

Sunrise Application for Regulation of Art Therapy Professional Practice

Pursuant to Arizona Revised Statutes section 32-3105 this Sunrise Application for regulation is submitted by the Arizona Art Therapy Association (AzATA) and the American Art Therapy Association (AATA). Contained in this application is information addressing the factors set forth in Arizona Revised Statutes section 32-3105.

Organization of Presentation of this Sunrise Application

The AzATA Sunrise Application contains a description of professional art therapy and responses to the questions outlined in A.R.S. 32-3105 followed by a list of sources referenced in the document and appendices containing additional information.

Aim of Application

The Arizona Sunrise Laws, adopted in 1985, were enacted to assure that professions are regulated as necessary for the protection of the health and welfare of the public. These laws also provided an evidence-based procedure for professional regulation and expansion of existing regulated professions. This application aims to provide adequate information to the Committee of Reference (COR) and the Legislature as a whole to make an evidence-based evaluation and recommendation for the proposed professional regulation.

Professional Art Therapy

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

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

Training requirements for professional practice of art therapy equal or exceed those for other mental health professions currently licensed by the State of Arizona. National requirements for professional entry include, at minimum, a 60 semester credit 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. Most art therapists receive their training from specialized art therapy master's degree programs at accredited colleges and universities that are

recognized by the American Art Therapy Association. Beginning in 2017 these programs will undergo independent national accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Unlike other mental health training, students entering these programs must meet admission requirements that include college-level training in developmental and abnormal psychology and proficiency in studio art techniques and processes.

In practice, art therapists also must employ a broader range of knowledge and skills than more traditional mental health professions. Art therapists use distinctive art-based assessments to evaluate emotional, cognitive and developmental conditions. They must understand the science of imagery and of color, texture, and media and how these affect a wide range of potential clients and personalities. In addition to using both traditional and art-based diagnostic methods to assess a client's general psychological disposition, the trained art therapist also must assess how art as a process is likely to moderate the individual's mental state and corresponding behavior. It is the recognition of the ability of art and art-making to reveal thoughts and emotions, and the knowledge and skill to safely manage the reactions they may evoke that distinguishes art therapy as a distinct profession. A more detailed discussion of art therapy and how art therapy is practiced in diverse settings is included in Appendix A.

Applicant groups for regulation shall explain each of the following factors to the extent requested by the legislative committees of reference:

1. A definition of the problem and why regulation is necessary including:

(a) The nature of the potential harm to the public if the health profession is not regulated and the extent to which there is a threat to public health and safety.

Currently, the state of Arizona has no legislative mechanism for the oversight of the practice of art therapy. Lack of regulation promotes confusion about who is qualified to provide art therapy services to the public. Some organizations advertise art therapy services but do not employ adequately trained and credentialed professionals to provide those services. In addition, individuals with art or mental health related experience but no specific art therapy master's degree or credentials are filling art therapy positions in agencies or promoting independent practice services. Due to lack of regulation throughout the state of Arizona, the public has no means of verifying credentials or education of art therapists from whom they seek treatment. Arizona art therapy consumers in some facilities currently receive art therapy treatment from individuals who are not appropriately trained leaving them vulnerable to potential psychological harm.

There is a potential for harm in art therapy and in the use of art in a therapeutic manner because understanding how art interacts with psychological states is essential in assessing its optimum effect on the participant. The art therapist understands the power of art and the potential for harm that exists because of the interpretive aspect of art therapy. Qualified art therapists have clinical training, experience, and an understanding of the importance of timing in offering interpretation of clients' artwork. Because art therapy is not regulated in Arizona, it is outside of any professional or governance structures that could protect the public from unprofessional practitioners without appropriate education and clinical training in art therapy.

Art therapy recognizes the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client's psychological disposition, and how to safely manage and interpret the different reactions art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy master's degree training. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner.

Although, according to the Art Therapy Credentials Board, there are currently more than 60 credentialed art therapists residing in Arizona, many are working at the Behavioral Health Technicians (B.H.T.) level under titles such as "Recreation Therapist" or "Activity Therapist", positions that only require bachelor level education and training and that are fundamentally different in both purpose and practice. Some healthcare agencies or professionals credentialed under another profession claim to offer "art therapy services" without the appropriate education and training. According to ethical codes of mental health professions, including art therapy, individuals using art therapy methods and art materials in their mental health practice without appropriate or adequate clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments the practitioner has not been clinically trained to perform, or eliciting adverse responses from clients that they are not properly trained to interpret or treat. The potential for harm is magnified where a client has a vulnerable psychological predisposition.

There are some programs and practices in Arizona that show arts and health activities existing in a grey area where creative projects that involve linkage to personal material can become art as therapy by default, with the power of art making the subjective seem real. The non-art therapist practitioner is often not equipped to competently assess this possibility or to manage the outcome and could potentially cause harm.

In addition, someone without appropriate training or an understanding of art therapy ethics can disrupt a client's thinking process and interfere with their emotional regulation when attempting to interpret artwork. Interpretation of artwork is based on criteria learned in training towards an art therapy master's degree, and then in ongoing supervision. Art therapy students in training are taught to be cautious in their interpretations. Students also receive a course in ethics that emphasizes this caution as well. Inaccurate interpretations may negatively influence or jeopardize their clients' emotional stability and their perceptions of themselves and others causing significant harm.

Researchers have warned mental health practitioners for several decades about potential ethical implications of using art in therapy. Writing in the *Journal of Counseling & Development*, Hammond and Gantt (1998) cited the likely lack of preparedness of non-art therapists for powerful reactions often evoked by art and art materials, and uncertainty about how to use artistic processes to bring such reactions under control, to stress that no mental health professional should provide therapy services beyond his or her scope of practice. Hammond and Gantt (1998) further cautioned that "other therapists challenge ethical and legal boundaries when they attempt to make an interpretation to the client or make a generalization about the meaning of the art to others."

Equally serious is the threat of public harm presented by growing numbers of university-based and online programs claiming to provide certificate training, and even master's degrees, in areas that appear very much like art therapy. These programs typically require minimal on-site coursework, and often only online self-instruction, that do not include anything approaching the extensive coursework, clinical internship, supervised post-graduate practice and national credentials required of professional art therapists. Individuals with this limited training are opening clinics and advertising therapeutic services and workshops in Arizona and states across the country. Recent examples of these programs can be found in Appendix B.

