

August 15, 2025

Sara Montauti, MPH
Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations
Department of Public Health
410 Capitol Avenue, MS#12HSR P.O. Box 340308
Hartford, CT 06134

Re: Scope of Practice Review Request for revision of Art Therapist licensure

Dear Ms. Montauti,

On behalf of art therapy practitioners in the State of Connecticut, we are writing to submit documentation for a review and revision of the scope of practice that accompanies the Clinical Licensed Art Therapist (CLAT) license. We seek to clearly define and expand the licensure scope of practice to fully align with the education, training, and standards of the profession as outlined by our credentialing body, the Art Therapy Credentials Board (ATCB).

Our request for scope of practice review is being submitted in compliance with the requirements of Connecticut General Statutes, Section 19a-16e which provides for review of requests from health care professions seeking to establish a defined scope of practice in advance of consideration by the General Assembly.

Art therapists in Connecticut continue to view licensure, state regulation, and the accurate scope of practice imperative in assuring competent, safe, and ethical practice of art therapy and in meeting the current needs of Connecticut residents. We believe that clarifying the scope of practice will ensure more treatment access, will increase the number licensed art therapists, will meet the state's growing need for mental health services accessible through health insurance, and will add diversity and innovation in mental health services available to consumers.

We respectfully submit the following information and documentation in support of our scope of practice review request. We look forward to working with you.

Sincerely,

Lauren Deaven, ATR-BC, CLAT

Sam Jesner, ATR-P, Art therapist temporary permit
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1. a plain language description of the request

We are seeking to amend the professional scope of practice for art therapists licensed and regulated by the state of Connecticut to appropriately reflect the highly specialized academic and clinical training required for competent, safe, and ethical practice of clinical art therapy and allows licensed art therapists to practice to the full extent of their education and professional training. We are requesting to add to the definition of an art therapist in Chapter 383g sections 20-195mmm to 20-195rrr to include evaluation, assessment, prevention, analysis, diagnosis and treatment of psychological problems, emotional conditions, or mental conditions, or equivalent language to create parity between licensed art therapists and licensed professional counselors, licensed masters level social workers, and licensed marriage and family therapists.

Despite enactment of legislation in 2019 providing art therapists with a pathway to licensure, the statute does not effectively define scope of practice for art therapists and rather provides title protection to the field of art therapy. While this helped protect and inform the public about who is qualified to safely deliver art therapy services, art therapists are not currently able to enact the full extent of their education and professional training including assessment, diagnosis, and independent practice.

In addition to updating the scope of practice, we propose an update to the entry requirements to licensing in the field of art therapy. Rather than requiring the applicant to “hold a current credential or certification as an art therapist from the Art Therapy Credentials Board (ATCB)”, we propose the full, independent license requirement should be passing the Art Therapy Credentials Board Exam (ATCBE) and completing 1000 hours of supervised direct client contact hours with 100 hours of supervision for those who graduated from a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited program, and 150 hours of supervision for those who graduated from a non-accredited master’s program (See section 6 for explanation of accreditation) with separate requirements for those who have practiced for four or more years. These changes remove the disproportionate costs to art therapists by removing the cost of the national credential (ATR-P/ATR-BC) in order to qualify for the state license, a cost not shared by licensed professional counselors, licensed masters level social workers, and licensed marriage and family therapists. Separate standards for accredited and non-accredited programs and for more than four years of practice mirror the standards for licensed professional counselors. We also propose that an associates license should replace the art therapist temporary permit for new graduates working towards independent licensure. This creates standardization across equivalent licenses, reducing confusion for employers and the public. Similar practices have been implemented in other states, namely Maryland, Kentucky, New Jersey, New Mexico, New York, and Washington D.C.

2. public health and safety benefits that the requestor believes will occur if the request is implemented and, if applicable, a description of any harm to public health and safety if it is not implemented

Benefit 1: Expand the recognition of and legitimacy of art therapy practitioners to the public:

Art therapists provide a valuable service to the residents of the State of Connecticut which would be greatly improved by a legislative fix. Art therapy has been shown to be an effective mental health treatment across the lifespan. There is particular appeal for parents and families across the state to provide art therapy treatment for children and adolescents experiencing psychological conditions including anxiety, depression, trauma, abuse and neglect. In addition, 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. Those unable to find words to express their emotions or behaviors typically discover a freer world of expression through art therapy.

The benefits of art therapy and the methods employed can apply to a vast array of situations and issues that may face residents across Connecticut. For example:

- 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 art therapists as part of interdisciplinary teams where art therapy complements and informs the work of other medical, mental health and allied health professionals.
- 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.
- 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.
- Art therapy in educational settings can be tailored to support academic and social or emotional needs or requirements. Art therapy is 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 a variety of goals relating 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.

Benefit 2: Expand access to art therapy services to the public:

By better defining the scope of practice for clinical art therapists, the benefits of art therapy can become more widely available to consumers in the state by making art therapists eligible for third party insurance and Husky reimbursement. It also would encourage art therapists to move to and practice in Connecticut (instead of the current situation where they will leave the state to practice elsewhere), thereby increasing the supply of practitioners and the revenue for the State.

Benefit 3: Increase utilization of the art therapy license by art therapy practitioners and reduce the discrepancy created by Chapter 383-c, Sec. 20-195aa(8) between art therapists with LPC license and those without the LPC:

At the present moment there is harm to the public due to the lack of use of the art therapy license by art therapists. There are fewer than 115 people who have received an art therapy license in the state of Connecticut and, of those, fewer than 15 are currently practicing in the state and without a secondary license (such as the LPC). The unclear scope of practice does not make the license worthwhile to many art therapists. The majority of art therapists practicing in the state of Connecticut are applying for the national art therapy credential through the Art Therapy Credentials Board (ATCB) and are practicing as licensed professional counselors either due to getting licensed before the reinterpretation of the professional counseling statute by the Department of Health in 2022 or due to loop-holes within certain educational programs. This current practice is harmful to the public because it creates confusion about who is qualified to safely practice art therapy and prevents the Department of Health from accurately monitoring practitioners. With a better defined scope of practice that provides parity between licensed art therapists and licensed professional counselors, licensed masters level social workers, and licensed marriage and family therapists, art therapists would not need to rely on the professional counseling license to effectively practice.

3. the impact of the request on public access to health care

As mentioned in section 2, better defining the scope of practice of clinical art therapists would have a significant impact on the public's ability to access art therapy services and improve access to mental health services generally. It would make the benefits of art therapy more widely available to consumers in the state by making art therapists eligible for third party insurance and Husky reimbursement. It will also increase the supply of qualified art therapy practitioners in Connecticut in several ways: it will encourage graduates of the Albertus Magnus College graduate art therapy program to remain and practice in Connecticut; it will encourage

former program graduates who have sought licensure and employment in other states to return; and it will attract art therapists from neighboring states without licenses to relocate and practice in Connecticut. These art therapists will increase the number of licensed professionals who are qualified to address the state's growing need for mental health services, helping to restrain increases in cost of services that might otherwise result from continued shortages of qualified professionals.

4. a brief summary of state or federal laws governing the profession

There are currently no federal laws governing the professional practice of art therapy.

Two iterations of law govern art therapy practice or the profession in Connecticut. Section 19a-16d through 19a-16f of the Connecticut General Statutes as enacted by Public Act 16-66 defines art therapy for purposes of Connecticut law as a clinical and evidence-based practice performed by a credentialed individual holding a degree in art therapy from a program approved by the American Art Therapy Association. It prohibits use of the titles "art therapist" or "certified art therapist" by persons who do not hold national board certification with the Art Therapy Credentials Board, Inc., and prohibits use any words, letters, or abbreviations that might indicate or imply to the public that a person is a certified art therapist. Violations of these prohibitions are determined as class D felonies.

In 2019, this title protection was enhanced by Chapter 383g sections 20-195mmm to 20-195rrr which prohibits use of the titles "art therapist" or "certified art therapist" by persons who do not hold an art therapy license or temporary permit from the state of Connecticut and prohibits use any words, letters, or abbreviations that might indicate or imply to the public that a person is a certified art therapist. The requirements for Connecticut's art therapy license are (1) a graduate degree in art therapy or a related field from an accredited institution of higher education, and (2) a current credential or certification as an art therapist from the Art Therapy Credentials Board.

5. the state's current regulatory oversight of the profession

According to Chapter 383g section 20-195qqq, the Commissioner of Public Health may deny an application of an individual or take any disciplinary action set forth in section 19a-17 against an art therapist for any of the following reasons: (1) Failure to conform to the accepted standards of the profession; (2) conviction of a felony, provided any action taken is based upon (A) the nature of the conviction and its relationship to the license holder's ability to safely or competently practice as an art therapist, (B) information pertaining to the degree of rehabilitation of the license holder, and (C) the time elapsed since the conviction or release; (3) fraud or deceit in obtaining or seeking reinstatement of a license to practice art therapy; (4) fraud or deceit in the practice of art therapy; (5) negligent, incompetent or wrongful conduct in professional activities; (6) physical, mental or emotional illness or disorder resulting in an inability to conform to the accepted standards of the profession; (7) alcohol or substance abuse; or (8) willful falsification of entries in any hospital, patient or other record pertaining to art therapy. The commissioner may order a license holder to submit to a reasonable physical or mental examination if his or her

physical or mental capacity to practice safely is the subject of an investigation. The commissioner may petition the superior court for the judicial district of Hartford to enforce such order or any action taken pursuant to section 19a-17. The commissioner shall give notice and an opportunity to be heard on any contemplated action under section 19a-17.

6. all current education, training, and examination requirements and any relevant certification requirements applicable to the profession

National requirements for professional entry into the practice of art therapy include, at minimum, a master's degree and extensive post-graduate clinical experience under the supervision of credentialed art therapists—a process which typically requires a minimum of four years. Some art therapists also have a doctorate degree. Because of the uniqueness of the study and practice of art therapy, practitioners must be trained within an approved art therapy master's degree program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The organization has approved 39 art therapy master's degree programs accredited colleges and universities in 23 states.

Art therapy master's level education shares a common foundation with other mental health professions in the study of human psychological growth and development; theories of personality; group and family therapy; diagnosis and assessments; research and evaluation; therapeutic knowledge and skills; and multicultural diversity competence. However, it also requires training in studio art (drawing, painting, sculpture, etc.), the neurobiological implications of art-making, the creative process, and art therapy assessment methods.

To qualify for admission, students must meet prerequisite requirements of college level training in psychology and studio art. Students must then complete a minimum of 60 credit hours of coursework, as well as 100 hours of supervised practicum and 600 hours of supervised art therapy internship. Art therapy master's program training is distinct in its emphasis on imagery and art-making. Students are trained to understand the science of imagery and of color, texture, and art media and how these can calm or bring closure to clients. The art therapy curriculum includes course content based on two underlying theories: the Expressive Therapies Continuum which guides decision making processes in art therapy practice, and the premise that focused art making constitutes reflective practice and facilitates learning. The graduate curriculum also encourages students' immersion in their own art practice, and art-based learning is integrated into all courses and clinical supervision.

