national credentialing body for continuing education credit. Usually, pre-event advertising, registration materials, and conference attendance certificates for approved professional education will state such approval. Documentation collected should include descriptive programs or catalogs and verification of attendance. Programs provided by state art therapy associations that are chapter members of the American Art Therapy Association will be accepted for recertification if proper program documentation is provided to attendees (evidence of content matter covered, such as a descriptive program or catalog, and documentation of participation, such as a certificate of attendance).

In-services, grand rounds, or case presentations provided by an accredited or incorporated agency or institution on topics contained in the content areas are eligible if proper program documentation is provided (evidence of content matter covered, such as a descriptive agenda or program, and documentation of participation, such as verification of attendance). Training topics such as workplace safety, harassment, first aid, and infectious disease, are not eligible. Internet and distance education courses and online juried art exhibitions are eligible if they meet the foregoing program eligibility requirements. [For further information please see Appendix 7: ATCB Recertification Standards.]

### **18. What requirements must the practitioner meet before his or her credentials may be renewed?**

All Board-Certified Art Therapists (ATR-BCs) must recertify every five (5) years. The purpose of the recertification process is to ensure that any person board certified by the ATCB continues to meet standards for board certification, as demonstrated by the accrual of 100 qualifying continuing education credits during the five-year certification cycle or by re-taking and passing the Art Therapy Credentials Board Examination (ATCBE), which is updated annually. The fee for this examination is \$275. Board-certified art therapists who are also renewing the Art Therapy Certified Supervisor (ATCS) credential acquire 10 CECs specific to supervision to recertify for the BC.

The five-year Recertification requirement, an industry-standard time frame, ensures that ATR-BCs are current in maintaining the knowledge and skills necessary to demonstrate proficiency in the field in order to protect the public. Art therapists are required to pay an annual \$100 fee to maintain their national credentials, as well as attest to adhering to the ATCB *Code of Ethics, Conduct and Disciplinary Procedures*.

For specific details about the recertification process please see Appendix 7: ATCB Recertification Standards.

For information about maintenance requirements for each credential please see Appendix 8: Art Therapy Credentials Board Credentials at a Glance.

**19. Identify other jurisdictions (states, territories, possessions, or the District of Columbia) wherein this occupation is currently regulated by the government, and the scopes of practice typical for this occupation in these jurisdictions.**

States where art therapy is currently regulated by the government include:

**States Enacting Art Therapist Licenses:**

**Connecticut:** Clinical Licensed Art Therapist (CLAT) issued by the Connecticut State Department of Public Health.

**Delaware:** Licensed Professional Art Therapist (LPAT) and Licensed Associate Art Therapist (LAAT) issued by the Board of Mental Health and Chemical Dependency Professionals.

**Kentucky:** Professional Art Therapy License (LPAT) issued by the Kentucky Board of Licensure for Professional Art Therapists, which is attached to the Office of Occupations and Professions of the Kentucky Public Protection Cabinet.

**Maryland:** Professional Clinical Art Therapist License (LPCAT) issued by the State Board of Professional Counselors and Therapists.

**Mississippi:** Professional Art Therapy License (LPAT) issued by the Mississippi State Board of Health with a 3-member Professional Art Therapy Advisory Council.

**New Jersey:** Professional Art Therapy License (LPAT) issued by a five-member Art Therapy Advisory Committee under the State Board of Marriage and Family Therapy Examiners.

**New Mexico:** Professional Art Therapist License (LPAT) issued by the Counseling and Therapy Practice Board under the Boards and Commissions Division of the New Mexico Regulation & Licensing Department.

**Oregon:** Licensed Art Therapist (LAT) and Licensed Certified Art Therapist (LCAT) issued by the Health Licensing Office of the Oregon Health Authority.

**States Licensing Art Therapist under Related Licenses:**

**New York:** Creative Arts Therapist License (LCAT) issued by the Office of the Professions of the New York State Education Department.

**Pennsylvania:** Art therapy defined in regulation as a qualifying “closely related field” for the professional counseling license issued by the State Board of Social Work, Marriage and Family Therapists and Professional Counselors under the Pennsylvania State Secretary of State.

**Texas:** Professional Counselor with Specialization in Art Therapy License (LPC-AT) issued by the Texas State Board of Examiners of Professional Counselors.

**Utah:** Art therapists with clinical art therapy master’s degrees recognized by the Utah Division of Occupational and Professional Licensing as meeting the education requirements for the Associate Clinical Mental Health Counselor license.

**Wisconsin:** Registered Art Therapist with License to Practice Psychotherapy issued by the Wisconsin Department of Safety and Professional Services to qualifying art therapists with board certification by the Art Therapy Credentials Board (ATCB).

**States Recognizing Art Therapists for purposes of State Hiring or Title Protection:**

**Arizona:** State law authorizes the State Department of Health Services to contract for mental health and behavioral health services of Certified Art Therapists; defines Art Therapy for purposes of state law and provides title protection for credentialed art therapists.

**Louisiana:** State Department of Education regulations require licenses based on ATCB credentials to qualify for hiring as art therapists in public schools.

**New Hampshire:** Legislative act defines the practice of professional art therapy and provides practice and title protection for practitioners holding master’s or doctoral degrees in art therapy.

Unfortunately, none of the eight state statutes that have provided for separate art therapist licenses or title protection include a defined “scope of practice” for art therapists, primarily since the structure of existing statute sections that were being amended to add art therapist licenses did not include separately defined scope of practice for previous licenses. These statutes tend to rely on general definition of “art therapy” and “practice of art therapy” to explain the scope of practice of art therapy in the state. To date, only one state (Kentucky) has sought to expand on these definitions in implementing regulations. Below is a typical example of a more detailed statutory description of the profession. [For further examples see Appendix 5: Statutory Descriptions of the Profession of Art Therapy]

**Delaware** - Chapter 30, Title 24 of the Delaware Code, § 3060 (2017)

(1) “Art therapy” means a mental health discipline that integrates use of psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in, doing all of the following:

- a. Increasing awareness of self and others.
- b. Coping with symptoms, stress, and traumatic experiences.
- c. Enhancing cognitive abilities.
- d. Identifying and assessing clients’ needs in order to implement therapeutic interventions to meet developmental, behavioral, mental, and emotional needs.

(2) “Art therapy services” means all of the following services:

- a. Clinical appraisal and treatment activities during individual, couples, family, or group sessions which provide opportunities for expression through art therapy.
- b. Using the process and products of art creation to tap into clients’ inner conflicts, fears, and core issues.
- c. Employing diagnostic and assessment methods, consistent with training and experience, to determine treatment goals and implement therapeutic art interventions which meet developmental, cognitive, behavioral, and emotional needs.
- d. Employing art media, the creative process, and the resulting artwork to assist clients to do all of the following:

1. Reduce psychiatric symptoms of depression, anxiety, post-traumatic stress, and attachment disorders.
2. Enhance neurological, cognitive, and verbal abilities; develop social skills; aid sensory impairments; and move developmental capabilities forward in specific areas.
3. Cope with symptoms of stress, anxiety, traumatic experiences, and grief.
4. Explore feelings, gain insight into behaviors, and reconcile emotional conflicts.
5. Improve or restore functioning and a sense of personal well-being.
6. Increase coping skills, self-esteem, awareness of self, and empathy for others.
7. Improve healthy channeling of anger and guilt.
8. Improve school performance, family functioning, and parent/child relationships.

## ***Additional Questions an Applicant Group Must Answer about their Proposal***

### **1a) What is the problem created by not regulating the health professional group under review, or by not changing the scope of practice of the professional group under review?**

This 407 Credentialing and Review application seeks to address three related problems created by continued lack of regulation of professional art therapists:

1. The potential for harm to the public from untrained, inappropriate, and incompetent practice of art therapy.
2. The potential for fraud caused by increasing numbers of programs and practitioners offering training or treatments intended to appear like art therapy that add to public confusion about what art therapy involves and who is qualified to provide art therapy services.
3. The lack of a legal structure that allows for qualified art therapists to engage in regulated professional practice in Nebraska.

Art therapy recognizes the power of art and art-making to stimulate memories and reveal emotions. Art therapists understand the science of imagery and design and the therapeutic potentials of color, texture, and various art media and how these affect a wide range of potential clients and personalities. Art materials each possess performance qualities, or structure, that affect one's psychology, emotion, self-control and memory. Understanding how art interacts with a client's psychological disposition, and how to safely manage and interpret the reactions different art processes or materials may evoke, are competencies that are unique to art therapy training and that define art therapy as a distinct profession. The use of art as therapy thus carries risk of harm if applied beyond the professional training and competence of the practitioner.

Harm or potential for harm exists in art therapy when practitioners lack the specialized training to recognize mental health illness symptoms and features or "graphic indicators" in the process of art making that suggest that a client may be at risk of harming themselves or others. Art is a wonderful expressive tool and art therapists are trained to know how to respond appropriately to each client's artwork. Art therapists begin therapy with the assumption that specific art therapy techniques, interventions and/or materials might already be too powerful for specific individuals or client populations. They know how strategically to offer specific materials and tasks to moderate conditions and corresponding behavior. Their primary concern is moderation of art-reality, a competency that art therapists obtain through substantial experiential learning within a psychological framework that is particular to master's level art therapy programs.

Recent advancements in understanding the brain and its functions have increased public awareness of how the process of art-making can influence neural pathways and lead to improved physical and mental health. This has encouraged other licensed mental health practitioners to include art materials and art therapy methods within their practice without formal art therapy training and, often, with as little as continuing education courses or seminars in specific art therapy diagnostic tools. In Nebraska and other states without art therapy licenses, art therapists have had to seek licensure to practice as professional counselors or other licensed mental health professionals. This has helped perpetuate the inaccurate assumption of art therapy being only a

specialty or treatment option that can be used by other licensed mental health professionals rather than a distinct profession requiring highly specialized training.

Individuals using art therapy methods and art materials in their mental health practice without appropriate or adequate clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments the practitioner has not been clinically trained to diagnose or treat, improperly administering and interpreting art-based diagnostic tools, eliciting adverse responses from clients that they are not properly trained to interpret or safely treat, underestimating the severity of memories evoked through the creative process, and misunderstanding the significance of cultural factors in clients' art making. The potential for harm is magnified where a client has a vulnerable psychological predisposition.

Researchers have warned mental health practitioners for several decades about potential ethical implications of using art in therapy. Writing in the *Journal of Counseling & Development*, Lynn C. Hammond and Linda Gantt (1998) cited the likely lack of preparedness of non-art therapists for powerful reactions often evoked by art and art materials, and uncertainty about how to use artistic processes to bring such reactions under control, to stress that no mental health professional should provide therapy services beyond his or her scope of practice. The authors cautioned that “other therapists challenge ethical and legal boundaries when they attempt to make an interpretation to the client or make a generalization about the meaning of the art to others.” [see, “Using Art in Counseling: Ethical Considerations,” *Journal of Counseling & Development*, Volume 76, Issue 3 (Summer 1998), pages 271-276]

Despite these warnings, online listings by *Psychology Today* that identify therapists by different cities or regions include numerous licensed professionals who claim art therapy as a specialty or treatment approach without any indication of formal training or credentials. **A recent review of the “Art Therapy in Nebraska” webpage of the *Psychology Today* website found that 60 licensed practitioners in Nebraska were described as offering art therapy as a “treatment approach” in their practice. However, only six of the listed practitioners indicated they had master’s degree training in art therapy or national art therapist credentials.** [see, “Art Therapy in Nebraska” at <https://www.psychologytoday.com/us/therapists/art-therapy/nebraska> ]

The Virginia Board of Health Professions recently conducted a year-long study of the art therapy profession as part of a regulatory review process that closely approximates Nebraska’s Credentialing and Review (407) Program. Among the major findings in its final report the Board determined that “art therapy practices pose an inherent risk of harm to the patient. Individuals practicing art therapy without the proper skills, level (of) education, supervision and ethical standards pose a risk, especially to vulnerable patients who may have difficulty with verbal communication.” The report went on to explain, “Harm may be attributed to providers practicing art therapy without the necessary skill set, master’s degree education, and ethical standards necessary to obtain credentialing from the ATCB. **Untrained providers of art therapy can cause potential harm to their clients’ emotional wellbeing, as they do not understand how to assess, diagnose and treat patients utilizing art material.**” [See, Virginia Board of Health Professions, *Study into the Need to Regulate Art Therapists* (August 2018), at: [https://arttherapy.org/upload/VA\\_DHP\\_Final\\_Art\\_Therapy\\_Report\\_8-18.pdf](https://arttherapy.org/upload/VA_DHP_Final_Art_Therapy_Report_8-18.pdf)]

Growing public awareness and interest in art therapy also has encouraged an increasing number of university-based and online programs to provide certificate training, and even master's degrees, in areas that appear very much like art therapy. Using titles such as "Arts in Medicine," "Art for Healing," or "Artists in Healthcare" these claim to offer certification or "fully accredited" programs that are intended to appear as training in art therapy. However, the programs typically require minimal on-site coursework, and often only online self-instruction, that do not include anything approaching the graduate admission prerequisite requirements, extensive graduate coursework, clinical training, supervised practice, and national credentials required of professional art therapists. Some of these programs, as well as publishers, also have sought to represent adult coloring books as involving "art therapy." [A discussion of potential harm from untrained practice of art therapy and examples of organizations claiming to offer certificates and degrees designed to appear like art therapy is included in Appendix 10: *Is Licensure of Art Therapy need to protect public health and safety?* Also, recent examples of Nebraska-based organizations or programs misrepresenting services as art therapy is included in the response to question 9a.]

Unregulated programs and practitioners that purport to provide art-focused therapeutic training and services add to the public's misunderstanding of art therapy and the level of specialized education and clinical training required for safe, effective and ethical practice of art therapy. They create the potential of doing more harm to already fragile persons seeking what they believe to be clinical mental health services. Like licensed professionals offering art therapy without appropriate training, individuals offering services intended to appear like art therapy, but with little or no professional training, serve to confuse the public and limit the ability of persons who seek art therapy services to identify and make informed choices regarding competent practitioners.

The Virginia Board of Health Professions' report, noted above, acknowledged both the potential for public confusion and potential fraud resulting from unregulated practice of art therapy. In recommending licensure of art therapists, the report explained:

"The potential for fraud does exist in Virginia, as there are no existing laws or regulations regarding this profession. Virginia does not acknowledge the profession of art therapy, does not codify a scope of practice, nor does it provide any form of title protection for individuals practicing as art therapists. This lack of delineation between professions creates confusion for the public at large.

**Consumers are not able to determine actual credentialed art therapists with academic and clinical training who are safe to practice art therapy versus those that claim to be art therapists but have no training."**

Currently in Nebraska there is no definition of art therapy for purposes of state law, no defined scope of practice, no minimal qualifications to practice art therapy, and no restriction or penalty for falsely claiming to be an art therapist or having training in art therapy. Almost anyone can represent themselves to the public as an art therapist. This provides little legal basis to protect the public from misrepresentation or intentional fraud by persons falsely representing their training, treatments or services as art therapy.

Related to these problems is the fact that persons who are qualified and hold credentials as professional art therapists may no longer have a regulatory framework within which to practice as mental health professionals in Nebraska. Until recently, art therapists have been able to qualify for credentialing as Licensed Mental Health Practitioners with certification as professional counselors, the mental health profession with education and clinical practice requirements that most closely align with art therapy. Lacking distinct art therapist licenses in most states, many art therapy master's degree programs have been structured to provide dual training in both counseling and art therapy, allowing graduates to qualify for both state counseling licenses and national art therapist credentials.

During the 2018 legislative session the Nebraska legislature passed LB1034 which included revisions to Chapter 38 of the Revised Statutes of Nebraska to narrowly define an "approved educational program" for purposes of meeting the education requirement for credentialing as a Licensed Mental Health Practitioner as master's degree programs that have received specific program accreditation by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), The Council for Accreditation of Counseling and related Education Programs (CACREP), the Council on Rehabilitation Education (CORE), and the Council on Social Work Education (CSWE). The unique professional training required for competent practice of art therapy cannot be accommodated within the structural or curriculum requirements of any of these professional accreditation programs and has required the creation of separate national accreditation standards for art therapy master's degree programs under the Commission on Accreditation of Allied Health Education Programs (CAAHEP). In the growing number of states that have implemented CACREP-accredited or substantially equivalent counseling-specific program degree requirements for licensure, art therapists have found they no longer meet education requirements and are excluded from their last remaining mental health licensing option.

**2a) If the proposal is for the regulation of a health professional group not previously regulated, all feasible methods of regulation, including those methods listed below, and the impact of such methods on the public, must be considered. For each of the following evaluate the feasibility of applying it to the profession and the extent to which the regulatory method would protect the public.**

Inspection Requirements:

As noted in the response to question 12, art therapists work in a wide variety of medical, mental health, rehabilitative, educational, and correctional settings. Many are employed by state and local government agencies in community mental health centers, psychiatric facilities, substance abuse treatment centers, schools, juvenile detention centers, and prisons. Some work as part of interdisciplinary teams in public and private medical and psychiatric hospitals and clinics where art therapy informs and complements the work of other medical, mental health, and allied health professionals. Others work in rehabilitation facilities, crisis centers, senior residential facilities, nursing homes, domestic violence shelters, homeless shelters, and other community-based agencies and facilities.

The operations of most, if not all, of these institutions and facilities are already regulated and undergo periodic inspection by state or local government agencies. Requiring additional inspections for the work of an individual practitioner in these settings would be impractical and add little additional benefit in terms of protecting the public.

Inspection requirements might be applicable in the case of art therapists engaging in private practice and operating a private art therapy clinic. In general, art therapists do not employ dangerous equipment in working with clients. However, there are basic art tools, such as scissors and paint, clay, or glue, which may contain toxic chemicals that are potentially harmful if used improperly. Art therapy training emphasizes the importance of creating a safe environment where clients can feel secure and free to express their emotions and anxieties through the creative process. Art therapists learn the importance of securing art materials and tools and introducing them in therapy only at an appropriate time when they feel it is safe for individual clients.

Inspection requirements may help to reinforce the practices and ethical standards that all credentialed art therapists must already adhere to. However, they cannot address the broader problems relating to a practitioner's qualifications to practice art therapy, their competency in assessing and treating the needs of clients, or their responsibility to protect client's confidential information and artistic expressions. It also does little to address public confusion about art therapy caused by individuals representing themselves as art therapists with little or inadequate professional training.

#### Injunctive Relief:

Injunctive relief offers little added protection to the public in commanding or prohibiting specific actions by art therapists in the majority of settings described in the response to 1a) who are employed in institutions and facilities that are already subject to state or local regulation. It is often difficult to separate out the actions or performance of a single practitioner from the contributing actions of other practitioners and staff in these settings to sufficiently document to a court that damage or harm can be attributed to a single individual.

Injunctive relieve can be beneficial in protecting the public from art therapists who may have engaged in incompetent or unethical practice in their independent practice, as well as individuals falsely claiming to be art therapists or qualified to practice art therapy. However, obtaining a court order commanding or prohibiting specific actions by an art therapist or other individual requires some degree of public understanding or standards to describe what constitutes competent and ethical practice of art therapy and the actions and responsibilities that art therapists are obligated to perform, or are prohibited from performing, in relation to their clients or potential clients.

For practical purposes, this would require defined requirements in law or regulation relating to initial and continuing competence, a defined scope of practice describing the actions and responsibilities that constitute competent and safe practice, a recognized code of ethical conduct, or specific prohibitions in law or regulation that provide relevant grounds for petitioning a court to issue an order demanding an art therapist to stop engaging in actions that may cause or damage to another party. None of these currently exist in Nebraska law or regulation that are specific to the practice of art therapy.

#### Regulating the Business Enterprise Rather than Individual Providers:

Regulating practice of art therapy as a business would not be applicable to the majority of art therapists employed in health, mental health, social welfare, or other community settings where business operations and services are already subject to public oversight and regulation. Art therapists engaging in independent practice and advertising art therapy services to the public are, for legal purposes, engaging in a business enterprise, most of which would already be subject to public safety, employment, tax, accounting, advertising and other business standards and requirements applicable to all businesses. However, the core business of an art therapist's private

practice is dependent on the knowledge, skills, and competency that the therapist, and any associates supervised by the therapist, bring to the business and their ability to provide the services advertised and expected by clients. From this perspective, the regulation of an art therapist's core business, like that of any independent mental health practitioner, is inseparable from the need to regulate the individual practitioner in terms of providing the public with assurance of the practitioner's initial and continuing competence to practice art therapy and his or her ability to engage in safe and ethical practice.

#### Regulating or Modifying the Regulation of those who Supervise the Providers Under Review:

While imposing standards and requirements on individuals who supervise clinical training of art therapists is extremely important and should be part of any method of regulation for the profession, it will not, by itself, significantly enhance current protections for the public. As described in the response to question 11, supervised practice by art therapy master's graduates must comply with detailed standards for supervision required by the Art Therapy Credentials Board, Inc., to qualify for the Registered Art Therapist (ATR) credential. The standards include requirements for minimum hours of direct-client supervised practice, qualifying activities for acceptable supervised practice, acceptable settings for supervised practice, qualifications for persons providing supervision, and minimum hours of direct supervision. The ATCB's Code of Ethics, Practice and Disciplinary Procedures also includes specific duties and responsibilities that all art therapists providing supervision for students and graduates must adhere to.

State requirements that parallel or exceed the supervisory standards already required for supervised practice of art therapy by the ATCB would be helpful and would enhance both compliance with and enforcement of the standards. However, it would not address other important regulatory issues relating to art therapists' educational requirements, practice standards, ethical conduct, continuing education, or use of professional titles, nor would it help clarify public confusion and misunderstanding of what art therapy involves and allow consumers to readily identify persons qualified to provide art therapy services.

#### Registering the Providers Under Review:

The Nebraska Art Therapy Licensure Coalition does not view registration of art therapists as providing adequate protection for the public. Existing health-based professional registration programs in the state that we are familiar with generally involve more technical occupations or specialties, such as pharmacy technicians, that require bachelors or associate degrees and completion of certification programs or courses. In other instances, registration is provided for individuals enrolled in specific training programs or interns undergoing supervised training. As professionals with academic and clinical training and national credentialing standards that equal or exceed those of other master's level professions currently licensed in Nebraska as Independent Mental Health Providers, art therapists should be subject to comparable regulatory oversight as these related professions to assure adequate protection for the public.

In several states, including Colorado, art therapists are required to comply with state registration requirements that allow them to practice as unlicensed psychotherapists. Under these stand-alone programs, registration is generally voluntary, with no defined qualifications, scopes of practice, or practice standards or restrictions for persons registering as art therapists. Practically anyone may register and claim to practice as an art therapist. While these programs do provide procedures for consumers to file complaints against individual practitioners and initiate state investigations and disciplinary proceedings, any protective actions occur only after harm or fraud

has been committed. The registration process offers little to lessen the potential for harm to the public nor does it provide consumers with adequate information to make informed decisions as to the qualifications and capabilities of registered practitioners.

### Certifying the Providers Under Review by the State of Nebraska:

Establishing state standards for certifying individuals who are qualified to practice art therapy in Nebraska can be effective in addressing public concerns relating to initial and continuing competence of practitioners and allowing consumers to readily identify practitioners with appropriate training and expertise to practice art therapy. In our experience, however, certification alone is insufficient and needs to be combined with licensure to provide broader protection against harm in terms of regulating the practice of art therapy, monitoring and enforcing practice and ethical standards, and assuring that unqualified individuals are not allowed to represent themselves as art therapists or permitted to practice art therapy in the state.

With most of the Nebraska's health-related professions we are aware of that require certification, it is typically combined with separate licensing requirements to indicate for consumers a practitioner's professional training, scope of practice, or specialization. In the field of mental health, for example, licensed Mental Health Practitioner also require certification as professional counselors, marriage and family therapists, or social workers. Licensed nurses also must obtain certification to practice as certified nurse midwives or certified nurse anesthetists to alert consumers to these additional areas of training and specialization.

Art therapists have academic training, clinical experience, and national credentialing standards that equal, and often exceed, those of other master's level professions currently licensed in Nebraska as Mental Health Practitioner. Their practice carries equal risk as other licensed mental health professions. They often work in close cooperation, as well as receive and provide client referrals, with other licensed mental health professionals. It follows that comparably trained art therapists should have equal standing under Nebraska law and comparable licensing and regulation as their colleagues in these professions.

### Licensing the Providers Under Review:

The Nebraska Art Therapy Licensure Coalition considers licensure of art therapists as Licensed Mental Health Practitioner, with certification as professional art therapists, as the most appropriate method of regulation to protect the public from both improper or negligent practice of art therapy and also practice by persons without appropriate professional training. With the exception of certification, all other regulatory options fail to adequately protect the public by placing the burden on consumers to locate and select practitioners who have appropriate education and clinical training to safely provide art therapy services. This requires the public to understand what art therapy entails, the professional training required to practice, the services that art therapists can provide within their scope of practice, and the duties and responsibilities of art therapists to their clients. For many potential clients this is an extremely difficult if not impossible task.

A program of licensure provides additional protections beyond setting entry requirements for professional practice of art therapy and identifying practitioners who are qualified to engage in professional practice. It provides mandatory quality standards for professional practice through regulation of business practices, advertising, use of titles, license renewal and continuing education, enforcement of professional standards, and investigation of consumer complaints. It

would assure the confidentiality of each client's artwork and artistic expressions which art therapists have an ethical obligation to protect, and persons without art therapy training and credentials are unlikely to understand or observe. Licensure also would exclude individuals from offering art therapy services who lack appropriate training and provides consumers with clearer distinctions between closely related professions, their scopes of practice, and the treatments and services each can provide. All of these actions are needed to protect Nebraska consumers and assure competent and safe practice of art therapy.

As noted previously, individual art therapists have qualified in the past for licensure in Nebraska as Mental Health Practitioners with professional counselor certification. Recent legislative changes that limit the qualifying accredited master's degree programs for licensure will likely remove this licensing option for most art therapists going forward. While licensing under counseling or other mental health licenses has provided art therapists with needed state sanction to gain employment, advertise their services to the public and, when possible, it has also contributed to the problems that now confront them in Nebraska. It has failed to protect the public by not allowing consumers to easily identify practitioners with appropriate training to practice art therapy. It has failed to provide art therapists with a distinct professional identity, with defined qualifications and scope of practice in state law that accurately reflect the specialized training required to practice art therapy. And it has contributed to false assumptions of art therapy being merely a specialty or treatment option that other licensed mental health practitioners can incorporate in their practice without appropriate clinical training.

**3a) What is the benefit to the public of regulating the health professional group under review or changing the scope of practice of the regulated health profession under review?**

Leaders in Nebraska are seeking solutions to critical shortages in the behavioral health workforce. The shortage is particularly acute in rural areas of the state. One in five adult Nebraskans struggle with severe and persistent mental illness, yet only 47 percent of these adults receive treatment or assistance. The University of Nebraska Medical Center documented the critical shortage of behavioral health providers in 2011, identifying 88 of Nebraska's 93 counties as behavioral health shortage areas, with 32 rural counties having no behavioral health providers of any kind.

Nebraska's behavioral health workforce has experienced positive growth since that time, with noteworthy increases among psychiatric nurses and psychiatric physician assistant. However, the number of mental health counselors has declined and persistent shortages of rural mental health providers still exist. Nebraska's behavioral health workforce is also aging, with half of the state's practitioner over age 50. Younger and more diverse providers are now in demand, especially those fluent in Spanish and other languages.

Licensure and regulation of art therapists offer a timely and cost-effective approach to help address current shortages of qualified mental health providers in the state and improve the public's access to mental health services. Licensure will increase the supply of qualified practitioners in Nebraska in several ways:

- It will provide incentives for graduates of Concordia University, Nebraska's undergraduate art therapy program to pursue additional training to remain in the state to obtain licenses and practice.
- It will encourage Nebraska residents who have gone to other states for art therapy master's training to return to practice.
- It will attract art therapists from neighboring states without licenses to relocate, obtain licensure, and practice in Nebraska.
- These art therapists will add to the number of licensed providers to address the state's growing need for mental health services, while helping to restrain increases in cost for these services that might otherwise result from continuing shortages of qualified practitioners.

Licensure of art therapists also benefits the public by expanding access and use of alternative approaches for assessing and treating cognitive, developmental, or emotional disabilities and conditions where more traditional forms of psychotherapy may have proven to be ineffective. Art therapy has the unique ability to unlock emotional expression by facilitating non-verbal communication. Art and art making are inherently perceptually and sensory based and involve the brain and the body in ways that verbal language does not. Art therapy provides an alternative means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating health conditions.

Art therapy has been shown to be particularly effective with children experiencing psychological conditions including anxiety, depression, trauma, abuse and neglect. Art therapy is often used in a variety of medical and clinical settings to address the physical and emotional needs of children through educational and healing art experiences that help to overcome fear, build trust, and allow children to see themselves as active partners in the healing process. Children often find non-verbal expression to be the only outlet to their intense feelings of fear, isolation, sadness, and loss. Children who are unable to find words to express their emotions or behaviors typically discover a freer world of expression through art therapy.

Art therapists working with veterans and service members who suffer traumatic brain injuries, post-traumatic stress and psychological health conditions offer another example of art therapy's unique ability to facilitate communication and healing that may elude more traditional forms of psychotherapy. Art therapists seek to empower their clients to express their experiences through a wide variety of art forms and materials that allow them to control the pace and process of their treatment and to gradually transform cognitions, emotions, and recollections of combat experiences. Art therapy avoids the stigma of traditional mental health counseling for many veterans and allows them to work through their trauma, anger or depression in a supportive and non-judgmental environment. Group sessions in which service members discuss their artwork serve to encourage verbal expression and build self-esteem as they witness and support each other's struggles and growth.

The U.S. Department of Defense has acknowledged these unique aspects of art therapy by making it a central part of an integrated multidisciplinary program to address the "invisible wounds" of returning veterans caused by traumatic brain injuries and associated psychological conditions resulting from battle and prolonged foreign deployment and to assist them in their

transition back to civilian society. The Creative Forces Military Healing Arts Network program was developed in cooperation with the National Endowment for the Arts at the National Intrepid Center of Excellence at the Walter Reed National Military Medical Center in Bethesda, Maryland. It has since been expanded to ten additional clinical sites on military bases and facilities across the nation. The Creative Forces approach also has been adopted as part of the Veterans Administration's Rural Veteran Telehealth Initiative which is developing integrated approaches for treating homebound veterans in remote rural areas.

Licensure of art therapist also will benefit individual members of the public who have sought to obtain art therapy services or will do so in the future. Currently, many persons receiving art therapy services are referred by psychiatrists, primary health providers and other mental health practitioners who recognize a patient's need for more specialized care. Recognition of clinical art therapists as licensed practitioners will allow more clients to obtain services directly from art therapists and avoid having to pay the additional costs of initial consultations and referrals charged by other licensed professionals.

Art therapists also are consulted by clients or client's families that have previously tried different treatments or therapies that have proven to be inappropriate or ineffective. Allowing consumers to identify and obtain services directly from licensed art therapists could reduce the delay in obtaining appropriate care, as well as unnecessary costs, for consumers who have had to experiment with ineffective treatments before learning about art therapy.

In addition, regulation by the state would prevent individuals without qualifying education and professional experience from misrepresenting themselves to the public as licensed or qualified to practice art therapy, allowing consumers to avoid the time and cost they might otherwise spend on treatments that are ineffective and potentially harmful.

Without licensure and certification art therapists, it will be increasingly difficult for graduates of the Concordia University, Nebraska art therapy undergraduate degree program to pursue graduate training and obtain licenses to practice in Nebraska. There will be fewer qualified and licensed practitioners to meet the state's urgent need for mental health services, less diversity and innovation in mental health practice, and no assurance that those in need of art therapy services will be able to receive them from appropriately trained and licensed professional art therapists.

**4a) What is the extent to which the proposed regulation or the proposed change in scope of practice might harm the public?**

As explained in the response to question 1a), there are serious risks of harm in the practice of art therapy, especially with clients who may have a vulnerable psychological predisposition. While it would be careless to indicate that no harm to the public will occur in the practice of art therapy by qualified and licensed art therapists, we anticipate that any harm will be minimal. This can be explained, in large part, by the characteristics of the art therapy profession, and also the strong Code of Ethics and Practice that all professional art therapists must agree to observe as a condition for obtaining an entry-level credential to practice.