Unregulated programs and practitioners that purport to provide art-focused therapeutic training add to the public's misunderstanding of art therapy and the level of specialized education and clinical training required for safe, effective and ethical practice of art therapy. They also have the grave potential of doing more harm to an already fragile person seeking what they believe to be clinical services. Licensure and regulation will identify those practitioners with appropriate and qualified training to practice art therapy and help prevent future public confusion and malpractice in the State of Arizona.

Three separate foundations and alliances whose primary focus is to provide supportive and therapeutic services to veterans, the elderly and other vulnerable populations in southern Arizona prominently advertise the use of art therapy, therapeutic arts, and healing arts on their websites. Each website indicates that services are being provided by artists, veterans, or other individuals without appropriate art therapy education or credentials. The organizations also state that they receive funding from state sources for many of the services promoted. While these organizations may have good intentions, the potential harm is immense. One alliance clearly states that it works directly with individuals in the Polytrauma, Critical Care, Hospice, and Blind Rehab Departments at the Veterans Administration, as well as the Arizona State Veterans Home, and Southern Arizona VA Healthcare System. Another promotes work with individuals dealing with Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI). The third website states that the foundation helps populations including veterans, individuals with special-needs, seniors, life-care residents, Alzheimer's patients, and at-risk youth.

The potential harm to the public in these examples includes but is not limited to, the risk of misinterpreting or ignoring psychological conditions they have not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to interpret or treat, and failing to identify and properly treat symptoms and warning signs of mental illness.

At one non-profit agency that provides behavioral health services across several counties in Arizona, a site director who possesses an LPC license but does not have art therapy training or credentials, conducts bi-weekly supervision sessions with program staff that focuses on a specific training topic. On occasions, she has facilitated training on the meanings of specific symbols in clients' artwork. She described the symbols as having definite meanings that referred to actual events in the clients' lives. She has trained staff members that do not have art therapy education or credentials in how to interpret artwork. She avoids the idea of possible misinterpretations and neglects to obtain more information from clients before assuming that

certain symbols equate to events such as sexual trauma. Professional art therapists do not automatically assume diagnoses by interpreting client artwork without input from the client or corroborating evidence. Images are rarely, if ever, taken out of context as described above. This is a dangerous practice that individuals without appropriate art therapy training should not engage in. The potential harm to clients and their families for misdiagnosis and additional trauma is high. In addition, the empowering of additional untrained staff to interpret artwork is a grossly inappropriate practice.

It is important for art therapists to be qualified in order to communicate with families, especially when working with children and young clients. Speaking with parents or guardians about their child's artwork requires understanding of the visual expression in the context of treatment so as to discourage the families from making assumptions about the art. At one non-profit program, a clinician witnessed parents who were upset that their children only drew with pencil or only painted using black pigment, asking inappropriately trained staff to help the child change their use of media to more varied materials or brighter colors. Staff then, inappropriately, attempted to make those parents happy and forced an already vulnerable child to use different media. The staff were completely unaware that this can cause potential harm for a child effecting their confidence, ego, or sense of autonomy and potentially causing regression or emotional decompensation. Forcing a child to create something that they do not want to make, can trigger negative behaviors and undermine treatment. A master's level, credentialed art therapist understands the importance of offering appropriate media choices and allowing clients to express themselves non-verbally without external influence.

Use of body tracings, especially of children, are often done by professionals who are not art therapists, despite the discovery that many of the children have trauma histories, which often include sexual abuse. Body tracings have been used in a program in Pima County by untrained staff who were not aware of how threatening it could feel for a client to lie down on paper while someone else kneels over them to trace their body. It has become clearly understood that this technique needs to be administered by clinical art therapists who have the experience and understanding of the art process to determine the timing of the introduction to this intervention as well as the interpretation, to decrease the likelihood of harm caused to the client. Individuals who have been sexually and/or physically abused are easily threatened by any physical contact or the likelihood of, and often lack body awareness and a sense of their own physical boundaries. The experience of someone else tracing the outline of their body may become indistinguishable to the abused person from memories of abuse, and trigger flashbacks and/or significant emotional distress. The close physical proximity that body tracings require increases the likelihood that traumatized individuals might experience this and become overwhelmed and flooded with a terrifying experience of mind-as reality.

There are many untrained individuals implementing art therapy in Pima and Maricopa Counties. These individuals are not able to identify any signs or indications in the client's artwork that may show a decline in mental functioning, decompensation, emotional stressors, or that the person is at risk for harming themselves. At one organization, a young client's artwork showed significant changes in form, color, and application. Staff working with the client did not identify this as abnormal, and later found out that the client was having an adverse reaction to medication. If the clinician were an art therapist, they would have been trained to notice this type of change and

could have alerted the client's treatment team.

At another Arizona based organization, an untrained staff member was facilitating an art therapy group. The staff member did not take into account the participants' diagnoses of ADHD, their ages, or previous behavior issues, and allowed the group to use fluid media and clay, which in turn facilitated participants' regression, acting out behavior, and physical aggression towards each other during the group. A professional art therapist would have known the potential effects of particular media and been able to choose more appropriate media to aid in containing the young participants' emotions and promoting relaxation and focus, instead of decompensation and regressive behavior.

Art therapists are trained to use art materials strategically and prescriptively. Materials can be used to address impulsive and/or compulsive behaviors, personal boundaries, anxiety, and more. Improper use of materials can cause triggers or regression in individuals with sexual and other forms of trauma causing exacerbation of behaviors that are being addressed in their treatment. Improper use of art materials can also promote impulsive, hyperactive and even manic behaviors.

While working at a state-funded behavioral health agency with multiple 'studio' locations, one art therapist repeatedly witnessed untrained behavioral health technicians (B.H.T.s) who introduced inappropriate materials to children with attention deficit disorder, hyperactivity, post-traumatic stress, and Asperger's syndrome. These children (age 6-16) were specifically in the program to improve disruptive behaviors such that they could perform better in social and classroom settings. Unfortunately, the improper use of materials caused the children's behaviors to escalate, resulting in their either being isolated from their group or disciplined by their case manager and/or caregiver. The untrained technician created situations that were unfairly contrary to the children's treatment goals. In fact, these children were disempowered. Art therapy group became one more place where they struggled with their behaviors, instead of a place where they could have gained empowerment and self-control. In this situation, an art therapist's proper use of materials could have provided the children with the structure and practice of self-control needed to achieve improved behavior, increased self-esteem and a sense of empowerment necessary to reach treatment goals.