Current program and curriculum standards for art therapy master's programs were established in 2016 and continue to be administered by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP recognized art therapy as a distinct allied health profession in 2014 for purposes of establishing an art therapy accreditation program within the CAAHEP accreditation system. The CAAHEP Board formally approved the art therapy program standards and curriculum competency requirements prepared by the Accreditation Council for Art Therapy Education (ACATE) in 2016. To date, 39 art therapy master's programs have received initial accreditation from CAAHEP upon the recommendation of ACATE.

The current CAAHEP curriculum standards take an outcomes-based approach that focuses on competences that students must attain rather than course and content requirements. The standards define seventeen curriculum content areas that must be included in each program's curriculum. These content areas are further broken down into 147 competency requirements that describe the knowledge, skills and behaviors students must attain for competent practice of art therapy (The CAAHEP curriculum competency requirements are included in Attachment A).

Starting in 2026, CAAHEP curriculum standards will consist of four core areas of coursework which is further broken down into 21 competency requirements that describe the knowledge, skills and behaviors students must attain for competent practice of art therapy. Core course areas include:

1. History, Theory & Influential Frameworks
 - a. History of the Profession
 - b. Theoretical Approaches
 - c. Lifespan Development within Social Systems
 - d. Creativity, Symbolism & Metaphor
 - e. Neuroscience
2. Art Therapy Practice
 - a. Media, Tools & Processes
 - b. Practice Environments & Contexts
 - c. Technologically Mediated Practices
 - d. Art Therapy Models and Systems
 - e. Assessment, Appraisal & Evaluation
 - f. Mental Health, Psychopathology & Diagnosis
 - g. Art & Counseling Techniques for Working Relationships
 - h. Supervision and Consultation
 - i. Career and Lifestyle Development
 - j. Cultural, Social, and Intersectional Diversity
3. Professional Development
 - a. Ethics
 - b. Professional Identity
4. Research
 - a. Research Methods
 - b. Art-based Research Methods/Art Therapy Research
 - c. Thesis or Culminating Project
 - d. Ethical, Legal, Social, and Cultural Considerations

In addition to rigorous master's level academic training, professional entry into the art therapy profession in states without an art therapy license also requires a national credential from the Art Therapy Credentials Board (ATCB), an independent non-profit organization in Greensboro, North Carolina that is accredited by the National Commission on Accrediting Agencies. ATCB administers the national art therapy proficiency examination and sets the parameters of ethical practice of art therapy with the ATCB Code of Ethics and Conduct.

Following completion of the master's degree, graduates of approved art therapy programs must apply for the provisional Registered Art Therapist (ATR-P) credential, then complete a minimum of 1,000 hours of supervised practice in direct contact with clients and pass the ATCB's proficiency examination to qualify to apply to ATCB for the Board Certified Registered Art Therapist (ATR-BC) credential. Supervision must include a minimum of 100 hours of direct supervision for graduates of CAAHEP-accredited programs and 150 hours of direct supervision for graduates of non-accredited master's programs, at least half of which must be provided by a credential Art Therapy Certified Supervisor (ATCS) or Board Certified Art Therapist (ATR-BC). Additional hours may be supervised by a fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field. The ATCB administers its proficiency examination to qualify art therapists for both national certification and state licensure. It administers the examination four times each year, at approximately three month intervals, and at diverse locations throughout the country. Under agreements with state licensing agencies or boards, the ATCB provides for registration of approved examination candidates, materials to inform candidates of testing procedures, scoring of examination results, and reporting of the results in a timely manner.

This is done without cost to the state agency or board, through fees paid to ATCB by examination candidates (A sample ATCB state agreement is included as Attachment B). To maintain ATCB board certification, art therapists must comply with a renewal process that requires the equivalent of 20 hours of approved continuing education each year. All credentialed art therapists also must adhere to the ATCB's Code of Ethics, Conduct and Disciplinary Procedures.

7. a summary of known scope of practice changes requested or enacted concerning the profession in the five years preceding the request

No changes are known by these requestors to have been requested or enacted in the past five years.

8. the extent to which the request directly affects existing relationships within the health care delivery system

We anticipate that proposed improvement to the scope of practice of clinical art therapists will have minimal effect on existing relationships within the state's health care delivery system. Many art therapists in the state are currently employed by state agencies, community mental health centers, private clinics, senior centers, and correctional facilities. Some work as part of interdisciplinary teams in children's hospitals and cancer centers where art therapy complements and informs the work of other medical, mental health, and allied health professionals. Others are employed by school districts where they work closely with teachers, administrators and parents in coordinating and providing individualized instructional support services for students with disabilities. Most of these relationships are unlikely to change with a defined scope of practice of art therapists.

Improvements to the regulations will increase public awareness of the availability and benefits of art therapy, as well as increase the ability of consumers to identify practitioners who are qualified to practice art therapy. This will likely change current delivery patterns in which many persons are referred for art therapy by primary health providers and other mental health practitioners. Allowing more consumers to obtain services directly from licensed art therapists would reduce the need and cost of initial consultations and referrals, and eliminate the delay and unnecessary cost experienced by consumers who currently experiment with a number of ineffective therapies and treatments before learning about art therapy.

A defined scope of practice for art therapists also would permit greater numbers of art therapists to be employed in substance abuse clinics and treatment facilities as part of interdisciplinary teams to address Connecticut's serious opioid addiction crisis. This would allow for more collaborative relationships between art therapists and substance abuse and addiction counselors and enable both professions to work more effectively to address the needs of clients, especially when traditional methods of treatment prove ineffective. Recent studies have highlighted the use of art therapy as both a direct or subjective treatment in detoxification from chemical addiction. Research also documents the efficacy of art therapy in treating mental health problems in children and adolescents. While local communities struggle to acknowledge this epidemic, the state has a responsibility to ensure that the public has access to effective substance abuse treatments. Defining the scope of practice for art therapists provides a practical and cost-effective approach to augment and diversify current treatment of substance abuse and to expand access to services to address this ongoing mental health crisis.

9. the anticipated economic impact of the request on the health care delivery system

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. The overall cost of art therapy services to the public may be reduced in response to important changes in the market for mental health services and the delivery and payment of art therapy services. For example:

- State programs serving lower income individuals and families in the state typically require participating practitioners to be able to diagnose. Proposed licensing changes for clinical art therapists will provide a necessary step in expanding services to the state's most vulnerable persons at lower cost through existing state programs and private insurance.
- Improving 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.

In summary, the critical rationale in support of defining the scope of practice in the art therapy licensure is to regulate and provide quality mental health treatment and consumer safety. In order to do so, the art therapy profession must have a license that:

- Protect the public and ensure those in need of services receive services from qualified clinical art therapists;
- Ensure quality of art therapy services by a specifically trained, licensed, and experienced provider;
- Provide a distinct service and reimbursement code under public and private insurance for which art therapists are qualified;
- Be recognized as an important, unique mental health profession contributing to state-wide mental wellness

10. regional and national trends in licensing of the health profession making the request and a summary of relevant scope of practice provisions enacted in other states

The national trend has been toward licensing of professional art therapists. Currently there are twelve states including Connecticut that have a professional art therapy license and five states that regulate art therapy under another professional license. Three additional states have enacted legislation or administrative regulations recognizing art therapists for purposes of state hiring and/or title protection (A full list of states is in attachment C). Prior to 2013 three states had enacted separate professional art therapist licenses (Kentucky, Mississippi, New Mexico), and four states had approved licensing of art therapists under related licenses (New York, Pennsylvania, Texas, Wisconsin). In the majority of states, art therapists had been able to qualify for licensure as professional counselors.

Beginning in 2013, a number of factors have prompted greater numbers of art therapists to seek separate licensure: 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 many states, and a national campaign by the counseling profession to restrict qualification for professional counseling licenses only to applicants holding specific accredited counseling program degrees.

An important factor prompting the need for separate art therapy licensure in many states has been the loss of access to other state licenses as other mental health professions continue to define or clarify their professional identities with increasingly restrictive educational, clinical experience, and examination requirements. Almost all states now require master's degrees from programs accredited by the Council on Social Work Education (CSWE) to qualify for social work licenses. A majority of states also require graduation from programs accredited by the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE) to qualify for marriage and family therapy licenses. State professional counseling and mental health counseling licenses, which have been the primary licenses available to art therapists in many states, also are being restricted by the counseling profession's ongoing effort to create a single identity for all counselors based on required degrees from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP).

In 2019 a Connecticut Public Act prevented art therapists in Connecticut from licensure as professional counselors. Senate bill No. 903, enacted as Public Act No. 17-94, required that

applicants for counseling licenses after January 1, 2019, must have earned a graduate degree in clinical mental health counseling from a CACREP accredited program, or a program in a "related field" (specifically defined in 2022 as a master's in counseling, social work, marriage and family therapy, and psychology) with coursework that closely follows the CACREP curriculum and required internship in mental health counseling. As art therapists have found in increasing numbers of states, the specialized training and clinical practice required for competent practice of art therapy cannot be accommodated within the CACREP accredited program structure and curriculum and necessitated a separate license with qualifications and scope of practice that accurately reflect the competencies required for practice of clinical art therapy. The creation of the art therapy license attempted to rectify this problem by providing an avenue for art therapists to continue practicing as they had been when using the professional counselor license. But without a clear scope of practice art therapists have been unable to practice to the full extent of the profession's education and training which includes assessment, diagnosis, and independent practice. As it stands now, the art therapy license is not equivalent to the professional counseling license.

In Maryland, art therapy licensing statute creates parity between art therapists and professionals counselors by using definitions of "art therapy" that provide an abbreviated version of the more detailed scope of practice of art therapy recommended by the American Art Therapy Association (The AATA art therapy scope of practice is included as Attachment D). The Maryland statute (Chapter 629, Health Occupations Section, 17) defines to "Practice clinical professional art therapy" as:

- (a) To engage professionally and for compensation in clinical professional art therapy and appraisal activities by providing services involving the application of clinical professional art therapy principles and methods in the diagnosis, crisis management, prevention, treatment, and amelioration of psychological problems, and emotional or mental conditions of individuals or groups; and
- (b) The use of instruments that require specialized psychological training for administration and interpretation as described in Health Occupations Article, §17-310, Annotated Code of Maryland.