Credentialed art therapists are highly educated professionals who have dedicated their careers to using their love of art and their professional training in art therapy to help children and adults with cognitive, developmental, and behavioral problems and disabilities to find non-verbal ways to communicate emotions, anxieties, and pain through art and art-making. Many have spent years in clinical training under direct supervision by licensed mental health professionals, and many also have practiced as members of treatment teams, or in referrals and consultation, with licensed medical and mental health professionals.

All credentialed art therapists also take seriously their commitment to understand and comply with standards of ethics and conduct set forth in the art therapy profession's Code of Ethics, Conduct and Disciplinary Procedures. The Code was established by the Art Therapy Credentials Board (ATCB), and updated in 2016, under standards established by the National Council on Certifying Agencies. It sets forth detailed standards of competence and integrity in the practice of art therapy, standards of professional and business conduct, and art therapists' duties and responsibilities to clients and to their profession. The Code is enforced by the ATCB through a grievance process, panel review, disciplinary procedures, and appeal process established by the ATCB. [The ATCB *Code of Ethics, Conduct and Disciplinary Procedures* is included as Appendix 4: ATCB Code of Ethics, Conduct, and Disciplinary Procedures]

In addition, the American Art Therapy Association (AATA) has established ethical standards for the practice of art therapy that all AATA members are required to adhere to. The *AATA Ethical Principles for Art Therapists* defines and establishes principles of ethical behavior and conduct that apply to art therapists' professional activities across a wide variety of settings and contexts, including direct client contacts in individual or group settings and consultations by telephone, internet, and other electronic transmissions. While compliance with the Ethics Principles is self-regulating, the AATA Ethics Committee is charged with educating members about the ethical standards and their obligation to observe them. [The *AATA Ethical Principles for Art Therapists* is included as Appendix 9: American Art Therapy Association Ethical Principles for Art Therapists.]

The Nebraska Art Therapy Licensure Coalition is proposing that art therapists be credentialed as Licensed Independent Mental Health Practitioners under the Board of Mental Health Practice and regulated under rules promulgated and enforced by the Division of Public Health of the Nebraska Department of Health and Human Services. Credentialed art therapists would be subject, under section 38-2138 of the Mental Health Practice Act, to a code of ethics adopted by the Board that would strengthen and reinforce the ethical standards of the ATCB Code of Ethics and Conduct and further assure adequate protection of the public.

In the few instances where a licensed art therapist might engage in incompetent or unethical conduct, or fail to perform competently due to physical disability or substance use, they would be subject to disciplinary review by the Department of Public Health for unprofessional conduct, as defined in current law in section 38-178 and 38-182 of the Mental Health Practice Act, and subject to disciplinary actions in accordance with section 38-185 and 38-186 of the Uniform Credentialing Act.

**5a) What standards exist or are proposed to ensure that a practitioner of the health professional group under review would maintain competency?**

Under current Art Therapy Credentials Board standards for renewing art therapist board certification (ATR-BC), art therapists must comply with a renewal process that requires completion of 100 hours of approved continuing education during a five-year recertification cycle, or the equivalent of 20 credit hours of approved continuing education each year. A minimum of 6 credit hours must be completed in the area of mental health practice ethics during the cycle. Art therapists with expiring credentials also have the option of re-taking and passing the Art Therapy Credentials Board Examination, which is updated annually.

ATCB's continuing education standards recognize a variety of continuing education activities, eligible mental health content areas, and qualified providers of continuing education that are clearly explained in the recertification standards that ATCB provides to certified art therapists at the beginning of their recertification year. ATCB will audit compliance with continuing education requirements for at least 10 percent of art therapists undergoing recertification and provides for online documentation of continuing education compliance that can be reviewed, if requested, for compliance with state licensing requirements. Failure to complete continuing education requirements is considered grounds for disciplinary action under ATCB's Code of Ethics, Conduct and Disciplinary Procedures and can result in denial or withdrawal of certification.

In advocating for state licensure, art therapists have proposed requirements for both initial licensure and license renewal that parallel those in existing law for comparable master's level mental health professions licensed by the same state licensing board or agency that would administer the art therapist license. In most cases, this has resulted in state requirements that license holders renew licenses every two years with documentation that they have completed at least 20 hours of approved continuing education during the two-year period. This closely approximates the ATCB requirements for renewal of art therapist certification and state agencies have sought to model rules governing continuing education on the ATCB standards.

In requesting credentialing of art therapists as Licensed Mental Health Practitioners under the Board of Mental Health Practice, the Nebraska Art Therapy Licensure Coalition proposes that art therapists meet comparable continuing education requirements for license renewal as required for all persons currently licensed as mental health practitioners, as described in section 94-014 of the Board's regulations (172 NAC 94-014). This would require credentialed art therapist to complete 32 hours of approved continuing education during the two-year term of the license, with at least two hours of credit involving ethics in mental health practice. We consider this more than adequate to assure that art therapists maintain the knowledge and skills necessary for competent practice and incorporate new techniques based on advances in the field to assure comprehensive services to the public. However, we urge that standards adopted by the Board for completion of continuing education by art therapists reflect, to the extent feasible, the existing ATCB standards for continuing education to simplify compliance and verification of the two continuing education requirements. [For further information please see Appendix 7: ATCB Recertification Standards.]

**6a) What is the current and proposed role and availability of third-party reimbursement for the services provided by the health professional group under review?**

Since practice of art therapy is not currently regulated in Nebraska, art therapy services technically do not qualify for third-party reimbursement. However, individual art therapists currently receive third-party payments indirectly as employees or affiliated providers in broader programs of care in hospitals, clinics, or other facilities that qualify for third-party payments. Other art therapists receive reimbursement directly from state programs and insurance providers that authorize payment for services as licensed mental health practitioners.

Nationally, art therapists qualify for third-party reimbursement in a number of states. In Kentucky, Maryland and Mississippi, which have art therapy licenses, art therapists are qualified under state programs for Medicaid reimbursement. In Maryland, art therapists also qualify for reimbursement from private insurers. In Pennsylvania, Texas and Utah, which license art therapists as professional counselors or mental health counselors, art therapists receive state program and private insurance reimbursement on the same basis other professionals holding these licenses. The New York legislature recently passed legislation that would make services provided by licensed mental health practitioners, including art therapists holding Creative Arts Therapist licenses, eligible for reimbursement under the Medicaid program as well as private insurers. Bills to authorize private insurance reimbursement for art therapy services also were considered during the recent legislative sessions in New Mexico and Delaware.

In at least 14 states, professional art therapists also receive third-party reimbursement under a variety of targeted state Medicaid waiver programs, including:

- California: Pediatric Palliative Care Waiver programs for children and adolescents with life-limiting illnesses and medical conditions
- Colorado: Home and Community Based Services Waiver for children with life-limiting Illness
- District of Columbia: Home and Community Based Services for people with intellectual and developmental disabilities
- Florida: Managed Medical Assistance Plan; also, the Pediatric Palliative Care program
- Kentucky: Home and Community Based Services Waiver
- Louisiana: The Children's Choice Waiver for individuals (aged 0-18) with developmental disabilities who live at home or in foster families
- Maryland: Home and Community Based Services Waiver
- Michigan: The Michigan Children's Waiver for children under age 18 with developmental disabilities; also, the Waiver for children with Serious Emotional Disturbance
- Minnesota: Community Access for Disabilities Inclusion Waiver
- New Mexico: Developmental Disabilities Waiver
- New York: Home and Community Based Services Waiver
- North Dakota: Children's Hospice Medicaid Waiver
- Texas: The Youth Empowerment Services Waiver
- Vermont: Pediatric Palliative Care Medicaid Waiver for children and adolescents with life-limiting illnesses and medical conditions

The Nebraska Art Therapy Licensure Coalition's primary purpose in requesting regulation of art therapists is to address the problems of potential harm to Nebraskans from untrained, inappropriate, and incompetent practice of art therapy, and the potential for fraud by programs and practitioners falsely representing themselves as qualified to provide art therapy services. We are not proposing at this time that credentialed art therapists also be authorized to receive reimbursement for services directly from state programs or private insurers. As noted above, the majority of Nebraska art therapists currently receive reimbursement indirectly through their employment or affiliation with health and mental health facilities that qualify for third-party reimbursement, or through reimbursement of services as licensed mental health practitioners.

We believe that licensure and regulation will increase public awareness of the availability and benefits of art therapy and increase demand for art therapy services by qualified practitioners. It will also increase the number of Nebraskans seeking training as art therapists, as well as the number of trained art therapists who will seek licensure and certification to practice in the state.

However, we are concerned that art therapy services be accessible to many lower-income individuals and families in all parts of Nebraska who currently are not able to afford them. Since licensure by the state is generally a requirement to qualify as providers of services under both Medicaid and private insurance programs, we view credentialing and regulation of art therapists as a necessary first step in a longer process of building public awareness of art therapy and ultimately expanding services to the state's most vulnerable people at lower cost through state programs and private insurance.

**7a) What is the experience of other jurisdictions in regulating the practitioners affected by the proposal? Identify appropriate statistics on complaints, describing actions taken, etc., by jurisdictions where the profession is regulated.**

The recent experience in a growing number of states has been to provide for separate licensure of art therapists under combined mental health licensing boards or state Departments of Health. Prior to 2014 four states had enacted separate professional art therapist licenses (Kentucky, Maryland, Mississippi, New Mexico), and four states had approved licensing of art therapists under related licenses (New York, Pennsylvania, Texas, Wisconsin). In the majority of other states, art therapists had been able to qualify for licenses to practice as professional counselors or marriage and family therapists.

Beginning in 2015, a number of factors have prompted greater numbers of art therapists to seek separate licenses in additional states: growing public understanding of the benefits of art therapy and demand for art therapy services, sufficient numbers of qualified art therapists to support licensure in additional states, and a national campaign by the counseling profession to restrict qualification for professional counseling licenses only to applicants holding CACREP-accredited counseling program degrees. This has expanded state regulation of art therapists to a greater number of states, including:

- Legislation enacted in 2016 by the New Jersey General Assembly providing for separate licensure of professional art therapists under the State Board of Marriage and Family Therapy Examiners.
- Enactment in 2017 of new professional art therapist licenses by state legislatures in Oregon and Delaware.
- Art therapists' involvement in a 2017 legislative sunrise review process in Arizona led to enactment of legislation providing for hiring art therapists by state mental health and behavioral health agencies and title protection for credentialed art therapists.
- State regulatory reviews conducted during 2017-2018 recommending licensure of art therapists in Virginia and Connecticut.
- Enactment of 2018 legislation in New Hampshire legislature providing both practice and title protections for credentialed art therapists.
- Enactment during the 2019 legislative session in Connecticut of an art therapist license under the Department of Public Health.

In addition, art therapist licensing bills remain under consideration in the extended state legislative sessions in Massachusetts and Pennsylvania, and in the Council of the District of Columbia. A total of thirteen states currently provide for licensure of art therapists with separate art therapist licenses or under related creative arts, professional counseling, or psychotherapy licenses. Three additional states have enacted legislation or administrative regulations recognizing art therapists for purposes of state hiring and/or title protection. A summary of the states providing for regulation of art therapists is included in [Appendix 6: State Regulation of Art Therapists.]

The current state regulatory structures in most states do not lend themselves to easily identifying and documenting serious complaints or disciplinary actions against licensed art therapists. In the absence of separate art therapy licenses in the majority of states, art therapists have, of necessity, sought licensure in closely related mental health fields, particularly as mental health counselors. Disciplinary actions and complaints are generally not identified by the licensees' background training or specialty and, thus, are indistinguishable from all others holding the same license. Moreover, many states only disclose the details of disciplinary actions upon request where the names or case numbers of licensees are already known.

This situation exists in five of the eight states that have provided for licensure of art therapists for sufficient years to compile records or statistics on complaints and disciplinary actions. In four of these states (Mississippi, New Mexico, New York, and Pennsylvania) where state agencies or licensing boards either administer multiple licenses, a combined creative arts therapist license, or license art therapists as counselors, disciplinary actions are not identified by type of license or by licensee's training or specialization. The Wisconsin Department of Safety and Professional Services only discloses information about disciplinary actions upon request by the name of the license holder.

There are three remaining states, however, in which the license type or specialization of licensees subject to disciplinary actions are identified. In Maryland, the State Board of Professional Counselors and Therapists posts on its website the names and license types of licenses for disciplinary actions that result in orders against licensees. Of the 112 actions noted, none have involved an individual holding a Professional Clinical Art Therapist license. In Texas, where art therapists have been licensed since 2001 as professional counselors with art therapy

specialization (LPC-AT), the State Board of Examiners of Professional Counselors identifies 294 disciplinary actions brought against licensees between 2001 and early 2019, none involving an individual with an LPC-AT license. In Kentucky, the only state with a separate licensing board to administer its Licensed Professional Art Therapist license, the Board of Licensure of Professional Art Therapists discloses records of enforcement actions only by name and written request. However, the board does identify all complaints and resulting actions as they are received or considered in meeting minutes. AATA reviewed the minutes for 46 meetings of the board since its formation in 2009 through the end of 2018 and found only one 2012 meeting where a formal complaint was registered against a licensed art therapist. The board reviewed this complaint and voted to dismiss it. Five additional meetings included complaints against unlicensed practice of art therapy either by art therapists who had not applied for licenses, or individuals claiming to be art therapists without appropriate training to qualify for licenses.

Until recently, the Art Therapy Credentials Board also has provided limited data on complaints and disciplinary actions involving credentialed art therapists for violations of ethical or professional standards under the ATCB Code of Ethics, Conduct and Disciplinary Procedures. An earlier report identifying disciplinary actions was made available by the ATCB in response to a 2015 regulatory sunrise review questionnaire in Vermont. At that time, ATCB reported it had conducted 17 investigations of complaints of unethical or unprofessional conduct by art therapists in all states between 2009 and 2014, with only two of the investigations resulting in disciplinary actions. A second report on ethics complaints and disciplinary actions was released by ATCB in August covering the period from early 2015 to mid-2019. This report indicates that ATCB investigated 30 complaints against credentialed art therapists during this 54-month period, resulting in favorable findings for the art therapists in 29 cases, with one complaint listed as “not actionable or pending.” The complaints represent less than one-half of one percent of the 6,964 persons currently holding art therapy credentials.

The limited number of disciplinary actions for ethical violations reported by ATCB over the past ten years, together with the absence of disciplinary actions against licensed art therapists in the above three states where data is available, serve to substantiate the statement in the above response to question 4a) that our Coalition anticipates minimal harm to the public resulting from proposed licensure and regulation of art therapists in Nebraska. It also serves to substantiate our response to question 1a) that the primary problems addressed by this 407 Review application involve potential harm to the public by persons lacking appropriate training and clinical experience to provide art therapy art therapy, as well as continued inability among Nebraska consumers to identify and make informed choices about practitioners who are competent to practice art therapy.

**8a) What are the expected costs of regulating the health professional group under review, including the impact of registration, certification, or licensure on the costs of services to the public? What are the expected costs to the state and to the general public of implementing the proposed legislation?**

Since many art therapists are employed by state agencies, hospitals, community mental health centers, private clinics, school districts, and correctional facilities, the proposed regulation is likely to have minimal effect on the cost of services they provide, except where state law or company policy may require a higher hourly rate or salary for licensed professionals. Art therapists with clinical training that seek to engage in independent practice will likely need to increase charges for services to cover their additional business expenses.

The Nebraska Art Therapy Licensure Coalition believes the overall cost of art therapy services to the public is unlikely to change significantly with the proposed licensing and regulation of art therapists. In fact, as referenced in our response to question 3a), we believe that the cost of art therapy services to the public may actually be reduced in response to important changes in the market for mental health services and the delivery and payment of art therapy services that could result from regulation, including:

- With regulation and increased public awareness of the availability and benefits of art therapy, art therapy services could be obtained directly from qualified art therapists without clients having to pay the additional costs of initial consultations and referrals charged by physicians, psychologists, clinical social workers, or other licensed professionals.
- Art therapists often are consulted by clients, or by client's families, who have tried different treatments or therapies that have proven inappropriate or ineffective. Public recognition and increased awareness of art therapy services could reduce unnecessary costs paid by clients to experiment with ineffective treatments before learning of art therapy, or finding a qualified art therapist.
- State programs serving lower income individuals and families in the state typically require participating practitioners to be licensed. Proposed licensing and regulation of art therapists will provide a first necessary step in expanding services to the state's most vulnerable persons at lower cost through state programs and private insurance.
- Regulation would prohibit individuals without required professional training and experience from practicing art therapy or claiming expertise in art therapy, thus preventing unnecessary expenditures by clients on treatments that are ineffective and potentially harmful.
- Regulation would increase the number of trained professionals who are qualified to address the growing public need for mental health services, helping to restrain increases in service costs that might otherwise result from continued shortage of qualified professionals.

It is also possible that regulation will result in lower costs to the public by reducing the cost and burdens on art therapists seeking to qualify to practice in Nebraska. Currently, a number of art therapists have obtained credentials as Licensed Mental Health Practitioners with professional counselor certification. They typically have been required, in addition to their own master's degree training, to complete additional coursework in the areas of professional counselor identity (e.g., history of the counseling profession, advocacy on behalf of the profession, and

professional credentialing process, etc.) and counseling ethics to meet education requirements for licensure despite having substantially equivalent training that is more specific to art therapy.

Licensing art therapists can reduce both the time and cost for obtaining licenses to practice in the state. It would allow art therapists to pursue professional training with greater focus, and it would remove the obstacles of additional training and cost that may deter art therapists in other states from seeking licenses to practice in Nebraska.

The Coalition also believes that licensure and certification of art therapists under the Board of Mental Health Practice will not require additional costs to the Board or to the State that would not be covered either initially by payment of credentialing fees by art therapists or in subsequent years by payments of fees for new credentials and credential renewals. The legislation we are proposing includes a number of measures that we think should help minimize added administrative costs to the Board and the Department, including:

- Adding only one art therapist as a professional member to the Board that would require Board expenditures for meeting per diem payments and expense reimbursements;
- Proposing that the Board create a three-member art therapist advisory committee, to be chaired by the art therapist member of the Board, to advise the Board and the Department on an interim basis in developing initial rules and procedures to implement a credentialing and regulatory program for art therapists and to assist in reviews of initial applications by art therapists seeking licensure and certification.

The art therapy profession's recent experience with volunteer advisory committees that have assisted licensing boards and administrative agencies in implementing art therapist licensing programs in Delaware, Oregon, and Connecticut indicates that much of the work of submitting, reviewing, and commenting on rule proposals and reviewing applicant credentials can be done remotely with computers, telephones, and online meetings without the costs required for physical meetings and travel cost reimbursement.

The absence of an art therapist license makes it difficult to track the numbers of professional art therapists currently in Nebraska who will likely apply for licensure and certification and pay associated fees during the initial years following implementation of a credentialing program. According to combined data provided by the Art Therapy Credential Board, Inc. (ATCB) and the American Art Therapy Association (AATA) there are 23 art therapists living in Nebraska with active art therapist credentials and/or national association membership. We are aware of several additional credentialed art therapists who are not included on these lists, as well as at least five art therapists who reside in neighboring states who currently practice in Nebraska.

We do not have specific data on the number of art therapy program graduates currently engaging in supervised practice in Nebraska and in other states, nor the number of Nebraskans now enrolled in art therapy master's degree programs in other states, who will likely return to practice in the state should an art therapist credential become available. We are aware of at least ten art therapy program graduates now engaging in supervised practice in the state or other states. We understand that the art therapy program at Concordia University, Nebraska has averaged 3 to

5 graduates in recent years with undergraduate degrees in art therapy, with at least half seeking graduate training at master's degree programs in other states. We are also aware of some twenty-eight other private and public colleges and universities across Nebraska that, while they may not have a specific art therapy major or track like Concordia, offer courses in psychology and studio art that meet the prerequisite requirements to qualify for admission to approved master's degree programs in art therapy. We can assume that there are also a number of these graduates who are now enrolled in art therapy master's programs or are currently engaged in supervised practice in other states to qualify for art therapist credentials and state licensure.

Based on these data and assumptions, the Coalition estimates that between 50 to 60 persons will likely apply for licenses and/or art therapist certification during the initial two to three years following enactment and implementation of the credentialing program. This includes art therapists currently practicing in the state, Nebraskans who are enrolled in art therapy programs or engaged in supervised practice in other states, and art therapists in neighboring states without art therapy licenses who will be encouraged to relocate to the state to obtain licensure.

We are unable to project the amount of the fee income that credentialing this number of art therapists might provide to offset potential costs to the Board and the Department during each of the initial years of a credentialing program. Since the amounts of the various fees for credentialing a profession must be determined by the Department based on broader base costs for the Department and shared costs of credentialing other professions by the Board, we cannot project the fees that art therapists will need to pay. We also know that almost half the art therapists who will likely qualify for credentials, either by examination or endorsement, during the initial year of a credentialing program will already hold LMHP credentials as professional counselors and will only need to pay fees required for art therapist certification. In addition, we cannot project the number of Nebraskans outside the state who will apply and pay fees for full licensure and certification or only provisional licenses to engage in supervised practice.

Given these limited numbers of potential applicants, together with the fact a number of applicants will already hold credentials as Licensed Mental Health Practitioners, the Coalition believes that the additional costs of credentialing art therapists will be minimal and that credentialing and regulation can be accomplished by the Board and the Department with existing resources and without addition of Department staff. Should the Board or Department incur costs during the initial phase of the credentialing program that are not covered by applicant fee payments, we are confident that these costs will be more than offset by fees paid by art therapists for new credentials and credential renewals during the following year and will provide increasing net fee revenue to the Board and the State over subsequent years.

**9a) Is there any additional information that would be useful to the technical committee members in their review of the proposal?**

Public Confusion in Nebraska

Nebraska art therapists have been serving diverse constituencies in health, mental health, and human services facilities and organizations across the state for many years. Many art therapists now practice under the omnibus Mental Health Practitioner license which makes it difficult for potential clients to identify qualified art therapy practitioners and provides no enforceable professional standards specific to art therapy to protect the public. It has also contributed to growing public confusion about what art therapy is and the specialized training required for its practice.

Part of the public's confusion about art therapy can be attributed to important Nebraska institutions that routinely associate art with health and medicine in describing their services, or incorrectly use the term "art therapy" to describe a variety of rehabilitation or recreation activities by persons without art therapy training. For example:

- Not only can untrained individuals cause psychological and emotional harm to consumers, they can cause physical harm as well. Licensed art therapists have been trained to use a variety of potentially dangerous visual art materials within their practice. Through their education and supervision, they know appropriate materials to give certain populations. When clients use visual art materials in therapy, their safety is the responsibility of the therapist--similar to our art educators. Therefore, sharp objects such as scissors, knives, linoleum cutters, saws, glass pieces and blades must be handled with an understanding of the required safety precautions. The same goes for various chemicals and materials with sensitive textures. The fumes and particles that are released when using common mediums in art therapy such as glues, adhesives, clay, glazes, latex gloves, and heating tools should be administered by a professional who has the education and experience necessary to know what materials are both developmentally and therapeutically appropriate for certain populations within particular environments.
- A licensed independent mental health practitioner on the outpatient behavioral health therapy team of a counseling agency states she uses "art therapy techniques" even though she does not have professional training in art therapy.
- Two locations in Omaha advertise they provide outpatient behavioral health therapy that involves "an array of approaches and proven practices which include...art therapy." The center employs a licensed mental health practitioner who claims to employ "art therapy techniques whenever possible" even though she has not had professional training in art therapy.
- An increasingly high-profile therapeutic group practice in Omaha, advertises their "unique and specialized expertise in treatment methods such as Expressive Arts Therapy" and their belief that the process of healing "can be intensified through immersion of the self in art and nature." Professional staff are all licensed social workers, none of which have professional training in art therapy and only one holds a certificate as an expressive art therapist.

- A private practice agency in Omaha explicitly advertises they offer “art therapy” services on their website though they do not have a professional art therapist on staff.
- A private psychiatric care agency in Omaha, advertises “counseling by professionals who truly care about your well-being, including art therapy and group therapy,” though they have no professional art therapists on their staff.
- Several local hospitals have offered programming through a popular non-profit which offers art classes taught by volunteers and artists in residence. Members of the public have often referred to this in the past as “art therapy”.
- A program for hospitalized children that focuses on child-focused “art experiences” that brings volunteer professional artists together with hospitalized children in “art experiences” that allow children to explore a variety of art forms and provide a process “to insure not only healing of their bodies, but also their developing minds.”

Additional Examples of Potential Harm/Confusion Include:

- Not only can untrained individuals cause psychological and emotional harm to consumers, they can cause physical harm as well. Licensed art therapists have been trained to use a variety of **potentially dangerous visual art materials** within their practice. Through their education and supervision, they know appropriate materials to give certain populations. When clients use visual art materials in therapy, their safety is the responsibility of the therapist--similar to our art educators. Therefore, sharp objects such as scissors, knives, linoleum cutters, saws, glass pieces and blades must be handled with an understanding of the required safety precautions. The same goes for various chemicals and materials with sensitive textures. The fumes and particles that are released when using common mediums in art therapy such as glues, adhesives, clay, glazes, latex gloves, and heating tools should be administered by a professional who has the education and experience necessary to know what materials are both developmentally and therapeutically appropriate for certain populations within particular environments.
- Once a client creates a piece of artwork it becomes part of their **confidential therapy file**, just as progress notes do. Without the proper education and training to know how to handle client artwork by abiding to the confidentiality ethics, untrained individuals may exploit client artwork causing harm. Displaying client artwork is not acceptable without client consent, though most non-art therapists do not realize this.

Public confusion about art therapy also derives from increasing numbers of licensed mental health professionals who claim art therapy as a specialty or treatment approach without having specialized training in art therapy. As noted in our response to question 1a), the *Psychology Today* website listing of art therapists in Nebraska identifies nearly 60 licensed mental health professionals who claim to offer art therapy as a “treatment approach” in their practice. We are aware of only six of the listed practitioners as having master’s degree training in art therapy and national art therapist credentials.

We are also seeing an increasing number of practitioners in the state offering expressive arts therapy. The term “expressive arts” refer to any combination of dance, writing, drawing, painting, ceramics, poetry, drama, music, or other forms of creative expression that is employed to help clients express feelings and enhance individual development, well-being, and self-esteem. Expressive art therapists claim to use many of the same techniques and address the same mental, developmental and behavioral disabilities and conditions as professional art therapists, but with far less professional training and limited specialized training in the therapeutic use of any specific art form. For example, the Expressive Arts Therapy Institute, an online provider of continuing education programs for mental health professionals, offers a certificate program in trauma-informed expressive art therapy with completion of only 36 hours of online courses. The Expressive Arts Florida Institute offers an Intermodal Expressive Arts Certificate “resulting in the development of a personal practice” upon completion of three intensive weekend seminars in Sarasota, Florida, and 20 hours of workshops completed in a student’s own community. In contrast, an art therapy student can spend a minimum of 80 to 90 hours over a 14-week semester to complete the class hours, assigned readings, and special assignments or projects required for a single 3-credit course as part of a 60-credit art therapy master’s degree program.

The Nebraska Art Therapy Licensure Coalition clearly encourages and celebrates the use of art in any of its varied forms to enhance peoples’ lives and well-being. However, the use of art in health, mental health, and social services settings should not be represented to the public, as in the examples described above, in ways that may unintentionally confuse art programs or activities with art therapy or that purposely seek to misrepresent therapeutic art activities as professional art therapy. This makes it more difficult for persons seeking art therapy services to identify qualified practitioners. It also undermines the stated purpose of the Mental Health Practice Act to assure that each consumers’ selection of mental health practitioners is based on sound criteria and that the activities of persons offering mental health services are appropriately regulated.

Licensure as mental health practitioners, with separate certification as art therapists, can address these problems and properly inform consumers by defining the scope of practice of art therapy for purposes of Nebraska law, by establishing minimum qualifications for licensed practice of art therapy, and by providing enforceable professional standards for competent practice of art therapy to hold all practitioners accountable to Nebraska consumers.

# Appendix 1



**ART THERAPY**  
CREDENTIALS BOARD, INC.

**ATCB**

**REGISTERED ART THERAPIST (ATR)  
2019 APPLICATION HANDBOOK**

**ATR post-education supervision Requirements Change:**

Effective August 1, 2019, applicants for both the ATR-Provisional and ATR credentials **who have completed a master's degree in a related mental health field and post-master's or post-doctoral coursework in art therapy** must completed a minimum of 1,500 post-education hours of direct client contact using art therapy and a minimum of 150 hours of supervision with a board certified art therapist (ATR-BC) supervisor. All post-education supervision hours must be completed with an ATR-BC supervisor. This change will apply to all ATR-P and ATR applicants who graduate (or complete their education requirements) on or after August 1, 2019.

Please visit [www.ATCB.org/New Applicants](http://www.ATCB.org/New_Applicants) for more information.

**This application is for individuals who:**

- are graduates of AATA-approved or CAAHEP-accredited art therapy education programs, or
- are graduates of art therapy education programs not approved by AATA or accredited by CAAHEP, or
- hold a master’s or higher degree in a related mental health field and who completed additional art therapy coursework, and
- meet the education requirements for the ATR.

**Applicants must meet the ATR requirements in place at the time of their date of graduation unless they apply for registration more than seven years after graduation, in which case they must meet the standards in place at the time of their application.**

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*The mission of the Art Therapy Credentials Board, Inc. (ATCB) is to protect the public by promoting the competent and ethical practice of art therapy through the credentialing of art therapy professionals.*

- I. A master's degree or higher from a program approved by AATA or accredited by CAAHEP at the time of graduation. If the program is no longer approved, the applicant is responsible for obtaining verification of past approval directly from AATA or CAAHEP, and submitting that verification along with the application, OR
- II. Applicants who do not hold a master's or higher degree from a program approved by AATA or accredited by CAAHEP at the time of graduation must meet the education requirements as outlined below.

All coursework must have earned credit from a college or university approved by a national or regional accrediting agency. An overall grade point average (GPA) of 3.0 or higher is required for all coursework counted towards the credential.

**Degree Requirement for application for the ATR:** A master's or higher degree with coursework in the following areas is recommended: human growth and development, theories of counseling/psychotherapy, psychopathology/abnormal psychology, psychological assessment, research, and field experience in a clinical setting. If an applicant does not have such a specific master's or higher degree, they must have still earned a master's degree or higher, and will still be responsible for collecting all of the listed mental health coursework and field experience prerequisites at the graduate level.

**Studio Art Content Requirements:**

- Eighteen semester credits (or 27 quarter credits) in studio based art courses.
- Studio art coursework can be at the graduate or undergraduate level.
- Applicants must have successfully completed coursework in a variety of two- and three-dimensional art media (which may include digital art) and processes.
- At least 12 credit hours must be completed prior to beginning the art therapy coursework. The remaining six hours may be completed after beginning the first art therapy course that will count toward this credential, but must be completed within a year of beginning graduate coursework in art therapy.
- Studio based courses taken within an art therapy program do not satisfy the prerequisite studio art courses.
- In lieu of academic based studio coursework, the ATCB will accept up to six credits from a portfolio demonstrating competency, provided the applicant obtains a letter from a full-time or pro rata faculty member who has current ATR-BC or ATCS status and who teaches in a program that is within a regionally or nationally accredited institution of higher education, and who has reviewed the portfolio and is willing to attest that the applicant has demonstrated such competency. Applicants may also use non-credit art instruction (see p 8).

**Mental Health Content Requirement:** A minimum of three graduate semester credits (or four quarter credits) in each of the following six areas. If the master's or higher degree did not include coursework in all required areas, up to two courses may have been completed independent of the graduate program, provided they earned graduate credit at a nationally or regionally accredited college or university. Official transcripts are required for all coursework applied to the ATR requirements. If content is covered in the context of an art therapy graduate program, this must be demonstrated through course descriptions or syllabi detailing course content.

- **Psychopathology/Abnormal Psychology:**\* Criteria of psychiatric diagnoses, biopsychosocial factors, and level of functioning; theories of psychopathology; ability to recognize indicators of functional and organic disorders in clients; basic knowledge of types of psychopharmacological medications.
- **Psychological Assessment:**\* Historical perspectives of assessment, basic concepts of standardized and nonstandardized testing and assessment, fundamentals of psychological testing, biopsychosocial assessment, statistical concepts including reliability and validity, strategies for selection of the assessment tools, and familiarity with a variety of specific instruments and procedures used in appraisal and evaluation.