Arizona art therapists and the Arizona Art Therapy Association, have been approached numerous times by organizations and after school programs, in the Phoenix and Tucson metro areas, interested in hiring an art therapist for their 'art therapy' programs. In the vast majority of instances, those seeking art therapists to facilitate their programs were not aware of the rigorous training and professional experience required of an art therapist. They were not able to identify the therapeutic aspects of their art program or explain the therapeutic or strategic use of materials to address program or treatment goals. These organizations were essentially aiming to provide an art program facilitated by an artist, and inappropriately touting the services as art therapy while working with at-risk or high needs populations. This practice placed the participants at risk of harm by receiving services believed to be therapeutically based from individuals not properly trained.

The Arizona Art Therapy Association takes a strong stance in educating organizations, especially when their programs are funded by public dollars, such that they either hire appropriately trained

individuals to develop their programs, or provide proper description of their programs as being artistic, but not therapeutic.

In addition to the examples above, there is a current practice in Arizona of hiring bachelor level B.H.T.s who are not trained in art therapy but are charged with facilitating various art therapy and arts based clinical groups in treatment facilities. Due to lack of regulation, overqualified art therapists may, at times, be hired in this capacity, which adds confusion for the public as they attempt to discern appropriate service providers. If both trained and untrained staff are providing the same services in a particular agency, how is the public to be assured that they are receiving services from practitioners competently trained in art therapy?

For additional examples of public harm included in recent sunrise review applications submitted by art therapy chapters in Colorado and other states, please see Appendix C.

(b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners and indicating typical employers, if any, of practitioners in the health profession.

The idea of regulating art therapists is not a new one. Five states have enacted distinct art therapy licenses, five states authorize art therapists to be licensed under other related mental health licenses, and several additional states currently have licensure bills in proposal. However, only in recent years has the public become aware of the benefits of art therapy.

In the absence of specialized art therapy licenses, many art therapy graduates have sought to be licensed in related mental health fields, and particularly as professional counselors and marriage and family therapists (ATA, 2015). At the same time, approved art therapy master's degree programs have had to expand their curriculum requirements to include areas of study that would enable graduates to qualify for these licenses. These dual specialty programs provide graduates with rigorous training that qualifies them for both state licensure and the ATR credential.

While licensure in related mental health fields has provided art therapists with needed state sanction to gain employment, advertise their services to the public, and when applicable, bill third-party insurance carriers for their services, it has also created significant difficulties for consumers including:

- Failing to provide art therapists with a distinct professional identity, with defined qualifications and scope of practice in state law, that accurately reflects the specialized academic and clinical training required to practice art therapy.
- Failing to protect the public by not allowing consumers to easily identify practitioners with appropriate training to practice art therapy.
- Creating false assumptions that art therapy is merely a subspecialty of another licensed profession, and that other practitioners holding that license can incorporate art therapy methods in their practice without appropriate training.

- Lack of public protection to ensure those in need of services receive services from qualified professional art therapists.
- Not providing a distinct service and reimbursement code under public and private insurance for which art therapists are qualified.

Licensure under other professional titles is also proving to be, at best, a stop gap approach for art therapists 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, are also 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). State licensing boards also are using regulatory measures to limit eligibility for counseling licenses, including requirements that all courses to meet educational requirements for licensure must be completed prior to receipt of the master's degree, that all coursework in non-accredited programs must "focus exclusively" on mental health counseling, and that limit the number of qualifying courses that can be taken after completion of a master's degree to meet state educational requirements for licensure.

The effect of these program accreditation and processing requirements has been to deny art therapists relevant licensing options in growing numbers of states. It also necessitates separate licensure of art therapists to establish qualifications and standards for practice of art therapy and protections for consumers against unethical practices.

Recent advancements in understanding the brain and its functions, especially its implications for social, emotional and behavioral development, have only begun to reveal how the process of art-making can influence neural pathways and lead to improved physical and mental health. Without separate licensure of art therapists, there will be fewer qualified and licensed practitioners to meet the public's growing need for mental health services, less diversity and innovation in mental health practice, and no assurance that people in need of art therapy services will be able to receive them from appropriately trained and qualified professional art therapists.

Following is a list of typical employers of art therapists in Arizona.

- Hospitals and Medical Centers
- Community mental health centers
- Private mental health services
- Residential communities for older adults
- Residential treatment facilities
- Higher Education
- K-12 Schools

- Shelters
- Private Clinics
- Private Practices

(c) The extent of autonomy a practitioner has, as indicated by the following:

(i) The extent to which the health profession calls for independent judgment and the extent of skill or experience required in making the independent judgment.

Often, art therapists practice independently or as the only art therapist member of an interdisciplinary team. This necessitates autonomy as a practitioner. Art therapists are thoroughly trained to handle assessment, diagnosis, plans of care, documentation, and all other essential aspects of treatment for both individuals or groups. In addition, ethical practice for art therapists includes seeking supervision when questions related to assessment, treatment, or therapeutic process arise as well as providing services that lie within the scope of practice for the particular professional.

Art therapists are highly trained and skilled professionals who abide by established professional standards. Art therapy professional standards for credentialing require post graduate experience and supervision prior to ethical independent practice.

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

(a) The use of psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in:

- (1) Increasing awareness of self and others;
- (2) Coping with symptoms, stress, and traumatic experiences;
- (3) Enhancing cognitive abilities; and
- (4) Identifying, diagnosing and assessing clients' needs in order to implement therapeutic intervention to meet developmental, behavioral, mental, and emotional needs.

(b) The application of art therapy principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions that include, but are not limited to:

- (1) Clinical appraisal and treatment activities during individual, couples, family or group sessions, which provide opportunities for expression through the creative process;
- (2) Using the process and products of art creation to tap into client's inner fears, conflicts and core issues with the goal of improving physical, mental and emotional functioning and well-being; and
- (3) Using diagnostic art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, mental, and emotional needs; and

(c) The employment of art media, the creative process and the resulting artwork to assist clients to:

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

(ii) The extent to which practitioners are supervised.