11. identification of any health care professions that can reasonably be anticipated to be directly affected by the request, the nature of the impact, and efforts made by the requestor to discuss it with such health care professions

We are aware that historically psychologists in Connecticut and other states have expressed concerns with art therapists' ability to engage in diagnosis and treatment of serious mental health problems or disorders, and particularly serious mental illness. Graduates of art therapy programs receive training in assessing and treating mental disorders as categorized in standard diagnostic nomenclature on the same basis as other mental health professions licensed by the state. We acknowledge that art therapists require a masters level education, not a doctorate (although some art therapists do go on to receive their doctorate) and are not seeking a licensure equivalent to psychologists. We are rather seeking equivalency with professional counselors whose level of education and educational standards as set out by Council for

Accreditation of Counseling and Related Educational Programs (CACREP) are equivalent to the education and educational standards set by CAAHEP for art therapists. Art therapists are trained in counseling, of established principles of psycho-social development and behavioral science to the evaluation, assessment, analysis, diagnosis and treatment of emotional, behavioral or interpersonal dysfunction or difficulties that interfere with mental health and human development on par with professional counseling. Clearly defining the scope of practice for art therapists to the full extent of their education and professional training poses no additional risk to those with serious mental health problems beyond the risk that professional counselors, masters level social workers, and marriage and family counselors pose, all of whom have explicit ability to diagnose and treat mental illness. As with any mental health professions' code of ethics, we also acknowledge that art therapists must refer a client to other licensed professionals if they present problems and conditions that are beyond the therapist's training and competence.

12. a description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training

As discussed above (see discussion in section 10), the art therapy license in Connecticut was created in response to the known problem that art therapists would be barred from receiving the professional counselor license due to a restriction of qualifying education implemented in 2019, despite the fact that art therapists receive equivalent and more expansive education than counselors. The license was intended to create equivalency for art therapists and professional counselors, but by not accurately defining the scope of practice in the initial statute the license has not met that goal. The result has been fewer qualified and licensed practitioners to meet the state's growing 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 qualified art therapy professionals. The art therapy license is not being used by art therapists in the state, with fewer than 15 people licensed as art therapists by the state of Connecticut practicing in the state and without a secondary license (such as the LPC). Art therapists are currently unable to practice to the full extent of the profession's education and training which includes assessment, diagnosis, and independent practice. This request seeks to rectify this problem.



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

**Standards initially adopted in 2016; revised in 2024;
and effective 1/1/2026.**

**Developed by
Accreditation Council for Art Therapy Education**

**Endorsed by
American Art Therapy Association
Art Therapy Credentials Board**

and

**Approved by the
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** 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.*

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accreditation Council for Art Therapy Education, and the American Art Therapy Association and Art Therapy Credentials Board 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 for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of art therapy programs. Site visit 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 and human services profession that uses art-based methods to meet personal and relational treatment goals. Art therapists use multiple theoretical approaches in case conceptualization. Art therapists provide services in diverse clinical and community spaces including, but not limited to individual, couple, family, and group work. Art therapists function independently or as part of interdisciplinary teams, complementing and informing the work of medical, mental health, and allied health professionals.

I. Sponsorship

A. Program Sponsor

A program sponsor 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. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards; and
2. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: "To prepare art therapists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an art therapist. Goals are based upon the substantiated needs of health care providers and employers, and the educational

needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to the changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

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

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;
5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and art studio (physical or virtual);
8. Ancillary student facilities;
9. Supervised practice experiences;
10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty and site supervisor professional development.

Professional development may include programs attended; continuing education programs; in-service programs; academic coursework pursued; creative pursuits; papers published; research conducted and/or other activities identified as scholarship activities by the sponsoring institution.

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.

At minimum, the following positions are required.

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including but not limited to

- 1) Administration, organization, supervision of the program;
- 2) Continuous quality review and improvement of the program;
- 3) Academic oversight, including curriculum planning and development; and

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.

- 4) Ensuring that all students have faculty advisors.

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 or the equivalent;
- 2) Possess national certification in the field of art therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA), by the American National Standards Institute (ANSI), or under the International Organization for Standardization (ISO); and
- 3) Have documented education or experience in instructional methodology.

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; and
- 3) Participate in program evaluation and program development.

b. Qualifications

Art therapy faculty must

- 1) Possess a minimum of a master's degree or the equivalent;
- 2) Be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area; and
- 3) Possess national certification in the field of art therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA), by the American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

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, but is not limited to, Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work, or Marriage and Family Therapy.

- 2) Be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area.

4. Practicum/Internship Coordinator

a. Responsibilities

The practicum/internship coordinator must

- 1) Develop criteria for selection and evaluation of appropriate clinical and community practicum and internship experiences;
- 2) Coordinate and maintain affiliation agreements;
- 3) Provide oversight of the practicum/internship experience including placement; supervision and the documentation, evaluation, and progress of student performance; and
- 4) Verify site personnel who supervise or instruct students are oriented to the program's requirement.

b. Qualifications

The practicum/Internship coordinator must

- 1) Have professional experience as a clinician or documented experience coordinating practicum/internships;
- 2) Possess knowledge of the curriculum; and
- 3) Possess knowledge about the program's evaluation of student learning and performance.

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), by the American National Standards Institute (ANSI), or under International Organization for Standardization (ISO), 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

The curriculum must ensure that the program goals are achieved. 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. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

The program must demonstrate that the curriculum offered meets or exceeds the content and competencies listed in Appendix B of these **Standards**.

CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

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 needed improvements 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 in the required learning domains.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education in health professions or serving in the military are counted as placed.

2. Reporting

At least annually, the program must submit to the Accreditation Council for Art Therapy Education (ACATE) the program goal(s), learning domains, outcomes assessment results and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the Accreditation Council for Art Therapy Education (ACATE) that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students
 - a. Sponsor's institutional and programmatic accreditation status;
 - b. Name and web site address of CAAHEP;
 - c. Admissions policies and practices;
 - d. Technical standards;
 - e. Occupational risks;
 - f. Policies on advanced placement, transfer of credits, and credits for experiential learning;
 - g. Number of credits required for completion of the program;
 - h. Availability of articulation agreements for transfer of credits;
 - i. Tuition/fees and other costs required to complete the program;

- j. Policies and processes for withdrawal and for refunds of tuition/fees; and
 - k. Policies and processes for assignment of clinical experiences.
3. At least the following must be made known to all students
- a. Academic calendar;
 - b. Student grievance procedure;
 - c. Appeals process;
 - d. Criteria for successful completion of each segment of the curriculum and for graduation; and
 - e. Policies by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain and make available to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: programmatic retention and placement in full or part-time employment or a related profession as established by the Accreditation Council for Art Therapy Education (ACATE).

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. Art therapy students must be readily identifiable as students.

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

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given direction on how to access their records. Records must be maintained for student admission, advisement, counseling, and evaluation.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to 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 program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program 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
P.O. Box 804
Southwest Harbor, Maine 04679

The “Request for Accreditation Services” form can be obtained from the CAAHEP website at [Request for Accreditation Services](#).

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 ACATE. The on-site review will be scheduled in cooperation with the program and ACATE once the self-study report has been completed, submitted, and accepted by the ACATE.

2. Applying for Continuing Accreditation

- a. Upon written notice from the ACATE, 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
P.O. Box 804
Southwest Harbor, Maine 04679

The “Request for Accreditation Services” form can be obtained from the CAAHEP website at [Request for Accreditation Services](#).

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the ACATE.

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 ACATE forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the ACATE 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 ACATE 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 ACATE that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The ACATE 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 will be granted.
- c. The sponsor must promptly inform CAAHEP and the ACATE 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 ACATE in accordance with its policies and procedures. The time between comprehensive reviews is determined by the ACATE 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 ACATE and CAAHEP fees within a reasonable period of time, as determined by the ACATE 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 ACATE policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on an ACATE 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 ACATE.

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 ACATE 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 ACATE. The sponsor will be notified by the ACATE 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 ACATE 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 ACATE 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 ACATE’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 ACATE 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 ACATE ’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the ACATE 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

1. 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. Applicants must have successfully completed coursework or equivalent non-academic studio art experience in a variety of two- and three-dimensional art media (which may include digital art) and must meet educational program requirements for credentialing and entry level practice as an art therapist.
- b. Foundational coursework in psychology or related fields to prepare students for master's level studies.

2. Core Curriculum Content Areas

The following Core Curriculum content areas 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 content areas describe cognitive (knowledge), psychomotor (skills), and affective (behavior) competencies that art therapy students must develop through their coursework.

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.

a. Content Area A. History, Theory & Influential Frameworks

- 1) History of the Profession
- 2) Theoretical Approaches
- 3) Lifespan Development within Social Systems
- 4) Creativity, Symbolism & Metaphor
- 5) Neuroscience

b. Content Area B. Art Therapy Practice

- 1) Media, Tools & Processes
- 2) Practice Environments & Contexts
- 3) Technologically Mediated Practices
- 4) Art Therapy Models and Systems
- 5) Assessment, Appraisal & Evaluation
- 6) Mental Health, Psychopathology & Diagnosis
- 7) Art & Counseling Techniques for Working Relationships
- 8) Supervision and Consultation
- 9) Career and Lifestyle Development
- 10) Cultural, Social, and Intersectional Diversity

c. Content Area C. Professional Development

- 1) Ethics
- 2) Professional Identity

d. Content Area D. Research

- 1) Research Methods
- 2) Art-based Research Methods/Art Therapy Research
- 3) Thesis or Culminating Project
- 4) Ethical, Legal, Social, and Cultural Considerations

3. Applied Educational Experiences

- a. The curriculum must include applied education experiences that provide students with opportunities to practice the knowledge, skills, and behavior competencies that art therapy students must develop through their course work, and which lead to overall student learning outcomes.

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

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

4. Competencies

<p>a. Content Area A. History, Theory & Influential Frameworks</p> <p>The curriculum must allow students to articulate and demonstrate their understanding of the development of art therapy as a distinct therapeutic profession. A demonstration of knowledge should include understanding historical and social-cultural antecedents, ongoing conceptual development of the field, an overview of approaches and theories from related fields, and the emergence of contemporary influences.</p> <p>The following knowledge, skills, and behaviors must be developed for competency in each content area.</p>			
<p>1) Content Area A.1. History of the Profession</p> <p>The curriculum must provide students with the opportunity to understand the influences of psychology, art history, and influential contributors within the field and in related fields.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)

These competencies must be taught by Art Therapy Faculty who meet credentialing requirements specified in III.B. of these Standards.	a) Identifies major and marginalized contributors and their contributions that shaped the field of art therapy. b) Demonstrates knowledge of the historical evolution of art therapy professional associations and institutions.	a) Presents knowledge of the historical foundations of the profession. b) Describes how the intersection of psychology and art and historical social-cultural influences impacted the evolution of art therapy.	a) Demonstrates openness and commitment to learning and advancing diverse historical narratives that include marginalized voices.
2) Content Area A.2. Theoretical Approaches The curriculum must provide students with the opportunity to understand major psychological and counseling theories and applications to practice.			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements specified in III.B. of these Standards.	a) Explains the relationship between art therapy approaches and theories from psychology, counseling, and related fields. b) Distinguishes between the various approaches to art therapy, including but not limited to art psychotherapy, art-as-therapy, studio-based approaches, and community-based approaches.	a) Describes how theory informs the process of art therapy from assessment, treatment planning to closure. This may include rapport building, selection of media, and interventions.	
These competencies must be taught by Related Professions	c) Articulates comprehension of the basic tenets of psychological and	b) Applies theory to practice through case conceptualization or critique of clinical and	a) Demonstrates awareness of social-cultural influences on psychological,