\* *Course descriptions/syllabi must demonstrate coverage of DSM diagnostic criteria in use at the time the course was successfully completed.*

**Education Requirements - continued on the next page**

- **Human Growth and Development:** Human psychological development across the life span, theories of personality development, cultural and environmental influences. Familiarity with human behavior, including developmental crises, disability, exceptional behavior, and addictive behavior.
- **Counseling/Psychological Theories:** Historical development of counseling and psychological theories, understanding of systems perspective, application to case material, and interviewing and counseling skills.
- **Research:** Basic tenets of planning, conducting, and evaluating research and understanding research methodology, to include qualitative and quantitative designs. The importance of research in the psychotherapy professions, ethical, practical, and legal considerations, and the use of research to assess effectiveness of mental health services.
- **Field Experience:** Clinical field experience providing counseling/psychotherapeutic services under supervision and completed for graduate credit. This requirement can be waived if the applicant is a graduate of an art therapy graduate program and completed art therapy field experience meeting the ATR requirement.

**Art Therapy Core Content Requirement:** A minimum of 24 graduate semester credits (or 36 quarter credits) in art therapy core curriculum (not including credits earned for practicum/internship or studio art) that substantially cover the content in the nine areas listed below. These courses can be completed within a degree program or outside a degree program.

- **History of art therapy:** includes a study of art therapy history and events, the development of art therapy as a distinct therapeutic practice, and the contributions of major art therapy theorists and practitioners.
- **Theory of art therapy:** includes a study of psychotherapy theories relevant to art therapy.
- **Techniques of practice in art therapy:** includes a study of the application of art therapy theory, the use of art processes and materials in art therapy practice, and the establishment of therapeutic goals and intervention strategies.
- **Application of art therapy with people in different treatment settings:** includes a study of art therapy interventions including materials, theories and practices for the treatment of individuals in various treatment settings (e.g. inpatient, outpatient, partial treatment programs, and aftercare).
- **Art therapy assessment:** includes a study of a variety of art therapy assessment tools and methods, administration and documentation of art therapy assessment, and the formulation of treatment goals, objectives, and strategies related to assessment and evaluation.
- **Ethical and legal issues of art therapy practice:** includes a study of the ethical and legal issues of the art therapy profession, the ethical standards of the ATCB and the AATA, and the proper application of ethical and legal principles of art therapy practice.
- **Matters of cultural and social diversity bearing on the practice of art therapy:** includes a study of cultural diversity theory and competency models applied to an understanding of diversity of artistic language, symbolism, and meaning in artwork and art making across culture and within a diverse society.
- **Standards of good art therapy practice:** includes a study of art therapy professional organizations, credentialing and licensure, public policy, advocating for the profession, and client advocacy.
- **Group art therapy:** includes a study of the theory and practice of group art therapy, principles of group dynamics, therapeutic factors, member roles and behaviors, leadership styles and approaches, selection criteria, and the influence of art media on group process.

**Practicum/Internship Requirement:** These requirements must be completed within a structured art therapy practicum course for graduate credit. The practicum course must be taught, supervised or advised by a current ATR, ATR-BC and/or ATCS. On-site supervision must be provided by someone with a minimum of a master's degree in a mental health field and a current master's level mental health credential or license. A master's or higher degree in a mental health field must have been required to obtain that license or credential. A minimum of 700 hours of supervised art therapy practicum/internship, including a minimum of 350 hours of direct provision of art therapy services to individuals, groups, and/or families. The remaining hours may include supervision, case review, record keeping, preparation, staff meetings, and other administrative functions. Supervision hours must be overseen and documented as such: individual (1:1) supervision hours must be accrued at a ratio of one hour of supervision for every ten hours of practicum/internship and/or group (two or more supervisees per supervisor) supervision must be accrued at a ratio of one and one-half hours of supervision for every ten hours of practicum/internship. A minimum of 70 individual or 105 group supervision hours is required.

1. **Graduates of AATA-Approved or CAAHEP-accredited Programs** - A minimum of 1,000 post-education, direct client contact hours using art therapy. Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR. Post-education experience must start after the date the master's or higher degree was conferred and all educational requirements and prerequisites were completed and documented.  
**Supervision Requirement:** A minimum of 100 hours of supervision. For ATR applicants who graduated (or completed their education requirements) **on or after January 1, 2018**, at least 50 hours must be provided by a current ATR-BC or ATCS. For ATR applicants who graduated (or completed their education requirements) **prior to January 1, 2018**, at least 50 hours must be provided by a current ATR, ATR-BC, or ATCS. Additional hours may be supervised by an ATR, or a fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice. Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields are considered on a case-by-case basis.\*\* For a supervisor's license or credential to be accepted, a master's or higher degree in a mental health field must be required to obtain that license/credential. Licenses/credentials that do not require a master's degree are not accepted.
  
2. **Graduates of Art Therapy Programs not AATA-Approved or CAAHEP-accredited** - A minimum of 1,500 hours of direct client contact using art therapy. Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR. Post-education experience must start after the date the master's or higher degree was conferred and/or all educational requirements and prerequisites have been completed and documented. If a course is lacking in any area—i.e., studio art, prerequisites, or AT core curriculum—no credit is granted for any post-education experience. If additional coursework is completed to meet these requirements, post-education experience may then begin to accrue.  
**Supervision Requirement:** A minimum of 150 hours of supervision. For ATR applicants who graduated (or completed their education requirements) **on or after January 1, 2018**, at least 75 hours must be provided by a current ATR-BC or ATCS. For ATR applicants who graduated (or completed their education requirements) **prior to January 1, 2018**, at least 75 hours must be provided by a current ATR, ATR-BC, or ATCS. Additional hours may be supervised by an ATR, or a fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice. Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields are considered on a case-by-case basis.\*\* For a supervisor's license/credential to be accepted, a master's or higher degree in a mental health field must be required to obtain that license/credential. Licenses/credentials that do not require a master's degree are not accepted.
  
3. **Individuals with post-master's or post-doctoral coursework in art therapy** - A minimum of 2,000 hours of direct client contact using art therapy. Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR. Post-education experience must start after all educational requirements and prerequisites have been completed and documented. If a course is lacking in any area—i.e., studio art, prerequisites, or AT core curriculum—no credit is granted for any post-education experience. If additional coursework is completed to meet these requirements, post-education experience may then begin to accrue.  
**Supervision Requirement:** A minimum of 200 hours of supervision. For ATR applicants who graduated (or completed their education requirements) **on or after January 1, 2018**, at least 100 hours must be provided by a current ATR-BC or ATCS. For ATR applicants who graduated (or completed their education requirements) **prior to January 1, 2018**, at least 100 hours must be provided by a current ATR, ATR-BC, or ATCS. Additional hours may be supervised by an ATR or a master's or higher fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice. Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields are considered on a case-by-case basis.\*\* For a supervisor's license/credential to be accepted, a master's or higher degree in a mental health field must be required to obtain that license/credential. Licenses/credentials that do not require a master's degree are not accepted.

\*\* It is the applicant's responsibility to determine that each supervisor's license or credential is current, and in good standing throughout the length of supervision, and acceptable per the ATCB's requirements.

*Post-Education Supervised Art Therapy Experience Requirements - continues on the next page*

**Private Practice Hours** - Any applicants planning to use post-education art therapy experience in their own private practice must be a licensed/certified practitioner in another psychotherapeutic discipline. **ALL** post-education art therapy experience hours completed in an applicant's private practice **MUST** be supervised by a current ATR/ATR-BC/ATCS. Please note that certain states will not allow one to maintain a private practice without the proper credential; the applicant is responsible for being informed about and adhering to the requirements of relevant state licensure boards.

**Volunteer Experience:** ATCB accepts supervised direct client contact experience providing art therapy services as a volunteer, in lieu of paid employment. Please be aware that in order to qualify, volunteer art therapy experience hours must be accrued through an organization or agency that provides supervised mental health services.

## **Reference Requirements**

**Three positive references from professionals who are familiar with the applicant's work performance and art therapy skills.**

- At least one Reference Form must be completed by a current ATCB credential holder (ATR, ATR-BC and/or ATCS) who can support the applicant's competency for registration as an art therapist.
- Two additional Reference Forms may be completed by any of the following professionals who are familiar with the applicant's work performance and art therapy skills:
  - A current ATCB credential holder (ATR, ATR-BC and/or ATCS)
  - A supervisor who possesses a license or credential in a related mental health field
  - A mental health professional or educator who is not ATCB credentialed and who did not supervise the applicant
  - Supervisors completing the Verification of Post-education Experience Form may also submit a Reference Form

**Spouses or other close relatives may not complete references or verification forms on an applicant's behalf.**

## Completing the Application

- Applicants must create a new online profile at <http://myatcb.atcb.org/Account/Login>.
- Applications must be completed online through MyATCB, and official documentation must be submitted via postal mail to ATCB, 7 Terrace Way, Greensboro, NC 27403. **You must first apply online before mailing your official documentation.**
- The application fee is **\$125**. The application fee is nonrefundable and nontransferable. Submission of an application and fee does not guarantee the ATR will be granted.
- Applicants educated outside the United States must have a course-by-course and degree equivalency review completed at their own expense. The review must be conducted by either World Education Services ([www.wes.org](http://www.wes.org)) or Educational Credential Evaluators, Inc. ([www.ece.org](http://www.ece.org)) and forwarded directly to ATCB's national office. A review by WES or ECE does not guarantee approval for the ATR, as these organizations review only for U.S. equivalency and do not review according to ATR application requirements. Program and course descriptions must also be submitted by applicants educated outside the U.S. All application materials must be submitted in English and if these are not available in English, applicants must arrange to have an English translation provided at their own expense. Translations are accepted only from University Language Services ([www.universitylanguage.com](http://www.universitylanguage.com)) and must be forwarded directly to ATCB's office.
- All forms completed on your behalf must include original ink signatures and must be submitted via postal mail. Photocopied or facsimile signatures will not be accepted.
- Use the application checklist on page 16 to ensure that you have all necessary items before beginning the application process online.

## The Application Process

- Once you complete your application online <http://myatcb.atcb.org/Account/Login>, you must submit all official documentation via postal mail. **You must first apply online before mailing your official documentation.**
- Applications are reviewed in the order of receipt. Failure to complete all required items listed on page 16 will result in the need for additional reviews. Subsequent reviews can take up to eight weeks from document receipt.
- If additional information is needed for the review, the ATCB will contact you via postal mail or email with details regarding the documentation needed and deadline for submission. ATCB reserves the right to request clarifying information as needed.
- Following review of all application materials, results are sent via postal mail to the address you provided with your application. Be sure to update the ATCB National Office if your address changes. You may update your address online (through MyATCB, edit my profile). If your application is approved, you will receive an official approval packet via postal mail with your ATR certificate.
- The ATCB updates the "Find a Credentialed Art Therapist" search tool on our website continuously to provide the names, cities and states of credential holders. If you do not wish to be listed, please contact the ATCB National Office (or update your preference online through MyATCB, edit my profile). If you prefer to have your business city and state listed in the online search tool, indicate your business address as your preferred mailing address. Note that you will receive all ATCB correspondence at your preferred mailing address.
- If your application is denied after final review is completed, you are entitled to request an appeal of the review decision.
- Please review this document carefully as requirements differ based on where/when you completed your education.

Only those individuals who have applied and been approved for registration by the Art Therapy Credentials Board, Inc., are legally entitled to use the Registered Art Therapist (ATR) credential designation as evidence of their professional status. Fraudulent use of the ATR designation may subject the user to legal action. An invoice for the annual maintenance fee will be sent to you in May of each year, and payment is due by June 30th. Please note this on your calendar and if you have not received a bill by the middle of June, please contact the ATCB National Office as we may be having difficulty reaching you. The annual maintenance fee for the ATR credential is **\$100**. Compliance with the ATCB *Code of Ethics, Conduct, and Disciplinary Procedures* is also required to maintain the ATR.

In order to retain your credential, the maintenance fee must be paid annually. If the fee is not paid by the due date, a late fee of **\$30.00** will be applied. If the maintenance fee is not paid by October 1, your credential will be placed in lapsed status. An individual whose ATR credential is in lapsed status may not refer to herself or himself as an ATR.

If an individual's ATR credential is in lapsed status and s/he wishes to return to an active and current ATR status, this can be accomplished by paying all outstanding maintenance and late fees if the lapse is less than three years. If the lapse is for three or more years, the former ATR may reapply under current standards. If reapplying, the new application packet must include all required documentation as described in the ATR application. Former ATRs also have the option of remitting for consideration:

- 1) a letter requesting reinstatement of the ATR along with
- 2) a **\$400** reinstatement fee, and
- 3) a sealed letter from a current ATCB credential holder endorsing the former ATR's return to active status.
- 4) The letter requesting reinstatement must include either:
  - a) A statement of attestation that the former ATR has studied the current *ATCB Code of Ethics, Conduct, and Disciplinary Procedures*, has and will continue to abide by this *Code*, or
  - b) A statement regarding any *Code* violations, charges or disciplinary actions from a governmental authority, insurance carrier, professional organization, credentialing board, criminal charges, or placement on a governmental abuse registry. Copies of all related legal or other documents must be included with the statement in an envelope marked Ethics. In such cases, the former ATR attests that s/he understands that these issues must be reviewed and a determination made as specified in the *ATCB Code of Ethics, Conduct, and Disciplinary Procedures*.

## **Applying for Board Certification (ATR-BC)**

In order to take the Art Therapy Credentials Board Examination (ATCBE) to obtain Board Certification (ATR-BC), you must first hold the ATR credential and be in good standing with the ATCB. To obtain more information, visit the ATCB's website at [www.atcb.org](http://www.atcb.org) or contact the National Office via email, [atcbinfo@atcb.org](mailto:atcbinfo@atcb.org), or phone +1 877.213.ATCB (2822). The application for Board Certification must be completed online, [http://www.atcb.org/New\\_Applicants/Apply\\_ATR\\_BC](http://www.atcb.org/New_Applicants/Apply_ATR_BC).

**Special note for those wishing to take the ATCBE during the same year that the ATR is granted:** Results of your ATR application will be available eight weeks after your complete application is received.\* Therefore if you intend to apply for Board Certification, your complete ATR application (including official documentation submitted via postal mail) must be received by the ATCB at least eight weeks prior to the examination registration deadline. Please visit <http://www.atcb.org/Examinations> for dates, deadlines and instructions for applying.

ATCB now offers computer-based testing (CBT) for ATRs, in addition to paper-pencil testing. Computer-based versions of the ATCBE are offered during March, June, September, and November. The application fee for CBT is **\$275**. If you are interested in this option, please visit ATCB's website <http://www.atcb.org/Examinations>.

\* If all documentation does not arrive or cannot be approved on the first review, the eight week time frame does not apply.

***Please keep this page for reference***



**PART II: RELATED CONTENT - STUDIO ART**

- Applicants must document 18 semester credit hours (or 27 quarter credit hours) in studio art based courses.
- Studio art courses may be undergraduate or graduate level. Please include course descriptions photocopied from the course catalog. If you no longer have this information, contact the registrar's office at the school you attended and request a copy of the course descriptions from the years the courses were taken.
- Studio art coursework must have been successfully completed in a variety of two- and three-dimensional art media (which may include digital art) and processes.
- In lieu of academic-based studio coursework, the ATCB will accept up to six semester (nine quarter) credit hours from a portfolio demonstrating competency, provided the applicant obtains a letter from a full-time or pro rata graduate art therapy program faculty member who is a current ATR-BC/ATCS, who has reviewed the portfolio, and writes a letter attesting that the applicant has demonstrated competency.
- At least 12 semester (18 quarter) credit hours must have been completed prior to beginning the art therapy coursework. The remaining six semester (nine quarter) credit hours may have been completed after beginning the first art therapy course counted toward the ATR, but must have been completed within a year of beginning graduate coursework in art therapy.
- Applicants wishing to fulfill some or all of the studio art requirements through training received outside of traditional academic settings may document clock hours of studio instruction time using the ratio of 15 contact hours as equivalent to one semester credit. This documentation must be in the form of an original letter (on official letterhead) signed by the studio art instructor. Original letter (s) must be provided with this Verification of Coursework Form.
- Credits used to fulfill Art Therapy Core Curriculum content areas specified on the previous page may not also be used to fulfill the Studio Art requirement.
- Official transcript(s), in sealed envelope(s), must accompany this form.

**For art courses taken in academic settings:**

Course No. or Code	Course Title	Semester/Quarter Hours	College, University, or other institution through which the course was completed *

**For art courses taken outside of traditional academic settings:**

Course Title	Course Instructor	No. of Contact Hrs.	No. of credit equivalency hours	Institution through which the course was completed *

*\* If all courses were completed through one college/university/institution, please list the school only once.*

**Verification of Coursework Form- continues on the next page**

**MENTAL HEALTH CONTENT REQUIREMENT**

- Applicants must document a minimum of three semester (or four quarter) credit hours of graduate level coursework in each of the listed areas. Descriptions of the areas are included below for reference.
- If the master’s degree did not include coursework in all required areas, up to two courses may have been completed independent of the master’s program, provided these courses earned graduate credit at a nationally or regionally accredited college or university.
- Official transcript(s), in sealed envelope(s), must accompany this form.
- If content is covered in the context of an art therapy graduate program, this must be demonstrated through course syllabi detailing course content.

Mental Health Content Area	Course No. or Code	Course Title (as it appears on the transcript)	Semester/ Quarter hours earned for this course	College or University*
Psychopathology/Abnormal Psychology				
Psychological Assessment				
Human Growth and Development				
Counseling/Psychological Theories				
Research				
Field Experience				

- **Psychopathology/Abnormal Psychology:\*\*** Criteria of psychiatric diagnoses, biopsychosocial factors, and level of functioning; theories of psychopathology; ability to recognize indicators of functional and organic disorders in clients; basic knowledge of types of psychopharmacological medications.
- **Psychological Assessment:\*\*** Historical perspectives of assessment, basic concepts of standardized and non-standardized testing and assessment, fundamentals of psychological testing, biopsychosocial assessment, statistical concepts including reliability and validity, strategies for selection of the assessment tools, and familiarity with a variety of specific instruments and procedures used in appraisal and evaluation.
- **Human Growth and Development:** Human psychological development across the life span, theories of personality development, cultural and environmental influences. Familiarity with human behavior, including developmental crises, disability, exceptional behavior, and addictive behavior.
- **Counseling/Psychological Theories:** Historical development of counseling and psychological theories, understanding of systems perspective, application to case material, and interviewing and counseling skills.
- **Research:** Basic tenets of planning, conducting, and evaluating research and understanding research methodology, to include qualitative and quantitative designs. The importance of research in the psychotherapy professions, ethical, practical, and legal considerations, and the use of research to assess effectiveness of mental health services.
- **Field Experience:** Clinical field experience providing counseling/psychotherapeutic services under supervision and completed for graduate credit. This requirement can be waived if the applicant is a graduate of an art therapy graduate program and completed field experience meeting the ATR requirement as part of that program.

\* If all mental health coursework was completed through a single college or university, please list the school's name only once.  
 \*\* Course descriptions/syllabi must demonstrate coverage of DSM psychiatric diagnostic criteria in use at the time the coursework was successfully completed.

**This form must be completed and returned to the ATCB in a sealed envelope. This form is not required of AATA-approved or CAAHEP-accredited program graduates.**

**Applicant's Name:** \_\_\_\_\_  
(Last, First)

**Applicant: Before completing this form, review all practicum/internship requirements on page two of this handbook.** Write in your last and first name above. Provide the form to your ATR or ATR-BC practicum instructor, supervisor, or advisor. That individual must complete this form and return it to you in a sealed envelope with their signature across the seal. Include the sealed envelope in your application packet. **DO NOT SEND SEPARATELY.**

**PARTS I, II, AND III TO BE COMPLETED BY THE  
APPLICANT'S PRACTICUM/INTERNSHIP INSTRUCTOR,  
SUPERVISOR OR ADVISOR**

**Part I - Instructor, Supervisor, or Advisor Information** – Thank you for completing this form. Please return the original with your signature to the applicant in a sealed envelope with your signature across the seal. **PLEASE PRINT OR TYPE USING BLACK INK.**

1. Full Name and title: \_\_\_\_\_
2. ATCB ID Number (found on the certificate and wallet card for your ATR, ATR-BC, or ATCS) \_\_\_\_\_
3. Name of the institution or facility where practicum/internship hours were completed by the applicant:  
\_\_\_\_\_
4. Street address: \_\_\_\_\_
5. City/State/ZIP Code: \_\_\_\_\_
6. Your Daytime Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

**Part II - About Applicant's Hours**

Practicum/Internship	From (mm/dd/yy)	To (mm/dd/yy)
<b>Dates</b>		

**SUPERVISOR:**

Please return both pages of this form to the applicant in a sealed envelope with your signature across the seal.

Type of Hours	Average Hours Per Week	Total Hours
<b>All Practicum/Internship Hours:</b> Includes all direct/indirect experience hours. A minimum of 700 hours is required.		
<b>Direct Client Contact Hours:</b> A minimum of 350 hours is required.		
<b>Supervision:</b> A minimum of <b>70 individual or 105 group supervision hours</b> is required. If a combination of individual and group supervision hours is documented, the hours will be calculated at a ratio of one and one-half group supervision hours equals one individual supervision hour.	Individual: _____  Group: _____	Individual: _____  Group: _____

**Verification of Practicum/Internship Form- continued on the next page**

**Part III - Evaluation (Attach additional pages if needed.)**

**1. Responsibilities** - Please describe duties for which the applicant was responsible during practicum/internship.

**2. Competency** - Please inform us of the applicant's competency in art therapy. Include comments about the applicant's ability to assess client needs, implement art therapy services, interact with other professionals, and utilize supervision.

**3. Professionalism** - Please provide your opinion of the applicant's suitability for the ATR credential.

**4. Other Comments** - Please provide ATCB with any additional information that will assist us in assessing the applicant's qualifications.

*I, the undersigned, do state that the answers given above are true and correct. I agree to provide any additional information requested by ATCB.*

\_\_\_\_\_  
*Signature of Practicum/Internship Instructor, Supervisor or Advisor (original ink signature required)*

\_\_\_\_\_  
*Date*

**Thank you for completing this form. After you complete Parts I, II, and III, please return this form to the applicant in a sealed envelope with your signature across the seal.**

**FOR ATR/ATR-BC/ATCS SUPERVISORS ONLY - PHOTOCOPY THIS BLANK FORM AS NEEDED.**

**Applicant: Fill in your name only. Your supervisor is to complete the remainder of this form.**

**Applicant's Name:** \_\_\_\_\_  
(Last, First)

**Applicant: Before completing this form, review all post-education supervised art therapy experience requirements on pages 3-4 of this handbook.** If you received supervision from more than one supervisor during your post-education art therapy experience, each supervisor must complete a separate form. Each supervisor should indicate only the dates and hours for which s/he provided supervision. All forms from all supervisors combined should total the minimum hours required.

- **1,000** direct client contact hours and **100** hours of supervision for graduates of AATA-approved or CAAHEP-accredited programs;
- **1,500** direct client contact hours and **150** hours of supervision for graduates of art therapy education programs that were not AATA-approved or CAAHEP-accredited at the time of graduation; or
- **2,000** hours of direct client contact and **200** hours of supervision for individuals whose master's degree or higher is not in art therapy and who completed graduate coursework in art therapy.

Each supervisor should return a completed form to you in a sealed envelope with her/his signature across the seal. Include the sealed envelope(s) in your application packet (**do not send separately**). ATCB will only accept information on form(s) arriving in sealed envelope(s).

**ATR, ATR-BC, or ATCS Supervisor: Please complete and return this form to the applicant in a sealed envelope, signed across the seal. PLEASE PRINT OR TYPE USING BLACK INK.** Please document on this form ONLY the dates of supervision you provided and during which you were credentialed by ATCB. **Important:** If you were not credentialed by ATCB as an ATR, ATR-BC, and/or ATCS throughout supervision, but you were otherwise credentialed, please request that the applicant provide you with the Verification of Post-education Form for non-ATR/ATR-BC supervisors (page 12) and document on that form the dates and hours for which you provided supervision without your ATCB credential.

**Supervisor's Full Name:** \_\_\_\_\_

**Supervisor's Contact Information:** Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Supervisor's ATCB credential number (ATR, ATR-BC, and/or ATCS#):** \_\_\_\_\_

**Dates of applicant's post-education experience under my supervision:** From \_\_\_\_\_ To \_\_\_\_\_

**Agency in which the applicant named above obtained post-education art therapy experience while under my supervision.**

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Type of hours completed under my supervision	Total Hours
Direct Client Contact Hours (post-degree date only)	
Supervision Hours * (post-degree date only)	

*I, the undersigned, do state that the information provided above is correct. I agree to provide any additional information requested by ATCB.*

\_\_\_\_\_  
**ATR/ATR-BC/ATCS Supervisor's Signature (original ink signature required)**

\_\_\_\_\_  
**Date**

**FOR NON-ATR/ATR-BC SUPERVISORS ONLY - PHOTOCOPY THIS BLANK FORM AS NEEDED.**

**Applicant: Fill in your name only. Your supervisor is to complete the remainder of this form**

**Applicant's Name:** \_\_\_\_\_  
(Last, First)

**Applicant:** Before completing this form, review all post-education supervised art therapy experience requirements on pages 3-4 of this handbook. If you received supervision from more than one supervisor during your post-education art therapy experience, each supervisor must complete a separate form. Each supervisor should indicate only the dates and hours for which s/he provided supervision. All forms from all supervisors combined should total the minimum hours required.

- **1,000** direct client contact hours and **100** hours of supervision for graduates of AATA-approved or CAAHEP-accredited programs;
- **1,500** direct client contact hours and **150** hours of supervision for graduates of art therapy education programs that were not AATA-approved or CAAHEP-accredited programs at the time of graduation; or
- **2,000** hours of direct client contact and **200** hours of supervision for individuals whose master's degree or higher is not in art therapy and who completed graduate coursework in art therapy.

Each supervisor should return a completed form to you in a sealed envelope with her or his signature across the seal. Include the sealed envelope(s) in your application packet. Be sure to request a photocopy of your non-ATR/ATR-BC/ATCS supervisor's license or credential. This photocopy does not have to be included in the sealed envelope signed by the supervisor, but must be included in your application packet.

**Important:** Non-ATR/ATR-BC/ATCS supervisors must be master's or higher fully licensed or credentialed practitioners with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice. Automatically acceptable related fields are art therapy, counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields will be considered on a case-by-case basis. In order to request such consideration before applying, submit written information to the ATCB National Office.

**Supervisor:** Indicate only the dates and hours for which you provided supervision. **Please provide a photocopy of your current license or credential to the applicant for inclusion in the application packet. Return this completed form to the applicant in a sealed envelope with your signature across the seal. PLEASE PRINT OR TYPE USING BLACK INK.**

**Supervisor's Full Name:** \_\_\_\_\_

**Supervisor's Contact Information** Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Supervisor's License or Credential:** \_\_\_\_\_ **License/Credential Number:** \_\_\_\_\_

**Dates of applicant's post-education experience under my supervision:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

Type of hours completed under my supervision	Total Hours
Direct Client Contact Hours (post-degree date only)	
Supervision Hours* (post-degree date only)	

*I, the undersigned, do state that the information provided above is correct. I agree to provide any additional information requested by ATCB.*

\_\_\_\_\_  
**Non-ATR/ATR-BC/ATCS Supervisor's Signature (original ink signature required)**

\_\_\_\_\_  
**Date**

**Photocopy BLANK form as needed.**

**Applicant's Name:** \_\_\_\_\_  
(Last, First)

**Applicant: Before completing this form, review all reference requirements on page four of this handbook.**

Fill in your name only. Your reference is to complete the remainder of this two-page form. You must include three references from mental health professionals with your application packet. One of the references must be from a current ATR, ATR-BC or ATCS. Supervisors completing the Verification of Post-education Experience Form may also complete this form.

You may photocopy this form and provide a copy to each of your references. Each reference should complete the form and return it to you in a sealed envelope with her or his signature across the seal.

Include each sealed envelope in your application packet. **DO NOT SEND SEPARATELY.**

**INFORMATION BELOW TO BE COMPLETED BY THE PERSON PROVIDING THE REFERENCE. THANK YOU FOR COMPLETING THIS FORM. PLEASE PRINT OR TYPE USING BLACK INK.**

**Reference's Full Name:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Degree, Professional Certification and/or License:** \_\_\_\_\_

**Credentialing Organization or Licensing Body:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City/State/ZIP Code:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**If currently credentialed by the ATCB as an ATR, ATR-BC, and/or ATCS, what is your ATCB ID number?** \_\_\_\_\_

**Relationship to applicant:**

Art Therapy or Mental Health Educator

Immediate Supervisor

Professional Colleague

Other (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCE PROVIDER:**

Please return both pages of this form to the applicant in a sealed envelope with your signature across the seal.

**Please describe the context in which you are familiar with the applicant.**

**Competency** - Please inform us of the applicant's competency in art therapy. Include comments about the applicant's ability to assess client needs, implement art therapy services, interact with other professionals, and utilize supervision.

**Professionalism** - Please provide your opinion of the applicant's suitability for the ATR credential.

**Other Comments** - Please provide ATCB with any additional information that will assist us in assessing the applicant's qualifications. Attach additional pages if needed.

*I, the undersigned, do state that the answers given above are true and correct. I agree to provide any additional information requested by ATCB.*

\_\_\_\_\_  
*Signature of person providing reference (original ink signature is required)*

\_\_\_\_\_  
*Date*

**Thank you for completing this reference form. Please return both pages of this form to the applicant in a sealed envelope with your signature across the seal.**

**APPLICATION PACKET CHECKLIST**

- A completed ATR Application.** Required of all applicants. MUST be completed online, [http://atcb.org/New\\_Applicants/Apply\\_ATR](http://atcb.org/New_Applicants/Apply_ATR).
- Official transcript(s) from all educational programs attended in sealed envelope(s).** (If you are a graduate of an AATA-approved or CAAHEP-accredited degree program, only the official transcript for this degree is required.) Required of all applicants.
- Verification of Coursework Form** (pages 7-9). This is not required if you are a graduate of an AATA-approved or CAAHEP-accredited degree program.
- Copies of college catalog course descriptions for all courses under consideration.** This is not required if you are a graduate of an AATA-approved or CAAHEP-accredited degree program.
- Verification of Practicum/Internship Form** (pages 10-11) in a sealed/signed envelope. This is not required if you are a graduate of an AATA-approved or CAAHEP-accredited degree program.
- Verification of Post-education Experience Form(s)** (pages 12-13) in a sealed/signed envelope(s). Required of all applicants.
- A copy of any non-ATR/ATR-BC/ATCS post-education supervisor's license or credential** (if the supervisor did not hold the ATR/ ATR-BC/ATCS throughout the time you were under supervision). Required of all applicants.
- Three completed Reference Forms** (pages 14-15) in a sealed/signed envelope. Required of all applicants.
- The application payment of **\$125**, paid online after the application process is complete. Required of all applicants.

The application fee is **nonrefundable and nontransferable.**

Submission of an application packet and application fee does not guarantee that the ATR will be granted.

# Appendix 2



# Commission on Accreditation of Allied Health Education Programs

## Standards and Guidelines for the Accreditation of Educational Programs in Art Therapy

Standards initially adopted in 2016

Adopted by the  
American Art Therapy Association  
Accreditation Council for Art Therapy Education  
and  
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Council for Art Therapy Education (ACATE).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Art Therapy profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

### Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Art Therapy Association cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Art Therapy and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Art Therapy programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

### Description of the Profession:

Art Therapy is an integrative mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. Art Therapists use art media, and often the verbal processing of produced imagery, to help people resolve conflicts, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight. Art and art making are inherently perceptually and sensory based and involve

the brain and the body in ways that verbal language does not. Art Therapy provides a means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating health conditions.

Although use of visual imagery is the foundational tenet of Art Therapy, Art Therapists uniquely draw from multiple theoretical approaches in their understanding, design, and implementation of treatment. Art Therapists understand the science of imagery and the therapeutic potentials of color, texture, and various art media and how these affect a wide range of potential clients and personalities. Rigorous clinical training in working with individuals, families, groups, and communities prepare Art Therapists to make parallel assessments of clients' general psychological disposition and how art as a process is likely to moderate conditions and corresponding behavior. Recognizing the ability of art and artmaking to reveal thoughts and feelings, and knowledge and skill in safely managing the reactions they evoke, are competencies that define the Art Therapy profession.