Professional entry in the field of art therapy is generally understood to be obtaining art therapy registration (ATR) with the Art Therapy Credentials Board (ATCB). Registration requires that an applicant hold a master's degree in art therapy or comparable graduate course of study and a minimum of 1,000 hours of direct client contact clinical experience under supervision. Supervisors are required to provide at least one hour of direct supervision for every ten hours of client contact by a supervised therapist. Applicants who do not hold degrees from AATA-approved art therapy programs, which require a minimum of 700 hours of supervised practicum and internship as part of the graduate program, may require 1,500 to 2000 hours of supervised clinical practice. Once an art therapist has achieved the ATR, supervision is not required but best practices indicates that supervision be utilized throughout one's career as a means of continual peer support and practice review.

In states with art therapy licenses, or which qualify art therapy master's degree training under related mental health licenses, requirements for post-degree supervised practice vary from 1,500 hours to 4,500 hours to qualify for licensure. The most typical requirement in existing state statutes and pending art therapy licensing legislation is for a minimum of two-years, or a minimum of 3,000 hours, of post-master's degree supervised clinical practice under supervision of an Art Therapy Certified Supervisor (ATCS) or other licensed or credentialed art therapist.

The requirements suggested for an Arizona art therapy license would match those set by the Board for clinical supervision of a Licensed Professional Counselor (LPC) which are listed below.

A qualifying applicant will have not less than 2 years post graduate experience, with a minimum of at least 3200 hours of supervised work experience in the practice of art therapy. The applicant shall ensure that the supervised work experience includes:

- (a) At least 1600 hours of direct client contact involving the use of art therapy, no more than 400 hours of which are in psychoeducation;
- (b) At least 100 hours of clinical supervision; and

- (c) For the purpose of licensure, no more than 1600 hours of indirect client contact related to art therapy services.

2. The efforts made to address the problem including:

(a) Voluntary efforts, if any, by members of the health profession to either:

(i) Establish a code of ethics.

(ii) Help to resolve disputes between health practitioners and consumers.

A master's degree is required for entry level practice in art therapy. Minimum educational and professional standards for the profession are established by the American Art Therapy Association, Inc. (AATA) a membership and advocacy organization. The credentialing body for the art therapy profession is the Art Therapy Credentials Board (ATCB), an independent professional certifying organization accredited by the National Commission for Certifying Agencies (NCCA). ATCB's mission is "**to protect the public by promoting the competent and ethical practice of art therapy.**" Those who hold ATCB credentials are required to adhere to the ATCB Code of Professional Practice. These ethical standards for professional practice are established, regulated, and enforced by the ATCB.

One of the credentials offered by the ATCB is the Registered Art Therapist (ATR) credential. ATCB confers the ATR upon applicants who provide appropriate documentation including the required education, practicum hours, postgraduate experience hours, and supervision. ATCB also offers board certification to art therapists (ATR-BC). In order to become an ATR-BC, applicants must first successfully complete the ATR application process. Upon receipt of the ATR, applicants are eligible to apply for the ATR-BC. Successful completion of the Art Therapy Credentials Board Examination (ATCBE) is required to obtain the ATR-BC. The ATR-BC credential requires maintenance through proof of continuing education. In 2008, ATCB began offering the Art Therapy Certified Supervisor (ATCS) credential to applicants who demonstrate competence in this specialty area of art therapy practice.

Potential violations of the ATCB Code of Professional Practice, or policy and procedure, can be brought to the attention of the ATCB by making a formal complaint in writing.

In addition to the ATCB Code of Professional Practice, the AATA offers the Ethical Principles for Art Therapists. This document is intended to provide aspirational values and principles to cover many situations encountered by art therapists. Its goals are to safeguard the welfare of the individuals and groups with whom art therapists work and to promote the education of members, students, and the public regarding ethical practice of the art therapy discipline (AATA, 2016).

(b) Recourse to and the extent of use of applicable law and whether it could be amended to control the problem.

To practice in Arizona and throughout the United States in other leading mental health professions such as marriage and family therapy, counseling, and social work, a state license is required. The license serves to protect the public from potential harm that may be caused when a

non-qualified person promotes himself/herself as a qualified practitioner. The license ensures that the person receiving services has accessed the professional level of care required in state law and regulation. Each existing mental health practitioner license outlines the specific requirements for practice which apply uniquely to each profession.

There is not one “mental health practitioner” license for the entire mental health field as each profession requires its own distinct training and related scope of practice and therefore its own license. Likewise, it is not appropriate for someone to practice marriage and family therapy or art therapy, for example, unless specifically trained to do so through a minimum of a master’s degree program.

In lieu of the availability of the art therapist license in Arizona, some art therapy master’s graduates have sought to become licensed in related mental health fields. At the same time the approved art therapy master’s programs have increased their study requirements to include areas of study that would enable graduates to qualify for licenses in other professions. These measures only serve as a temporary stop gap that will quickly lose its efficacy as the other mental health professions continue to define or re-evaluate their educational or practice standards and related exams and experience required.

3. The alternatives considered including:

(a) Regulation of business employers or practitioners rather than employee practitioners.

As described above in question 1(a) and also in Appendix A, art therapists are employed in a diverse array of health care, mental health, education and other community settings, in addition to private practice, which makes it untenable to regulate business employers or practitioners effectively.

(b) Regulation of the program or service rather than the individual practitioners.

The programs and services provided by art therapists differ depending on the population and setting in which they work. In addition to providing services in diverse settings, art therapists also may provide services as both primary therapists and as adjunctive therapists implementing treatment plans prescribed by other medical or mental health professionals. Many art therapists also serve as members of interdisciplinary teams where art therapy services complement and inform the work of other medical, mental health and allied health professionals. These diverse roles, the variety of assessment and treatment services provided by art therapists, and the importance of tailoring treatment to each client’s needs make regulation of specific programs and services not only impractical, but also inefficient.

(c) Registration of all practitioners.