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Faculty or Art Therapy Faculty that meet requirements specified in III.B. of these Standards.	counseling theories, including but not limited to psychodynamic, humanistic, cognitive-behavioral, systemic, neuroscience, and trauma-focused approaches.	community scenarios and discusses the appropriateness and/or limitations of theoretical approaches.	counseling, and art therapy theories and how that may impact clients with marginalized identities. b) Demonstrates cultural humility when evaluating the appropriateness and/or limitations of theoretical approaches.
<p>3) Content Area A.3. Lifespan Development within Social Systems</p> <p>The curriculum must allow students to integrate stages of lifespan development in assessing and treating clients. 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.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.		a) Assesses developmental stages in artwork, including typical, atypical, and exceptional characteristics for all age groups within a cultural context. b) Demonstrates ability to integrate contextual/ecological factors affecting human development, such as exploration and acceptance of intersectional identities into art therapy practice.	
These competencies must be taught by	a) Distinguishes theories of relational systems including but		a) Demonstrates commitment to advancing wellness

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Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	<p>not limited to individual and family development across the lifespan.</p> <p>b) Describes theoretical contributions to the understanding of biopsychosocial factors and elements that may influence development across the lifespan.</p>		<p>and actualizing potential, coping capacity, creativity, and optimal development throughout life.</p> <p>b) Demonstrates cultural humility when evaluating clients' stage of lifespan development.</p>
<p>4) Content Area A.4. Creativity, Symbolism & Metaphor</p> <p>The curriculum must allow students to apply knowledge of creativity, symbolism, metaphor, and artistic language to the practice of art therapy. Such applications include but are not limited to working with individuals, groups, families, and/or communities of diverse backgrounds.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	<p>a) Identifies and comprehends theories and models for understanding creativity, symbolism, metaphor, and artistic language.</p> <p>b) Describes how cultural context may influence creativity, symbolism, metaphor, and artistic language.</p>	<p>a) Applies an understanding of artistic language, symbolism, and metaphoric media properties through a lens of cultural humility.</p> <p>b) Demonstrates an ability to collaborate with clients and communities to explore and uncover the role of creativity and meaning making.</p>	<p>a) Engages in self-reflection to explore creativity, symbolism, metaphor, and meaning within personal artwork and how they inform clinical practice and self-care.</p> <p>b) Displays cultural humility when considering elements that may impact a client's participation, choice of materials, and creation of art.</p>
<p>5) Content Area A.5. Neuroscience</p> <p>This curriculum must provide students opportunities to integrate the principles of neuroscience into art therapy/counseling practice.</p>			
	Competencies		

Art Therapy Standards initially adopted in 2016; revised in 2024.

	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.		a) Describes neuroscience-informed art therapy approaches used in assessment, treatment planning, and practice.	a) Values ongoing expansion of their knowledge of neuroscience-informed art therapy research and practices.
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	a) Demonstrates basic knowledge of the development, structures, and functions of the brain and nervous system.		

b. Content Area B. Art Therapy Practice

Art therapy practices provide therapeutic opportunities and relational media experiences for optimal health and wellness, management of mental and medical health symptoms, and conflict resolution that may or may not be related to traumatic experiences, systemic violence, or marginalization of individuals but also inclusive of group, family, and community experiences.

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

1) Content Area B.1. Media, Tools & Processes

The curriculum must provide students with opportunities to understand how media tools, processes, and the ethical care of artwork impact relational dynamics and outcomes within art therapy.

	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)

These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	<ul style="list-style-type: none"> a) Identifies an expressive range of materials (haptic to technological) and their inherent qualities. b) Identifies toxic materials and safety issues with select populations, including but not limited to allergic reactions and sensitivities. c) Identifies requirements for set-up and maintenance of therapeutic setting. d) Identifies ethical storage methods and preservation or distribution strategies for client artwork. 	<ul style="list-style-type: none"> a) Demonstrates ability to evaluate the social-cultural, contextual, and developmental variations of responses to media and materials and adapts material offerings as needed. b) Demonstrates understanding of therapeutic utility and psychological properties of haptic to technological media in the selection of processes and materials for delivery of art therapy services. 	<ul style="list-style-type: none"> a) Commits to incorporating and critically evaluating creative, ethical, and social-cultural considerations in materials selection and the therapeutic implications of media use.
<p>2) Content Area B.2. Practice Environments & Contexts</p> <p>The curriculum must provide students with frameworks and descriptions of art therapy practice environments and contexts related to historical antecedents as well as ongoing development and expansions of the field. Additionally, the curriculum must provide students with opportunities to understand how organizational missions and goals, physical settings, and/or technologically mediated environments influence art therapy practices and client care.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	<ul style="list-style-type: none"> a) Identifies and describes contextual and organizational influences on art therapy service delivery, including but not limited to: institutional (psychiatric and medical); educational 	<ul style="list-style-type: none"> a) Demonstrates ability to manage the safety and security of art therapy spaces. b) Demonstrates ability to adapt care for individuals or communities within varying contexts. 	<ul style="list-style-type: none"> a) Recognizes settings' diverse organizational goals and philosophies and commits to integrating art therapy services with organizational missions.

	settings; outpatient mental health settings; medical settings/rehabilitation; community-based non-profits; telehealth and digital spaces; private and group practices; studio; nature-based; home-based treatment; museums/galleries.	c) Evaluates how setting's organizational missions may impact treatment and goals within art therapy practice.	
<p>3) Content Area B.3. Technologically Mediated Practices</p> <p>The curriculum must provide students with opportunities to demonstrate an understanding of technologically mediated environments and practices.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.		a) Evaluates access and limitations to material and media options for creative engagement in technologically mediated practices.	
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	a) Identifies methods of evaluation to determine client appropriateness for technologically mediated environments and the impact on therapeutic alliance relationships.	b) Demonstrates ability to facilitate ethical and legal requirements within technologically mediated environments.	a) Examines risks and benefits of technologically mediated services.
<p>4) Content Area B.4. Art Therapy Models and Systems</p>			

Art Therapy Standards initially adopted in 2016; revised in 2024.

<p>The curriculum must provide students with opportunities to integrate art therapy theory and engagement practices with processes that consider environmental and ecological systems as well as individual, group, family, and community systems. The varied therapeutic models and formats of art therapy will address and respect ethical and intercultural responsive practices and adaptations.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	a) Describes how art therapy services and practices are affected by client and community group needs and goals.	a) Utilizes knowledge of how art therapy services and practices are affected by systems and models and activates change and/or adapts to institutional missions. b) Implements art therapy practices that are responsive to the systems they are embedded within and the client and/or community goals being served.	a) Commits to cultivating personal awareness of individual, community, and institutional contexts that influence art therapy services and relationships.
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	b) Describes individualized therapeutic approaches and treatment planning strategies that include consideration of internalized systems. c) Describes group process theories and practices, authentic leadership and co-leadership models. d) Describes family systems theories and practices.		

	e) Describes systems and collectivistic theories and approaches (Liberation & Queer theories, Black Feminism; Disability studies and other justice frameworks; Art for systemic change).		
<p>5) Content Area B.5. Assessment, Appraisal & Evaluation</p> <p>The curriculum must provide students with opportunities to become familiar with a variety of specific art therapy instruments and procedures used in appraisal and evaluation and the reliability and validity of those instruments.</p> <p>The curriculum must also provide students with an understanding of the critical review processes utilized to determine appropriate selection and interpretation of assessments related to client developmental factors and cultural/intersectional identities.</p> <p>The curriculum must provide students with training that enables student identification of individual or familial challenges, strengths, and resilience as well as treatment concerns that may inform treatment planning or establish treatment effect and will include exposure to ethical and legal practices and requirements for documenting and reporting assessment results.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	<p>a) Describes psychometric approaches to appraisal, data and information gathering methods including validity and reliability characteristics, and limitations of art-based, and other appraisal measures.</p> <p>b) Understands history, development, and interrelationships between art-based and psychological assessments.</p>	<p>a) Demonstrates ability to select art-based and/or other assessment tools and appraisal methods appropriate for clients' developmental level, abilities, language, cultural and systemic contexts, as well as treatment referral concerns.</p>	<p>a) Acknowledges cultural influences on art-making and imagery/form generation and meaning and considers these influences within assessment evaluation.</p>

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	c) Describes the role of formal, informal, and ongoing assessment processes facilitated through observation of relational, non-verbal interactions, selection and responses to media and artwork, verbal or written responses to artwork, in understanding individual and community concerns and functioning.		
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	d) Describes risk assessment tools and processes used in administration, safety planning, and reporting.	b) Demonstrates familiarity with obtaining relevant contextual information necessary for understanding individual and community experiences, resources, barriers, and goals, including but not limited to interviews, intakes, case histories, and community engagement. c) Demonstrates ability to accurately and sensitively present assessment and evaluation results with individuals, families, and treatment teams via written documentation and	b) Acknowledges developmentally and culturally appropriate assessment tools and applications when considering assessment selection and interpretation.

		<p>oral communications as appropriate.</p> <p>d) Demonstrates ability to administer assessment tools and processes used in administration, safety planning, and reporting.</p> <p>e) Demonstrates ability to administer, score, interpret, summarize and report assessment outcomes.</p>	
<p>6) Content Area B.6. Mental Health, Psychopathology & Diagnosis</p> <p>The curriculum must provide students with the opportunity to identify and understand the 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 recognizes the effects that culture, society, and crisis have on individuals with mental illness.</p> <p>The curriculum must also include information on ongoing conceptual developments in neuroscience and other frameworks for understanding experiences of mental health, distress, and illness.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	<p>a) Identifies neurological factors that influence functioning, diagnoses and implications for art therapy treatment and engagement options.</p> <p>b) Describes how graphic qualities and symbolic expression considered within developmental, cultural, and identity contexts may provide</p>		

	information about diagnostic symptoms and experiences.		
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	c) Describes understanding of current diagnostic manuals, diagnostic categories and criteria related to client functioning and experience of symptoms. d) Describes psychopharmacological considerations and their potential influences on thoughts, behaviors, artistic expression, and motivation for engagement. e) Describes situations where referral for psychopharmacological care may be indicated.	a) Applies understanding of diagnoses and possible differential and co-occurring diagnoses to inform treatment planning. b) Integrates varied perspectives of mental health and illness and the intercultural experiences of stigma or support present in communities.	a) Acknowledges diverse perspectives on conceptualization and formalized categorization of mental health disorders as well as the individual, familial, and societal factors which influence experience and characterization of symptoms, strengths, and functioning standards.
7) Content Area B.7. Art & Counseling Techniques for Working Relationships 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 processes for the therapist's own responsive artmaking to reflect on treatment and evaluate progress and build self-awareness.			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing	a) Describes informed consent limitations of confidentiality and management of art created within sessions.	a) Demonstrates attuned offering of materials, prompts, and management of space related to client needs, abilities,	a) Maintains awareness of intersubjectivity and through the use of supervision and art-based reflection to address transference