Art Therapists work with individuals, couples, families and groups in diverse settings, including hospitals, schools, psychiatric and rehabilitation facilities, community mental health clinics, wellness centers, forensic institutions, crisis centers, senior communities, veteran's clinics, juvenile facilities, correctional institutions and other community facilities. Art Therapy is integrated in comprehensive treatment plans administered by Art Therapists who can function independently or as part of interdisciplinary teams where Art Therapists complement and inform the work of other medical, mental health, and allied health professionals.

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## I. Sponsorship

### A. Sponsoring Educational Institution

A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program.

### B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

### C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

## II. Program Goals

### A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted

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standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

#### **B. Appropriateness of Goals and Learning Domains**

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

*Advisory committee meetings may include participation by synchronous electronic means*

#### **C. Minimum Expectations**

The program must have the following goal defining minimum expectations: "To prepare competent entry-level Art Therapists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

*Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.*

### **III. Resources**

#### **A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

*Laboratory should include art studios.*

*Continuing education may consist of professional development which may involve programs attended; continuing education credits earned; in-service programs; academic coursework pursued; creative pursuits; papers published; research conducted and/or other activities identified as scholarship activities by the sponsoring institution.*

*Programs should also provide continuing education opportunities for practicum/internship site supervisors.*

#### **B. Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

*The sponsor should be able to document that faculty and staff have sufficient time from other responsibilities to accomplish the day-to-day teaching, education, and administrative duties of their positions. That time may be documented through detailed job descriptions, mutual agreements written and signed by program officials, or other comparable documents.*

## 1. Program Director

### a. Responsibilities

The Program Director must:

- 1) ensure program effectiveness, including outcomes, organization, administration, continuous review, and curriculum planning and development;

*Attention should be given to the number of practicum/internship students in each supervision group assigned to Art Therapy faculty to assure that each student receives sufficient guidance and support to attain mastery of the competencies needed for entry-level clinical proficiency.*

- 2) develop criteria for selection of and evaluate appropriate clinical and/or experiential settings to provide practicum/internship experience for students;
- 3) advise students; and
- 4) ensure achievement of the program's goals and outcomes.

*Administrative and coordination responsibilities of the Program Director should be recognized as a department assignment.*

### b. Qualifications

The Program Director must:

- 1) possess a minimum of a master's degree; and

*A doctoral degree is preferred.*

- 2) possess national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA).

## 2. Art Therapy Faculty

### a. Responsibilities

Art Therapy faculty must:

- 1) provide instruction in Art Therapy curriculum content and competencies as described in Appendix B;
- 2) supervise and make timely assessments of students' progress in achieving acceptable program requirements;
- 3) evaluate and develop program curriculum, policies and procedures; and
- 4) when providing supervision of students during practicum/internship experiences, document and assess student performance and competency throughout any internship experience and upon completion of the practicum/internship experience.

### b. Qualifications

Art Therapy faculty must:

- 1) possess a minimum of a master's degree;

- 2) be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned; and
- 3) possess national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA).

*Art therapy doctoral students who possess national certification in the field of Art Therapy and who are under supervision by Art Therapy Faculty may provide supervision of students during Practicum/Internship.*

*At least half of Art Therapy faculty should have engaged in professional practice of Art Therapy within the most recent five (5) year period.*

*Art Therapy Faculty should have competency in the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) learning domains of the content areas taught, as described in Appendix B.*

### **3. Related Professions Faculty**

#### **a. Responsibilities**

Related professions faculty must:

- 1) provide instruction in curriculum content and competencies as described in Appendix B; and
- 2) supervise and make timely assessments of students' progress in achieving acceptable program requirements.

#### **b. Qualifications**

Related professions faculty must:

- 1) possess a minimum of a master's degree in a field related or complementary to Art Therapy; and

*A field related or complementary to Art Therapy may include Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work, and Marriage and Family Therapy.*

- 2) be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

*Related Professions Faculty should have competency in the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) learning domains of the content areas taught, as described in Appendix B.*

### **4. Practicum/Internship Coordinator**

#### **a. Responsibilities**

The practicum/internship coordinator must:

- 1) provide oversight of the practicum/internship experience;
- 2) establish practicum/internship affiliations with appropriate clinical and/or experiential settings;
- 3) assure that supervision agreements are prepared for each student to define the roles and responsibilities of on-site supervisors, individual and group supervisors, and students during the practicum/internship; and

- 4) facilitate student placements for practicum/internship experiences.

**b. Qualifications**

The practicum/Internship coordinator must possess knowledge of the program's expectations, requirements and evaluation procedures for students.

*The practicum/internship coordinator position may be fulfilled by the program director, faculty member(s) or other qualified designee.*

**5. Practicum/Internship Site Supervisors**

**a. Responsibilities**

Practicum/Internship site supervisors must:

- 1) supervise and make timely assessments of students' progress in meeting program requirements and outcomes in cooperation and regular consultation with a program faculty member; and
- 2) provide for individual and/or two student (triadic) supervision.

**b. Qualifications**

Practicum/internship site supervisors must:

- 1) possess knowledge of the program's expectations, requirements, and evaluation procedures for students, and have received training in supervision; and
- 2) possess registration or national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA) or possess a master's level professional license or certification in a related mental health field.

*A related mental health field may include Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work, and Marriage and Family Therapy*

**C. Curriculum**

1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

*Laboratory should include art studios*

2. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competencies of the Curriculum Competency Requirements for Educational Programs in Art Therapy (Appendix B).

*Program length and number of credits should be sufficient to ensure achievement of the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) competencies described in Appendix B.*

*CAAHEP is committed to the inclusion of emergency preparedness (EP) content in the curriculum as appropriate to the profession. See relevant curriculum competency requirements relating to emergency management, risk assessment, crisis intervention, trauma-focused care, community wellness, inter-organizational collaboration, and cultural and social diversity in Appendix B for guidance on how the curriculum should address this content.*

#### **D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

### **IV. Student and Graduate Evaluation/Assessment**

#### **A. Student Evaluation**

##### **1. Frequency and Purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

##### **2. Documentation**

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

#### **B. Outcomes**

##### **1. Outcomes Assessment**

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

*“Positive placement” means that the graduate is employed full or part-time in Art Therapy or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.*

##### **2. Outcomes Reporting**

The program must periodically submit to the Accreditation Council for Art Therapy Education (ACATE) the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the Accreditation Council for Art Therapy Education (ACATE) to develop an appropriate plan of action to respond to the identified shortcomings.

### **V. Fair Practices**

#### **A. Publications and Disclosure**

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical

standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

*The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).*

#### **B. Lawful and Non-discriminatory Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

#### **C. Safeguards**

The health and safety of patients, clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

#### **D. Student Records**

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

#### **E. Substantive Change**

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/ACATE in a timely manner. Additional substantive changes to be reported to ACATE within the time limits prescribed include:

1. educational institution's mission or objectives, if these will affect the program;
2. degree awarded upon completion of the program; and
3. addition or deletion of courses that represent a significant departure in curriculum content or method of delivery.

#### **F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

## APPENDIX A

### Application, Maintenance and Administration of Accreditation

#### A. Program and Sponsor Responsibilities

##### 1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

**The Accreditation Council for Art Therapy Education**

c/o 25400 US Highway 19 N, Suite 158  
Clearwater, FL 33763

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

**Note:** There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the Accreditation Council for Art Therapy Education. The on-site review will be scheduled in cooperation with the program and the Accreditation Council for Art Therapy Education once the self-study report has been completed, submitted, and accepted by the Accreditation Council for Art Therapy Education.

##### 2. Applying for Continuing Accreditation

- a. Upon written notice from the Accreditation Council for Art Therapy Education, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

**The Accreditation Council for Art Therapy Education**

c/o 25400 US Highway 19 N, Suite 158  
Clearwater, FL 33763

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the Accreditation Council for Art Therapy Education.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the Accreditation Council for Art Therapy Education forwarding a recommendation to CAAHEP.

### **3. Administrative Requirements for Maintaining Accreditation**

- a. The program must inform the Accreditation Council for Art Therapy Education and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the Accreditation Council for Art Therapy Education of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the Accreditation Council for Art Therapy Education that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The Accreditation Council for Art Therapy Education has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the Accreditation Council for Art Therapy Education of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the Accreditation Council for Art Therapy Education in accordance with its policies and procedures. The time between comprehensive reviews is determined by the Accreditation Council for Art Therapy Education and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay the Accreditation Council for Art Therapy Education and CAAHEP fees within a reasonable period of time, as determined by the Accreditation Council for Art Therapy Education and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with the Accreditation Council for Art Therapy Education policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a the Accreditation Council for Art Therapy Education accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the Accreditation Council for Art Therapy Education.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

### **4. Voluntary Withdrawal of a CAAHEP- Accredited Program**

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

### **5. Requesting Inactive Status of a CAAHEP- Accredited Program**

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the

program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the Accreditation Council for Art Therapy Education and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the Accreditation Council for Art Therapy Education. The sponsor will be notified by the Accreditation Council for Art Therapy Education of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

## **B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the Accreditation Council for Art Therapy Education forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the Accreditation Council for Art Therapy Education forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The Accreditation Council for Art Therapy Education’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the Accreditation Council for Art Therapy Education forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The Accreditation Council for Art Therapy Education’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the Accreditation Council for Art Therapy Education arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

**Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.**

## APPENDIX B

### Curriculum Competency Requirements for Educational Programs in Art Therapy

#### Preface:

The following learning outcomes, content areas and associated competency statements are adapted by the Accreditation Council for Art Therapy Education from the *American Art Therapy Association Master's Education Guidelines* developed by the Association's Education Standards Revision Task Force with input from art therapy educators, professionals, and students and approved by the AATA Board of Directors in 2015.

#### 1. Student Learning Outcomes

Student learning outcomes highlight knowledge, skills and affective/behaviors critical to successful entry-level job performance of an Art Therapy program graduate. Achievement of learning outcomes upon completion of the program is demonstrated by a graduate's knowledge and ability to:

- a. Understand the historical development of Art Therapy as a profession, Art Therapy theories and techniques, as a foundation for contemporary Art Therapy professional practice.
- b. Distinguish among the therapeutic benefits of a variety of art processes and media, strategies and interventions, and their applicability to the treatment process for individuals, groups, and families.
- c. Recognize that Art Therapy, from a multicultural perspective, takes into consideration the specific values, beliefs, and actions influenced by a client's race, ethnicity, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, physical capacity or disability, and historical or current experiences within the dominant culture.
- d. Select culturally and developmentally appropriate assessment and evaluation methods and administer and interpret results to identify challenges, strengths, resilience, and resources for Art Therapy treatment planning.
- e. Develop culturally appropriate, collaborative, and productive therapeutic relationships with clients.
- f. Know federal and state laws and professional ethics as they apply to the practice of Art Therapy.
- g. Recognize and respond appropriately to ethical and legal dilemmas using ethical decision-making models, supervision, and professional and legal consultation when necessary.
- h. Recognize clients' use of imagery, creativity, symbolism, and metaphor as a valuable means for communicating challenges and strengths and support clients' use of art-making for promoting growth and well-being.
- i. Recognize the legal, ethical, and cultural considerations necessary when conducting Art Therapy research.
- j. Apply principles of human development, artistic and creative development, human sexuality, gender identity development, family life cycle, and psychopathology, to the assessment and treatment of clients.

- k. Understand professional role and responsibility to engage in advocacy endeavors as they relate to involvement in professional organizations and advancement of the profession.
- l. Continuously deepen self-understanding through personal growth experiences, reflective practice, and personal art-making to strengthen a personal connection to the creative process, assist in self-awareness, promote well-being, and guide professional practice.
- m. Pursue professional development through supervision, accessing current Art Therapy literature, research, best practices, and continuing educational activities to inform clinical practice.
- n. Recognize the impact of oppression, prejudice, discrimination, and privilege on access to mental health care, and develop responsive practices that include collaboration, empowerment, advocacy, and social justice action.
- o. Understand the basic diagnostic process and the major categories and criteria of mental disorders, corresponding treatments, and commonly prescribed psychopharmacological medications.

*Student preparation for the above learning outcomes should be incorporated throughout the program's coursework, practicum, internship, student advisement, and any programmatic summative measures.*

## **2. Foundational Learning Content Areas**

The following Foundational Learning content areas provide the basis for relevant learning outcomes in the core curriculum and must be met concurrently with the core curriculum or through prior coursework or demonstrated competency.

- a. Studio art proficiency in 2- and 3-dimensional art media techniques and processes; and

*Equivalency in non-academic studio art experience may be accepted*

- b. Foundational theories in psychology including developmental and abnormal psychology.

## **3. Core Curriculum Content Areas and Competencies**

Student learning outcomes are supported by the following Core Curriculum areas which describe required curriculum content but do not refer to course titles or required courses. The Core Curriculum content areas are more specifically delineated into competencies that allow programs to have goal defining minimum expectations to prepare entry-level Art Therapists. The following curriculum areas describe cognitive (knowledge), psychomotor (skills), and affective (behavior) competencies that art therapy students must develop through their coursework and which lead to overall student learning outcomes.

*Programs may combine content into a single course or distribute content over multiple courses as they develop curriculum to address program mission, goals, and outcomes. Attention to state licensing requirements also may assist in determining course structure and content.*

### Content Area a: History and Theory of Art Therapy

The curriculum must provide students with the opportunity to integrate an understanding of the historical antecedents and ongoing conceptual development of the field, an overview of approaches and theory from related fields, the continuum of art therapy practice, and the development of Art Therapy as a distinct therapeutic profession. The following knowledge, skills and behaviors must be developed for competency in the content area.

*Faculty members with instructional responsibility for this content should meet credentialing requirements as described in III.B.2. of these **Standards**.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify major contributors and contributions that shaped the field of Art Therapy  2) Identify the relationship between art therapy approaches and theories from psychology, counseling, and related fields  3) Compare and contrast approaches to Art Therapy unique to the field: a) Art psychotherapy b) art-as-therapy c) open studio and studio-based approaches d) art-based clinical theories e) community-based approaches	1) Demonstrate how theory informs art therapy assessment and treatment planning	1) Value the historical antecedents to current professional Art Therapy practice

## Content Area b: Professional Orientation, Ethical, and Legal Issues

The curriculum must provide students with the opportunity to develop a professional identity as an art therapist which integrates understanding of ethical, professional, and legally principled practices while performing roles and responsibilities in mental health and community-based settings. Additional areas of coverage include the importance of supervision, benefits of professional organizations and credentialing, collaboration, advocacy for the profession and advocacy for clients and their access to mental health services.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III.B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<ol style="list-style-type: none"> <li>1) Define the professional role and function of an Art Therapist</li> <li>2) Recognize the ethical principles for practice of the American Art Therapy Association and the Art Therapy Credentials Board, as well as those of related fields (e.g., American Counseling Association)</li> <li>3) Describe the purpose and goals of supervision, including models, practices, and processes</li> <li>4) Define the role and process of professional Art Therapists advocating on behalf of the profession</li> <li>5) Identify professional organizations and membership benefits, activities, services to members, and current issues</li> <li>6) Summarize roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams</li> </ol>	<ol style="list-style-type: none"> <li>1) Demonstrate how to apply decision-making models and legal principles to ethical dilemmas</li> <li>2) Demonstrate how to complete professional documentation required in clinical mental health settings such as treatment plans and progress notes</li> <li>3) Practice conducting a job search, resume writing and professional interviewing skills to prepare for the transition from student role to professional practice</li> </ol>	<ol style="list-style-type: none"> <li>1) Acknowledge the value of developing a strong professional Art Therapist identity founded in ethical practice</li> <li>2) Recognize the importance and impact of professional credentialing (e.g., Registration, Board Certification, and Licensure) and the effects of public policy on these issues</li> <li>3) Value advocacy processes necessary to address barriers that block access and equity to mental health and related services for patients/clients</li> <li>4) Recognize the need for collaboration and consultation within and among organizations, including interagency and inter-organizational collaboration</li> <li>5) Recognize the impact of personal and professional development through supervision, self-care</li> </ol>

7) Describe how ethical principles guide the use of technology in professional practice (i.e., electronic records, professional and social networking, and distance therapy and supervision)		practices appropriate to the Art Therapist professional role, and continuing education
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### **Content Area c: Materials and Techniques of Art Therapy Practice**

The curriculum must provide students with the opportunity to integrate understanding of the safety, psychological properties, and ethical and cultural implication of art-making processes and materials selections in order to design art therapy strategies which address therapeutic goals.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

<b>Knowledge (K)</b>	<b>Skills (S)</b>	<b>Affective/Behavior (A)</b>
<ol style="list-style-type: none"> <li>1) Describe theory of specific properties and effects of art processes and materials informed by current research such as Expressive Therapies Continuum</li> <li>2) Identify toxic materials, safety issues with select populations, allergic reactions.</li> <li>3) Identify requirements for studio set-up and maintenance</li> <li>4) Identify resources and programs for using technology as it relates to creating artwork</li> <li>5) Identify ethical and safe storage methods for client artwork</li> </ol>	<ol style="list-style-type: none"> <li>1) Develop therapeutic goals and art-based intervention strategies based on the therapeutic effect of art making, including benefits, limitations and contraindications of art materials</li> <li>2) Develop strategies to effectively manage resistance to creative expression</li> <li>3) Demonstrate understanding of therapeutic utility and psychological properties of a wide range of art processes and materials (i.e., traditional materials, recyclable materials, crafts) in the selection of processes and materials for delivery of art therapy services</li> <li>4) Adapt tools and materials for clients with disabilities</li> </ol>	<ol style="list-style-type: none"> <li>1) Incorporate ethical and cultural considerations in materials selection and therapeutic applications</li> <li>2) Formulate the potential value of and contraindications for public display of client artwork</li> <li>3) Evaluate the potential appropriateness of various venues for display of artwork</li> </ol>

### **Content Area d: Creativity, Symbolism, and Metaphor**

The curriculum must provide students with the opportunity to apply knowledge of creativity, symbolism, metaphor, and artistic language to the practice of Art Therapy. Such applications include work with individuals, groups, families and/or communities of diverse cultures.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

<b>Knowledge (K)</b>	<b>Skills (S)</b>	<b>Affective/Behavior (A)</b>
1) Describe theories and models of creativity  2) Describe theories and models for understanding symbolism, metaphor, and artistic language	1) Apply understanding of artistic language, symbolism, metaphoric properties of media and meaning across cultures and within a diverse society  2) Practice skills for developing awareness and insight into art processes and images	1) Demonstrate belief in the value of using art-making as a method for exploring personal symbolic language  2) Recognize the need for awareness of and sensitivity to cultural elements which may impact a client's participation, choice of materials and creation of imagery  3) Value the benefits of student/therapist reflective art-making to inform clinical practice

### Content Area e: Group Work

The curriculum must provide students with the opportunity to integrate theory, processes, and dynamics of group work to form and facilitate ethically and culturally responsive art therapy groups that have been designed with a clear purpose and goals for the population served. Principles of group dynamics, therapeutic factors, member roles and behaviors, leadership styles and approaches, selection criteria, art-based communication and short- and long-term group process will be reviewed.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<ol style="list-style-type: none"> <li>1) Describe the theoretical foundations of group work with an emphasis on group art therapy</li> <li>2) Explain dynamics associated with group process and development</li> <li>3) List therapeutic factors and how they influence group development and effectiveness</li> <li>4) Identify types of groups and formats</li> </ol>	<ol style="list-style-type: none"> <li>1) Develop approaches to forming groups, including recruiting, screening, and selecting members</li> <li>2) Demonstrate characteristics, skills, and functions of an effective group leader</li> <li>3) Consider purpose, goals, population characteristics, when designing art therapy groups in a variety of settings</li> <li>4) Facilitate ethical and culturally responsive group practices, including informed approaches for designing and facilitating diverse groups</li> </ol>	<ol style="list-style-type: none"> <li>1) Incorporate critical thinking skills and defend rational of art processes and media selection for the group therapy context</li> <li>2) Evaluate the experience of art-making on group development and effectiveness</li> <li>3) Recognize the value of participating in a group and engaging in group process, group stages, and group dynamics</li> </ol>

### Content Area f: Art Therapy Assessments

The curriculum must provide students with the opportunity to become familiar with a variety of specific art therapy instruments and procedures used in appraisal and evaluation. Additional areas of coverage include the selection of assessments with clients/patients as the basis for treatment planning, establishing treatment effects, evaluating assessment validity and reliability, documentation of assessment results and ethical, cultural, and legal considerations in their use.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Discuss definitions and purpose of Art Therapy assessments  2) Describe historical development of Art Therapy assessments and current assessments and applications  3) Compare and contrast terminology used in Art Therapy assessments such as, but not limited to, tests and assessments that are standardized, non-standardized, norm-referenced, criterion-referenced, group and individual testing and assessment, behavioral observations, and symptom checklists	1) Differentiate between assessment and testing, and appropriate applications of each  2) Demonstrate the ability to administer and apply appropriate Art Therapy assessments  3) Present purposes of summative and formative assessment in art therapy practice and research  4) Assess purposes of Art Therapy assessments to establish treatment goals  5) Cite methods to determine validity and reliability of Art Therapy assessments  6) Execute methods to interpret data from Art Therapy assessments	1) Display ethical, cultural, and legal considerations when selecting, conducting, and interpreting art therapy and related mental health fields' assessments  2) Incorporate critical thinking skills when determining the role of assessment in diagnosis and diagnosing in the field of Art Therapy

### Content Area g: Thesis or Culminating Project

The curriculum must provide student with the opportunity to integrate knowledge with regard to the profession of Art Therapy, including literature in the field, through a culminating project which may include, but is not limited to, thesis or other extensive, in-depth project. Use of established research methods (e.g., quantitative, qualitative, mixed methods, arts-based), innovative methods of inquiry, clinical practice, or a synthesis of clinically-based personal and professional growth (e.g., service learning, designing a program, designing a “tool kit” for Art Therapists) may be included in keeping with the program mission and goals, along with established education standards.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Organize research on the literature in the field as the basis for an extensive thesis or culminating project	1) Create an in-depth study of one aspect of Art Therapy or an integration of knowledge and clinical skill in Art Therapy  2) Complete a thesis or culminating project based on established research methods (e.g., quantitative, qualitative, mixed methods, arts-based), innovative methods of inquiry, clinical practice, or a synthesis of clinically-based personal and professional growth (e.g., service learning, designing a program, designing a “tool kit” for art therapists)	1) Participate in opportunities and support for sharing thesis or culminating project outcomes in a public forum (e.g., thesis presentations, written article for publication, submission of grant application)

## Content Area h: Human Growth and Development

The curriculum must provide students with the opportunity to integrate stages of human growth and development in assessment and treatment of typical and atypical client and patient populations. Additional areas of coverage include contextual/ecological factors that impact these groups, recognition that development exists along a continuum and the feasibility of health across the lifespan

Faculty members with instructional responsibility for content related to developmental stages in artwork must meet credentialing requirements as described in III.B.2.b of these **Standards**.

*Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<p>1) Compare and contrast theories of individual and family development across the lifespan, including, but not limited to typical and atypical cognition, personality, human sexuality, moral and creative capacities</p> <p>2) Examine theoretical and biopsychosocial roots of developmental crises, trauma, disabilities, addictions, and exceptionality on development across the lifespan</p>	<p>1) Assess developmental stages in artwork, including typical, atypical, and exceptional characteristics for all age groups</p> <p>2) Integrate contextual/ecological factors bearing on human development such as cultural identities, spiritual, systemic within and outside family nucleus, physical, neurological, biological, and physiological</p>	<p>1) Justify methods of advancing wellness and actualization of potential, coping capacity, creativity, and optimal development throughout life</p>

## Content Area i: Helping Relationships and Applications

The curriculum must provide students with the opportunity to review the therapeutic benefits of art processes and media, strategies and interventions, and culturally-appropriate, collaborative, and productive applications to the treatment process. Additional areas of coverage include the importance of and processes for the therapist's own responsive art-making to reflect on treatment, evaluate progress and build self-awareness.

Content related to art therapist's characteristics that promote the therapeutic process, utilization of art materials and processes within the context of building the therapeutic relationship, implications for incorporating one's own art making into session, trauma-focused art therapy approaches, sensory-based art therapy interventions and development of a personal approach to the practice of art therapy must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

*Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify evidence-based strategies and clinically-grounded approaches for assessment and treatment 2) Describe approaches to crisis intervention 3) Describe trauma-focused art therapy interventions 4) Describe theories, assessment, and treatment of addictive behaviors and disorders 5) Review therapeutic process (relationship building; mid-phase; termination) 6) Identify theories of effective programs in various settings including strategies for program development and evaluation 7) Understand a systems approach (family, community, political)	1) Utilize art materials and processes within the context of building the therapeutic relationship 2) Perform interviewing skills 3) Demonstrate case conceptualization skills 4) Formulate treatment planning/goal setting 5) Identify the steps of suicide risk assessment 6) Develop relevant sensory-based art therapy interventions 7) Integrate evaluation of treatment 8) Provide examples of referral processes and accessing community resources 9) Plan clinical interventions for the treatment of children, adolescents, adults, couples, and families in a variety of settings including inpatient, outpatient, partial treatment, aftercare	1) Recognize and display a professional commitment to Art Therapist characteristics that promote the therapeutic process 2) Respond to clinical and ethical implications for incorporating one's own art-making process in a session to develop therapeutic rapport, facilitate creative expression, and promote the therapeutic process 3) Value the development of a personal approach to the practice of Art Therapy 4) Acknowledge transference and counter-transference 5) Value consultation, collaboration and inter-professional teamwork

## Content Area j: Psychopathology and Diagnosis

The curriculum must provide students with the opportunity to identify major categories of mental illness using the DSM and/or the ICD, engage in the diagnostic process, understand possible art-based indicators of mental disorders, review commonly prescribed psychopharmacological medications, and to recognize the effects that culture, society, and crisis have on individuals with mental illness. Additional areas of coverage include ongoing conceptual developments in neuroscience.

Content related to the applications of neuroscience theory and research to art therapy practice and also content related to art-based indicators of mental disorders/psychopathology in patient/client artwork must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

*Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify major categories and criteria of mental disorders according to the current Diagnostic and Statistical Manual (DSM) and/or the International Classification of Diseases (ICD)  2) Understand potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders  3) Describe basic classifications, indications and contraindications among commonly prescribed psychopharmacological medications for appropriate referral and consultation  4) Understand neuroscience theory as applied to art therapy interventions	1) Apply use of the diagnostic process in treatment planning  2) Exhibit a basic understanding of art-based indicators of mental disorders/psychopathology in patient/client artwork  3) Demonstrate understanding of basic diagnostic process, including differential diagnosis  4) Demonstrate use of behavioral observations as indicators of mental disorders  5) Describe applications of neuroscience theory and research to art therapy practice	1) Value cultural factors impacting the diagnostic process and concepts of health/illness  2) Critique use of diagnostic categories in treatment and intervention  3) Display sensitivity to the prevalence of mental illness and impact on individuals and society  4) Display sensitivity when considering the impact of crisis on individuals with mental health diagnoses

### **Content Area k: Psychological and Counseling Theories**

The curriculum must provide students with the opportunity to understand major psychological and counseling theories and applications to practice.

*This content may be fully taught by Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

<b>Knowledge (K)</b>	<b>Skills (S)</b>	<b>Affective/Behavior (A)</b>
1) Describe basic tenets of psychotherapy and counseling theories (including psychodynamic, humanistic, cognitive-behavioral, systemic)	1) Apply theory to practice through case analysis or critique of clinical scenarios	1) Recognize the implications of applying theoretical foundations to therapeutic practice

### **Content Area l: Appraisal and Evaluation**

The curriculum must provide students with the opportunity to select culturally and developmentally appropriate assessment and evaluation methods and administer and interpret results to identify individual or familial challenges, strengths, resilience, and resources for art therapy treatment planning.

*This content may be fully taught by Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

<b>Knowledge (K)</b>	<b>Skills (S)</b>	<b>Affective/Behavior (A)</b>
1) Understand historical perspectives of assessment procedures in treatment  2) Describe concepts of standardized and non-standardized testing and assessment throughout treatment process (intake, treatment planning, diagnoses, termination)  3) Demonstrate knowledge of rudimentary statistical concepts related to assessment and testing  4) Understand procedures for identifying/reporting suspected abuse	1) Apply risk assessment strategies and tools (danger to self, others)  2) Display skills for conducting bio-psychosocial assessment, mental status exam, and substance abuse disorder assessments  3) Recognize cultural, social, and co-occurring issues that affect assessment outcomes	1) Value culturally and developmentally appropriate assessment tools and applications to utilization and interpretation of results

### Content Area m: Research

The curriculum must provide students with the opportunity to understand the purposes, methods, and ethical, legal, and cultural considerations of research and demonstrate the necessary skills to design and conduct a research study. Additional areas of coverage include the use of research to assess effectiveness of mental health and art therapy services by becoming an informed consumer of art therapy research.

Content specific to art-based research methodologies as related to art therapy must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

*Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Recognize foundational purposes of research with emphasis on applications to the field  2) Define research methodologies (e.g., quantitative, qualitative, mixed-methods) and research design formats used in the field  3) Describe art-based research methodologies as related to art therapy  4) Understand concepts of validity and reliability and applications to selection and application of assessments and tests	1) Apply methods used to conduct a review and critique of the literature on a topic of interest  2) Perform basic steps required to design and conduct a research study  3) Demonstrate basic statistical concepts such as scales of measurement, measures of central tendency, variability, distribution of data, and relationships among data as applied in research studies	1) Recognize ethical and legal considerations used to design, conduct, interpret, and report research  2) Recognize cultural considerations used when conducting, interpreting, and reporting research

### Content Area n: Cultural and Social Issues

The curriculum must provide students with the opportunity to understand the relevance of cultural competence to strategies for working with diverse communities, understanding of privilege and oppression and reflective thinking in regards to the therapist's own attitudes and beliefs.

Content related to the role of the arts in social justice, advocacy and conflict resolution and also an overview of AATA's Multicultural and Diversity Competencies must be taught by faculty members who meet credentialing requirements as described in III.B.2.b of these **Standards**.

*Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<ul style="list-style-type: none"> <li>1) Identify research addressing characteristics of help-seeking behaviors of diverse cultural and social groups and implications for responsive practice</li> <li>2) Demonstrate an understanding of current issues and trends in a multicultural society</li> <li>3) Describe cultural and social diversity theories and competency models including AATA's Multicultural and Diversity Competencies</li> </ul>	<ul style="list-style-type: none"> <li>1) Plan strategies for identifying the impact of oppression and privilege on individuals and groups and eliminating barriers, prejudices, intentional and unintentional oppression, and discrimination</li> <li>2) Make use of experiential learning activities (e.g., cultural genogram) designed to explore and develop student cultural and social self-awareness including self-assessment of attitudes, beliefs, and acculturative experiences</li> <li>3) Apply cultural and social diversity theories and competency models to an understanding of identity development, empowerment, collaboration, advocacy, and social justice</li> </ul>	<ul style="list-style-type: none"> <li>1) Value strategies for collaborating with and advocating for wellness within diverse communities</li> <li>2) Display a professional commitment to AATA's Multicultural and Diversity competencies</li> <li>3) Justify the role of arts in social justice, advocacy, and conflict resolution</li> <li>4) Contrast connections of student cultural and social self-awareness to their view of others, including their cultural assumptions and biases</li> </ul>

### Content Area o: Studio Art

The curriculum must provide students with the opportunity to maintain contact with the discipline of art making, to continuously engage in a personal creative process, and to expand knowledge and skills via ongoing explorations of media potentials. Additional areas of coverage include an understanding personal symbolic language and integrative thinking in regards to intellectual, emotional, artistic, and interpersonal knowledge.

*This content may be fully taught by Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify methods and venues for displaying artwork	1) Incorporate knowledge and skills about art materials and processes 2) Demonstrate personal, hands-on contact with the discipline of art making 3) Recognize personal symbolic language (student recognition of their own imagery as opposed to client imagery)	1) Display connections to a personal creative process and artist identity

### Content Area p: Specializations

The curriculum must provide students with the opportunity to apply one or more areas of treatment specialization with specific clinical populations, settings, and interventions that recognize their unique characteristics.