Registration of art therapists is already provided at the national level and is considered the point of entry for professional practice of art therapy. The Art Therapy Credentials Board (ATCB) provides for registration (the ATR credential) of art therapists who have earned a qualifying

master's degree in art therapy, performed at least 1,000 client-contact hours of post-degree supervised clinical training, and agreed to adhere to the ATCB Code of Professional Practice. ATCB also provides for national board certification of art therapists (the ATR-BC credential) for registered art therapists who pass the ATCB's board certification examination which is designed to ascertain applicants' acquired competency and clinical skills for effective, safe and ethical practice of art therapy.

In several states, and most recently in Vermont and Delaware, agency staff have evaluated different approaches for regulating art therapists and have determined that registration of art therapists, and even state certification, might lead to public confusion because the dual use of the term "registration" would not clearly or adequately differentiate practitioners who have met specific standards for registration determined by the state. Practitioners could appropriately claim to be ATCB registered or certified while not being registered or certified by the state.

State registry of art therapists also has been determined as inadequate, most recently in Vermont, in addressing the problems, described in the response to 1(a) and Appendix B, of individuals without appropriate training claiming to practice art therapy or provide services intended to appear as art therapy. A February 2015 sunrise review report completed by the Director of the Vermont Office of Professional Regulation identified as a "loop hole" in the state's registration requirement the fact that "any individual who is not qualified to become a licensed or certified art therapist could use art therapy tools and practice...so long as she did not hold herself out as practicing or qualified to practice art therapy."

In states, such as Vermont and Colorado, where registration of art therapists is currently required for individuals without specific licenses who provide psychotherapy services, registration fails to provide the public with detailed information about the level of training or credentials of registered practitioners or the acceptable services or scope of practice of individual practitioners. The Vermont sunrise report also concluded that a structure of state registration could be deemed inadequate to protect the public since it does not establish initial levels of competency to practice art therapy and does not require continuing education to assure continuing competency.

(d) Certification of all practitioners.

As explained in the response in 3(c), certification of art therapists may also be insufficient in terms of creating public confusion regarding practitioners who have qualified for state certification, as opposed to those with national ATCB board certification, and also in not preventing individuals without appropriate training from practicing art therapy or providing services intended to appear as art therapy. Board Certification of art therapists by the ATCB already provides qualifying standards for professional practice of art therapy, as well as requirements and a monitoring process for assuring continuing competency through continuing education. A licensing process could incorporate and build upon these current national structures that seek to protect the public by assuring initial and continuing competency without adding to public confusion and also by establishing clear standards for appropriate practice of art therapy in Arizona law and assuring that only appropriately trained and qualified therapists are permitted to offer services to the public.

(e) Other alternatives.

Possible public or private alternatives for addressing the problem described in the response to 1(a) include:

- Reliance on the ATCB's current complaint and disciplinary structures to monitor and enforce ethical practice by art therapists;
- Reliance on existing consumer fraud, medical malpractice, or criminal law statutes or civil litigation to limit inappropriate, incompetent, or unethical practice; or
- Creation of a consumer reporting mechanism, data bank, or hotline to identify and report art therapists who engage in inappropriate, incompetent, or unethical practice.

(f) Why the use of the alternatives specified in this paragraph would not be adequate to protect the public interest.

Reliance on the ATCB's current complaint and disciplinary structures to monitor and enforce ethical practice by art therapists.

The Art Therapy Credentials Board is a small organization with limited staff. As such, it has limited capacity to monitor and review practice by thousands of art therapists across the nation. In a document submitted for the 2014 licensure sunrise review in Vermont, the ATCB reported that it had conducted only 17 investigations of complaints of unethical or unprofessional conduct by art therapists between 2009 and 2014, with only two resulting in disciplinary actions. ATCB's enforcement role centers on monitoring compliance by credentialed art therapists with the ethical standards set forth in the ATCB Code of Professional Practice. Its ability to enforce these standards applies only to art therapists who hold and maintain ATCB credentials, and its enforcement or disciplinary authority is limited to suspension or withdrawal of existing credentials. It thus has no authority over art therapists who do not maintain ATCB credentials and has no authority to address the broader problem of licensed professionals seeking to practice art therapy without sufficient or appropriate training or individuals claiming to practice art therapy with little or no professional training.

Reliance on existing consumer fraud, medical malpractice, or criminal law statutes or civil litigation to limit inappropriate or unethical practice.

The absence of a separate statute providing for licensure and regulation of professional art therapists makes enforcement of standards of competent and ethical practice of art therapy extremely difficult with existing administrative, judicial and criminal remedies. There is no statutory definition or defined scope of practice for art therapy in Arizona law, no enforceable code of professional ethics, nor are there any standards defining qualifications or standards for appropriate practice of art therapy to be enforced. There remains considerable public confusion about what art therapy is, what training is required for effective practice of art therapy, or how to distinguish qualified art therapists from individuals merely providing artwork activities in healthcare settings. These circumstances clearly discourage administrative actions in response to

complaints of incompetent or unethical behavior and make private litigation impractical and costly for most individuals needing art therapy or other mental health services.

Creation of a consumer reporting mechanism, data bank, or hotline to identify and report art therapists who engage in inappropriate, incompetent, or unethical practice.

The current state regulatory structure does not lend itself to creation of any national or regional process or structure for identifying and documenting serious complaints against art therapists. In the absence of separate art therapy licenses in the majority of states, art therapists have, of necessity, sought licensure in closely related mental health fields, particularly as mental health counselors and marriage and family therapists. Disciplinary actions and complaints are generally not identified by the licensees' background training or specialty and, thus, are indistinguishable from all other practitioners holding the same license. Moreover, many states only disclose the details of complaints and disciplinary actions by case numbers in which the identities of the licensees are not made public. In addition, there are no restrictions in most states preventing individuals from claiming to practice art therapy or claiming to have art therapy training that would provide a basis for consumer complaints or legal or regulation actions.

(g) Why licensing would serve to protect the public interest.

Benefits that the public can reasonably expect from licensure and regulation of art therapists include:

- Assurance that individuals in need of art therapy services will receive them only from highly trained, qualified and licensed professionals.
- Increased legal protections against misrepresentation of art therapy services and the competence, training and credentials of individual practitioners by—
 - defining art therapy and the scope of practice of art therapy for purposes of Arizona law to provide standards for determining appropriate practice and professional conduct;
 - establishing appropriate academic and clinical experience requirements for licensure to ensure that applicants are qualified to practice as art therapists;
 - providing protection for the title and practice of art therapy that will trigger enforcement authority and penalties in existing law against unlicensed and unauthorized practice; and
 - enabling the enforcement authority and procedures in existing law against unprofessional and unethical conduct by licensed professionals.
- Creation of a public complaint process comparable to those for other licensed professions for identifying and investigating complaints of unlicensed practice and unprofessional conduct.
- Increasing the number of qualified and licensed art therapy practitioners to meet the state's growing need for specially trained mental health professionals.