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requirements listed in III.B. of these Standards.	b) Identifies and describes phases of art therapy treatment from relationship formation, goal setting, aligned work on treatment goals and tasks, and closing of the therapeutic relationship and services.	identities, and preferences. b) Demonstrates appropriate listening, observation, verbal, and artistic reflection skills. c) Demonstrates ability to design, implement, and evaluate outcomes of a therapeutic art treatment program that alignment with participant(s) abilities, identities, goals, and resources.	and countertransference occurrences and to explore power dynamics that may occur within therapeutic relationships.
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	c) Identifies types of Informational and community resources and professional services that may be utilized to facilitate appropriate referrals to complementary care and support.	d) Demonstrates skills that promote distress-reduction, risk reduction, and emotional closure. e) Demonstrates ability to communicate treatment progress, barriers, and outcomes using unbiased/non-oppressive language within documentation and interdisciplinary team interactions.	
<p>8) Content Area B.8. Supervision and Consultation</p> <p>The curriculum must include exposure to models of supervision and consultation processes and emphasizes the ethical obligation of engaging in supervision to ensure competent art therapy practices that are relationally attuned. Supervision model exposure should include exploration of art-based supervision practices that advance clinical competency and support art therapist reflection and self-care.</p>			
Competencies			

	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	a) Describes reflective supervisory practices including but not limited to responsive artmaking.		a) Commits to seeking and incorporating supervisory feedback into their approaches to art therapy service provision.
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	b) Describes the purpose and goals of supervision, including models, practices, and responsibilities, including but not limited to reporting.	a) Demonstrates ability to identify appropriate supervision questions and proactively communicate concerns within supervision/consultation sessions/formats. b) Demonstrates ability to engage in collaborative consultation with interdisciplinary professional teams through the exchange of ideas regarding treatment planning and implementation in compliance with confidentiality policies. c) Demonstrates ability to utilize supervision to explore and address personal biases and assumptions to advance their cultural humility and	b) Acknowledges the ethical responsibility to engage in supervision for purposes of ongoing professional development and community care.

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		relational attunement practices.	
<p>9) Content Area B.9. Career and Lifestyle Development</p> <p>The curriculum should provide students with the opportunity to understand the knowledge and skills considered essential in empowering 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 it is not required for all programs.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	<p>a) Describes career theories that inform conceptualization of global, cultural, systemic, family, and individual influences related to career and lifestyle development, decision-making, and satisfaction.</p> <p>b) Describes career/lifestyle assessment options and the validity and reliability of assessments in relationship to career development questions and considerations of clients' age, culture, language, and identity contexts.</p> <p>c) Describes resources that address academic and career and lifestyle options and pathways including career preparation requirements, global</p>	<p>a) Demonstrates the ability to provide attuned interventions that promote career/lifestyle development and decision-making skills that are appropriate for abilities, life stage, and circumstances.</p> <p>b) Demonstrates the ability to utilize art-based methods to address career/lifestyle exploration, decision-making, and problem-solving processes.</p>	<p>a) Engages in self-evaluation of competency regarding career development assessment and guidance and refers to appropriate professionals or agencies as needed.</p> <p>b) Acknowledges the role of advocacy in advancing equity in career/lifestyle opportunities and experiences.</p>

	career outlooks, community and job search support networks, advocacy organizations, and employment policies and regulations.		
<p>10) Content Area B.10. Cultural, Social and Intersectional Diversity</p> <p>The curriculum must provide students with the opportunity to understand the relevance of cultural and social diversity and intersectional identity theories for working with diverse communities, understanding of privilege and oppression and reflective thinking in regard to the therapist's own attitudes and beliefs.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	a) Describe cultural and social diversity and intersectional identity theories.	a) Apply social, cultural diversity and intersectional identity theories to an understanding of identity development, empowerment, collaboration, advocacy, and social justice.	a) Commits to humility through the practice of self-examination, reflection and awareness including their assumptions and biases.

<p>c. Content Area C. Professional Development</p> <p>The curriculum must provide students with the opportunity to develop an ethical professional identity as an art therapist through integration and understanding of social responsibility, cultural humility, consideration of intersectional identities, and duty for self-care and wellness. The curriculum must also provide students with opportunities to develop professional identities committed to creative practices, understanding roles and responsibilities, values advocacy, and accountability seated in a philosophical perspective.</p> <p>The following knowledge, skills, and behaviors must be developed for competency in the content area.</p>
1) Content Area C.1. Ethics

The curriculum must provide students with the opportunity to understand and demonstrate ethical behaviors through the integration of social responsibility, cultural humility, consideration of intersectional identities, and duty for self-care and wellness.			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	<p>a) Defines the professional role and function of an art therapist.</p> <p>b) Recognizes the aspirational national ethical principles for practice and code of ethics.</p> <p><i>Sources for national ethical principles and guidelines for code of ethics may include American Art Therapy Association, Art Therapy Credentials Board, and American Counseling Association.</i></p> <p>c) Demonstrates understanding of the intersections between credentialing and licensing bodies, i.e., knowledge of requirements for the state in which they intend to practice.</p>		
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that	d) Describes the values of social responsibility, inclusivity, diversity, equity, cultural	a) Demonstrates understanding of art therapist roles including but not limited to	a) Commits to ethical behaviors that encompass aspirational principles and ethical codes.

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meet requirements listed in III.B. of these Standards.	humility, and intersectional identities within the framework of state, national and international ethical guidelines as applicable.	documentation and reporting. b) Applies ethical principles in decision-making. c) Evaluates social responsibility, inclusivity, diversity, equity, cultural humility, and intersectional identities within the framework of state, national and international ethical guidelines as applicable. d) Demonstrates understanding of the relationship between self-care, community care, and sustaining the quality of services provided.	b) Prioritizes self-reflection to explore personal beliefs and assess how those beliefs impact individuals and communities. c) Demonstrates responsibility, integrity, and openness to feedback. d) Commits to appropriate practices for self-care, community care, and wellness.
<p>2) Content Area C.2. Professional Identity</p> <p>The curriculum must provide opportunities to develop professional identities that are committed to creative practices, understanding of roles and responsibilities, values advocacy seated in a theoretical perspective.</p>			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	a) Articulates the benefits and importance of maintaining a creative practice. b) Identifies advocacy responsibilities for	a) Evaluates the various roles & responsibilities of an art therapist. b) Demonstrates commitment to personal creative	a) Commitment to practicing cultural humility, respect for others, and an openness to learning. b) Appreciates that art therapist roles may

	the profession and within communities.	<p>practice.</p> <p>c) Implements advocacy strategies within communities.</p> <p>d) Engages in exploration and development of guiding theoretical frameworks.</p> <p>e) Demonstrates effective communication skills, including the ability to give and receive feedback.</p>	<p>encompass advocacy responsibilities and behaviors.</p> <p>c) Acknowledges the contributions of different art therapy theoretical and practical approaches.</p>
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d. Content Area D. Research

The curriculum must provide students with the opportunity to establish or advance their understanding of basic research concepts, research languages, ethics, and diverse approaches to a research study. It must also offer students the opportunity to critically review art therapy-related literature and integrate it with the perspectives on current cultural, social, and political change paradigms. Additional areas of coverage include the use of research to assess the effectiveness of mental health and art therapy services by becoming an informed consumer of art therapy research.

1) Content Area D.1. Research Methods

The curriculum must introduce students to basic research concepts, terminology, and methodologies applied in art therapy research. They are active consumers of research studies as applied to practice.

	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed	a) Defines and differentiates among research methodologies (quantitative, qualitative, art-based, and mixed methods).	<p>a) Performs steps required to design and conduct a research study.</p> <p>b) Demonstrates the ability to read and understand art therapy</p>	a) Engages in critical analysis of art therapy research.

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in III.B. of these Standards.	b) Describes steps taken to create and conduct a research study. c) Describes applications of research findings to art therapy practice.	research studies and explains applications to art therapy practice.	
2) Content Area D.2. Art-based Research Methods/Art Therapy Research The curriculum must introduce students to art-based research methods and their applications in art therapy research.			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	a) Describes the definition and purpose of art-based research methods.	a) Demonstrates the ability to create a research study using an art-based method and identify its application to art therapy research.	a) Consistently evaluates a researcher's own positionality with a critical lens and addresses potential bias when using art-based methods. b) Demonstrates in-depth critical analysis and synthesis of viewpoints of art-based methods.
3) Content Area D.3. Thesis or Culminating Project The curriculum must provide opportunities for students to design a formal research-based art therapy thesis or culminating project.			
	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)

These competencies must be taught by Art Therapy Faculty who meet credentialing requirements listed in III.B. of these Standards.	a) Identifies, comprehends, and evaluates literature in the field that is related to the topic of their research study or culminating project.		
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	b) Organizes required components of a research-based thesis or culminating project.	a) Integrates knowledge of research to create a competent and in-depth thesis study or culminating project based on an aspect of art therapy. b) Completes a research-based thesis or culminating project and presents it in a public forum.	a) Welcomes opportunities to share thesis or culminating project in public forums, including but not limited to thesis presentations, written articles for publication, submission of grant applications, and conference presentations. b) Considers community/participant contributions and needs when planning research/projects. c) Collaborates with others in the preparation for a thesis or culminating project. d) Advocates for the advancement of art therapy research.
4) Content Area D.4. Ethical, legal, social, and cultural considerations The curriculum must provide students with opportunities to understand a researcher's ethical & legal responsibilities in addition to recognizing social and cultural considerations applicable to art therapy research.			

	Competencies		
	Knowledge (K)	Skills (S)	Behaviors (B)
These competencies must be taught by Related Professions Faculty or Art Therapy Faculty that meet requirements listed in III.B. of these Standards.	a) Recognizes a researcher's ethical and legal responsibilities for human subject research studies. b) Recognizes the importance of having perspectives of cultural competency and cultural humility when developing research ideas, conducting research, and exploring the applicability of research findings.	a) Applies legal, ethical, social, and cultural considerations to design and conduct art therapy research.	a) Commits to evaluating ethical, legal, and cultural considerations used to design, conduct, interpret, and report research.

Attachment C: Sample ATCB Agreement for services to State Licensing Boards

AGREEMENT BETWEEN THE ART THERAPY CREDENTIALS BOARD AND THE STATE BOARD

This AGREEMENT is made by and between the Art Therapy Credentials Board, Inc. (ATCB), a nonprofit corporation located at 7 Terrace Way, Greensboro, NC 27403, and the State Board (State Board), located at (collectively referred to as the Parties).

Inconsideration of the mutual promises and covenants contained herein, and for other good and valuable consideration, the mutual receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

I. PURPOSE

The purpose of this Agreement is to set forth the terms and conditions by which the ATCB will administer the Art Therapy Credentials Board Examination (ATCBE) for the State Board to eligible candidates in connection with licensing laws and regulations specified for the State of .