Content specific to art therapy theory and practice must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

*Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Demonstrate advanced knowledge of a well-defined, specialized area of clinical or community-based practice	1) Describe in-depth experience with specific patient/client populations, practice settings and methods of interventions	1) Display cultural competence in consideration of unique characteristics of specific populations and settings

### Content Area q: Career Development

*The curriculum should provide students with the opportunity to understand knowledge and skills considered essential in enabling individuals and organizations to positively affect career development and aptitude. Additional areas of coverage include methods of assessment and strategies to facilitate career development with diverse clients. The content is recommended if required for certification or state licensure, but is not required for all programs.*

*This content may be fully taught by Related Professions Faculty.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Define theories and models of career planning and decision-making  2) Understand assessment tools and techniques, including art therapy assessments, relevant to career development	1) Apply information/resources available to support client choice  2) Use approaches for assessing the relationship between career development and client match in terms of lifestyle, life roles and mental health factors	1) Value multicultural and ethical strategies for facilitating career and educational planning and development with diverse clients

#### 4. Clinical Education Experiences

- a. The curriculum must include clinical education experiences that provide students with opportunities to practice the cognitive, psychomotor, and affective/behavior competencies that Art Therapy students must develop through their coursework and which lead to overall student learning outcomes.

*Clinical education experience should allow students opportunities to practice with varied client populations and practice settings.*

- b. Clinical education experiences must include an Art Therapy practicum involving observation and clinical practice of Art Therapy in regular consultation with a site supervisor and faculty supervisor, and a clinical internship working with clients under direct supervision of a qualified site supervisor and faculty supervisor in an appropriate setting.
- c. Clinical education experiences must provide students with both individual and group supervision.
- d. The structure and duration of clinical education experiences must meet educational program clinical experience requirements for credentialing and entry level practice as an Art Therapist.

# Appendix 3

# HOW & WHY ART THERAPY HELPS INDIVIDUALS WITH ASD



## ART THERAPY PROMOTES

- Social skills practice, communication and relationship development
- Flexibility of thinking
- Self-regulation
- Sensory engagement and regulation
- Motor Skills Development

## RESPECTS AUTONOMY

- Through acknowledgement and integration of client interests
- Through encouragement and cultivation of self-expression
- Through use of alternatives to traditional language based therapeutic communication

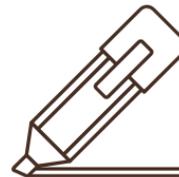


## ENGAGES PERSEVERATIVE INTERESTS

- "...perseveration is not simply mindless repetition without significance. What is said, drawn, sung or written often holds the key to the child's salient concerns. One need only listen seriously and see in order to partake in their struggles" (Henley, 1989, p. 53, Art Therapy Journal-AATA).

## COMMON OUTCOMES

- Improved communication
- Increased emotional expression
- Improved self-image
- Increased flexibility in thought
- Improved behavioral control



## USES VISUAL & PATTERN THINKING

- Individuals with Autism Spectrum Disorders often rely on visual or pattern thinking (Grandin and Panek, 2013, in the book The Autistic Brain).
- Individuals with ASDs rely more heavily on visual systems than those without (Kana, Keller, Cherassky, Minshew and Just, 2006, Brain issue 129)

## FOR MORE INFORMATION

- Schweizer, C.; Spreen, M.; & Knorth, E.J. (2017) Exploring what works in art therapy with children with autism: Tacit knowledge. Art Therapy: Journal of the American Art Therapy Association, 34(4), 183-191.
- Van Lith, T.; Woolhiser Stallings, J.; & Elliot Harris, C. (2017). Discovering good practice for art therapy with children who have Autism Spectrum Disorder. The Arts in Psychotherapy, 54, 78-84.



**\*NEURODIVERGENT=INDIVIDUALS WITH DIAGNOSES OF NEUROLOGICAL OR PSYCHIATRIC CONDITION SUCH AS ADHD OR ASD**

# Appendix 4



Code of Ethics, Conduct, and  
Disciplinary Procedures



**ART THERAPY** | **ATCB**  
**CREDENTIALS BOARD, INC.**

Effective April 21, 2018

*The mission of the Art Therapy  
Credentials Board is to protect the  
public by promoting the competent  
and ethical practice of art therapy  
through the credentialing of art  
therapy professionals.*

## **CODE OF ETHICS, CONDUCT, AND DISCIPLINARY PROCEDURES**

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## PREAMBLE

The Art Therapy Credentials Board (ATCB) is a nonprofit organization that seeks to protect the public by issuing registration, board certification, and clinical supervisor credentials to practitioners in the field of art therapy who meet certain established standards. The Board is national in scope and includes academicians, practitioners, supervisors, and a public member who work to establish rigorous standards that have a basis in real world practice.

The ATCB art therapy registration, board certification, and clinical supervisor credentials, hereinafter sometimes referred to as credentials, are offered to art therapists from a wide variety of practice disciplines, who meet specific professional standards for the practice of art therapy.

The Code of Ethics, Conduct, and Disciplinary Procedures is designed to provide art therapists and credential applicants with a set of Ethical Standards (Part I, Section 1) to guide them in the practice of art therapy, as well as Standards of Conduct (Part I, Section 2) to which every credentialed art therapist and credential applicant must adhere. The ATCB may decline to grant, withhold, suspend, or revoke the credentials of any person who fails to adhere to the Standards of Ethics and Conduct (Part I, Section 3). Credentialed art therapists and credential applicants are expected to comply with ATCB Standards of Ethics and Conduct.

The ATCB does not guarantee the job performance of any credential holder or applicant. The ATCB does not express an opinion regarding the competence of any registered or board certified art therapist or art therapy certified supervisor. Rather, registration, board certification or supervisor certification offered through an ATCB program constitutes recognition by the ATCB that, to its best knowledge, an art therapist or applicant meets and adheres to minimum academic preparation, professional experience, continuing education, and professional standards set by the ATCB.

The ATCB Code of Ethics, Conduct, and Disciplinary Procedures applies to all those credentialed by the ATCB and all ATCB applicants regardless of any other professional affiliation. The ATCB can bring actions to discipline or sanction ATCB credential holders and/or decline credentialing to applicants only if the provisions of the ATCB Code of Ethics, Conduct, and Disciplinary Procedures (but not any other ethical code) are found, after due process, to have been violated (Part II, Sections 4 and 5).

## I. CODE OF ETHICS AND CONDUCT

### 1. General Ethical Standards

The Art Therapy Credentials Board endorses the following general ethical principles, which shall guide the conduct of all art therapists who seek to obtain or maintain credentials under the authority of the ATCB.

#### 1.1 Responsibility to Clients

1.1.1 Art therapists shall advance the welfare of all clients, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1.2 Art therapists will not discriminate against or refuse professional services to individuals or groups based on age, gender, gender identity, gender expression, sexual orientation, ethnicity, race, national origin, culture, marital/partnership status, language preference, socioeconomic status, citizenship or immigration status, ability, religion/spirituality, or any other basis.

1.1.3 At the outset of the client-therapist relationship, art therapists must discuss and explain to clients the rights, roles, expectations, and limitations of the art therapy process.

1.1.4 Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions. Art therapists advise their clients that decisions on whether to follow treatment recommendations are the responsibility of the client. It is the professional responsibility of the art therapist to avoid ambiguity in the therapeutic relationship and to ensure clarity of roles at all times.

1.1.5 Art therapists continue a therapeutic relationship only so long as they believe that the client is benefiting from the relationship. It is unethical to maintain a professional or therapeutic relationship for the sole purpose of financial remuneration to the art therapist or when it becomes reasonably clear that the relationship or therapy is not in the best interest of the client.

1.1.6 Art therapists must not engage in therapy practices or procedures that are beyond their scope of practice, experience, training, and education.

1.1.7 Art therapists must not abandon or neglect clients receiving services. If art therapists are unable to continue to provide professional help, they must assist the client in making reasonable alternative arrangements for continuation of services.

1.1.8 Art therapists shall ensure regular contact with clients and prompt rescheduling of missed sessions.

1.1.9 Art therapists shall make all attempts to ensure there are procedures in place or follow recommendations for a “professional will” that suggests the handling of client documentation and art, if applicable, in the event of their unexpected death or inability to continue practice. Art therapists shall recognize the harm it may cause if clients are unable to access services in such a situation and identify individuals who can assist clients with obtaining services and with appropriate transfer of records. These written procedures shall be provided to the client.

1.1.10 Art therapists shall provide clients with contact information for the Art Therapy Credentials Board.

1.1.11 Art therapists are familiar with state requirements and limitations for consent for treatment. When providing services to minors or persons unable to give voluntary consent, art therapists seek the assent of clients and/or guardians to services, and include them in decision making as much as possible. Art therapists recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

1.1.12 Art therapists should obtain qualified medical or psychological consultation for cases when such evaluation and/or administration of medication is required. Art therapists must not provide services other than art therapy unless certified or licensed to provide such other services.

1.1.13 Practitioners of art therapy must conform to relevant federal, provincial, state, and local statutes and ordinances that pertain to the provision of independent mental health practice. Laws vary based upon the location of the practice. It is the sole responsibility of the independent practitioner to conform to these laws. Art therapists shall be knowledgeable about statutes and/or laws that pertain to art therapy and mental health practice in any jurisdiction (state, province, country) in which they practice.

1.1.14 Art therapists must seek to provide a safe, private, and functional environment in which to offer art therapy services. This includes, but is not limited to: proper ventilation, adequate lighting, access to water supply, knowledge of hazards or toxicity of art materials and the effort needed to safeguard the health of clients, storage space for client artworks and secured areas for any hazardous materials, monitored use of sharps, allowance for privacy and confidentiality, and compliance with any other health and safety requirements according to state and federal agencies that regulate

comparable businesses.

## 1.2 [Professional Competence and Integrity](#)

1.2.1. Art therapists must maintain high standards of professional competence and integrity.

1.2.2 Art therapists must keep informed and updated with regard to developments in the field which relate to their practice by engaging in educational activities and clinical experiences. Additionally, art therapists shall seek regular consultation and/or supervision with fellow qualified professionals.

1.2.3 Art therapists shall assess, treat, or advise only in those cases in which they are competent as determined by their education, training, and experience.

1.2.4 Art therapists shall develop and improve multicultural competence through ongoing education and training. Art therapists shall use practices in accordance with the client’s or group’s age, gender, gender identity, gender expression, sexual orientation, ethnicity, race, national origin, culture, marital/partnership status, language preference, socioeconomic status, immigration/citizenship status, ability, religion/spirituality, or any other identity factor.

1.2.5 Art therapists shall communicate in ways that are both developmentally and culturally sensitive and appropriate. When clients and/or art therapists have difficulty understanding each other’s language, art therapists shall attempt to locate necessary translation/interpretation services.

1.2.6 Art therapists will obtain client’s written consent to communicate with other health care providers for the purpose of collaborating on client treatment.

1.2.7 Art therapists, because of their potential to influence and alter the lives of others, must exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

1.2.8 Art therapists must seek appropriate professional consultation or assistance for their personal problems or conflicts that may impair or affect work performance or clinical judgment.

1.2.9 Art therapists must not distort or misuse their clinical and research findings.

1.2.10 Art therapists shall file a complaint with the ATCB when they have reason to believe that another art therapist is or has been engaged in conduct that violates the law or the Standards of Ethics and Conduct contained in this Code. This does not apply when the belief is based upon information obtained in the course of a therapeutic relationship with a client and voluntary, written

authorization for disclosure of the information has not been obtained; however, this does not relieve an art therapist from the duty to file any reports required by law.

1.2.11 Art therapists shall notify the ATCB of any disciplinary sanctions imposed upon themselves or another art therapist by another professional credentialing agency or organization, when such sanctions come to their attention.

1.2.12 Art therapists shall not knowingly make false, improper, or frivolous ethics or legal complaints against colleagues or other art therapists.

### 1.3 [Responsibility to Students and Supervisees](#)

1.3.1 Art therapists must instruct their students using accurate, current, and scholarly information and at all times foster the professional growth of students and advisees.

1.3.2 Art therapists as teachers, supervisors, and researchers must maintain high standards of scholarship and present accurate information.

1.3.3 Art therapists must not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their education, training, experience, or competence, including multicultural and diversity competence.

1.3.4 Art therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.

1.3.5 Art therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Art therapists, therefore, shall not engage in a therapeutic relationship with their students or supervisees.

1.3.6 Art therapists do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.

1.3.7 Art therapists who offer and/or provide supervision must:

1.3.7.1 Ensure that they have proper training and supervised experience, contemporary continuing education and/or graduate training in clinical supervision;

1.3.7.2 Ensure that supervisees are informed of the supervisor's credentials and professional status as well as all conditions of supervision as defined/outlined by the supervisor's practice, agency, group, or organization;

1.3.7.3 Ensure that supervisees are aware

of the current ethical standards related to their professional practice, including the ATCB Code of Ethics, Conduct, and Disciplinary Procedures;

1.3.7.4 Ensure regular contact with supervisees and prompt rescheduling of missed supervision sessions;

1.3.7.5 Provide supervisees with adequate feedback and evaluation throughout the supervision process;

1.3.7.6 Ensure that supervisees inform their clients of their professional status, the name and contact information of their supervisors, and obtain informed consent from their clients for sharing disguised client information and artwork or reproductions as necessary with their supervisors;

1.3.7.7 Ensure that supervisees obtain client consent to share client artwork or reproductions in supervision;

1.3.7.8 Establish procedures with their supervisees for handling crisis situations.

1.3.9 Art therapy supervisors shall provide supervisees with a professional disclosure statement that advises supervisees of the supervisor's affirmation of adherence to this Code of Ethics, Conduct, and Disciplinary Procedures, and instructions regarding how the supervisee should address any dissatisfaction with the supervision process including how to file a complaint with the ATCB, the ATCB's address, telephone number, and email address.

### 1.4 [Responsibility to Research Participants](#)

1.4.1 Art therapists who are researchers must respect the dignity and protect the welfare of participants in research.

1.4.2 Researchers must be aware of and comply with federal, provincial, state, and local laws and regulations, agency regulations, institutional review boards, and professional standards governing the conduct of research.

1.4.3 Researchers must make careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators must seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

1.4.4 Researchers requesting potential participants' involvement in research must inform them of all risks and aspects of the research that might reasonably be expected to influence willingness to participate, and must obtain a written acknowl-

edgment of informed consent, reflecting an understanding of the said risks and aspects of the research, signed by the participant or, where appropriate, by the participant's parent or legal guardian. Researchers must be especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.

1.4.5 Researchers must respect participants' freedom to decline participation in or to withdraw from a research study at any time. This principle requires thoughtful consideration when investigators or other members of the research team are in positions of authority or influence over participants. Art therapists, therefore, must avoid relationships with research participants outside the scope of the research.

1.4.6 Art therapists must treat information obtained about research participants during the course of the research protocol as confidential unless the participants have previously and reasonably authorized in writing that their confidential information may be used. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, must be explained to the participants as part of the above stated procedure for obtaining a written informed consent.

## 1.5 Responsibility to the Profession

1.5.1 Art therapists must respect the rights and responsibilities of professional colleagues and should participate in activities that advance the goals of art therapy.

1.5.2 Art therapists must adhere to the ATCB standards of the profession when acting as members or employees of third-party organizations.

1.5.3 Art therapists must attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

1.5.4 Art therapists who author books or other materials that are published or distributed must cite persons to whom credit for original ideas is due.

1.5.5 Art therapists who author books or other materials published or distributed by a third party must take reasonable precautions to ensure that the third party promotes and advertises the materials accurately and factually.

1.5.6 Art therapists are encouraged, whenever possible, to recognize a responsibility to partici-

pate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

1.5.7 Art therapists are encouraged, whenever possible, to assist and be involved in developing laws and regulations pertaining to the field of art therapy that serve the public interest and in changing such laws and regulations that are not in the public interest.

1.5.8 Art therapists are encouraged, whenever possible, to promote public understanding of the principles and the profession of art therapy through presentations to general audiences, mental health professionals, and students. In making such presentations, art therapists shall accurately convey to the audience members or students the expected competence and qualifications that will result from the presentations, as well as, the differences between the presentation and formal studies in art therapy.

1.5.9 Art therapists must cooperate with any ethics investigation by any professional organization or government agency, and must truthfully represent and disclose facts to such organizations or agencies when requested or when necessary to preserve the integrity of the art therapy profession.

1.5.10 Art therapists should endeavor to ensure that the benefits and limitations are correctly conveyed by any institution or agency of which they are employees.

1.5.11 Art therapists are accountable at all times for their behavior. They must be aware that all actions and behaviors of the art therapist reflect on professional integrity and, when inappropriate, can damage the public trust in the art therapy profession. To protect public confidence in the art therapy profession, art therapists avoid behavior that is clearly in violation of accepted moral and legal standards.

## 2. **Standards of Conduct**

The Art Therapy Credentials Board prescribes the following standards of conduct, which shall guide the conduct of all art therapists who seek to obtain or maintain credentials under the authority of the ATCB.

### 2.1 Confidentiality

2.1.1 Art therapists shall inform clients of the purpose and limitations of confidentiality.

2.1.2 Art therapists shall respect and protect confidential information obtained from clients, including, but not limited to, all verbal and/or artistic expression occurring within the client-

therapist relationship.

2.1.3 Art therapists shall protect the confidentiality of the client-therapist relationship in all matters.

2.1.4 Art therapists shall not disclose confidential information without the client's explicit written consent unless mandated by law or a court order. In these cases, confidences may be disclosed only as legally and reasonably necessary in the course of that action. All disclosures of information shall be documented in the client's file, including the identity of the recipient, the basis upon which the information was disclosed, and a description of the information disclosed.

2.1.5 If there is reason to believe that the client or others are in immediate, serious danger to health or life, any such disclosure shall be made consistent with state and federal laws that pertain to the protection and welfare of the client or others. Art therapists strive to disclose information in a way that ensures respect for the client and integrity for the therapeutic relationship.

2.1.6 In the event that art therapists believe it is in the interest of a client to disclose confidential information, they shall seek and obtain written authorization from the client or the client's legal guardian, before making any disclosures, unless such disclosure is required by law.

2.1.7 For the purpose of collecting information on harm caused to clients or possible violations of ATCB rules and its Code of Ethics, Conduct, and Disciplinary Procedures by art therapists or those falsely claiming to have an ATCB credential, art therapists may disclose such information without the client's explicit written consent if the information is disguised so that the identity of the client is fully protected.

2.1.8 Art therapists shall maintain client treatment records for a reasonable period of time consistent with federal and state laws, agency regulations and sound clinical practice. Records shall be stored or disposed of in ways that maintain client confidentiality.

2.1.9 Whenever possible, a photographic representation should be maintained, in accordance with the provisions set forth in 2.2.2 of this document on consent to photograph, for all work created by the client that is relevant to document the therapy if maintaining the original artwork would be difficult.

2.1.10 When the client is a minor, any and all disclosure or consent shall be made to or obtained from the parent or legal guardian of the client, except where otherwise provided by state law. Care shall be taken to preserve confidentiality with the minor client and to refrain from disclo-

sure of information to the parent or guardian that might adversely affect the treatment of the client, except where otherwise provided by state law or when necessary to protect the health, welfare, or safety of the minor client.

2.1.11 Client confidentiality must be maintained when clients are involved in research, according to Part I, Section 1.4 of this code of practice.

2.1.12 Independent practitioners of art therapy must sign and issue a written professional disclosure statement to a client upon the establishment of a professional relationship. Such disclosure statement must include, but need not be limited to, the following information: education, training, experience, professional affiliations, credentials, fee structure, payment schedule, session scheduling arrangements, information pertaining to the limits of confidentiality and the duty to report. The name, address, and telephone number of the ATCB should be written in this document along with the following statement, "The ATCB oversees the ethical practice of art therapists and may be contacted with client concerns." It is suggested that a copy of the statement be retained in the client's file.

## 2.2 Use and Reproduction of Client Art Expression and Therapy Sessions

2.2.1 Art therapists shall take into consideration the benefits and potential negative impact of photographing, videotaping, using other means to duplicate, and/or display and/or broadcast client artwork with the client's best interest in mind. Art therapists shall provide to the client and/or parent or legal guardian clear warnings about the art therapist's inability to protect against the use, misuse, and republication of the art product and/or session by others once it is displayed or posted.

2.2.2 Art therapists shall not make or permit any public use or reproduction of a client's art therapy sessions, including verbalization and art expression, without express written consent of the client or the client's parent or legal guardian.

2.2.3 Art therapists shall obtain written informed consent from a client, or when applicable, a parent or legal guardian, before photographing the client's art expressions, making video or audio recordings, otherwise duplicating, or permitting third-party observation of art therapy sessions.

2.2.4 Art therapists shall use clinical materials in teaching, writing, electronic formats and public presentations only if a written authorization has been previously obtained from the client, client's parent, or legal guardian.

2.2.5 Art therapists shall obtain written, in-

formed consent from a client or, when appropriate, the client's parent or legal guardian, before displaying the client's art in galleries, healthcare facilities, schools, the Internet or other places.

2.2.6 Only the client, parent or legal guardian may give signed consent for use of client's art or information from sessions and treatment, and only for the specific uses, and in the specific communication formats, designated in the consent. Once consent has been granted, art therapists shall ensure that appropriate steps are taken to protect client identity and disguise any part of the notes, art expression or audio or video recording that reveals client identity unless the client, parent or legal guardian specifically designates in the signed consent that the client's identity may be revealed. The signed consent form shall include conspicuous language that explains the potential that imagery and information displayed or used in any form may not be able to be permanently removed if consent is later revoked.

### 2.3 Professional Relationships

2.3.1 Art therapists shall not engage in any relationship, including through social media, with current or former clients, students, interns, trainees, supervisees, employees, or colleagues that is exploitative by its nature or effect.

2.3.2 Art therapists shall make their best efforts to avoid, if it is reasonably possible to do so, entering into non-therapeutic or non-professional relationships with current or former clients, students, interns, trainees, supervisees, employees, or colleagues or any family members or other persons known to have a close personal relationship with such individuals such as spouses, children, or close friends.

2.3.3 In the event that the nature of any such relationship is questioned, the burden of proof shall be on the art therapist to prove that a non-therapeutic or non-professional relationship with current or former clients, students, interns, trainees, supervisees, employees, or colleagues is not exploitative or harmful to any such individuals.

2.3.4 Exploitative relationships with clients include, but are not limited to, borrowing money from or loaning money to a client, hiring a client, engaging in a business venture with a client, engaging in a romantic relationship with a client, or engaging in sexual intimacy with a client.

2.3.5 Art therapists shall take appropriate professional precautions to ensure that their judgment is not impaired, that no exploitation occurs, and that all conduct is undertaken solely in the client's best interest.

2.3.6 Art therapists shall not use their profes-

sional relationships with clients to further their own interests.

2.3.7 Art therapists shall be aware of their influential position with respect to students and supervisees, and they shall avoid exploiting the trust and dependency of such persons. Art therapists, therefore, shall not provide therapy to students or supervisees contemporaneously with the student/supervisee relationship.

2.3.8 Art therapists must not knowingly misuse, or allow others to misuse, their influence when engaging in personal, social, organizational, electioneering or lobbying activities.

2.3.9 Art therapists do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.

2.3.10 Art therapists shall be aware of and take into account the traditions and practices of other professions with which they work and cooperate fully with them.

2.3.11 Art therapists who have a private practice, but who are also employed in an agency or group practice must abide by and inform clients of the agency's or group practice's policies regarding self-referral.

2.3.12 Any data derived from a client relationship and subsequently used in training or research shall be so disguised in such a way that the client's identity is fully protected. Any data which cannot be so disguised may be used only as expressly authorized by the client's informed and voluntary consent.

### 2.4 Financial Arrangements

2.4.1 Independent practitioners of art therapy shall seek to ensure that financial arrangements with clients, third party payers, and supervisees are understandable and conform to accepted professional practices.

2.4.2 If a client wishes to access insurance coverage for art therapy services out of state, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.

2.4.3 Art therapists must not offer or accept payment for referrals.

2.4.4 Art therapists must not exploit their clients financially.

2.4.5 Art therapists must represent facts truthfully to clients, third party payers, and supervisees regarding services rendered and the charges thereof.

2.4.6 Art therapists who intend to use collection agencies or take legal measure to collect fees from clients who do not pay for services as

agreed upon must first inform clients in writing of such intended actions and offer clients the opportunity to make payment.

2.4.7 Art therapists may barter only if the relationship is not exploitive or harmful and does not place the art therapist in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals within the community. Art therapists should consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

2.4.8 Art therapists shall not accept gifts from clients except in cases when it is culturally appropriate or therapeutically relevant to the specific client. Prior to acceptance, art therapists shall consider the value of the gift and discuss the gift-giving with the client. The art therapist shall document the matter, including all consideration and the client discussion in the client's record.

## 2.5 Advertising

2.5.1 Art therapists shall provide sufficient and appropriate information about their professional services to help the layperson make an informed decision about contracting for those services.

2.5.2 Art therapists must accurately represent their competence, education, earned credentials, training, and experience relevant to their professional practice.

2.5.3 Art therapists must ensure that all advertisements and publications, whether in print, directories, announcement cards, newspapers, radio, television, electronic format such as the Internet, or any other media, are formulated to accurately convey, in a professional manner, information that is necessary for the public to make an informed, knowledgeable decision.

2.5.4 Art therapists must not use names or designations for their practices that are likely to confuse and/or mislead the public concerning the identity, responsibility, source, and status of those under whom they are practicing, and must not hold themselves out as being partners or associates of a firm if they are not.

2.5.5 Art therapists must not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if it: fails to state any material fact necessary to keep the statement from being misleading; is intended to, or likely to, create an unjustified expectation; or contains a material misrepresentation of fact.

2.5.6 Art therapists must correct, whenever possible, false, misleading, or inaccurate information and representations made by others concerning the art therapist's qualifications, services, or products.

2.5.7 Art therapists must make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.

2.5.8 Art therapists may represent themselves as specializing within a limited area of art therapy only if they have the education, training, and experience that meet recognized professional standards to practice in that specialty area.

## 2.6 Measurement and Evaluation

2.6.1 Art therapists shall use or interpret only the specific assessment instruments for which they have the required education and supervised experience.

2.6.2 Art therapists must provide instrument specific orientation or information to an examinee prior to and following the administration of assessment instruments or techniques so that the results may be placed in proper perspective with other relevant factors. The purpose of testing and the explicit use of the results must be made known to an examinee prior to testing.

2.6.3 In selecting assessment instruments or techniques for use in a given situation or with a particular client, art therapists must carefully evaluate the specific theoretical bases and characteristics, validity, reliability and appropriateness of each instrument.

2.6.4 When making statements to the public about assessment instruments or techniques, art therapists must provide accurate information and avoid false claims or misconceptions concerning the instrument's reliability and validity.

2.6.5 Art therapists must follow all directions and researched procedures for selection, administration and interpretation of all evaluation instruments and use them only within proper contexts.

2.6.6 Art therapists must be cautious when interpreting the results of instruments that possess insufficient technical data, and must explicitly state to examinees the specific limitations and purposes for the use of such instruments.

2.6.7 Art therapists must proceed with caution when attempting to evaluate and interpret performance of any person who cannot be appropriately compared to the norms for the instrument.

2.6.8 Because prior coaching or dissemination of assessment instruments can invalidate test results, art therapists are professionally obligated to

maintain test security.

2.6.9 Art therapists must consider psychometric limitations when selecting and using an instrument, and must be cognizant of the limitations when interpreting the results. When tests are used to classify clients, art therapists must ensure that periodic review and/or retesting are conducted to prevent client stereotyping.

2.6.10 Art therapists recognize that test results may become obsolete, and avoid the misuse of obsolete data.

2.6.11 Art therapists must not appropriate, reproduce, or modify published assessment instruments or parts thereof without acknowledgement and permission from the publisher, except as permitted by the fair educational use provisions of the U.S. copyright law.

2.6.12 Art therapists who develop assessment instruments for the purpose of measuring personal characteristics, diagnosing, or other clinical uses shall provide test users with a description of the benefits and limitations of the instrument, appropriate use, interpretation, and information on the importance of basing decisions on multiple sources rather than a single source.

## 2.7 [Documentation](#)

Art therapists must maintain records that:

2.7.1 Are in compliance with federal, provincial, state, and local regulations and any licensure requirements governing the provision of art therapy services for the location in which the art therapy services are provided.

2.7.2 Are in compliance with the standards, policies and requirements at the art therapist's place of employment.

2.7.3 Include essential content from communication with/by the client via electronic means.

## 2.8 [Termination of Services](#)

2.8.1 Art therapists shall terminate art therapy when the client has attained stated goals and objectives or fails to benefit from art therapy services.

2.8.2 Art therapists must communicate the termination of art therapy services to the client, client's parent or legal guardian.

## 2.9 [Electronic Means](#)

2.9.1 Art therapists must inform clients of the benefits, risks, and limitations of using information technology applications in the therapeutic process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, faxing, telephones, the Internet, online assessment instruments, and

other technological procedures and devices. Art therapists shall utilize encryption standards within Internet communications and/or take such precautions to reasonably ensure the confidentiality of information transmitted, as in 2.9.5.6.

2.9.2 When art therapists are providing technology-assisted distance art therapy services, the art therapist shall make a reasonable effort to determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

2.9.3 Art therapists must ensure that the use of technology in the therapeutic relationship does not violate the laws of any federal, provincial, state, local, or international entity and observe all relevant statutes.

2.9.4 Art therapists shall seek business, legal, and technical assistance when using technology applications for the purpose of providing art therapy services, particularly when the use of such applications crosses provincial, state lines or international boundaries.

2.9.5 As part of the process of establishing informed consent, art therapists shall do the following:

2.9.5.1 Inform clients of issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications, and the difficulty in removing any information or imagery that has been posted electronically if consent is later revoked.

2.9.5.2 Inform clients of all colleagues, supervisors, and employees (including Information Technology [IT] administrators) who might have authorized access to electronic transmissions.

2.9.5.3 Inform clients that, due to the nature of technology assisted art therapy, unauthorized persons may have access to information/art products that clients may share in the therapeutic process.

2.9.5.4 Inform clients of pertinent legal rights and limitations governing the practice of a profession across state/provincial lines or international boundaries.

2.9.5.5 Inform clients that Internet sites and e-mail communications will be encrypted but that there are limitations to the ability of encryption software to help ensure confidentiality.

2.9.5.6 When the use of encryption is not possible, art therapists notify clients of this fact and limit electronic transmissions to general communications that are not

client specific.

2.9.5.7 Inform clients if and for how long archival storage of transaction records are maintained.

2.9.5.8 Discuss the possibility of technology failure and alternate methods of service delivery.

2.9.5.9 Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the art therapist is not available.

2.9.5.10 Discuss time zone differences, and cultural or language differences that might impact service delivery.

2.9.5.11 If a client wishes to access insurance coverage for technology-assisted distance art therapy services, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.

2.9.5.12 Inform clients that communication will be included in client documentation as mentioned in 2.7.3.

2.9.6 Art therapists maintaining sites on the Internet shall do the following:

2.9.6.1 Regularly check that electronic links are working and professionally appropriate.

2.9.6.2 Provide electronic links to the ATCB and other relevant state, provincial, and or international licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.

2.9.6.3 Strive to provide a site that is accessible to persons with disabilities

## 2.10 [Social Media](#)

2.10.1 Art therapists who maintain social media sites shall clearly distinguish between their personal and professional profiles by tailoring information specific to those uses and modifying who can access each site.

2.10.2 In keeping with their duty to the profession, art therapists who respond to or post on social media shall ensure that their posts are reflective of the ethics and conduct outlined in this Code.

2.10.3 Art therapists do not disclose or display confidential information through social media.

## 3. [Eligibility for Credentials](#)

As a condition of eligibility for and continued maintenance or renewal of any ATCB credential, each applicant, registrant, certificant, or certified supervisor agrees to the following:

### 3.1 [Compliance with ATCB Standards, Policies and Procedures](#)

3.1.1 No person is eligible to apply for or maintain credentials unless in compliance with all ATCB eligibility criteria as stated in the ATR, ATR-BC, and ATCS applications, as well as all other ATCB rules and standards, policies and procedures, including, but not limited to, those stated herein, and including timely payment of fees and any other requirements for renewal of credentials.

3.1.2 Each applicant, registrant, or certificant bears the burden for showing and maintaining compliance at all times. The ATCB may deny, decline to renew, revoke, or otherwise act upon credentials when an applicant, registrant, or certificant is not in compliance with all ATCB standards, policies, and procedures.

### 3.2 [Complete Application](#)

3.2.1 The ATCB may make administrative requests for additional information to supplement or complete any application for credentials or for renewal of existing credentials. An applicant must truthfully complete and sign an application in the form provided by the ATCB, must provide the required fees, and must provide additional information as requested.