- Increased consumer options for mental health services that benefit individuals with a broad range of mental, behavioral and developmental conditions that may not be adequately assessed or treated through more traditional forms of therapy.

Availability of a professional license will also increase availability of art therapy services to Arizona consumers as art therapists who have sought training in other states return to the state, or relocate from other states, to gain licensure and establish professional practices. Art therapy has been identified as a “Bright Outlook” occupation in the Occupational Information Network (O*NET) database of the U.S. Department of Labor, indicating that the number of young people pursuing careers in art therapy can be expected to grow significantly over the coming decade.

4. The benefit to the public if regulation is granted including:

(a) The extent to which the incidence of specific problems present in the unregulated health profession can reasonably be expected to be reduced by regulation.

The public would benefit greatly as regulation would include title protection preventing unqualified individuals from providing art therapy services in Arizona. Providers lacking appropriate education, post-graduate experience, and credentials would no longer be able to offer or promote art therapy services to the public. Consumers would be able to easily verify that a practitioner possesses the appropriate knowledge and skills to provide art therapy services with regulation by license. Regulation would further assure protection and public safety so that harm is not done when art therapy is practiced by untrained, unqualified individuals in Arizona, requiring that art therapists are current in their knowledge of art therapy information and techniques, and ensuring the quality of art therapy services by specifically trained providers who are accountable for meeting appropriate standards of practice increasing the professionalism and reputation of art therapy as a treatment choice. State regulation would further enable qualified art therapists to provide services within state law and under a distinct service and reimbursement code through public and private insurance to afford the public insurance coverage options for art therapy services.

(b) Whether the public can identify qualified practitioners.

Currently, the only method for the public to identify qualified practitioners is to search for a particular practitioner by name via the AATA website. Although the website is easy to access and utilize, potential consumers do not always have access to a practitioner’s name prior to receiving services through a particular provider. Additional difficulties in identifying qualified art therapists also exist. Consumers may have difficulty identifying even licensed practitioners as art therapists, as many art therapists have had to seek licensure as professional counselors, social workers, or marriage and family therapists. Even where consumers can identify credentialed art therapists, lack of familiarity with art therapy credentials provides little indication of the level of training and experience a therapist has achieved. Licensure would provide the public with assurance that individuals offering art therapy services have met standards of academic training, clinical experience and competency that the state has determined are required for effective practice of art therapy.

Going forward, national accreditation of art therapy master's degree programs through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will help achieve greater uniformity in academic and clinical training of art therapists to facilitate more uniform state licensing and provide the public with assurance that licensed art therapists have met national standards for entry-level practice of art therapy.

At present, there are no AATA approved art therapy programs in Arizona, although there are two graduate programs within the state that provide art therapy-related graduate degree programs. Prescott College offers a Master of Science in Counseling with a concentration in Expressive Art Therapy and Ottawa University offers a Master of Arts in Counseling: Expressive Arts Therapy. Prescott College has recently applied to be among the first programs to undergo accreditation by CAAHEP's Accreditation Council for Art Therapy Education under curriculum standards adapted from AATA's existing Art Therapy Education Standards. The CAAHEP art therapy accreditation standards are pending approval by CAAHEP's Standards Committee and can be found in Appendix D.

(c) The extent to which the public can be confident that qualified practitioners are competent including:

(i) Whether the proposed regulatory entity would be a board composed of members of the profession and public members or a state agency, or both, and, if appropriate, their respective responsibilities in administering the system of registration, certification or licensure, including the composition of the board and the number of public members, if any, the powers and duties of the board or state agency regarding examinations and for cause revocation, suspension and nonrenewal of registrations, certificates or licenses, the adoption of rules and canons of ethics, the conduct of inspections, the receipt of complaints and disciplinary action taken against practitioners and how fees would be levied and collected to pay for the expenses of administering and operating the regulatory system.

AzATA is proposing that art therapists be licensed and regulated by the existing State Board of Behavioral Health Examiners on a comparable basis as other licensed mental health professions currently licensed by the Board pursuant to Title 32 of the Arizona Revised Statutes. The proposal would add a licensed art therapist as a member of the Board and create an Art Therapy Academic Review Committee of three licensed and credentialed art therapists to advise the Board on matters involving licensure and regulation of art therapists. Members of the Art Therapy Academic Review Committee would be appointed by the Governor and serve for comparable terms, and with comparable compensation and obligations, as members of other Committees authorized in Article 2 of Title 32.

The powers and duties of both the existing Board and the Art Therapy Academic Review Committee would be comparable to those set forth in Title 32. The Board would adopt rules governing licensure and regulation of professional art therapists as recommended by the Academic Review Committee, issue licenses and license renewals, conduct investigations and disciplinary actions, establish and collect fees necessary to administer the licensing program, and

exercise other duties and responsibilities authorized by Section 32-3253. An Art Therapy Academic Review Committee would be authorized to develop and recommend rules for adoption by the Board to implement a licensure program for art therapists, review license applications and make recommendations relating to applicants' qualifications for licensure, make recommendations relating to competency examination, clinical supervision requirements, and continuing education requirements, develop and recommend adoption of a code of ethics for practice of art therapy, review requests for waiver of licensing requirements, and consult with the Board, as needed, on public complaints, investigations and disciplinary actions involving licensed art therapists.

(ii) If there is a grandfather clause, whether grandfathered practitioners will be required to meet the prerequisite qualifications established by the regulatory entity at a later date.

AzATA proposes a grandfather clause that would be available for qualified art therapists practicing in Arizona during the first year following enactment of the licensure legislation. Licensure would be provided by endorsement for art therapists holding national Board Certification (ATR-BC) in good standing with the ATCB with at least three years of full-time professional experience providing art therapy services at the effective date of the licensing statute. Grandfathered art therapists would not be required to meet specific prerequisite licensing requirements at a later date.