II. EFFECTIVE DATE/AGREEMENT TERM/AGREEMENT RENEWAL

- A. Agreement Term. This Agreement is effective when executed by all Parties, and all required approvals have been granted (Effective Date). The term of this Agreement begins on the Effective Date through December 31, 2016, and will remain in full force and effect unless terminated by either Party. All services will be completed during this term.
- B. Agreement Renewal. This Agreement may be renewed by agreement of both Parties in writing, and subject to the required approvals by an authorized representative of each Party.

III. ATCB RESPONSIBILITIES

Pursuant to this Agreement, the ATCB will provide the following services:

- A. ATCBE Test Administrations. The ATCB or its authorized testing partner will provide a paper/pencil administration of the ATCBE each year on the date established by the ATCB for the national paper/pencil examination administration. The ATCBE will be administered by the ATCB's authorized testing partner through a computerized administration, at testing sites throughout the United States, during three testing windows each year, at approximate three month intervals, not including the paper/pencil administration date.

- B. ATCBE Test Sites. The ATCB will establish an annual ATCBE paper/pencil examination administration site at an ATCB-selected location in. The ATCB's Computer-based Test (CBT) administration partner will maintain the locations for the CBT administrations of the ATCBE. The test sites will be designed to provide candidates with a high-quality testing experience. Sites will be operated to convey a professional image, and will provide an appropriate and secure testing environment. Sites will comply with all Federal, State, and local laws regarding the use of public buildings, to ensure accessibility required by the Americans with Disabilities Act (ADA), and to accommodate candidates with disabilities on an individual basis. The ATCB in consultation with its testing partners, will evaluate candidate volume, and if appropriate, will add sites and administration dates.
- C. Candidate Registration. The ATCB will register all approved Examination candidates who submit a complete application form and pay the appropriate testing fee. The ATCBE will be administered only to eligible licensure candidates who have received test eligibility approval from the State Board.
- D. Test Scheduling Process and Candidate Information. The ATCB will provide a candidate examination scheduling process for use by eligible ATCBE candidates, including test scheduling information. The ATCB or its testing partner will provide directions to the testing site. Candidate access to test scheduling will be based upon the licensure candidate eligibility information provided by the State Board. The ATCB will prepare materials to inform candidates of ATCBE testing procedures. These materials shall include, but not be limited to, information containing examination schedules, fees, procedures, reservations, and test preparation.
- E. Test Proctors. The ATCB or its testing partner will select and reimburse qualified test administration proctors for each administration of the ATCBE.
- F. Test Scoring. The ATCB will make all necessary arrangements to score each ATCBE test administration in a timely manner. The candidate will be notified of examination results within six (6) weeks of testing.
- G. Candidate Retesting. Eligible candidates who fail the ATCBE will be permitted to retake the Examination once every three (3) months, but no more than three (3) times in a twelve (12) month period, unless specifically authorized otherwise by the State Board. A candidate must submit an Examination registration form and payment by the deadline for each ATCBE administration as specified on the registration form.
- H. Test Score Report to State Board. The ATCB will provide to the State Board a composite report for each Examination identifying: each candidate who has taken the ATCBE during the previous paper/pencil test administration or following the close of each CBT testing window through which state licensure candidates tested; each candidate's individual score; and, an analysis of candidate scores for the total and each subsection of the ATCBE. The analysis will include the following information: the number of candidates; the total number of items on the Examination; the range of

scores; the highest and lowest scores; and, the mean and the standard deviation for each subsection and the total score.

- I. Notification of Changes. The ATCB will notify the State Board in the event of any relocation of the ATCB national office, or change in the CBT partner.

IV. STATE BOARD RESPONSIBILITIES

Pursuant to this Agreement, the State Board will assume the following responsibilities:

- A. State Laws and Regulations. The State Board will be responsible for transmitting to the ATCB in a timely manner all applicable laws and regulations of the State of pertaining to, or otherwise affecting, the administration of the ATCBE, or affecting the ATCB's responsibilities and obligations under this Agreement.
- B. Test Eligibility. The State Board will be solely responsible for determining the eligibility of each licensure candidate for the ATCBE, and for communicating such eligibility or ineligibility determinations to licensure candidates and the ATCB in a timely manner.
- C. Test Passing Score Determination. The State Board will use the National Minimum Criterion Score for each form of the ATCBE, as determined by the ATCB, in order to determine whether a candidate has passed the Examination.
- D. Candidate Examination Fees. The State Board will instruct all eligible candidates to pay all ATCBE registration fees directly to the ATCB, in the form of checks, money orders, VISA, MasterCard, or American Express, payable to the ATCB as specified on the Examination registration form provided by the ATCB. Eligible candidates will also be instructed by the State Board to forward such payments with a completed Examination registration form to the ATCB.
- E. ESL Candidate Fees. If applicable, the State Board will require eligible candidates who communicate in English as a second language (ESL candidates) to pay an additional sixty dollar (\$60) Examination fee to ATCB for extra or extended testing time.
- F. Information to be Distributed by State Board. The State Board will distribute ATCBE examination registration forms to all eligible ATCBE candidates for licensure in . The State Board will be responsible for the distribution of score reports and related correspondence directly to licensure candidates, including notices of state licensure.
- G. Notification of Eligibility Determinations. The State Board will notify the ATCB national office staff of the names and addresses of all candidates eligible to sit for the ATCBE, and will identify: each candidate who requires special examination accommodations (physical or learning disability accommodations); and, the specific nature of the required accommodation(s).

- H. Compliance with ATCB Policies. The State Board will require that all ATCBE candidates agree to accept, and comply with, ATCB test administration policies, rules, and procedures related to candidate conduct during the administration of the ATCBE.
- I. Test Confidentiality. The State Board will be responsible for maintaining the confidentiality and security of all ATCBE and related materials should they come into possession of the State Board and/or its representatives. The State Board will not duplicate or reproduce the Examinations or the ATCBE materials in any manner, media, or form, including, but not limited to, answer sheets, ATCBE questions, and other Examination documents, unless specifically directed by the ATCB to do so in writing.

V. JOINT PARTY RESPONSIBILITIES

- A. ADA Compliance. As required, the State Board and the ATCB will be responsible for compliance with any applicable Federal, State, and local laws, including but not limited to the Federal Americans with Disabilities Act (ADA). The State Board will consult with the ATCB regarding licensure eligibility determinations and applicable ADA requirements. The ATCB will be responsible for ATCBE testing accommodation costs to appropriate licensure candidates with respect to extra or extended time, readers, scribes, and paper and pencil administrations of the Examination. Other costs associated with ADA accommodations will be reviewed and determined on a case by case basis between the State Board and the ATCB. Both Parties to this Agreement acknowledge and recognize that it is essential that the ATCBE be maintained and administered under secure conditions, and that certain accommodations requested by candidates may alter the ability of the Examination to test minimum competencies (validity issues). Therefore, the Parties will consult with one another in determining reasonable testing accommodations under the ADA. In the event the ATCB determines that an accommodation request is not reasonable because of security and/or validity issues, and should the matter be contested by the candidate, the ATCB will provide professional advice and consultation to the State Board in support of such decisions.

VI. CONFIDENTIALITY/INTELLECTUAL PROPERTY OWNERSHIP

- A. Confidentiality. The Parties will protect the confidentiality and security of the ATCBE and related ATCB materials in all formats, and will expressly prohibit any and all candidates, attorneys, members of the public, and other unauthorized persons from reviewing any version of the ATCBE and the answer keys to the Examination.
- B. Intellectual Property Ownership. The ATCB owns all rights, title, and interest in, or related to, the Art Therapy Credentials Board Examination (ATCBE) including all copyright, trademark, and other proprietary rights referenced in this Agreement or otherwise created and owned by the ATCB. The State Board agrees that no property or proprietary rights relating to the Examination are granted to the State Board by this Agreement or otherwise.
- C. Examination Confidentiality Requirements. The ATCB and the State Board agree that no Examination information or materials will be released without the agreement of both Parties, and subject to an appropriate Court Order and confidentiality agreement approved by the ATCB.

VII. HOLD HARMLESS/INDEMNIFICATION

The ATCB agrees to indemnify and hold harmless the State Board, its designated representatives, agents, and employees from any and all liability, loss, damage, cost, or expense, including reasonable counsel fees and expenses, paid or incurred by reason of the ATCB's breach of any of the obligations, covenants, representations, or terms contained in this Agreement, or otherwise by reason of the ATCB's conduct. This indemnification does not extend to a claim that results from: the State Board's negligence or unlawful act; or, an action by the ATCB taken in reasonable reliance upon an instruction or direction given by an authorized person acting on behalf of the State Board related to this Agreement.

VIII. TERMINATION

- A. This Agreement may be terminated by either of the Parties hereto for noncompliance by the other Party. A Party intending to terminate for noncompliance by the other Party will provide written notice to the other Party at least thirty (30) days prior to the intended date of termination. Such notice will include the reasons for the termination. By such termination, neither Party may nullify obligations already incurred for performance or failure to perform prior to the date of termination. Regardless of termination or expiration of this Agreement, the provisions of Section VI will survive the termination or expiration.

- B. This Agreement may be terminated in the event that Federal or State laws or other requirements should be amended or judicially interpreted so as to render continued fulfillment of this Agreement, on the part of either Party, unreasonable or impossible. If the Parties should be unable to agree upon amendment which would therefore be needed to enable the substantial continuation of the services contemplated herein, then the Parties will be discharged from any further obligations created under the term of this Agreement, except for the equitable settlement of the respective accrued interests or obligations as of the date of termination.
- C. This Agreement may be terminated by either of the Parties for any reason by one hundred and eighty (180) days prior written notice to the other Party.

IX. GENERAL PROVISIONS

- A. Applicable Law. The construction, interpretation, and enforcement of this Agreement will be governed by the laws of the State of.
- B. Agreement Dispute Resolution. Any questions related to the interpretation of this Agreement will be settled through discussion between the Parties in good faith. If such questions are not settled between the Parties, the Agreement will be terminated immediately.
- C. Independent Contractor. In the performance of this Agreement, the Parties hereto agree that ATCB, and any agents and employees of ATCB, will act in the capacity of an independent contractor and not as officers, employees, or agents of the State Board.
- D. Notices. All notices arising out of, or from, the provision of this Agreement will be in writing and given to the Parties either by regular mail, electronic mail, facsimile, or delivery in person, and addressed to the Parties as follows:

**State Board
The Art Therapy Credentials Board, Inc.
c/o Erin Clark, Executive Director
7 Terrace Way
Greensboro, NC 27403**

- E. Entire Agreement. This Agreement represents the entire agreement and understanding of the Parties with respect to the subject matter hereof and supersedes any prior or contemporaneous discussions, representations, or agreements, oral or written, of the Parties regarding this subject matter. This Agreement will not be modified except by further writing signed by both Parties.
- F. Severability. If any provision contained in this Agreement is determined by a court of competent jurisdiction, or an arbitration tribunal, to be invalid or unenforceable, said determination will not affect the validity and enforceability of the remaining provisions hereof. The Parties represent that they are not aware that any provision of the Agreement is invalid or unenforceable.