3.2.2 The applicant, registrant, or certificant must provide written notification to the ATCB at the time of submission of an initial application and thereafter within 60 days of occurrence of any change in name, address, telephone number, and any other facts bearing on eligibility for credentials, including but not limited to: filing of an indictment, charge or complaint, not including traffic offenses, with any court, regulatory authority, professional association, credentialing body, or governmental or private payer of benefits; any litigation involving allegations of professional negligence or misconduct and the final disposition of such charges, complaints, or cases including but not limited to, entry of a judgment, order of dismissal or deferred adjudication, conviction, plea of guilty, plea of nolo contendere, and imposition of disciplinary sanctions.

3.2.3 An applicant, registrant, or certificant will provide information requested by the Ethics Officer.

3.2.4 An applicant, registrant, or certificant must not make and must correct immediately any statement concerning his or her status that is or becomes inaccurate, untrue, or misleading.

3.2.5 All references to "days" in ATCB standards, policies and procedures shall mean calendar days. Communications required by the ATCB

shall be transmitted by certified mail, return receipt requested, or other verifiable method of delivery.

3.2.6 The applicant, registrant, or certificant shall provide the ATCB with documentation of compliance with ATCB requirements as requested by the ATCB through its President or Executive Director.

### 3.3 Property of ATCB and Eligibility Determination

3.3.1 All examinations, certificates, and registration or certification cards of the ATCB, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, are all the exclusive property of the ATCB and may not be used in any way without the express prior written consent of the ATCB.

3.3.2 ATCB applicants, registrants, or certifiants who share, use, or alter ATCB examinations, certificates, and registration or certification cards of the ATCB, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, are subject to disciplinary sanctions that may include but are not limited to denial, declined renewal, or revocation of ATCB credentials and may be subject to civil or criminal prosecution.

3.3.3 In case of suspension, limitation, relinquishment, or revocation of ATCB credentials, or as otherwise requested by the ATCB, a person previously holding an ATCB credential shall immediately relinquish, refrain from using, and correct at his or her expense any and all outdated or otherwise inaccurate business cards, stationery, advertisements, or other use of any certificate, logo, emblem, and the ATCB name and related abbreviations.

### 3.4 Pending Criminal or Administrative Proceedings

3.4.1 An applicant, registrant, or certificant shall provide written notification to the ATCB of the filing in any court of any information, complaint, or indictment charge of a felony or with a crime related to the practice of art therapy or the public health and safety, or the filing of any charge or action before a state or federal regulatory agency or judicial body directly relating to the practice of art therapy or related professions, or to a matter described in Part I, Section 4.1. Such notification shall be within 60 days of the filing of such charge or action, and shall provide written documentation of the resolution of such charge within 60 days of resolution.

## 3.5 Criminal Convictions

3.5.1 Applicants who meet all criteria as delineated in the current ATCB credential applications and who have not had sanctions imposed by the ATCB or other governmental authority, insurance carrier, professional organization, or credentialing board, or been convicted of a serious criminal offense, or been listed on a governmental abuse registry will be considered eligible for an ATCB credential upon submission of all application materials and fees. All other applicants will be subject to review by the ATCB and demonstration of their fitness to practice art therapy and that they do not pose a risk to the public.

## **II. DISCIPLINARY PROCEDURES**

### **4. Standards Of Conduct: Discipline Process**

#### 4.1 Grounds For Discipline

4.1.1 The ATCB may deny or revoke credentials or otherwise take action with regard to credentials or an application for credentials under the following circumstances:

4.1.1.1 Failure to observe and comply with the Standards of Ethics and Conduct stated herein;

4.1.1.2 Failure to meet and maintain eligibility for ATCB credentials;

4.1.1.3 Irregularity in connection with any ATCB examination;

4.1.1.4 Failure to pay fees required by the ATCB;

4.1.1.5 Unauthorized possession of, use of, or access to ATCB examinations, certificates, registration or certification cards, logos, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, and any variations thereof, and any other ATCB documents and materials;

4.1.1.6 Obtaining, maintaining, or attempting to obtain or maintain credentials by a false or misleading statement, failure to make a required statement, fraud, or deceit in an application, reapplication, or any other communication to the ATCB;

4.1.1.7 Misrepresentation of status of ATCB credentials;

4.1.1.8 Failure to provide any written information required by the ATCB;

4.1.1.9 Failure to cooperate with the ATCB or any body established or convened by the ATCB at any point from the inception of an ethical or disciplinary

complaint through the completion of all proceedings regarding that complaint;

4.1.1.10 Habitual use of alcohol, any drug or any substance, or any physical or mental condition, which impairs competent and objective professional performance;

4.1.1.11 Gross negligence in the practice of art therapy or other related professional work; including, but not limited to, sexual relationships with clients, and sexual, physical, social, or financial exploitation;

4.1.1.12 Limitation or sanction (including but not limited to discipline, revocation, or suspension by a regulatory board or professional organization) in a field relevant to the practice of art therapy;

4.1.1.13 The conviction of, or plea of guilty or plea of nolo contendere to, (i) any felony or (ii) any crime related to the practice of art therapy, the therapist's professional qualifications, or public health and safety. Convictions of this nature include but are not limited to those involving rape, sexual abuse of a patient or vulnerable person, actual or threatened use of a weapon or violence, and the prohibited sale, distribution or use of a controlled substance;

4.1.1.14 Failure to update information in a timely manner, including any violation referred to in this section, to the ATCB;

4.1.1.15 Failure to maintain confidentiality as required in the Standards of Ethics and Conduct, by any ATCB policy or procedure, or as otherwise required by law; or

4.1.1.16 Other violation of an ATCB standard, policy, or procedure stated herein or as stated in the ATCB candidate brochure or other material provided to applicants, registrants, or certificants.

## 4.2 [Release of Information](#)

4.2.1 Each applicant, registrant, and certificant agrees to cooperate promptly and fully in any review of eligibility or credential status, including submitting such documents and information deemed necessary to confirm the information in an application.

4.2.2 The individual applicant, registrant, or certificant agrees that the ATCB and its officers, directors, committee members, employees, ethics officers, and agents, may communicate any and all information relating to an ATCB application, registration or certification, and review thereof,

and any imposed public disciplinary sanctions to state and federal authorities, licensing boards, and employers, and may communicate any imposed public disciplinary sanctions and the status of a registrant's or certificant's credential to the public.

## 4.3 [Waiver](#)

4.3.1 An applicant, registrant, or certificant releases, discharges, exonerates, indemnifies, and holds harmless the ATCB, its officers, directors, committee members, employees, ethics officers, and agents, and any other persons from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, for actions of the ATCB arising out of applicant's application for or participation in the ATCB registration and/or certification programs and use of ATCB trademarks or other references to the ATCB registration and/or certification programs, including but not limited to the furnishing or inspection of documents, records, and other information and any investigation and review of applications or credentials by the ATCB.

## 4.4 [Reconsideration of Eligibility and Reinstatement of Credentials](#)

4.4.1 If eligibility or credentials are denied, revoked, or suspended for a violation of the Standards of Ethics and Conduct, eligibility for credentials may be reconsidered by the Board of Directors, upon application, on the following basis:

4.4.1.1 In the event of a felony conviction, no earlier than five years from and after the exhaustion of appeals, completion of sentence by final release from confinement, probationary or parole status, or satisfaction of fine imposed, whichever is later;

4.4.1.2 In any other event, at any time following imposition of sanctions, at the sole discretion of the Board of Directors.

4.4.2 In addition to other facts required by the ATCB, such an applicant must fully set forth the circumstances of the decision denying, revoking, or suspending eligibility or credentials as well as all relevant facts and circumstances since the decision.

4.4.3 The applicant bears the burden of demonstrating by clear and convincing evidence of rehabilitation and absence of danger to others.

## 4.5 [Deadlines](#)

4.5.1 The ATCB requires its applicants, registrants, and certificants to meet all deadlines imposed by the ATCB, especially in regard to

submission of fees, renewal or recertification applications, required evidence of continuing education, and sitting for its examinations. On rare occasions, circumstances beyond the control of the applicant, registrant or certificant, or other extraordinary conditions may render it difficult, if not impossible, to meet ATCB deadlines.

4.5.2 An applicant, registrant, or certificant who wishes to appeal a missed deadline must transmit a written explanation and make a request for a reasonable extension of the missed deadline along with the appropriate fees with full relevant supporting documentation, to the ATCB Executive Director, to the attention of the ATCB National Office.

4.5.3 The Board of Directors shall determine at the next meeting of the Board, in its sole discretion and on a case-by-case basis, what, if any, recourse will be afforded based on the circumstances described and the overall impact on the profession of art therapy. No other procedures shall be afforded for failure to meet ATCB deadlines.

4.5.4 The ATCB shall make every effort to follow the time requirements set forth in this document. However, the ATCB's failure to meet a time requirement shall not prohibit the final resolution of any ethics matter.

## 5. DISCIPLINARY PROCEDURES

### 5.1 Appointment of Disciplinary Hearing Panel

5.1.1 The ATCB Board of Directors may authorize an Ethics Officer and a Disciplinary Hearing Panel to investigate or consider alleged violations of the Standards of Ethics and Conduct contained in this Code or any other ATCB standard, policy or procedure. The ATCB Board of Directors shall appoint the chair of the Disciplinary Hearing Panel.

5.1.2 The Disciplinary Hearing Panel shall be composed of three members, including the chair. The membership of the Disciplinary Hearing Panel shall be drawn from ATCB registrants and certificants, except that one member of the Disciplinary Hearing Panel shall be a public member who shall not be an ATCB registrant or certificant.

5.1.3 The initial appointments to the Disciplinary Hearing Panel shall be for terms of three years as determined by the ATCB Board of Directors. Thereafter, a panel member's term of office on the panel shall run for three years and may be renewed. Once a member of the Disciplinary Hearing Panel begins to participate in the review of a matter, the panel member shall re-

main part of the Disciplinary Hearing Panel for that particular matter even if the review extends beyond the expiration of his or her term.

5.1.4 A Disciplinary Hearing Panel member may not serve simultaneously as Ethics Officer and may not serve on any matter wherein an actual or apparent conflict of interest or the Panel Member's impartiality might reasonably be questioned.

5.1.5 When a party to a matter before the Disciplinary Hearing Panel requests that a member of the panel, other than the chair, self-recuse, a final decision on the issue of recusal shall be made by the chair, subject to review as hereinafter provided. In the event a request is made that the chair self-recuse, the decision shall be made by the ATCB President, subject to review as hereinafter provided.

5.1.6 Panel action shall be determined by majority vote.

5.1.7 When a Panel member is unavailable to serve by resignation, disqualification, or other circumstance, the President of the ATCB shall designate another registrant or certificant, or public member, if applicable, to serve as an interim member for a particular matter or for the duration of the panel member's unexpired term whichever is appropriate.

### 5.2 Submission of Allegations

5.2.1 Any person concerned about a possible violation of the ATCB Standards of Ethics and Conduct, or other ATCB standard, policy or procedure, may initiate a written grievance, in as much detail and specificity as possible, including identifying the person(s) alleged to be involved and the facts concerning the alleged conduct. The written grievance should be accompanied by all available documentation. The grievance should be addressed to the Executive Director. A person initiating a grievance shall be referred to as the complainant.

5.2.2 The written grievance should contain the name of the applicant, certificant, or registrant who is the subject of the grievance, the facts and circumstances concerning the conduct complained about, and the name, address, and telephone number of the complainant and others who may have knowledge of relevant facts. Anonymous written grievances may be accepted by the ATCB, but the inability to follow up with the complainant might preclude effective and thorough investigation of the allegations and the imposition of sanctions against the applicant, certificant, or registrant who is the subject of the grievance. The ATCB may provide for the submission

of grievances on forms to be supplied by the Executive Director.

5.2.3 The Executive Director shall forward the grievance to the Public Member of the ATCB Board of Directors (the "Public Member") for further action. The Public Member may initiate grievances that shall be handled in the manner provided hereinafter for the review and determination of all grievances.

5.2.4 The Public Member shall review the allegations and supporting information and make a determination of the merits of the allegations, after such further inquiry as the Public Member Director considers appropriate, and after consultation with ATCB legal counsel as needed. The Public Member Director may share a copy of the complaint and any complaint materials with the applicant, certificant, or registrant as deemed necessary to assist in the investigation of the grievance. Care should be taken to redact information and the identity of any person identified in a grievance who is not a complainant when appropriate to protect the privacy rights of such person.

5.2.5 The Public Member may direct the ATCB Executive Director to assist with factual investigations or with administrative matters related to the initial review of allegations.

5.2.6 If the Public Member determines that the allegations are frivolous or fail to state a violation of the Standards of Ethics and Conduct, or that the ATCB lacks jurisdiction over the grievance or the person(s) complained about, the ATCB shall not take further action and shall notify the complainant.

5.2.7 If the Public Member determines that probable cause may exist to deny eligibility for credential or that probable cause exists of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, the Public Member shall forward in writing all details of the allegations to one of the Ethics Officers.

5.2.8 The Ethics Officer shall review the allegations and supporting information provided and may make such further inquiry, as deemed appropriate.

5.2.9 The Ethics Officer may seek the assistance of the Executive Director to research precedents in the ATCB's files, as reasonably determined to be necessary in making a determination regarding probable cause of a violation of the Standards of Ethics and Conduct, any other ATCB policy or procedure, or other misconduct. The Ethics Officer may direct the ATCB Executive Director to assist with factual investigations or with administrative matters related to the

review of allegations.

5.2.10 If the Ethics Officer concurs that probable cause may exist to deny eligibility or that probable cause exists of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, the Ethics Officer shall transmit a copy of the grievance and written notification containing the allegations and findings to the full Disciplinary Hearing Panel, the complainant and the applicant, certificant or registrant who is the subject of the grievance and any attorneys representing them. Care should be taken to redact information and the identity of any person identified in a grievance who is not a complainant when appropriate to protect the privacy rights of such person. All written notices to the applicant, registrant or certificant shall be sent by certified mail, return receipt requested, to their addresses listed in the ATCB records. However if the Ethics Officer, in agreement with the Public Member, determines that the probable violation (s) are minor or technical in nature and have neither caused nor presented a danger of serious harm to a client or the public, the Ethics Officer may choose to resolve the complaint by the issuance of an advisory letter to the registrant or certificant setting out the identified probable violations and recommendations on corrective or preventative measures that should be implemented by the registrant or certificant in the future. All such advisory letters shall be maintained as part of the registrant's or certificant's file and may be taken into consideration of the sanctions to be assessed in connection with any future complaints brought against the registrant or certificant. Advisory letters shall not be made public.

5.2.11 If the Ethics Officer determines that probable cause does not exist to deny eligibility or that that probable cause does not exist of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, or that the ATCB lacks jurisdiction over the complaint or the person(s) against whom the complaint was made, the Ethics Officer shall direct ATCB to take no further action and shall notify in writing the Board, the applicant, registrant, or certificant, and complainant, if any.

5.2.12 If upon referral of a grievance from the Public Member the Ethics Officer determines that reasonable cause exists that a registrant or certificant has had a license or certification revoked or suspended or has been charged, indicted, placed on deferred adjudication, community supervision, probation, or convicted of an offense listed below or determines that there is a serious concern for the protection and safety of the public, the Ethics

Officer shall present to the Disciplinary Hearing Panel a recommendation for summary suspension of the registrant's or certificant's registration or certification. If approved by a majority vote of the Disciplinary Hearing Panel, the Ethics Officer shall notify the registrant or certificant in writing by certified mail, return receipt requested, of the summary suspension at the registrant's or certificant's address listed in the ATCB records. The suspension shall be effective three (3) days after the date of mailing.

Summary suspension shall be considered for all serious offenses including but not limited to the following:

- (A) capital offenses;
- (B) sexual offenses involving a child victim;
- (C) felony sexual offenses involving an adult victim who is a client (one or more counts);
- (D) multiple counts of felony sexual offenses involving any adult victim;
- (E) homicide 1st degree;
- (F) kidnapping;
- (G) arson;
- (H) homicide of lesser degrees;
- (I) felony sexual offenses involving an adult victim who is not a client (single count);
- (J) attempting to commit listed crimes;
- (K) any felony or misdemeanor offenses potential physical harm to others and/or animals;
- (L) felony or misdemeanor alcohol and drug offenses;
- (M) all other felony offenses not listed.

A registration or certification summarily suspended shall remain suspended until final resolution of all criminal charges and a final decision of all complaints by the ATCB.

5.2.13 The ability of a complainant to withdraw a complaint shall be governed by the following standards:

- (A) The complaint may be withdrawn in the initial stage of the examination by the Public Member Director; however, the Public Member Director or the ATCB reserves the right to refile the complaint if, in his or her judgment, there is concern for the protection of the public.
- (B) Once the complaint has moved to an Ethics Officer for review, it cannot be withdrawn; however, the complainant cannot be forced to assist further.

### 5.3 Procedures of the Disciplinary Hearing Panel

5.3.1 Upon receipt of notice from the Ethics Officer containing a statement of the complaint allegations and the finding(s) that probable cause may exist to deny eligibility for credential or question compliance with the Standards of Conduct or any other ATCB policy or procedure, the applicant, registrant, or certificant shall have thirty (30) days after receipt of the notice to notify the Ethics Officer in writing that the applicant, registrant, or certificant disputes the allegations of the complaint and to request review by written submissions to the Disciplinary Hearing Panel, a telephone conference with the Disciplinary Hearing Panel, or an in-person hearing (held at a time and place to be determined by the panel), with the respondent bearing the respondent's own expenses for such hearing.

5.3.2 If the applicant, registrant, or certificant (respondent) does not contest the allegations of the complaint, the respondent may still request review by written submissions to the Disciplinary Hearing Panel, a telephone conference with the Disciplinary Hearing Panel, or an in-person hearing (held at a time and place to be determined by the panel), with the applicant, registrant, or certificant bearing the respondent's own expenses for such hearing, concerning the appropriate sanction(s) to be applied in the case.

5.3.3 If the applicant, registrant, or certificant does not submit a written statement contesting the allegations or notify the board of a request for review by written submission, telephone conference or in-person hearing as set forth in this paragraph, then the Disciplinary Hearing Panel shall render a decision based on the evidence available and apply sanctions as it deems appropriate.

5.3.4 If the applicant, registrant, or certificant requests a review, telephone conference, or hearing, the following procedures shall apply:

5.3.4.1 The Ethics Officer shall forward the allegations and any written statement from the applicant, registrant, or certificant to the Disciplinary Hearing Panel, and shall present the allegations and any substantiating evidence, examine and cross-examine witnesses, and otherwise present the matter during any hearing of the Disciplinary Hearing Panel.

5.3.4.2 The Disciplinary Hearing Panel shall then schedule a written review, or telephone or in-person hearing as requested by the applicant, registrant, or certificant, allowing for an adequate period of time for preparation, and shall

send by certified mail, return receipt requested, a notice to the applicant, registrant, or certificant and the complainant. The notice shall include a statement of the standards allegedly violated, the procedures to be followed, and the date for submission of materials for written review, or the time and place of any hearing, as determined by the Disciplinary Hearing Panel. The applicant, registrant, or certificant and the complainant may request a change in the date of any hearing for good cause, which shall not unreasonably be denied.

5.3.4.3 The Disciplinary Hearing Panel shall maintain a verbatim audio, video, or written transcript of any telephone or in-person hearing.

5.3.4.4 During any proceeding before the Disciplinary Hearing Panel, all parties may consult with and be represented by counsel at their own expense. At any hearing, all parties or their counsel may make opening statements, present relevant documents or other evidence and relevant testimony, examine and cross-examine witnesses under oath, make closing statements, and present written briefs as scheduled by the Disciplinary Hearing Panel.

5.3.4.5 The Disciplinary Hearing Panel shall determine all evidentiary and procedural matters relating to any hearing or written review. Formal rules of evidence shall not apply. Relevant evidence may be admitted. The chair, subject to the majority vote of the full panel, shall determine disputed questions regarding procedures or the admission of evidence. All decisions shall be made on the record.

5.3.4.6 The burden shall be upon the ATCB to demonstrate a violation by preponderance of the evidence.

5.3.4.7 Whenever there is a reasonable concern that the mental or behavioral abilities of the applicant, registrant, or certificant may be impaired, calling into question the ability to competently, safely and professionally provide art therapy services, the respondent may be required to undergo a mental or behavioral health examination at the respondent's own expense. The report of such an examination shall become part of the evidence considered.

5.3.4.8 The Disciplinary Hearing Panel shall issue a written decision following

any telephone or in-person hearing or written review and any submission of briefs. The decision shall contain findings of fact, a finding as to the truth of the allegations, and any sanctions applied. It shall be mailed by certified mail, return receipt requested, to the applicant, registrant, or certificant and complainant.

5.3.4.9 If the Disciplinary Hearing Panel finds that the allegations have not been proven by a preponderance of the evidence, no further action shall be taken, and the applicant, registrant, or certificant, and the complainant, if any, shall be notified by certified mail.

5.3.4.10 If the Disciplinary Hearing Panel finds that the allegations have been proven by a preponderance of the evidence it shall assess one or more appropriate public sanctions as set forth below:

- (1) deny, refuse to issue, or refuse to renew a registration or certification;
- (2) revoke or suspend a registration or certification;
- (3) probate a suspension of a registration or certification;
- (4) issue a reprimand;
- (5) publish the rule violation and the sanction imposed;
- (6) require mandatory remediation through specific education, treatment, and/or supervision;
- (7) require that the registrant or certificant take appropriate corrective action(s);
- (8) provide referral or notice to governmental bodies of any final determination made by the ATCB;
- or
- (9) other corrective action.

The Disciplinary Hearing Panel will determine the length of the probation or suspension. If the Disciplinary Hearing Panel probates the suspension of a registration or certification, it may require the registrant or certificant to:

- (1) report regularly to the Ethics Officer on matters that are conditions of the probation;
- (2) limit practice to the areas prescribed by the Disciplinary Hearing Panel; or
- (3) complete additional educational requirements, as required by the Disciplinary Hearing Panel

- to address the areas of concern that are the basis of the probation.
- (4) provide periodic progress reports from the registrant's or certificant's health care providers.
  - (5) provide periodic supervision reports from the registrant's or certificant's supervisor.

All public sanctions shall be listed on the ATCB's website and accessible to the general public and/or published in the ATCB's official publication.

5.3.4.11 An individual whose registration or certification is revoked is not eligible to apply for a registration or certification for a minimum of three years after the date of revocation. The ATCB may consider the findings that resulted in revocation and any other relevant facts in determining whether to deny the application if an otherwise complete and sufficient application for a registration, or certification is submitted after three years have elapsed since revocation.

5.3.4.12 A voluntary surrender of a registration or certification accepted by the ATCB in response to a grievance or complaint shall be deemed to be an admission to the alleged violations and may be considered as such by the Disciplinary Hearing Panel in rendering its decision.

#### 5.4 Appeal Procedures

5.4.1 If the decision rendered by the Disciplinary Hearing Panel is not favorable to the applicant, registrant, or certificant (respondent), the respondent may appeal the decision to the ATCB Board of Appeals by submitting to the Executive Director a written appeal statement within thirty (30) days following receipt of the decision of the Disciplinary Hearing Panel. The Disciplinary Hearing Panel shall grant any reasonable requests for extensions.

5.4.2 The Disciplinary Hearing Panel may file a written response to the appeal with the Executive Director.

5.4.3 The Executive Director shall immediately forward any appeal documents to the ATCB Board of Appeals.

5.4.4 The ATCB Board of Appeals by majority vote shall render a decision on the record without further hearing, although written briefs may be submitted on a schedule reasonably determined by the Board of Appeals. On matters on which the ATCB Public Member has initiated a complaint or performed the initial review, the Public Member shall not be part of the ATCB Board of Appeals.

5.4.5 The decision of the ATCB Board of

Appeals shall be rendered in writing following receipt and review of briefs. The decision shall contain findings of fact, findings as to the truth of the allegations, and any sanctions applied and the decision shall be final.

5.4.6 The decision of the ATCB Board of Appeals shall be communicated to the applicant, registrant, or certificant by certified mail, return receipt requested. The complainant, if any, shall be notified of the Board of Appeals' final decision.

#### 5.5 Bias, Prejudice, Impartiality

5.5.1 At all times during the ATCB's handling of any matter, the ATCB shall extend impartial review. If at any time during the ATCB's review of a matter an applicant, registrant, certificant, or any other person identifies a situation where the judgment of a reviewer may be biased or prejudiced or impartiality may be compromised (including employment with a competing organization), such person shall immediately report such matter to the Executive Director or President of the ATCB.

5.5.2 In matters where impartiality may be compromised, the reviewer shall self-recuse.

# Appendix 5



Cover art by Laura Weber  
Student, Adler Graduate School's art therapy program  
"A Line of Reasoning"  
*Oil pastels on paper*

**ART THERAPY** | **ATCB**  
**CREDENTIALS BOARD, INC.**

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## Statutory Descriptions of the Profession of Art Therapy

*Typical state statute definitions for “art therapy” include:*

**Maryland:** General Laws of Maryland, Chapter 629, Article – Health Occupations Section 17 (2013) 17-101

“Art therapy” means the integrated use of psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in:

- (1) Increasing awareness of self and others;
- (2) Coping with symptoms, stress, and traumatic experiences;
- (3) Enhancing cognitive abilities; and
- (4) Identifying and assessing clients’ needs in order to implement therapeutic intervention to meet developmental, behavioral, mental, and emotional needs.

**New Jersey:** Title 45 of the Revised Statutes. Section 45:8B-53 (2016)

“Art therapy” means the integrated use of psychotherapeutic principles with art media and the creative process to assist individuals, families or groups in:

- (1) increasing awareness of self and others;
- (2) coping with symptoms, stress, and traumatic experiences;
- (3) enhancing cognitive abilities; and
- (4) identifying and assessing clients’ needs in order to implement therapeutic intervention to meet developmental, behavioral, mental, and emotional needs.

*Expanded statute definitions for “art therapy” and “practice of art therapy” include:*

**New Hampshire** – Chapter 326-L, Revised Statutes Annotated (2018)

I. "Professional art therapy" means the integrated use of psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in:

- (a) Increasing awareness of self and others;
- (b) Coping with symptoms, stress, and traumatic experiences;
- (c) Enhancing cognitive abilities; and
- (d) Identifying and assessing clients' needs in order to implement therapeutic intervention to meet developmental, behavioral, mental, and emotional needs.

II. "Practice of professional art therapy" means to engage professionally and for compensation in art therapy and appraisal activities by providing services involving the application of art therapy principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions that includes, but is not limited to:

- (a) Clinical appraisal and treatment activities during individual, couples, family, or group sessions which provide opportunities for expression through the creative process;
- (b) Using the process and products of art creation to tap into a client's inner fears, conflicts, and core issues with the goal of improving physical, mental, and emotional functioning and well-being;

- (c) Using diagnostic art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, mental, and emotional needs; and
- (d) Employing art media, the creative process, and the resulting artwork to assist clients to:
  - (1) Reduce psychiatric symptoms of depression, anxiety, post-traumatic stress, and attachment disorders;
  - (2) Enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas;
  - (3) Cope with symptoms of stress, anxiety, traumatic experiences, and grief;
  - (4) Explore feelings, gain insight into behaviors, and reconcile emotional conflicts;
  - (5) Improve or restore functioning and a sense of personal well-being;
  - (6) Increase coping skills, self-esteem, awareness of self, and empathy for others;
  - (7) Channel feelings of anger and guilt in a healthy way; and
  - (8) Improve school performance, family functioning, and parent/child relationship.

*Kentucky Administrative Regulations sections defining “art therapy” and “practice of art therapy.”*

**Kentucky** 201 Kentucky Administrative Regulations 34:010. (2009) Licensure of professional art therapists.

- (5) "The practice of professional art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, and groups. Nothing in this subsection shall be construed to authorize any licensed professional art therapist to administer or interpret psychological tests in accordance with KRS Chapter 319;
- (7) (a) The practice of art therapy shall include the rendering to individuals, families, or groups, services that use art media and verbalization as a means of expression and communication to promote perceptive, intuitive, affective and expressive experiences that:
  - 1. Alleviate distress, reduce physical, emotional, behavioral, and social impairment; and
  - 2. Lead to growth or reintegration of one's personality.
- (b) Art therapy services shall include:
  - 1. Assessment and evaluation;
  - 2. Development of treatment plans, goals and objectives;
  - 3. Case management services; and
  - 4. Therapeutic verbal and visual treatment.

# Appendix 6

# State Regulation of Art Therapists

## I. States Enacting Art Therapist Licenses

**Connecticut:** Clinical Licensed Art Therapist (CLAT) issued by the Department of Public Health.

**Delaware:** Licensed Professional Art Therapist (LPAT) issued by the Board of Mental Health and Chemical Dependency Professionals.

**Kentucky:** Professional Art Therapy License (LPAT) issued by the Kentucky Board of Licensure for Professional Art Therapists, which is attached to the Office of Occupations and Professions of the Kentucky Public Protection Cabinet.

**Maryland:** Professional Clinical Art Therapy License (LPCAT) issued by the State Board of Professional Counselors and Therapists.

**Mississippi:** Professional Art Therapy License (LPAT) issued by the Mississippi State Board of Health with a three-member Professional Art Therapy Advisory Council.

**New Jersey:** Professional Art Therapy License (LPAT) issued by a five-member Art Therapy Advisory Committee under the State Board of Marriage and Family Therapy Examiners.

**New Mexico:** Professional Art Therapist License (LPAT) issued by the Counseling and Therapy Practice Board under the Boards and Commissions Division of the New Mexico Regulation & Licensing Department.

**Oregon:** Licensed Art Therapist (LAT) and Licensed Certified Art Therapist (LCAT) issued by the Health Licensing Office of the Oregon Health Authority.

## II. States Licensing Art Therapist under Related Licenses:

**New York:** Creative Arts Therapist License (LCAT) issued by the Office of the Professions of the New York State Education Department.

**Pennsylvania:** Art therapy defined in regulation as a qualifying “closely related field” for the professional counseling license issued by the State Board of Social Work, Marriage and Family Therapists and Professional Counselors under the Pennsylvania State Secretary of State.

**Texas:** Professional Counselor with Specialization in Art Therapy License (LPC-AT) issued by the Texas State Board of Examiners of Professional Counselors.

**Utah:** Art therapists with clinical art therapy master’s degrees recognized by the Utah Division of Occupational and Professional Licensing as meeting the education requirements for the Associate Clinical Mental Health Counselor license.

**Wisconsin:** Registered Art Therapist with License to Practice Psychotherapy issued by the Wisconsin Department of Safety and Professional Services to qualifying art therapists with board certification by the Art Therapy Credentials Board (ATCB).

## III. States Recognizing Art Therapists for purposes of State Hiring or Title Protection:

**Arizona:** State law authorizes the State Department of Health Services to contract for mental health and behavioral health services of Certified Art Therapists; defines Art Therapy for purposes of state law and provides title protection for credentialed art therapists.

**Louisiana:** State Department of Education regulations require licenses based on ATCB credentials to qualify for hiring as art therapists in public schools.

**New Hampshire:** Legislative act defining practice of professional art therapy and providing practice and title protection for practitioners holding master's or doctoral degrees in art therapy.

*AATA, August 2019*

# Appendix 7

## ATR-BC RECERTIFICATION STANDARDS

January 1, 2013

### PURPOSE

All Board Certified Art Therapists (ATR-BCs) must recertify every five (5) years. The purpose of the recertification process is to ensure that any person board certified by the ATCB continues to meet standards for board certification, as demonstrated by the accrual of 100 qualifying continuing education credits during the five-year certification cycle or by re-taking and passing the Art Therapy Credentials Board Examination (ATCBE), which is updated annually. The five (5) year Recertification requirement, an industry-standard time frame, ensures that ATR-BCs are current in maintaining the knowledge and skills necessary to demonstrate proficiency in the field in order to protect the public.

Those wishing to recertify by taking and passing the exam must apply for and pay the examination fee in addition to the recertification application and fee. The application to take the exam is available online. Credential holders choosing this option will want to plan in advance to ensure satisfactory exam results prior to their recertification due date. Board-certified art therapists who are also renewing the Art Therapy Certified Supervisor (ATCS) credential will still need to acquire 10 CECs in supervision if they choose the exam route to recertify for the BC.

The remainder of this document outlines procedures for persons who plan to recertify for the ATR-BC by accruing continuing education credits (CECs).