(iii) The nature of the standards proposed for registration, certification or licensure as compared with the standards of other jurisdictions.

Proposed standards governing licensure as a Licensed Professional Art Therapist (LPAT) would be comparable to the standards for licensure of professional counselors and marriage and family therapists under Article 6 and Article 7 of Title 32. Qualifying art therapists would be required to hold a minimum of a master's degree in art therapy, or in a comparable academic program meeting requirements set by the Board; complete requisite post-degree supervised experience; and pass a proficiency examination approved by the Board. This would be consistent with the requirements in the ten state jurisdictions with statutes or rules providing for separate art therapy licenses, or licensure of art therapists under related licenses, with the exception that proposed hours of required supervised experience would be equivalent to requirements for counselors and marriage and family therapists currently licensed by the Board.

Proposed licensing requirements as a Licensed Professional Art Therapists would include:

- (1) A minimum of a master's degree from an accredited institution of higher education in a program in art therapy which was approved by the American Art Therapy Association, or accredited by the Commission on Accreditation of Allied Health Education Programs, at the time the degree was conferred, or an equivalent program that meets requirements set by the Board. A qualifying equivalent program must include a minimum of 60 semester credit hours of graduate level coursework that includes training in psychological development, group therapy, art therapy assessment, psychodiagnostics, studio art (drawing, painting, sculpture, etc.), the creative process, research methods, and multicultural diversity competence. The course of instruction also must include 100 hours of supervised practicum,

and 600 hours of supervised art therapy clinical internship.

(2) Completion of not less than two years of post-degree supervised clinical experience, with a minimum of 3,200 hours of work experience in the practice or art therapy under supervision of a licensed art therapist. At least half the qualifying hours of supervised experience (or a minimum of 1,600 hours) must involve direct client contact involving use of art therapy, with at least 100 hours of direct supervision. Requirements for clinical supervision will be comparable to those prescribed by the Board for professional counselors.

(3) Passing of the Board Certification examination administered by the Art Therapy Credentials Board.

The proposed licensing standards also would provide for licensure as an Associate Art Therapist (LAAT) on a comparable basis as provided for counselors and marriage and family therapists under Sections 32-3303 and 32-3313 to permit art therapists to practice art therapy under supervision to fulfill the clinical experience requirements for licensure. Applicants for associate licenses must hold a qualifying master's degree and complete the requisite hours of practicum and internship experience. Passing of an entry-level proficiency examination approved by the Board also may be required. However, the ATCB Board Examination is intended to assess proficiency gained from both academic training and substantial clinical experience and may not be an appropriate measure of entry-level competency. The art therapy profession is engaged in discussions to develop a second proficiency examination that would more adequately measure the competencies required for entry-level practice of art therapy.

The requirement to obtain licensure as a Licensed Professional Art Therapist or Licensed Associate Art Therapist would not apply to students engaging in practice of art therapy in an accredited institution of higher education if the student's activities are performed under supervision of a licensed or credentialed art therapist and are part of a qualified course of study in art therapy.

(iv) Whether the regulatory entity would be authorized to enter into reciprocity agreements with other jurisdictions.

Proposed licensing by endorsement of art therapists holding comparable art therapy licenses issued by other jurisdictions would be consistent with the Board's current reciprocal licensing authority under Section 32-3274 of Title 32.

(v) The nature and duration of any training including whether the training includes a substantial amount of supervised field experience, whether training programs exist in this state, if there will be an experience requirement, whether the experience must be acquired under a registered, certified or licensed practitioner, whether there are alternative routes of entry or methods of meeting the prerequisite qualifications, whether all applicants will be required to pass an examination, and if an examination is required, by whom it will be developed and how the costs of development will be met.

Art therapy master's level education requires a minimum of 60 semester credit hours of graduate level coursework that includes both academic coursework and training in studio art. Students must also complete 100 hours of supervised practicum, and 600 hours of supervised art therapy clinical internship. Completion of the master's degree typically requires the equivalent of five semesters or more than two years.

Given the uniqueness of the study and practice of art therapy, most art therapists receive training from approved art therapy master's degree programs that have been recognized by the American Art Therapy Association. AATA has approved thirty-nine art therapy degree programs at thirty-five accredited institutions in twenty states and the District of Columbia. As previously explained, there are currently two Arizona institutions offering graduate programs of study in art therapy or closely related fields that have not received AATA approval. However, Prescott College has indicated it will apply for CAAHEP accreditation in the near future.

National requirements for professional entry into the practice of art therapy also include a minimum of 1,000 hours of client-contact post-degree clinical experience under supervision of a credentialed art therapist to obtain ATR registration with the Art Therapy Credentials Board. In combination with the master's degree, this process requires at least four years to complete. ATCB does provide an alternative approach for meeting these professional entry requirements by assessing an applicant's academic credentials to determine if a comparable program of study to an approved art therapy program has been completed. Applicants without degrees from approved art therapy programs may be required to complete from 1,500 to 2,000 hours of post-degree supervised practice to qualify for national registration.

The ATCB also administers the art therapy proficiency examination that qualifies registered art therapists for national board certification. The ATCB Board Certification examination currently serves as the licensing examination for art therapists in nine states. The examination is administered on an annual basis by the ATCB with costs paid by art therapists who apply to take the examination. The ATCB provides state boards or agencies with examination results, as well as information relating to satisfactory completion of continuing education that is required to maintain art therapist certification.

(d) Assurance of the public that practitioners have maintained their competence including:

(i) Whether the registration, certification or licensure will carry an expiration date.

(ii) Whether renewal will be based only on payment of a fee or whether renewal will involve reexamination, peer review or other enforcement.

Professional art therapy license renewal procedures will follow the outline of existing Board of Behavioral Health Examiners criteria for other mental health practitioners. The initial license will be granted once application requirements are met and verified, other required documents and appropriate fees are submitted. Each license will be renewable biennially provided the renewal application, continuing education forms, and appropriate fees are submitted for approval within the allotted timeframe. A licensee must complete 30 continuing education credits including at

least 6 credits in behavioral health ethics or mental health law and 3 credits in cultural competency and diversity during each renewal period. Renewal will be based on payment of a fee and satisfactory completion of required continuing education credits. The fee structure will follow the current structure applied to other behavioral health professional licenses in the state.