- G. Waiver. No waiver by either Party, whether express or implied, of any right or obligation set forth in this Agreement, or any breach or default, will constitute a continuing waiver of that or any other right, obligation, breach, or default.
- H. Force Majeure. Neither the ATCB, nor its affiliated organizations, nor the State Board, will be responsible for delays or failures in performance due to acts beyond and outside of their respective control. Such acts will include, but are not limited to: acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, failure by public or private carrier, communication line failure, earthquakes, or other disasters. However, both Parties have the responsibility to cure any failures to perform or other breach of this Agreement as soon as practical and reasonable following the ending or correction of the delay or failure.
- I. Paragraph Headings. The paragraph headings and numbers in this Agreement are for convenience only and will not be deemed to affect in any way the language of the provisions to which they refer.

IN WITNESS WHEREOF, the undersigned, hereby certifying that they are authorized to do so, have executed this Agreement on behalf of the Parties on the dates indicated below.

EXECUTED IN DUPLICATE ON THE DATES INDICATED

The Art Therapy Credentials Board, Inc. (ATCB)

By: _____

Mary Ellen McAlevey
President, ATCB

Date: _____

State Board

By: _____

Board Administrator

Date: _____

LICENSURE & TITLE PROTECTION

The practice of art therapy is regulated with professional art therapy licenses in the following states:

- Connecticut (Clinical Licensed Art Therapist)
- Delaware (Licensed Professional Art Therapist and Licensed Associate Art Therapist)
- New Jersey (Licensed Professional Art Therapist)
- New Mexico (Licensed Professional Art Therapist)
- Kentucky (Licensed Professional Art Therapist)
- Mississippi (Licensed Professional Art Therapist)
- Maryland (Licensed Clinical Professional Art Therapist)
- Oregon (Licensed Art Therapist and Licensed Certified Art Therapist)
- Ohio (Licensed Professional Art Therapist)
- Tennessee (Licensed Professional Art Therapist)
- Virginia (Licensed Art Therapists)
- District of Columbia (Licensed Professional Art Therapist)

States that regulate art therapy under another professional license:

- Texas (Licensed Professional Counselor with Specialty Designation in Art Therapy)
- New York (Art Therapy included in the Creative Arts Therapist License)
- Pennsylvania (Art Therapy as a Related Field for the Professional Counselor License)
- Wisconsin (Registered Art Therapist with a License to Practice Psychotherapy)
- Utah (Associate Clinical Mental Health Counselor License)

States recognizing art therapists for purposes of state hiring and/or title protection:

- Arizona
- Louisiana
- New Hampshire



Sample Licensure Legislation Outline

DISCLAIMER

This document serves as a sample piece of legislation and represents the recommendations of the American Art Therapy Association (AATA) to promote license portability. The AATA advises maintaining the licensing requirements exactly as specified whenever possible to foster a cohesive licensure structure across states, thereby facilitating easier licensure via reciprocity clauses existing in different states.

However, please be aware that regulatory details, such as the structure of the board, renewal periods, fees, and other administrative processes, may vary according to your state's specific regulatory framework and therefore are likely to be changed during the legislative process.

Lastly, the AATA strongly recommends that art therapists have their own dedicated board or advisory committee. If this is not feasible, which commonly occurs due to budget constraints, it is advisable to have an art therapist serve on an existing board to ensure that art therapist voices are represented and involved in the licensing process.

ART THERAPY LICENSING & PRACTICE ACT

DEFINITIONS

"Accredited educational institution" means a university or college accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), another nationally recognized accrediting agency of institutions of higher education, or an institution and clinical program approved by the American Art Therapy Association.

"Art therapy" is a specialized form of psychotherapy conducted by a professionally trained art therapist who has met the standards outlined in **[Sec. X]**. It is an evidence-based clinical practice that includes, but is not limited to, the integration of psychological theories, art therapy theory, art-based assessment models, traditional verbal counseling techniques, and the creative process to address and alleviate mental and emotional disorders and psychopathologies, improve cognitive and sensory-motor functions, and support wellness through diagnosis, assessment, testing, treatment, evaluation, and rehabilitation in a professional relationship.

"Art therapy services" the provision of services to accomplish art therapy goals, which includes using expressive arts media, creative techniques, nonverbal communication, psychotherapy, art-based assessment models, and the creative process in a therapeutic relationship between a licensed professional art therapist or a licensed art therapy associate and their client(s). "Art therapy services" also includes, but is not limited to:

1. evaluation, assessment, and diagnosis to define and implement individualized treatment plans to address developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational needs of the client(s);
2. systematically evaluating and comparing the individual's response to the individualized art therapy treatment plan and suggesting modifications, as appropriate;
2. therapeutic interventions to facilitate alternative modes of receptive and expressive communication that can circumvent the limitations of verbal articulation;

3. use of treatment interventions that include psychotherapy or counseling integrated with art therapy theory, the creative process, or art media to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with daily functioning;
4. utilizing appropriate knowledge and specialized training in art therapy theory, art media, the creative process, the neurobiological implications of art-making, psychotherapy and counseling principles and theory, and clinical decision-making skills to inform practice and determine the appropriate course of action within the clinician's scope of art therapy practice, tailored to the context of each specific clinical setting.

"Face-to-face meeting" means a meeting that is live, interactive, and visual, including video meetings if the meeting is synchronous and involves verbal and visual interaction.

"Licensed associate art therapist" or "LAAT" means a person who has met the application requirement outlined in section [LAAT section #] and has been issued a license to practice art therapy under an approved qualified art therapy supervisor in accordance with rules of the [governing body]. Individuals holding a licensed associate art therapist license are not authorized to practice autonomously and are solely permitted to deliver art therapy treatment/services so long as they continue to meet the supervision requirements outlined in [supervision section #].

"Licensed professional art therapist" or "LPAT" means a person who has met the application requirements outlined in section [LPAT section #] and has been issued a license for the independent practice of clinical art therapy in accordance with rules of the [governing body].

"Supervision" means a formalized professional relationship between a qualified art therapy supervisor and supervisee in which the qualified art therapy supervisor directs, guides, monitors, instructs, and evaluates the supervisee's professional art therapy practice while promoting the development of the supervisee's knowledge, skills, and

abilities to provide professional art therapy services in an ethical and competent manner. "Supervision" includes:

1. an acceptance of direct responsibility for the client services rendered by the supervisee via face-to-face meetings with the person under supervision;
2. the qualified art therapy experience is under the order, control, and full professional responsibility of a qualified art therapy supervisor who reviews aspects of art therapy practice and case management in a face-to-face meeting with the supervisee;
3. the qualified art therapy supervisor ensures that the extent, kind, and quality of art therapy performed is consistent with the education, training, and experience of the supervisee;
4. reviewing client or patient records, monitoring and evaluating assessment, diagnosis, and treatment decisions of the art therapist supervisee; and
5. ensuring compliance with laws and regulations governing the practice of professional art therapy and licensed associate art therapy.

"Supervised experience" means the regular oversight of the functions and activities of a graduate art therapy student either as part of an internship or practicum experience or the practice of art therapy to fulfill the requirements to be licensed under the Art Therapy Licensing and Practice Act by a qualified art therapy supervisor as defined in this act.

"Qualified art therapy supervisor" means any person who (i) is licensed by the state of **[your state]** as a licensed professional art therapist or; (ii) if within the first 6 years following the bill's passage, is a licensed professional counselor/licensed clinical mental health counselor, licensed clinical social worker, licensed clinical psychologist, licensed marriage and family therapist, licensed psychiatrist AND holds an active certification as a Registered Art Therapist with Board Certification (ATR-BC) or Art Therapy Credentialed Supervisor (ATCS).

LICENSED ASSOCIATE ART THERAPIST REQUIREMENTS

The **[governing body]** shall issue an associate art therapist license to an applicant if the applicant has completed and submitted an application form in the manner as the **[governing body]** prescribes, accompanied by applicable fees, and provides evidence satisfactory to the **[governing body]** that the applicant has fulfilled the following requirements:

- I. Is at least 21 years of age
- II. Is of good moral character. In determining moral character under this paragraph, the board may take into consideration whether the applicant has engaged in conduct or activities which would constitute grounds for discipline under this Act;
- III. Received a master's or doctoral degree in art therapy that includes at least 700 hours of supervised internship experience from an accredited educational institution; **or**
- IV. Received a master's or doctoral degree or higher in a related field from an accredited educational institution and has (i) completed a minimum of 30 graduate credit hours in the following subject areas: theory and practice of art therapy; art therapy media and techniques; history of art therapy; human growth and developmental dynamics in art; application of art therapy with people in different treatment settings; art therapy appraisal; diagnosis and assessment; group art therapy; ethical and legal issues of art therapy practice; matters of cultural and social diversity bearing on the practice of art therapy; standards of good art therapy practice and (ii) completed at least 700 hours of supervised internship experience;
- IV. Submitted one letter of recommendation from a qualified supervisor who has provided direct clinical supervision of the applicant's graduate program clinical training, practicum, or internship attesting to the applicant's integrity, competence and moral character; and
- V. Completed a postgraduate supervised training plan on forms prescribed by the board describing services to be provided, place of employment,

individuals responsible for clinical supervision, and a statement acknowledging the license regulations and requirements.

- VI. Supervision of art therapy students shall be provided by a qualified art therapy supervisor. No licensed associate art therapist shall practice art therapy without supervision by a licensed professional art therapist or a supervisor otherwise acceptable to the board. The plan for supervision of the licensed associate art therapist shall be approved by the committee prior to any actual performance of art therapy by the licensed associate art therapist.
- VI. A license issued under this Section is valid for a period of 3 years **[subject to change based on state regulatory law]** so long as the individual holding this license provides evidence annually, through a form prescribed by the board that they are receiving not less than one hour of direct face-to-face contact with a qualified art therapy supervisor per 10 hours of face-to-face practice with clients, including no less than two hours of supervision per month, through group or individual supervision;
- VII. At the end of the 3 years, a licensed associate art therapist who has not met the requirements for licensure as a professional art therapist may submit an application for extension of licensure as an associate art therapist to the **[governing body]**. The application shall include (i) a plan for completing the requirements to obtain licensure as a licensed professional art therapist, (ii) documentation of compliance with the continuing education requirements, (iii) documentation of compliance with requirements related to supervision, and (iv) letters of recommendation from at least 1 qualified art therapy supervisors providing supervision to the applicant. An extension of a license as an associate art therapist under this Section is valid for a period of 2 years and is not renewable.