### RECERTIFICATION PROCESS

1) It is highly recommended that BC credential holders continually maintain a file with the following:

- a copy of the current ATCB recertification standards (this document)
- ATCB CEC log forms
- approved audit documentation for CECs as they are acquired (examples given below).

The standards document and log forms are available on the website ([www.atcb.org](http://www.atcb.org)). Keeping an up-to-date record of CECs with accompanying documentation will provide a running tally of CECs earned and needed, and prevent last minute worries or surprises at recertification time.

2) Ninety days prior to the deadline, the ATCB National Office will send recertification application packets to addresses on file. Credential holders are responsible for keeping the National Office informed of any address changes. Changes should be provided in writing by email or postal mail. Please do not assume that your change of address has been made unless you receive a reply from the Office.

3) A maximum of ten percent (10%) of those due to recertify will be selected randomly for audit. These candidates will receive a packet with appropriate directions.

4) Only audited candidates must submit the log with supporting documents to verify continuing education activities. Documentation must be supplied in English.

5) The ATCB National Office will review recertification applications.

6) Each candidate will be notified of the outcome of her or his application review. If approved, a new certificate will be mailed two weeks prior to the new certification date. See the section “Application Deficiencies” below for information about non-approval.

7) A candidate who successfully meets the requirements for recertification and submits the annual maintenance fee has the right to use the title “Board Certified Art Therapist” and use the credential ATR-BC after his or her name.

#### RECERTIFICATION CYCLE TIME FRAME

1) Initial certification dates vary according to the date the ATCBE is taken. Your certification date is given on your ATR-BC certificate and on your wallet card.

2) All certification periods begin with a July 1 date approximately five years following the initial certification date.

3) All recertification packets are due on the preceding June 1.

4) The time period during which CECs are counted for your first cycle begins with your original certification date and continues until you submit materials for your recertification due date.

5) Because the date you take the examination may result in your having less than five years in your first cycle, and because of the June dead period between the due date of the materials and the recertification date, there is a grace period of 90 days **prior** to original certification or to recertification, during which any CECs accrued may be carried forward to count toward the **next** certification cycle. These examples will clarify this procedure:

- You attend the AATA conference in July, and while there, sit for the examination in order to obtain your original board certification. You may include any CECs you earned at the conference when the time comes for you to recertify, even though technically those CECs were accrued before your board certification began.
- You are due to recertify for a new cycle which will begin July 1. You attend a continuing education activity that June, but since your recertification application is due June 1, it is not possible to include those CECs in your application. Instead, you may carry them over to count toward the next recertification cycle.

6) There is no maximum number of CECs which may be carried over. Simply put, any CECs obtained during the 90 days preceding any five-year cycle *which are not submitted that year* may be carried over into the next recertification cycle.

## NON-AUDIT RECERTIFICATION REQUIREMENTS

- 1) Accrual of at least 100 eligible CECs in the 5-year period.
  - A minimum of six (6) hours must be attained in the content area of Ethics.
  - For those with recertification cycles beginning on or after July 1, 2010, educational activities focused on art methods or techniques (without reference to therapeutic uses) are limited to ten (10) CECs per cycle.
  - For those with recertification cycles beginning on or after July 1, 2011, participation in a juried art exhibition is limited to one show, or ten (10) CECs, per cycle. For cycles beginning on or after July 1, 2008, but prior to July 1, 2011, the maximum is two shows or 20 CECs per cycle.
- 2) Completion of the recertification application form (included in the renewal packet).
- 3) Payment of the recertification fee. The recertification fee is \$100, which is prorated over the five year cycle and billed as \$20 annually. Continued maintenance of the certification credential (“BC”) requires payment of this annual amount, which is separate from, but shown on the same invoice as, the annual registration credential (“ATR”) fee. The ATCB has suspended the BC annualized fee for 2012 and 2013.

## ELIGIBLE CONTENT AREAS

Each activity, whether attended, taught, or produced, must fall into one of the following content areas, and recorded by that content area number on the CEC log. (Use **5.** for participation in a juried art exhibition, and put the name of the juror(s) in the column for presenters.)

- 1:** Psychological and Psychotherapeutic Theories and Practice
- 2:** Art Therapy Assessment
- 3:** Art Therapy Theory and Practice
- 4:** Client Populations and Multicultural Competence
- 5:** Art Therapy and Media (see restrictions given in the preceding section for courses covering only art technique and for juried art exhibitions)
- 6:** Professional Issues (e.g., supervision; building a private practice; art therapy and social action)
- 7:** Ethics (minimum of 6 CECs per 5-year cycle)

## CEC ACTIVITY VALUES

CECs may be earned for the following activities, provided that they fall within the Eligible Content Areas:

One (1) CEC per clock hour for attendance at lectures, workshops, and other professional educational venues.

Three (3) CECs per clock hour for presenting lectures, workshops, and other eligible educational

programs in a professional setting (not to a lay audience; see “Program Eligibility” below). A particular presentation/activity may be counted only once per recertification cycle.

Three (3) CECs per year of service as a reviewer on a peer-review journal.

Five (5) CECs per year for service as an editor of a peer-review journal.

Five (5) CECs per published abstract, book review, or video review.

Five (5) CECs per one (1) semester credit hour for teaching or taking a graduate or undergraduate course in any of the eligible content areas. Each course title can be counted only once per recertification cycle.

Ten (10) CECs per peer-reviewed published article or professionally produced video.

Ten (10) CECs per acceptance in a juried art exhibition. (Documentation should include artist’s name, juror’s name, and date of exhibition). For those with recertification cycles beginning on or after July 1, 2011, participation in a juried art exhibition is limited to one show, or ten (10) CECs, per cycle. For cycles beginning on or after July 1, 2008, but prior to July 1, 2011, the maximum is two shows or 20 CECs per cycle.

Twenty (20) CECs per juried or peer-reviewed published book chapter or monograph.

Seventy-five (75) CECs per published (not self-published) edited or co-authored book.

One hundred (100) CECs per published (not self-published) authored book.

Note: Applicants who have items they deem to be of professional quality that are self-published or published in non peer-reviewed publications may apply for pre-review as described below.

#### PROGRAM ELIGIBILITY

CECs will be accepted for all courses or events that fit in the ATCB Eligible Content Areas **and** that are presented or approved by any of the following art therapy, mental health, or behavioral sciences entities: state licensing authority, national professional organization, or national credentialing body for continuing education credit. Usually, pre-event advertising, registration materials, and conference attendance certificates for approved professional education will state such approval. Documentation collected should include descriptive programs or catalogs **and** verification of attendance.

Programs provided by state art therapy associations that are chapter members of the American Art Therapy Association will be accepted for recertification if proper program documentation is provided to attendees (evidence of content matter covered, such as a descriptive program or catalog, **and** documentation of participation, such as a certificate of attendance).

Inservices, grand rounds, or case presentations provided by an accredited or incorporated agency or institution on topics contained in the content areas are eligible if proper program documentation is provided (evidence of content matter covered, such as a descriptive agenda or program, **and** documentation of participation, such as verification of attendance). Training topics such as workplace safety, harassment, first aid, infectious disease, etc., are not eligible.

Internet and distance education courses and online juried art exhibitions are eligible if they meet the foregoing program eligibility requirements.

#### OPTIONAL PRE-REVIEW SERVICE

Persons who for any reason would like to have CEC materials examined for acceptability in advance may submit documentation to the ATCB along with a \$25 fee. Materials may be submitted at any time during the 5-year recertification cycle up to March 1 of the recertification year.

#### AUDIT COMPLIANCE

A maximum of ten percent (10%) of each year's candidates for board recertification will be selected at random for audit. Those selected will receive a special application packet by mail. It is the responsibility of credential holders to ensure that the National Office has a current address on file.

Applicants being audited will complete the steps listed above in the section titled "Non-Audit Recertification Requirements." In addition, they will submit a CEC log, which lists information about each activity such as the presenter, venue, title and length of presentation, date, location, and content area # (as given above). Log forms, which are available online for download at any time, are also included in the recertification packet. To accompany the log, audited applicants will send documentation to verify all items included on the log.

Acceptable forms of documentation include:

- Programs or catalogs for conferences and symposia **and** accompanying certificates of attendance or completion that show the name of the applicant. Note that in some cases these may need to be accessed online and printed out. It is recommended that this be done at the time and kept in your personal CEC file, as they may not be available for access at the time of recertification.
- Official transcripts for courses taken.
- Course syllabi for teaching graduate or undergraduate courses and a photocopy of the university catalog or printout of webpage showing course, instructor, and semester/year course was taught.
- Signed letters on the letterhead of organizations or institutions for whom non-academic workshops were given or courses taught.

- Photocopies of sections of published material, inclusive of publication name, author, and date of publication.
- For juried art exhibition, a program, brochure, catalog, newspaper article, or printout from website that provides the exhibition date(s) and both the artist's and juror's identity.

#### APPLICATION DEFICIENCIES

If an application for recertification is determined to contain deficiencies, the candidate will be notified by mail. The candidate will have ninety (90) days to clarify the application form, provide additional information regarding the CECs submitted, and/or provide documentation of any CECs earned since being notified of the deficiencies.

Recertification candidates who have been notified of deficiencies will be placed on probationary status during the ninety (90) day period mentioned above. If documentation that verifies compliance with recertification requirements is submitted within that time frame, probation will be removed and recertification granted. All candidates for recertification, regardless of status, must continue to abide by the ATCB Code of Professional Practice.

**Candidates who fail to complete the recertification process as directed above, yet still wish to be board certified, must re-apply for certification and take the examination.** Until that process is complete, they must desist in using the Board Certified title or credential.

Failure to complete the ATR-BC recertification process will result in simultaneous loss of the supervisor (ATCS) credential, even if the 10 CECs in art therapy supervision have been obtained. Board certification is a prerequisite for the ATCS.

Failure to complete the ATR-BC recertification process does not affect the registration (ATR) credential.

# Appendix 8

# ART THERAPY

**CREDENTIALS BOARD, INC.**

## Art Therapy Credentials Board Credentials at a Glance

Credential	Acronym	First Conferred*	Credential Features**	Credential Maintenance Requirements
Registered Art Therapist-Provisional	ATR-P	2017	<ul style="list-style-type: none"> <li>• For recent MA/MS graduates/new professionals</li> <li>• ATR-Ps meets established MA/MS educational standards</li> <li>• ATR-Ps practice under an approved clinical supervisor</li> <li>• ATR-P credential is not required in order to qualify for the ATR credential</li> </ul>	<ul style="list-style-type: none"> <li>• Comply with the ATCB <i>Code of Ethics, Conduct, and Disciplinary Procedures</i></li> <li>• ATR-P credential is valid for five years</li> <li>• ATR-P cannot be renewed after five years</li> <li>• Complete the renewal process (ethics attestation, etc.) every year</li> <li>• Pay the annual maintenance fee</li> </ul>
Registered Art Therapist	ATR	1970*	<ul style="list-style-type: none"> <li>• For MA/MS graduates who have practiced art therapy a minimum 1,000 hours of post-education direct provision of art therapy services and met established standards of clinical supervision with an approved clinical supervisor</li> </ul>	<ul style="list-style-type: none"> <li>• Comply with the ATCB <i>Code of Ethics, Conduct, and Disciplinary Procedures</i></li> <li>• Complete the renewal process (ethics attestation, etc.) every year</li> <li>• Pay the annual maintenance fee</li> </ul>
Board-certified, Registered Art Therapist†	ATR-BC	1994	<ul style="list-style-type: none"> <li>• Highest art therapy practice credential</li> <li>• ATR-BCs passed a scientifically-produced, statistically-vetted examination, thereby demonstrating knowledge of the theories and clinical skills used in art therapy</li> <li>• Art therapists must hold the ATR credential in good standing in order to sit for the ATCB Examination</li> <li>• ATR-BC credential is required to provide supervision to art therapists seeking the ATR credential, effective beginning art therapists who complete their MA/MS degree as of January 1, 2018</li> </ul>	<ul style="list-style-type: none"> <li>• Comply with the ATCB <i>Code of Ethics, Conduct, and Disciplinary Procedures</i></li> <li>• Recertify (verify completion of CEUs) every five years</li> <li>• Accumulate a minimum of 100 hours of qualifying continuing education, including 6 hours in Ethics, during every five-year recertification period that the art therapist practices</li> <li>• Comply with audit of continuing education activities, if designated</li> <li>• Complete the renewal process (ethics attestation, etc.) every year</li> <li>• Pay the annual maintenance fee</li> </ul>

*CONTINUED ON BACK*

Credential	Acronym	First Conferred*	Credential Features**	Credential Maintenance Requirements
Certified Art Therapy Supervisor	ATCS	2010	<ul style="list-style-type: none"> <li>• Granted to experienced art therapists who provide clinical supervision and have met specific educational/training requirements</li> <li>• Granted to art therapists who have maintained in good standing the ATR-BC credential a minimum of two years</li> <li>• ATCS credential is not required to provide supervision to art therapists seeking the ATR credential</li> <li>• ATCS credential holder must provide a Professional Disclosure Statement to supervisees</li> </ul>	<ul style="list-style-type: none"> <li>• Comply with the ATCB <i>Code of Ethics, Conduct, and Disciplinary Procedures</i></li> <li>• Recertify every five years, coinciding with recertification of the ATR-BC credential</li> <li>• Complete the renewal process (ethics attestation, etc.) every year</li> <li>• Accumulate a minimum of 10 hours of continuing education in theory and technique of clinical supervision or combination of continuing education and supervision of supervision verification, during every five-year recertification period</li> <li>• Pay the annual maintenance fee</li> </ul>

\*The ATR credential was first instituted by the American Art Therapy Association. The ATR credential has been managed and conferred by the Art Therapy Credentials Board since 1993.

\*\*For more information about the ATR-P credential, see [www.atcb.org/resource/pdf/ATRProvisional\\_ApplicationHandbook.pdf](http://www.atcb.org/resource/pdf/ATRProvisional_ApplicationHandbook.pdf)

For more information about the ATR credential, see [www.atcb.org/resource/pdf/ATR\\_ApplicationHandbook.pdf](http://www.atcb.org/resource/pdf/ATR_ApplicationHandbook.pdf)

For more information about the ATR-BC credential, see [www.atcb.org/resource/pdf/ATRBC\\_ApplicationHandbook.pdf](http://www.atcb.org/resource/pdf/ATRBC_ApplicationHandbook.pdf)

For more information about the ATCS credential, see [www.atcb.org/resource/pdf/ATCS\\_ApplicationHandbook.pdf](http://www.atcb.org/resource/pdf/ATCS_ApplicationHandbook.pdf)

†Art therapists who have passed the ATCB Examination for state licensure do not necessarily hold the ATR-BC credential.

Only those individuals who have applied and been approved for credentialing by the Art Therapy Credentials Board, Inc., are legally entitled to use the credential designations (ATR-P, ATR, ATR-BC, ATCS) as evidence of their professional status. Fraudulent use of the ATCB credential may subject the user to legal action.



# Appendix 9



**ETHICAL PRINCIPLES FOR ART THERAPISTS**  
AMERICAN ART THERAPY ASSOCIATION, Inc.  
Effective Date: REVISED Dec, 2013

**INTRODUCTION**

**AMERICAN ART THERAPY ASSOCIATION MISSION STATEMENT**

The American Art Therapy Association, Inc., is a not-for-profit, professional and educational organization dedicated to the growth and development of the art therapy profession. Its mission is to advocate for expansion of access to professional art therapists and lead the nation in the advancement of art therapy as a regulated mental health and human services profession.

**PREAMBLE**

The goals of the *Ethical Principles for Art Therapists* are to safeguard the welfare of the individuals, families, groups and communities with whom art therapists work and to promote the education of members, students, and the public. The principles put forth in this ethics document are intended to address many situations encountered by art therapists. In general, art therapists are guided in their decision-making by core values that affirm basic human rights. These values reflect aspirational ethical principles, which include:

**Autonomy:** Art therapists respect clients' right to make their own choices regarding life direction, treatment goals, and options. Art therapists assist clients by helping them to make informed choices, which further their life goals and affirm others rights to autonomy, as well.

**Nonmaleficence:** Art therapists strive to conduct themselves and their practice in such a way as to cause no harm to individuals, families, groups and communities.

**Beneficence:** Art therapists promote wellbeing by helping individuals, families, groups and communities to improve their circumstances. Art therapists enhance welfare by identifying practices that actively benefit others.

**Fidelity:** Art therapists accept their role and responsibility to act with integrity towards clients, colleagues and members of their community. Art therapists maintain honesty in their dealings, accuracy in their relationships, faithfulness to their promises and truthfulness in their work.

**Justice:** Art therapists commit to treating all persons with fairness. Art therapists ensure that clients have equal access to services.

**Creativity:** Art therapists cultivate imagination for furthering understanding of self, others and the world. Art therapists support creative processes for decision-making and problem solving, as well as, meaning-making and healing.

These *Ethical Principles for Art Therapists* apply to art therapists' professional activities across a wide variety of contexts, such as in person, postal, telephone, and Internet and other electronic transmissions. These activities are distinguished from the private conduct of art therapists, which is not within the purview of this document.

In this ethics document, the term *reasonable* means the prevailing professional judgment of art therapists engaged in similar activities in similar circumstances, given the knowledge the art therapist had or should have had at the time.

The development of a rigorous set of ethical principles for art therapists' work-related behavior requires: a personal commitment and constant effort to act ethically; encouraging ethical behavior by students, supervisees, employees, and colleagues; and consulting with others concerning ethical practice. This ethics document defines and establishes principles of ethical behavior for current and future members of this association and informs credentialing bodies, employers of art therapists, and the general public that the members of the American Art Therapy Association, Inc., are required to adhere to the *Ethical Principles for Art Therapists*. Art therapists are bound to follow all federal, state, and institutional laws and regulations in addition to the *Ethical Principles for Art Therapists*.

#### **ETHICS COMMITTEE STATEMENT OF PURPOSE**

The Ethics Committee is the committee charged by the American Art Therapy Association, Inc., to recommend changes to and endorse the *Ethical Principles for Art Therapists*. The Ethics Committee educates the membership of the American Art Therapy Association and the general public, and responds to inquiries regarding issues of ethical practice.

#### **ETHICAL PRINCIPLES FOR ART THERAPISTS**

The Board of Directors of the American Art Therapy Association, Inc., hereby promulgates, pursuant to Article XI, Sections 1 and 2 of the Association Bylaws, the *Ethical Principles for Art Therapists*. Members of the Association abide by these principles and by the applicable laws and regulations governing the conduct of art therapists and any additional license or certification that the art therapist holds.

**ETHICAL PRINCIPLES FOR ART THERAPISTS**  
AMERICAN ART THERAPY ASSOCIATION, Inc.

**PRINCIPLES**

**1.0 RESPONSIBILITY TO CLIENTS**

*Art therapists endeavor to advance the welfare of clients, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used properly.*

1.1 Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions.

1.2 In instances when clients lack the capacity to provide informed consent, art therapists protect clients' interests by seeking permission from an appropriate third party. In such instances art therapists seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Art therapists take reasonable steps to enhance such clients' ability to give informed consent consistent with the clients' level of understanding.

1.3 It is the professional responsibility of art therapists to avoid ambiguity in the therapeutic relationship and to maintain clarity about the different therapeutic roles that exist between client and therapist.

1.4 Art therapists refrain from entering into multiple relationships with clients if the multiple relationships could reasonably be expected to impair competence or effectiveness of the art therapist to perform his or her functions as an art therapist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships occur when an art therapist is in a professional role with a client and (a) is simultaneously in another role with the same client, (b) is simultaneously in a personal relationship with a client in the professional relationship, and/or (c) promises to enter into another relationship in the future with the client or a person closely associated with or related to the client.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Art therapists recognize their influential position with respect to clients, and they do not exploit the trust and dependency of clients.

1.5 Art therapists refrain from engaging in an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

1.6 Art therapists refrain from taking on a professional role when (a) personal, professional, legal, financial, or other interests and relationships could reasonably be expected to impair their competence or effectiveness in performing their functions as art therapists, or (b) expose the person or organization with whom the professional relationship exists to harm or exploitation.

1.7 Art therapists seek supervision or consultation when feeling discomfort or encountering personal and client problems about which they have questions or about which they are confused or uncertain regarding their ability to understand and/or adequately cope.

1.8 Art therapists strive to provide a safe, functional environment in which to offer art therapy services.

This includes:

- a. proper ventilation;
- b. adequate lighting;
- c. access to water;
- d. knowledge of hazards or toxicity of art materials, and the effort needed to safeguard the health of clients;
- e. storage space for artwork and secured areas for any hazardous materials;
- f. allowance for privacy and confidentiality;
- g. compliance with any other health and safety requirements according to state and federal agencies that regulate comparable businesses.

1.9 Art therapists make information available to clients regarding ethical principles and guidelines, certification and state licensure requirements for practice, and state and federal privacy legislation so that clients are fully aware of their rights.

## **2.0 CONFIDENTIALITY**

*Art therapists protect confidential information obtained from clients, through art work and/or conversation, in the context of the professional relationship while clients are in treatment and post-treatment.*

2.1 Art therapists treat clients in an environment that protects privacy and confidentiality.

2.2 Art therapists inform clients of the limitations of confidentiality.

2.3 Art therapists do not disclose confidential information for the purposes of consultation or supervision without clients' explicit consent unless there is reason to believe that those clients or others are in immediate, severe danger to health or life. Any such disclosure must be consistent with laws that pertain to the welfare of clients, their families, and the general public.

2.4 In the event that an art therapist believes it is in the interest of the client to disclose confidential information, he/she seeks and obtains written consent from the client or client's guardian(s) when possible before making any disclosures, unless there is reason to believe that the client or others are in immediate, severe danger to health or life.

2.5 Art therapists disclose confidential information when mandated by law in a civil, criminal, or disciplinary action arising from such art therapy services. In these cases client confidences may be disclosed only as reasonably necessary in the course of that action.

2.6 When the client is a minor any and all disclosure or consent required is obtained from the parent or legal guardian of the minor client except when otherwise mandated by law.

Care is taken to preserve confidentiality with the minor and to refrain from disclosure of information to the parent or guardian that might negatively affect the minor's treatment.

2.7 Art therapists maintain client treatment records for a reasonable amount of time consistent with federal, state, and institutional laws and regulations and sound clinical practice. Records are stored or disposed of in ways that maintain confidentiality.

### **3.0 ASSESSMENT METHODS**

*Art therapists develop and use assessment methods to better understand and serve the needs of their clients. They use assessment methods only within the context of a defined professional relationship.*

3.1 Art therapists who use standardized assessment instruments are familiar with reliability, validity, standardization, error of measurement, and proper application of assessment methods used.

3.2 Art therapists use only those assessment methods in which they have acquired competence through appropriate training and supervised experience.

3.3 Art therapists who develop assessment instruments based on behavioral science research methods follow standard instrument development procedures. They specify in writing the training, education, and experience levels needed to use such instruments.

3.4 Art therapists obtain informed consent from clients regarding the nature and purpose of assessment methods to be used. When clients have difficulty understanding the language or procedural directives, art therapists arrange for a qualified interpreter.

3.5 In selecting assessment methods and reporting results, art therapists consider any factors that may influence outcomes, such as culture, race, gender, sexual orientation, age, religion, education, and disability. They take reasonable steps to ensure that others do not misuse the results of their assessments.

3.6 Art therapists take reasonable steps to ensure that all assessment artwork and related data are kept confidential according to the policies and procedures of the professional setting in which these assessments are administered.

### **4.0 CLIENT ARTWORK**

*Art therapists regard client artwork as a form of protected information and the property of the client. In some practice settings client artwork, or representations of artworks, may be considered a part of the clinical record retained by the therapist and/or agency for a reasonable amount of time consistent with state regulations and sound clinical practice.*

4.1 Client artwork may be released to the client during the course of therapy and upon its termination, in accordance with therapeutic objectives and therapeutic benefit.

4.1.a The client is notified in instances when the art therapist and/or the clinical agency retain copies, photographic reproductions or digital images of the artwork in the client file as part of the clinical record.

4.1.b If termination occurs as a result of the death of the client, the original artwork is released to relatives if (a) the client signed a consent specifying to whom and under what circumstances the artwork should be released; (b) the client is a minor or under guardianship and the art therapist determines that the child's artwork does not violate the confidentiality the child entrusted to the art therapist; (c) the art therapist received and documented clear verbal indications from the client that the client wanted part or all of the artwork released to family members; or (d) mandated by a court of law.

4.2 Art therapists obtain written informed consent from clients or, when applicable, legal guardians, in order to keep client artwork, copies, slides, or photographs of artwork, for educational, research, or assessment purposes.

4.3 Art therapists do not make or permit any public use or reproduction of client art therapy sessions, including dialogue and artwork, without written consent of the clients.

4.4 Art therapists obtain written informed consent from clients or legal guardians (if applicable) before photographing clients' artwork or video-taping, audio recording, otherwise duplicating, or permitting third party observation of art therapy sessions.

4.5 Art therapists obtain written, informed consent from clients or legal guardians (if applicable) before using clinical materials and client artwork in any teaching, writing, and public presentations. Reasonable steps are taken to protect client identity and to disguise any part of the artwork or videotape that reveals client identity.

4.6 Art therapists disclose client artwork to third parties, members of interdisciplinary teams and supervisors with the consent of the client or legal guardians (if applicable).

4.7 Art therapists explain how client artwork will be stored while the client is receiving art therapy services and the duration of retention for the actual artwork, photographs or digital images.

## **5.0 EXHIBITION OF CLIENT ARTWORK**

*Exhibiting artwork created in art therapy provides an opportunity for clients to show their artwork to the general public or those in their agencies who would not normally see their artwork. Art therapists affirm that the artwork belongs to the clients, and an exhibition of client artwork has the potential to inform the public and empower the clients, while decreasing stigma and preconceptions. In preparation for an exhibition of client artwork, art therapists and clients or legal guardians (if applicable) weigh the benefits of exhibiting against the potential unintended consequences for the clients.*

5.1 Art therapists engage clients who wish to exhibit their artwork in a thoughtful and intentional conversation regarding the rationales, benefits, and consequences of exhibiting artwork created in art therapy.

5.2 Art therapists ensure proper safeguards in exhibition to ensure that clients and their imagery are not exploited, misrepresented, or otherwise used in ways that are not approved by the clients.

5.3 In selecting artwork for exhibition, art therapists help clients make decisions based on several factors, including reason(s) for the display of the artwork, the therapeutic value of the artwork to the clients, the degree of self-disclosure, and the ability to tolerate audience reactions.

5.4 Art therapists discuss the merits and detriments of including artwork created outside of the art therapy session in the exhibition with clients or legal guardians (if applicable).

5.5 Art therapists discuss with clients or legal guardians (if applicable) the importance of confidentiality (e.g., personal history, diagnosis, and other clinical information) and anonymity (e.g., name, gender, age, culture) with regard to the display of clients' artwork. Art therapists respect the rights of clients who wish to be named in exhibits.

5.6 Art therapists obtain written informed consent from clients or, when applicable, parents or legal guardians, in order to exhibit client artwork. Art therapists discuss with clients, parents or legal guardians how the exhibition will be described and advertised to the public and viewing audience to ensure their consent in being associated with the exhibition.

5.7 In the event that exhibited artwork is for sale, the art therapist and client discuss the potential therapeutic impact before a sale of artwork is initiated. Art therapists ensure that clients and responsible parties (if applicable) are aware of and agreeable to how profits are used and who will specifically benefit from them (e.g., clients, agency[ies], social cause[s]).

5.8 Art therapists clearly state where and when exhibitions will take place to ensure that clients understand the range of possible audience members and degree of public exposure.

5.9 With regard to on-line exhibitions, art therapists make clients aware of the widespread availability of images, and therefore the enlarged viewing audience, as well as the potential for their images to be downloaded, forwarded or copied by on-line viewers.

## **6.0 PROFESSIONAL COMPETENCE AND INTEGRITY**

*Art therapists maintain high standards of professional competence and integrity.*

6.1 Art therapists keep informed of developments in their field through educational activities and clinical experiences.

6.2 Art therapists refrain from using art materials, creative processes, equipment, technology or therapy practices that are beyond their scope of practice, experience, training, and education. Art therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling to provide professional help, or where the problem or treatment indicated is beyond the scope of practice of the art therapist.

6.3 Art therapists diagnose, treat, or advise on problems only in those cases in which they are competent, as determined by their education, training, and experience.

6.4 Art therapists cooperate with other professionals, when indicated and professionally appropriate, in order to serve their clients effectively.

6.5 Art therapists, because of their potential to influence and alter the lives of others, exercise reasonable care when making public their professional recommendations and opinions through testimony or other public statements.

6.6 Art therapists do not engage in any relationships with clients, students, interns, trainees, supervisees, employees, research participants, or colleagues that are exploitative by their nature.

6.7 Art therapists accurately represent research findings to avoid distortion or misuse.

6.8 Art therapists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact.

## **7.0 MULTICULTURAL AND DIVERSITY COMPETENCE**

*Multicultural and Diversity Competence in art therapy refers to the capacity of art therapists to continually acquire cultural and diversity awareness of and knowledge about cultural diversity with regard to self and others, and to successfully apply these skills in practice with clients. Art therapists maintain multicultural and diversity competence to provide treatment interventions and strategies that include awareness of and responsiveness to cultural issues.*

7.1 Art therapists do not discriminate against or refuse professional service to anyone on the basis of age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

7.2 Art therapists take reasonable steps to ensure that they are sensitive to differences that exist among cultures. They strive in their attempts to learn about the belief systems of people in any given cultural group in order to provide culturally relevant interventions and treatment.

7.3 Art therapists are aware of their own values and beliefs and how these may affect cross-cultural therapy interventions.

7.4 Art therapists obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, gender,

gender identity, sexual orientation, class, age, marital status, political belief, religion, and mental or physical disability.

7.5 Art therapists acquire knowledge and information about the specific cultural group(s) with which they are working and the strengths inherent in those cultural groups. They are sensitive to individual differences that exist within cultural groups and understand that individuals may have varying responses to group norms.

7.6 When working with people from cultures different from their own, art therapists engage in culturally sensitive supervision or education, seek assistance from members of that culture, and make referrals to professionals who are knowledgeable about the cultures when it is in the best interest of the clients to do so.

7.7 Art therapists are guided by the American Art Therapy Association's Art Therapy Multicultural and Diversity Competencies.

## **8.0 RESPONSIBILITY TO ART THERAPY STUDENTS AND SUPERVISEES**

*Art therapists instruct students interested in learning about art therapy and art therapy supervisees by using accurate, current, and scholarly information to foster professional growth.*

8.1 Art therapists as teachers, supervisors, and researchers maintain high standards of scholarship and present accurate information.

8.2 Art therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Art therapists, therefore, do not engage in a therapeutic relationship with their students or supervisees.

8.3 Art therapists take reasonable steps to ensure that students, employees, or supervisees do not perform or present themselves as competent to perform professional services beyond their education, training, and level of experience.

8.4 Art therapists who act, as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.

8.5 Art therapists do not require students or supervisees to disclose personal information in course or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, spouses, or significant others, except when (a) the program or training facility has clearly identified this requirement in its admissions and program materials, or (b) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training or professional related activities in a competent manner or whose personal problems could reasonably be judged to pose a threat to the students, their clients, or others.

8.6 When providing training and/or supervision to non-art therapists, art therapists take precautions to ensure that trainees understand the nature, objectives, expectations, limitations and resulting qualifications of the supervision and/or training as distinct from formal studies in art therapy.

## **9.0 RESPONSIBILITY TO RESEARCH PARTICIPANTS**

*Art therapy researchers respect the dignity and protect the welfare of participants in research.*

9.1 Researchers are guided by laws, regulations, and professional standards governing the conduct of research. When institutional review and approval is required for the conduct of research with human subjects, art therapists provide accurate information about their proposed research, obtain approval from the relevant institutional review board (or equivalent) prior to initiating research activities, and adhere to the institutionally-approved protocol at every stage of the research.

9.2 To the extent that research participants may be compromised by participation in research, art therapist researchers seek the ethical advice of qualified professionals not directly involved in their investigations and observe safeguards to protect the rights of research participants.

9.3 Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers take all reasonable steps necessary to ensure that full and informed consent has been obtained from all participants. Particular attention is paid to the informed consent process with research participants who are also receiving clinical services, have limited understanding and/or communication, or are minors.

9.4 Researchers respect participants' freedom to decline participation in, or to withdraw from, a research study at any time with no negative consequences to their treatment.

9.5 Information obtained about research participants during the course of an investigation is confidential unless there is authorization previously obtained in writing. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

9.6 Artwork created by research participants as a part of a research study belongs to the research participants, unless otherwise specified through the research study informed consent document.

9.7 Art therapy researchers fulfill federal, state and institutional laws and regulations that pertain to the duration and location of retaining raw data. Original artwork and/or digital photographs of participant artwork are de-identified and securely stored. Audio or video recordings are stored according to compliant procedures in a password-protected electronic folder. Any artwork and/or photographs of artwork may be saved indefinitely

for potential use in future research, presentations, publications and related educational forums, as specified in the informed consent document.

## **10. RESPONSIBILITY TO THE PROFESSION**

*Art therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of art therapy.*

10.1 Art therapists adhere to the ethical principles of the profession when acting as members or employees of organizations.

10.2 Art therapists attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

10.3 Art therapists who author books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.

10.4 Art therapists who author books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

10.5 Art therapists value participation in activities that contribute to a better community and society.

10.6 Art therapists recognize the importance of developing laws and regulations pertaining to the field of art therapy that serve the public interest, and with changing such laws and regulations that are not in the public interest.

10.7 Art therapists cooperate with the Ethics Committee of the American Art Therapy Association, Inc., and truthfully represent and disclose facts to the Ethics Committee when requested.

10.8 Art therapists take reasonable steps to prevent distortion, misuse, or suppression of art therapy findings by any institution or agency of which they are employees.

## **11.0 FINANCIAL ARRANGEMENTS**

*Art therapists make financial arrangement with clients, third party payers, and supervisees that are understandable and conform to accepted professional practices.*

11.1 When art therapists work in conjunction with other professionals (other than in an employer/employee relationship), the payment to each is based on the services provided and not based on who generated the referral.

11.2 Art therapists do not financially exploit their clients.

11.3 Art therapists disclose their fees at the beginning of therapy and give reasonable notice of any change in fees.

11.4 Art therapists represent facts truthfully to clients, third-party payers, and supervisees regarding services rendered and the charges for services.

11.5 Art therapists may barter only if it is (a) not clinically contraindicated, (b) not exploitative to the client, and (c) an acceptable community standard or practice where the client and art therapist reside. Bartering is an agreement entered by the client and the art therapist to exchange art therapy services for a type of non-monetary remuneration by the client, such as goods or services.

11.6 Art therapists aspire to offer equal access to art therapy services to those clients who are unable to pay full fee, and where possible, offer a sliding fee scale to accommodate such need.

## **12.0 ADVERTISING**

*Art therapists engage in appropriate publicity regarding professional activities in order to enable clients to choose professional services on an informed basis.*

12.1 Art therapists accurately represent their professional competence, education, training, and experience.

12.2 Art therapists do not use a name that is likely to mislead the public concerning the identity, responsibility, source, and status of those with whom they are practicing, and do not represent themselves as being partners or associates of a firm if they are not.

12.3 Art therapists do not use any professional identification that includes a statement or claim that is false, fraudulent, misleading, or deceptive. Art therapists accurately represent their education and credential qualifications. Art therapists avoid titles or abbreviations, which may be misleading or imply a credential that they have not obtained.

12.4 Art therapists correct, whenever reasonable, false, misleading, or inaccurate information and representations made by others concerning the therapists' qualifications, services, or products.

12.5 Art therapists make certain that the qualifications of persons whom they employ are represented in a manner that is not false, misleading, or deceptive.

12.6 Art therapists may represent themselves as specializing within a limited area of art therapy only if they have the appropriate education, training, and experience to practice in that specialty area.

12.7 Members in good standing of the American Art Therapy Association may identify such membership in public information or advertising materials as long as they clearly and accurately represent the membership category to which they belong.

12.8 Art therapists use the ATR® and/or ATR-BC® designation only when they have been officially notified in writing by the Art Therapy Credentials Board, Inc., that they have successfully completed all applicable registration and certification procedures.

12.9 Art therapists refrain from using the “AATA” initials following their name as if it were an academic degree or the “AATA” initials or logo for any purpose without receiving written permission from the Association.

12.10 Art therapists using photos or videos of clients, their artwork and/or endorsements for any advertising purposes obtain explicit consent from clients for doing so. Such consent includes whether and how the client wants to be identified.

### **13.0 INDEPENDENT PRACTITIONER**

*An independent art therapy practitioner is someone who is responsible for the delivery of services to clients when clients pay the art therapist directly or through third-party payment sources for art therapy services rendered. Independent practitioners of art therapy must conform to state laws and regulations that pertain to the provision of independent mental health practice and to applicable art therapy credentialing and certification requirements. Independent practitioners of art therapy confine their practice within the limits of their training. Art therapists who are independent practitioners neither claim nor imply professional qualifications exceeding those actually earned and received. They are responsible for correcting any misrepresentation of these qualifications.*

### **14.0 INITIAL AND ENDING PHASES IN ART THERAPY**

*Art therapists take care to orient clients to the nature of art therapy services and respectfully end art therapy services when appropriate.*

14.1 Art therapists, upon acceptance of clients, provide informed consent that includes, but is not limited to: client rights, confidentiality and its restrictions, duty to report, roles of both client and art therapist, expectations and limitations of the art therapy process, fee structure, payment schedule, session scheduling arrangements, emergency procedures, complaint and grievance procedures and how client artwork will be documented and stored.

14.2 During the initial phase, art therapists and clients design treatment plans, goals, and objectives to assist the clients in attaining maintenance of maximum level of functioning and quality of life.

14.3 Either the art therapist or the client may initiate termination. Art therapists and clients terminate art therapy services by attending to appropriate termination indications when it becomes reasonably clear that the client has attained stated goals and objectives, is not likely to continue services, is not likely to benefit, or is being harmed by continuing the service.

14.4 Art therapists communicate the termination of art therapy services to clients by engaging and involving the clients appropriately in the termination process.

14.5 Art therapists ensure, to the extent that it is possible, a termination process of sufficient duration so as to promote a smooth transition for the clients to another mental health practitioner or to independent functioning.

14.6 Art therapists remain especially attentive to clients' behaviors when any danger of client regression or negative reaction to termination exists. Art therapists work to avert or assist in the management of such negative outcomes, to the extent possible, by use of appropriate therapeutic interventions and by taking steps to ensure continuity of care when appropriate.

## **15.0 PROFESSIONAL USE OF THE INTERNET, SOCIAL NETWORKING SITES AND OTHER ELECTRONIC OR DIGITAL TECHNOLOGY**

*Electronic technology includes, but is not limited to, computer hardware and software, fax machines, telephones, videos, and audio and video recording devices. It is possible that those for whom the communication is not intended can access communications through some of these devices. Therefore art therapists take steps to ensure the confidentiality of communication, including therapy or supervision sessions conducted at a distance.*

15.1 Art therapists understand that personal and professional information on social networking sites, discussion groups, blogs, websites, and other electronic media may be readily available to the public. As such, it is advisable for art therapists to take precautions to protect information they do not want to be available to clients.

15.2 Before undertaking technology-assisted professional activities, art therapists make certain that the particular use of technology for treatment, consultation, or supervision is congruent with any relevant laws. Art therapists seek technical assistance when needed so that they are sufficiently knowledgeable and proficient in available technology to best meet their professional needs and the needs of their clients, supervisees, or students.

15.3 Art therapists should discuss with clients who are interested in digital electronic-assisted art therapy the benefits and limitations of such services, and also determine that the particular clients possess the necessary cognitive abilities to make the best use of this form of treatment.

15.4 Art therapists provide for communication that is accessible to persons with disabilities. In cases in which electronic communication is the most accessible, art therapists take steps to incorporate this type of communication and to use it in a manner that is as secure and confidential as possible.

Art therapists inform clients and supervisees of the limitations of confidentiality specific to electronic communication as well as other limits of confidentiality pertaining to the use of technology in art therapy services and supervision. Art therapists discuss the limitations of encryption, the permanent nature of posted messages on the Internet, and the public access to information or artwork that is posted digitally on electronic media sites and interfaces.

15.6 If encryption is not possible, art therapists notify clients of this fact and limit messages to general communications.

## **16.0 CONDUCTING ART THERAPY BY ELECTRONIC MEANS**

*Art therapy by electronic means is a continuously evolving application of art therapy. As such, it presents opportunities for service, as well as ethical dilemmas. Art therapists consider the ethical ramifications of providing art therapy services via the Internet, telephone, or other electronic means.*

16.1 Art therapists who offer services or information via electronic transmission inform clients of the risks to privacy and the limits of confidentiality. Art therapists discuss the merits and detriments of recording or documenting the sessions.

16.2 Art therapists obtain informed consent from clients or legal guardians (if applicable) that describes the type of technology to be used when providing art therapy services by electronic means.

16.3 Art therapists take reasonable steps to ensure that any art therapy services provided through electronic means are in accordance with applicable laws, regulations, and the licensing requirements of the states in which they and their clients reside.

16.4 When providing art therapy services by electronic means, art therapists take reasonable precautions to determine the true identity of the clients.

## **17.0 ABIDING BY THE ETHICAL PRINCIPLES FOR ART THERAPISTS**

*By accepting membership in the American Art Therapy Association, Inc. (AATA), art therapists agree to abide by the Association's Ethical Principles for Art Therapists. It is the responsibility of each member to act in accordance with these principles and to comply with all applicable laws, regulations, and licensing requirements that govern the practice of therapy in each member's state. These principles are written to provide a basis for education and a foundation for ethical practice.*

17.1 The American Art Therapy Association Bylaws, Article XI, Section 11.2, authorizes the Ethics Committee to be a standing committee of the Association. The committee educates the membership and the general public as to the *Ethical Principles for Art Therapists* and has the responsibility to recommend, make changes to, and implement these principles as adopted by the Board of Directors of the Association and as they may be amended from time to time.

17.2 Art therapists who have had their professional credentials revoked by the Art Therapy Credentials Board as a result of an ethics violation shall have their American Art Therapy Association membership terminated.

## **18.0 INQUIRIES AND COMPLAINTS**

**Conflicts and disagreements are inherent in human interactions. Situations may occur in which one or more individuals believe that one or more members of the Association may have violated the *Ethical Principles for Art Therapists*. The Ethics Committee can address any inquiries that fall within its scope of responsibility as stated in the Bylaws of the Association. Complaints of unethical conduct are beyond the scope of the Ethics Committee and will be addressed to the relevant credentialing or licensure bodies, which govern the art therapist in question. Inquiries to the Ethics Committee can be submitted to the Ethics Committee Chairperson by emailing: *ethicschair@arttherapy.org***

# Appendix 10

## Is licensure of Art Therapy needed to protect public health and safety?

Art therapy recognizes the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client's psychological disposition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy master's degree training. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner.

Recent advancements in understanding the brain and its functions have increased public awareness of how the process of art-making can influence neural pathways and lead to improved physical and mental health. This has encouraged other mental health practitioners to include art materials and art therapy methods within their practice and influenced creation of growing numbers of training programs that appear to involve art therapy. The result has been to add to the public's confusion about what art therapy involves and the level of training required for effective practice of art therapy. This presents two distinct sources of potential harm to public health and safety that can be addressed through licensure and regulation of art therapists.

Individuals using art therapy methods and art materials in their mental health practice without appropriate or adequate clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments the practitioner has not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to interpret or treat. The potential for harm is magnified where a client has a vulnerable psychological predisposition.

Researchers have warned mental health practitioners for several decades about potential ethical implications of using art in therapy. Writing in the *Journal of Counseling & Development*, Hammond and Gantt (1998) cited the likely lack of preparedness of non-art therapists for powerful reactions often evoked by art and art materials, and uncertainty about how to use artistic processes to bring such reactions under control, to stress that no mental health professional should provide therapy services beyond his or her scope of practice. The authors cautioned that "other therapists challenge ethical and legal boundaries when they attempt to make an interpretation to the client or make a generalization about the meaning of the art to others."\*

Potentially more serious is the threat of public harm presented by growing numbers of university-based and online programs claiming to provide certificate training, and even master's degrees, in fields intended to appear like art therapy. These programs typically require minimal on-site coursework, and often only online self-instruction, that do not include anything approaching the extensive coursework, clinical training, supervised practice and national credentials required of professional art therapists. Individuals with this limited training are opening clinics and advertising therapeutic services and workshops in states across the country. These programs and practitioners add to the public's misunderstanding of art therapy and the level of specialized education and clinical training required for safe, effective, and ethical practice of art therapy. Recent examples of these programs include:

- Brandman University (part of the California based- Chapman University System) offers an **Art4Healing certificate** program directed to "counselors, teachers, therapists, medical professionals, artists and others interested in learning the Art4Healing method and using

the exercises in their own work with children and adults suffering from abuse, illness, grief and stress.” The certificate program requires only 45 hours of on-site workshops at the University’s Art & Creativity for Healing studio.

- The University of Florida has initiated a **Master of Arts in Arts in Medicine** program which offers a fully on-line, 35-credit master’s degree program to train artists to work in hospital settings. The University also offers a graduate certificate program in Arts in Public Health.
- Montclair State University (NJ) has initiated a **Graduate Certificate Program in Art and Health** in cooperation with Atlantic Health System in response to what it describes as increasing demand among “medical professional interested in exploring ways that the arts can be used in comprehensive health care.” Certification involves only five 3-credit graduate courses, in which students meet in-person only at the start and end of each course.
- The Wisdom School of Graduate Studies at Ubiquity University in Mill Valley, CA, offers an **Art and Healing Masters Program** that students can complete with seven 5-day Intensive seminars and either a practicum or thesis project. Online seminars taken on an independent study basis can also be counted toward Wisdom University academic degrees.
- Art & Creativity for Healing, Inc. provides certification for individuals to serve as facilitators to conduct workshops in the **Art for Healing Method** that are designed “to share art as a tool for self-expression and self-exploration.” Facilitator training is provided through self-paced DVD programs in the Arts 4 Healing method that, for \$1,200, “includes comprehensive training manuals and teaching methods.”
- The Colorado School of Family Therapy in Aurora, CO, offers a **Certificate in Art Therapy** to train mental health professionals in the use of expressive arts techniques in psychotherapy with children and adults. The certificate requires only five courses which students complete “by home study or distance education.” The School has no credentialed art therapists on its teaching faculty or board of directors.
- London-based Renaissance Life Therapies offers an online course in **The Healing process of Art Therapy** that leads to a “fully accredited” art therapy diploma. The course has no age or prior training requirements and involves self-instruction through online lectures and a variety exercises and activities. The instructor is a cognitive behavioral therapist and advocate of coloring-in books for adults with no specialized training in art therapy.
- The Expressive Arts Florida Institute of Sarasota, Florida, offers a two-level **Expressive Arts Certificate Training Program** to prepare students to facilitate the expressive arts (including visual art, movement, voice, rhythm, music, writing, poetry, enactment, photography, and meditation) with others, “resulting in the development of a personal practice.” Both levels require participation in only three intensive weekend sessions in Sarasota, plus 20 hours local or online courses or workshops. The Level 2 certificate training claims to provide the “business strategies, ethics, professional registrations, and resources that assist the student in building a successful expressive arts practice.”

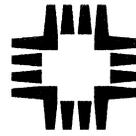
- The Global Alliance for Arts & Health (GAAH) has sponsored a national **Artists in Healthcare Certification** program to attest for hospital administrators that artists who do artwork activities with patients in hospital and other healthcare have a minimal level of knowledge and competency to work in healthcare environments. Certification involves passage of a national examination, with no specific training or prior experience in healthcare required to sit for the examination.

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\*Hammond, L.C. & Gantt, L. (1998, Summer). Using Art in Counseling: Ethical Considerations. *Journal of Counseling & Development*, 76, 271-276.

*AATA, August 2019*

# Appendix 11



CONCORDIA  
UNIVERSITY  
NEBRASKA

January 4, 2019

Nebraska Art Therapy Licensure Coalition  
Lincoln, Nebraska

800 North Columbia Avenue  
Seward, Nebraska 68434

Dear Friends:

*Office of the President*

***Greetings from Concordia University, Nebraska where we “walk in Christ Jesus the Lord” as we equip students to learn, serve and lead in church and world. Colossians 2:6-7 (ESV)***

Please receive this letter in support of the Nebraska Art Therapy Licensure Coalition and as an endorsement of Senator Sara Howard’s proposed legislation.

Art therapy, by definition, is “a distinct mental health and behavioral science profession that combines knowledge and understanding of human development and psychological and counseling theories and techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions.” (American Art Therapy Association)

Art therapy provides benefits that other therapies are unable to replicate. Thus, it is important that the State of Nebraska regulate the practice of art therapy for a variety of reasons. By doing so the state will:

- 1) Provide a safeguard for Nebraska residents who seek art therapy services.
- 2) Ensure clients receive quality and professional service from highly trained art therapists.
- 3) Offer accessible and affordable services to diverse populations with a range of needs.
- 4) Contribute to the economic growth of Nebraska by creating jobs and expanding both public and private business practices.
- 5) Create a healing social impact through strategic implementation of community-based interventions.

In 2011, Concordia University, Nebraska launched an art therapy program making it the only college or university in Nebraska that offers a degree in art therapy. Since its launch, the program has grown from two to twenty-one students. Currently twelve students who have declared an art therapy major. In the past two years, ten new students have been recruited to the program. The program’s growth demonstrates student interest as well as emerging professional opportunities.

We are exceedingly proud of the three students who have graduated from the program and celebrate their personal and academic accomplishments. Two of the three have completed or will soon complete a master’s degree in art therapy and/or clinical counseling and one is applying to a post-masters certificate program. Their successes speak loudly to the quality of our academic program. It is our ongoing commitment to provide resources and faculty to effectively prepare persons who desire to help “clients improve psychological health, cognitive abilities, and sensory-motor functions.”

On behalf of Concordia University, Nebraska please receive this letter as an endorsement of the work of the Nebraska Art Therapy Licensure Coalition to obtain a state-wide professional art therapy license within Nebraska. We are in full support of the Coalition’s efforts and stand ready to advocate further for the legislation being contemplated.

Sincerely,

Brian L. Friedrich  
President



March 2, 2019

To Whom It May Concern:

I am writing to you in support of the Nebraska Art Therapy Licensure Coalition and as an endorsement of Senator Sara Howard's proposed legislation.

In 2018 the Centers for Disease Control and Prevention determined that approximately 1 in 59 children is diagnosed with an autism spectrum disorder. In the same year, nearly 5.7 million Americans of all ages are living with Alzheimer's dementia. This number includes roughly 5.5 million people age 65 and older and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's. (Alzheimer's Association)

About 70 percent of adults in the United States have experienced a traumatic event at least once in their lives and up to 20 percent of these people go on to develop posttraumatic stress disorder, or PTSD. An estimated 5 percent of Americans—more than 13 million people—have PTSD at any given time. (Sidran Institute)

What all of these statistics have in common is the effect that art therapy has on bringing back something these people have lost, their inherent need to communicate and connect with others. Art acts as an alternative language, and helps people of all ages explore emotions, reduce stress, as well as resolve problems and conflicts, all while enhancing feelings of well-being." (Malchiodi, 2003)

Being someone who has known those who have suffered with Alzheimer's, are on the Autism spectrum and have been diagnosed with PTSD, I am truly thankful for the impact art therapy has had on the people I care about.

Please accept this letter as an endorsement of the work of the Nebraska Art Therapy Licensure Coalition to obtain a state-wide professional art therapy license within Nebraska

Sincerely yours,

A handwritten signature in black ink that reads "Donald Robson".

Donald Robson, MFA, MAT  
Professor of Art  
Chair, Department of Art  
Concordia University, Nebraska  
402.643.7498

March 31, 2019

RE: LB422 Adopt the Art Therapy Practice Act

To Whom it may concern,

When my daughter had to be hospitalized for dehydration after a tonsillectomy, a young lady came by every day and did some art projects with her, it was her regular job at the hospital to do so. It was a much-needed distraction from not feeling well. They did some crafts and painted pictures to take home. It was a nice break for us also, gave us some time away from entertaining her. I 100% support this, art is a wonderful way to be expressive and creative, putting crayon to paper can be an unlimited adventure.

If my daughter would suffer a severe trauma in her life and need therapy, like any parent I would want the best for her. The general public's perception of an individual that is licensed is set at a much higher standard. The expectations include: Degrees from accredited universities, certifications, hands on experience, licensed by a government agency and most importantly trusted.

Art is a feeling and expression of your thoughts, and it can be a powerful tool to aid in healing from trauma. I would absolutely want someone who is licensed to first determine if that is an appropriate form of therapy for the patient and trained specifically on which form of art would be beneficial.

There are artists who become licensed therapists and therapists that become licensed/certified in using Art for therapy. If my daughter was suffering from a severe trauma, I would want the latter.

Sincerely,

*Ellen Hansen*

Ellen Hansen  
4615 N 145<sup>th</sup> Cr  
Omaha, NE 68131  
jehansen@cox.net

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**response**

2 messages

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**Lynn Widdifield** <woodlynnacres@gmail.com>  
To: Jessica Stallings <artfulresolutions@gmail.com>

Fri, Jul 26, 2019 at 6:17 PM

Dear Jessica,

Forgive me. I am sending an edited version of my response to you.

I have been an Art Therapist in Nebraska for 30 years. I am an LIMHP - Licensed Independent Mental Health Practitioner.

I currently manage and maintain three professional credentials; AATA Registration, ATR- BC, and LIMHP in the state of Nebraska; each credential is regulated, requiring CE;s with alternate renewal periods and all require my time, energy and funds.

In the past 30 years, the American Art Therapy Association has developed no policy that has made my professional life more, better or different. In the last 30 years there have been no meaningful policy changes that have created increased professional certainty, stability, better working conditions, or parity in reimbursement rates for mental health.

Since the passing of the ACA, reimbursement rates continue to plummet. Mental Health Professionals are the lowest paid professionals in every community across America and no professional organizations are addressing the financial disparity between mental health and physical health.

The idea of creating yet another regulatory burden on already saddled mental health providers is not one I endorse. A license for Art Therapy is not necessary. Nebraska has a license procedure in place that allow Nebraska providers to get work, to have professional independence and to get reimbursed. A license in Art Therapy would be a duplication of professional credentialing.

Currently, I am manage and maintain two Art Therapy professional credentials. A third Art Therapy credential doesn't make sense (because I am already licensed) and it won't impact my ability to work, be independent or be reimbursed. It will place additional demands on my time, energy and finances.

The Board Certification in Art Therapy is in name only. The BC professional credentials are a thin air hoop that carry no professional weight whatsoever and, yet I manage and maintain it. A license in Art Therapy would be the same.

In addition to providers managing and maintaining professional credentials, the average private sector in office therapist, on average, in addition to her 20 patient hours, works ten hours a week complying to professional, state and insurance regulations. These required by not reimbursed hours that add up to 40 hours a month, three months each year and six years over 24 years. Reimbursement rates, at a 1989 salary rate with inflation factored in, make it mathematically impossible for private sector mental health providers to afford health insurance or retirement. .

Focusing on working conditions and parity for mental health providers (a female dominated industry) would create true change - not another professional rule, policy, or regulation on top of a mountain of government and insurance rules, policies, and regulations ad nauseum that bury the provider and deplete her energy, time and financial resources, complying to but unpaid hours on her nights and weekends. People who create new rules, policies, and regulations seldom have to live with the reality of the impact on those who are forced to live with them.

A license in Art Therapy would require a licensing body to manage and maintain this new credential. Additionally, yearly dues and renewal fees would no doubt be required. Should licensing of Art Therapist be legislated in Nebraska, the state could mandate that Art Therapist be licensed in order to be reimbursed. You are in essence, growing government to expand their control on a provider when, again, we are already licensed in the state.

Lynn Widdifield, LIMHP,

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**Jessica Stallings** <artfulresolutions@gmail.com>  
To: Lynn Widdifield <woodlynnacres@gmail.com>

Sat, Jul 27, 2019 at 1:21 PM

No problem Lynn, I appreciate your response and will make sure this is included as it is important to have all opinions!

[Quoted text hidden]

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Jessica Stallings, ATR-BC, LPC, AS

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March 6, 2019

To The Nebraska Art Therapy Licensure Coalition:

While I am a relatively recent transplant to Omaha, Nebraska, having moved here from Phoenix, Arizona in March 2017, I was surprised and disappointed to learn that Nebraska does not already have an Art Therapy Credentialing Program. My educational background is in music education, having earned a bachelor of music degree from the Herberger Institute of Design and the Arts at Arizona State University in 2003.

During my time at Arizona State University, music education majors were required to expand our knowledge base through taking several courses in music therapy. Visiting several practitioners in this field helped open my eyes to the tremendous healing potential that music and the arts has on a multitude of populations inclusive of older adults, people of all ages living with mental illness, children with special needs, autistic children, and the list could go on and on.

The healing potential in this field is limitless, in my opinion. However, if the field continues on without regulation by the State, complete with a scope of practice, academic and clinical training requirements, professional credentialing process, and code of ethics we could be putting some of the most vulnerable Nebraskans at risk. We need to formalize this great field with a regulated process to ensure we offer our citizens art therapy professionals of the highest caliber and that the services they provide are grounded in best practices.

If you have any questions, please feel free to contact me via any of the methods below.

Sincerely,



Nicholas A. Wenham  
2532 South 40<sup>th</sup> Street  
Omaha, Nebraska 68105  
480.720.8293 (cell)  
nwenham@gmail.com

4/22/19

To The Nebraska Unicameral,

Please accept this letter as support for the expansion of access to art therapy services in Nebraska.

I am a Provisionally Licensed Mental Health Practitioner and a Provisionally Licensed Certified Master Social Worker currently employed in partial hospitalization (PHP). I received my BSW from UNO in 2011 and my MSW from UNO in 2016.

I have worked in several areas of social services including with children in foster care, patients diagnosed with eating disorders, victims and survivors of domestic violence, and highly acute patients recovering from suicide attempts, struggling with anxiety and depression. In my work at the partial hospitalization level of care, we also see many patients who struggle due to severe historical trauma which is now impacting their daily functioning.

Through my work in partial hospitalization, I see art therapy utilized as a common modality, primarily with children and adolescents. Art therapy is primarily used in a group setting at PHP.

Art therapy is so vital to the work done with youth in PHP. Many don't have the emotional vocabulary to articulate their thoughts and feelings regarding their behaviors or experiences they have encountered. Utilizing art to bridge that gap has shown tremendous value with sometimes the most challenging patients. A young man who had recently disclosed serious ongoing sexual abuse and had his home life uprooted because of these allegations, was able to express where he feels safest through an art therapy project.

It is important to have professional art therapists as part of our team to provide direction and oversight of best practice to include art therapy into treatment plans. Due to a lack of emotional vocabulary many patients respond to art directed means of expression with ease.

Young patients are able to express joy, gratitude, and acceptance through group based art therapy activities at PHP which we can then use as a bridge to tapping into these thoughts, feelings, and behaviors outside our program. Art therapy interventions create a dialogue that sometimes feels less scary and overwhelming to children, making them more likely to build rapport and open up about their symptoms and struggles with mental health.

Sincerely,

SaraAnn Staley, PLMHP, PCMSW  
Program Therapist

7101 Newport Ave Omaha, NE 68152  
(402)680-9158, saraannstaley@gmail.com

Dear Nebraska Art Therapy Licensure Coalition:

I am writing this letter to endorse your efforts to obtain art therapy licensure in the state of Nebraska. I have been an art therapist since 1996 and have been a resident of Grand Island, Nebraska for the past five years. I obtained my master's degree in art therapy from Eastern Virginia Medical School and practiced in a variety of settings in the Baltimore /Washington DC metropolitan area for eighteen years prior to moving to Nebraska. I am a Licensed Mental Health Practitioner, a Licensed Professional Counselor, a National Certified Counselor, a Certified Public Manager and a Registered and Board-certified Art therapist.

Over the course of my professional career, I have worked with a range of populations and ages in public schools, adult inpatient hospital settings, juvenile detention centers, foster care group homes and afterschool programs. My clientele ranged from children presenting with behavioral difficulties, adjustment and attachment disorders, to adolescents who penetrated the deep end of the juvenile justice system. Many of these young people perpetrated violence on others and were trauma-survivors themselves. I personally observed art therapy serve as a soft bridge between a hardened gang member and unresolved anger associated with childhood sexual abuse. I have observed small children struggling with communication disorders finally find freedom of expression through paint and sculpture. I experienced breakthroughs with sexual assault survivors who discovered strength, comfort and healing through the creative process. Art therapy has the ability to break down walls, uncover fears, expose personal strengths and facilitate a path to insight that talk therapy alone cannot accomplish.

I currently work for the University of Nebraska at Kearney as Director of Student Health and Counseling/Campus Recreation. While I do not practice clinical art therapy on campus, I provide workshops on the foundations of art therapy and am a part time instructor where I utilize art experientials to enhance learning outcomes in my classes.

Having witnessed the power of art therapy I have become a passionate advocate for art therapy licensure. Art Therapy licensing/title protection exists in some form in 15 of 50 states. This means that in 35 states, including Nebraska, that anyone can say they are an art therapist without having the essential training. Art Therapy is a Master's level field which shares about 50% of its curriculum with fields like counseling and social work but has 50% completely unique curriculum that teaches the power of art, how art media affect clients psychologically, and much more. Without art therapy licensure people without this training may offer art therapy services. Art can lead to breakthroughs quickly in therapy and individuals with no training in mental health or without art therapy specific training may not be prepared to assist clients in this process which can lead to harm.

An art therapy licensure will benefit Nebraskans by ensuring that there are competent, qualified and well-trained art therapists available state-wide who abide by a standard of practice. There are many rural areas where there is a shortage of mental health practitioners, let alone those with this unique set of competences like art therapy. For these reasons, I urge you to consider this endeavor.

Sincerely,



Wendy L. Schardt, ATR-BC, LMHP, NCC, LPC  
schardtwl@unk.edu

Dear Nebraska Art Therapy Licensure Coalition:

I am writing this letter to endorse your efforts to obtain art therapy licensure in the state of Nebraska. I have been an art therapist since 2005 and am currently a resident of Omaha, having recently bought a house in the Benson area.

I have worked with a wide variety of populations over the course of my nearly 15 years as an art therapist including individuals (of all ages) with developmental disabilities, individuals with addictions, individuals who have experience significant trauma, and more general psychiatric populations. I have utilized traditional talk therapy and art therapy with all of these populations. (I have masters' in art therapy and in mental health counseling as well as a doctorate in art therapy). Over the course of my work, I have observed that art therapy reaches clients in a different way than traditional talk therapy, I have witnessed children who are too anxious to speak communicate their anger and frustration with art. I have also witnessed adults have realizations in just one art therapy session that they hadn't come to in months or years of verbal counseling. Moreover, I have watched children and adults regress when using messy art media, something I was prepared to handle by my art therapy training. Individuals without art therapy training may, and have, attempt to use media without understanding its psychological effects which can lead to psychological distress.

I have particularly witnessed the power of art therapy with individuals with Autism Spectrum Disorders. I produced several videos and infographics about how art therapy functions with this population as a part of my doctoral research. You can find this information at <https://www.arttherapyandneurodiversity.com/why-art-therapy.html>.

I currently work with children in Partial Hospitalization at Immanuel Medical Center in Omaha. I facilitate art therapy daily with children who have experienced trauma, many of whom are in foster care. These children often don't have the words to express their feelings but children always know what to do with art.

Having witnessed the power of art therapy I have become a passionate advocate for art therapy licensure. Art Therapy licensing/title protection exists in some form in 15 of 50 states. This means that in 35 states, including Nebraska, that anyone can say they are an art therapist without having the essential training. Art Therapy is a Master's level field which shares about 50% of its curriculum with fields like counseling and social work but has 50% completely unique curriculum that teaches the power of art, how art media affect clients psychologically, and much more. Without art therapy licensure people without this training may offer art therapy services. As I cited in the above paragraph, art can lead to breakthroughs quickly in therapy and individuals with no training in mental health or without art therapy specific training may not be prepared to assist clients in this process which can lead to harm.

I also taught for a decade in an art therapy program in Kansas. I taught many students from Nebraska, many who desired to return to Nebraska but elected to move elsewhere where licensure was available. As Nebraska has a shortage of mental health professionals in most counties, especially rural areas, I see this as missed opportunities to meet the needs of many Nebraskans.

Sincerely,



Dr. Jessica Stallings, ATR-BC, LMHP, LPC  
artfulresolutions@gmail.com