LICENSED PROFESSIONAL ART THERAPIST REQUIREMENTS

The **[governing body]** shall issue a professional art therapist license to an applicant if the applicant has completed and submitted an application form in the manner as the **[governing body]** prescribes, accompanied by applicable fees, and provides evidence

satisfactory to the **[governing body]** that the applicant has fulfilled the following requirements:

- I. Is at least 21 years of age
 - II. Is of good moral character. In determining moral character under this paragraph, the board may take into consideration whether the applicant has engaged in conduct or activities that would constitute grounds for discipline under this Act;
 - III. Has completed the educational and practicum or internship requirements for licensure as an associate art therapist in the State of **[your state]** as outlined in Section **[section # for LAAT requirements]**.
 - V. Earned 3,000 hours **[or whatever number of hours is most equivalent to other mental health professional licenses in the state]** of postgraduate supervised experience in a period of not less than 2 years. Of these 3,000 total hours, at least 50% (1,500 hours) must be in direct contact with client(s) with demonstrated experience in diagnosing or treating mental, emotional, behavioral and addiction disorders;
 - VI. Not less than one hour of direct face-to-face contact between a licensed art therapist associate/graduate trainee and a qualified supervisor is provided per 10 hours of face-to-face practice with clients, including not less than two hours of supervision per month, through group or individual supervision;
 - VII. Has demonstrated professional competency by satisfactorily completing the Art Therapy Credentials Board Examination (ATCBE) or a substantially equivalent exam approved by the board
- A. A licensed professional art therapist may engage in the independent practice of art therapy and is authorized to diagnose and treat mental disorders specified in the most recent edition of the Diagnostic and Statistical Manual of mental disorders of the American Psychiatric Association designated by the board by rules and regulations. When a client has symptoms of a mental

disorder, a licensed professional art therapist shall consult with the client's primary care physician or psychiatrist to determine if there may be a medical condition or medication that may be causing or contributing to the client's symptoms of a mental disorder. A client may request in writing that such consultation be waived, and such request shall be made part of the client's record. A licensed professional art therapist may continue to evaluate and treat the client until such time that the medical consultation is obtained or waived

- B. A license issued under this Section is valid for a period of 2 years **[average based on other states, subject to change based on state regulatory law]** unless it is revoked prior to that time.

WAIVERS OF STATUTORY REQUIREMENTS FOR CURRENT PRACTITIONERS OR PRACTITIONERS LICENSED IN OTHER JURISDICTIONS

- a. The board may waive the statutory requirements of an application for licensure as a licensed professional art therapist if, within 18 months after the effective date of this act, an applicant provides evidence satisfactory to the board that the applicant:
 - 1. Has completed a master's or doctoral degree in art therapy or a related field;
 - 2. Holds a certification in good standing with the Art Therapy Credentials Board or an equivalent certification as determined by the board;
 - 3. Has engaged in the practice of art therapy for not less than 5 years prior to the effective date of this act
- b. The board may issue a license to an individual that is currently registered, certified, or licensed to practice professional/clinical art therapy in another jurisdiction if the board determines that:
 - 1. The standards for licensure, registration, or certification are substantially equivalent to the requirements set forth in this act and the rules and regulations of the board; or
 - 2. The applicant demonstrates, on forms provided by the board, compliance with the following standards adopted by the board:

- a. Licensure, registration, or certification to practice art therapy with similar scope of practice as outlined in this act and the rules and regulations of the board
 - b. The absence of disciplinary actions of a serious nature brought by the board or agency issuing the license, registration, or certification; and
 - c. Provides a master's or doctoral transcript from an accredited educational institution in art therapy or a related field as approved by the board
- c. Applications for licensure under this section shall be made to the board on a form and in the manner determined by the board and shall be accompanied by the payment of the application fee.

LICENSE RENEWAL AND CONTINUING EDUCATION

(a) An applicant who meets the requirements for licensure pursuant to this act, has paid the required fee provided for by **[fees section #]**, and amendments thereto, and has otherwise complied with the provisions of the Art Therapy Licensing and Practice Act shall be licensed by the board.

(b) Licenses issued pursuant to the Art Therapy Licensing and Practice Act are valid for 2 years and must be renewed prior to expiration unless revoked prior to that time.

1. The Committee shall send a notice of renewal to each licensee, at least 60 days prior to the expiration of the license. The notice of renewal shall explain inactive renewal and advise the licensee of the option to renew as inactive. If the notice to renew is not sent 60 days prior to the expiration date, no monetary penalties or fines shall apply to the holder for failure to renew, provided that the license is renewed within 60 days from the date the notice is sent, or within 30 days following the date of license or registration expiration, whichever is later.
2. A license may be renewed upon application and payment of the fee provided for by Section **[fees section #]**, and amendments thereto. The application for renewal shall be accompanied by evidence satisfactory to the board that the applicant has completed during the previous 24 months the continuing

- education required by rules and regulations of the board, including not less than three hours in ethics.
3. A licensee may renew his or her license by choosing inactive status. A licensee electing to renew his or her license as inactive shall not engage in the practice of art therapy, or hold herself or himself out as eligible to engage in the practice of art therapy in New Jersey, until such time as the license is returned to active status.

(c) A licensee who is unable to complete the required continuing education hours for renewal may request additional time to complete any remaining continuing education hours. Such request shall be made to the board not later than 30 calendar days prior to the expiration of the license and shall include:

- A. The licensee's reason for requesting additional time, showing extenuating circumstances for why the hours could not be completed during the license period; and
 - B. a plan outlining the manner in which the licensee intends to complete the remaining continuing education hours.
2. The board may grant a licensee up to three additional months beyond the license expiration date to complete the required continuing education hours.
 3. A licensee who receives additional time to complete continuing education hours under this subsection shall:
 - A. renew the license prior to the license expiration date and report to the board the number of continuing education hours completed on such date;
 - B. notify the board upon completing the remaining continuing education hours; and
 - C. be subject to an audit by the board of the total number of continuing education hours completed for the applicable license period.
 4. Continuing education hours completed during additional time granted under this subsection shall be credited only toward the requirements for the license period for which additional time is granted.

(d) An individual whose license has been suspended or revoked may make written application to the board requesting reinstatement of the license upon termination of the period of suspension or revocation in a manner prescribed by the board, and such application shall be accompanied by the fee provided for by **[fees section #]**, and amendments thereto.

(e) An individual whose license has expired may make written application to the board requesting reinstatement of the license in a manner prescribed by the board, and such application shall be accompanied by:

- A. The renewal fee established under **[fees section #]**, and amendments thereto, and, for an individual whose license has been expired for one year or less, an additional fee equal to the renewal fee; and
- B. evidence satisfactory to the board that the individual has completed during the previous 24 months the continuing education requirements for one license period.

(2) An individual requesting to reinstate a license that has been expired for longer than one year who has not completed the necessary continuing education hours for reinstatement may submit an application for a six-month reinstatement temporary license in a manner prescribed by the board, and such application shall be accompanied by the fee established under **[fees section #]**, and amendments thereto. A licensee practicing under a six-month reinstatement temporary license shall complete the continuing education requirements required for a permanent license prior to the expiration of the temporary license and notify the board upon such completion. A six-month reinstatement temporary license shall not be extended or renewed.

RECOMMENDED FEE STRUCTURE CATEGORIES

First time LAAT application: to be set by state (no data on avg.)

First time LPAT application: to be set by state (avg. \$183)

Reinstatement: to be set by state

Renewal: to be set by state (avg. 50-75% of first time application)

For late renewal penalty: to be set by state (avg. 50-75% of first time application)

POWERS AND DUTIES OF THE BOARD

The Board shall be made up of five members who are residents of the state including:

- I. 3 licensed professional art therapists; except for the members first appointed who must be license-eligible under **Sec. X “WAIVERS OF STATUTORY REQUIREMENTS FOR CURRENT PRACTITIONERS”**, the members shall be licensed art therapists under the provisions of this act and shall have been actively engaged in the practice of art therapy in the State for at least three years immediately preceding their appointment
- II. 1 health care professional, and;
- III. 1 member of the public

The Board shall have the following powers, duties, and functions:

1. meet at least 3 times per year or as otherwise called by **[governing body]**
2. Issue and renew licenses for the licensed professional art therapist and licensed associate art therapist pursuant to this act;
2. recommend to the appropriate district or county attorney's prosecution for violations of this act;
3. Set fees for licenses application and renewal for the licensed professional art therapist and licensed associate art therapist pursuant to this act;
4. Promulgate rules and regulations for implementing continuing education requirements as a condition of license renewal for licenses issued under its jurisdiction;
5. Establish standards for continuing education, including the subject matter and content of courses of study, and the number and type of continuing education credits required of a licensee as a condition of biennial license renewal;
6. Recognize the American Art Therapy Association and other organizations as providers of continuing education, and accredit educational programs, including, but not limited to, meetings of constituents and components of art therapy associations recognized by the board, examinations, papers, publications, presentations, teaching and research appointments, and shall establish procedures for the issuance of credit upon satisfactory proof of the completion of these programs. In the case of education courses or programs, each hour of instruction shall be equivalent to one credit;

7. Approve only those continuing education programs as are available to all art therapists in this State on a reasonable nondiscriminatory basis.
3. compile and publish annually a list of the names, license numbers, and addresses of all persons who are licensed under this act;
4. authorize examinations to ascertain the qualifications of applicants for licensure;
5. adopt and enforce rules and regulations establishing requirements for continuing education as a condition of license renewal for licenses issued under its jurisdiction of persons licensed under this act;
6. reviewing applications to ascertain the qualifications of applicants for licenses;
7. conducting hearings on proceedings to refuse to issue or renew a license or to revoke, suspend, place on probation, or reprimand licenses issued under this Act or otherwise discipline a licensee;
8. enter into contracts necessary to administer this act;
9. adopt rules and regulations as may be necessary for the administration of this act;

TITLE PROTECTION, EXEMPTIONS, AND CONFIDENTIALITY

Sec. X. Exemptions

Nothing in the Art Therapy Licensing and Practice Act shall be construed:

(a) To prevent practice of art therapy by students or interns or individuals preparing for the practice of art therapy to practice under qualified supervision of a professional, recognized and approved by the board, in an educational institution or agency as part of an accredited educational institution in graduate art therapy, provided such students, interns or individuals are designated by titles such as "student," "trainee," "intern" or other titles clearly indicating their training status;

(b) to prevent qualified individuals from doing work within the standards and ethics of their respective professions and callings provided such individuals do not hold themselves out to the public by any title, initials or description of services as being a licensed professional art therapist or a licensed associate art therapist.

Sec. X. Title

(a) A person may not engage in the practice of art therapy, use the title "licensed professional art therapist" or "licensed associate art therapist", or use the abbreviation "LPAT" or "LAAT" or any other title, designation, word, letter, abbreviation or insignia indicating the practice of art therapy unless licensed or exempt under this Act.

(b) It is unlawful for a licensed associate art therapist to represent themselves as a licensed professional art therapist, practice independently, or represent themselves as practicing independently.

Sec. X. Confidentiality

Any communication between a licensed professional art therapist or licensed associate art therapist and the person receiving the art therapy, while performing art therapy, shall be confidential and its secrecy preserved. This privilege shall not be subject to waiver, except when disclosure is required by State law or when the licensed professional art therapist or licensed associate art therapist is a party defendant to a civil, criminal or disciplinary action arising from that art therapy, in which case the waiver of the privilege accorded by this section shall be limited to that action.