5. The extent to which regulation might harm the public including:

(a) The extent to which regulation will restrict entry into the health profession including:

(i) Whether the proposed standards are more restrictive than necessary to ensure safe and effective performance.

Regulation will ensure that the public receives services from qualified practitioners. State licensure may actually increase the number of art therapists entering the profession as it will provide increased public awareness of the field so that those considering behavioral health professions will be aware of art therapy as a career option. In addition, current Arizona residents who travel outside the state to obtain art therapy degrees will have incentive to return to the state to work after receiving degrees as licensure will provide a viable career path.

Individuals currently employed as art therapists or providing art therapy services who do not possess the appropriate training and credentials would need to obtain necessary education and credentials or change their job titles and/or adjust their job duties to avoid practicing beyond their scope. In order to avoid undue hardship to any individual, a grace period can be added to the regulation to allow ample time for interested individuals to complete necessary education and post-graduate supervised experience to qualify for professional practice in art therapy.

(ii) Whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state

The proposed legislation generally follows the statutes of states already regulating the art therapy profession. Any individual intending to practice as a professional art therapist or licensed associate art therapist shall be required to provide documentation to qualify for Arizona state licensure. If an applicant holds a similar license in another jurisdiction, the Board shall waive the requirements for licensure for the applicant to practice professional art therapy if the applicant:

- (1) Is licensed as a professional art therapist in another state, territory, or jurisdiction that has requirements that are equivalent to or exceed the requirements of this license;
- (2) Submits an application to the Board on a form that the Board requires; and
- (3) Pays to the Board an application fee set by the Board.

(b) Whether there are professions similar to that of the applicant group which should be included in, or portions of the applicant group which should be excluded from, the proposed legislation.

Individuals with degrees in expressive arts therapy or creative arts therapy may also possess necessary qualifications for licensure as a professional art therapist or an associate art therapist. Those individuals would follow the same application procedures as individuals with degrees in art therapy.

6. The maintenance of standards including:

(a) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or enforce standards or a code of ethics.

As a credentialing body, the Art Therapy Credentials Board, Inc. confers and administers professional credentials to art therapy practitioners. ATCB's mission is "**to protect the public by promoting the competent and ethical practice of art therapy.**" Those who hold ATCB credentials are required to adhere to the ATCB Code of Professional Practice. These ethical standards for professional practice are established, regulated, and enforced by the ATCB. One of the credentials offered by the ATCB is the Registered Art Therapist (ATR) credential. ATCB confers the ATR to applicants who provide appropriate documentation including the required education, practicum hours, postgraduate experience hours, and supervision. ATCB also offers board certification to art therapists (ATR-BC). In order to become an ATR-BC, applicants must first successfully complete the ATR application process. Upon receipt of the ATR, applicants are eligible to apply for the ATR-BC. Successful completion of the Art Therapy Credentials Board Examination (ATCBE) is required for the ATR-BC. The ATR-BC credential requires maintenance through proof of continuing education. In 2008, ATCB began offering the Art Therapy Certified Supervisor (ATCS) to applicants who demonstrate competence in this specialty area of art therapy practice.

(b) How the proposed legislation will assure quality including:

(i) The extent to which a code of ethics, if any, will be adopted.

The code of ethics of the Art Therapy Credentials Board will be adopted as the ethical code for licensed professional art therapists in Arizona.

(ii) The grounds for suspension or revocation of registration, certification or licensure.

The Board of Behavioral Health Examiners, on the affirmative vote of a majority of its members then serving, may deny a license to any applicant, place any licensee on probation, reprimand any licensee, or suspend or revoke a license of any licensee if the applicant or licensee:

- (1) Fraudulently or deceptively obtains or attempts to obtain a license for the applicant, licensee, or for another;
- (2) Habitually is intoxicated;
- (3) Provides professional services:
 - (i) While under the influence of alcohol; or

- (ii) While using any narcotic or controlled dangerous substance or other drug that is in excess of therapeutic amounts or without valid medical indication;
- (4) Aids or abets an unauthorized individual in practicing clinical or nonclinical art therapy or representing to be a professional art therapist;
- (5) Promotes the sale of drugs, devices, appliances, or goods to a patient so as to exploit the patient for financial gain; or therapy;
- (6) Willfully makes or files a false report or record in the practice of art therapy
- (7) Makes a willful misrepresentation while counseling or providing art therapy services;
- (8) Violates the code of ethics adopted by the Board;
- (9) Knowingly violates any provision of this regulation;
- (10) Is convicted of or pleads guilty or nolo contendere to a felony or a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside;
- (11) Is professionally, physically, or mentally incompetent;
- (12) Submits a false statement to collect a fee;
- (13) Violates any rule or regulation adopted by the Board;
- (14) Is disciplined by a licensing or disciplinary authority of any other state or country or convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes;
- (15) Refuses, withholds from, denies, or discriminates against an individual with regard to the provision of professional services for which the licensee is licensed and qualified to render because the individual is HIV positive;
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical art therapy;
- (17) Knowingly fails to report suspected child abuse;
- (18) Fails to cooperate with a lawful investigation conducted by the Board; or
- (19) Fails to submit to a criminal history records check.

7. A description of the group proposed for regulation, including a list of associations, organizations and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group and whether the groups represent different levels of practice.

According to the most recent Art Therapy Credentials Board data, there are currently 64 credentialed art therapists residing in Arizona. These individuals would be eligible for licensure should regulation be granted.

The American Art Therapy Association (AATA), with a current membership of more than 5,500, is the national leader advocating for art therapy licensure for the protection of public health and safety. In a 2012 position statement, the AATA wrote:

“The American Art Therapy Association supports federal and state policies, legislation, regulations, judicial actions, and initiatives that encourage, promote, and support efforts to gain a professional art therapy license and licensure of art therapists.”

The Arizona Art Therapy Association, which is an affiliate chapter of the American Art Therapy Association currently has 38 members. Members have been made aware of the efforts of the chapter to pursue regulation of the profession in an effort to protect the public from harm caused by unqualified individuals engaging in the provision of art therapy services. In a recent member survey, respondents unanimously favored the pursuit of regulation by licensure similar to that of other mental health professions in the state.

The Arizona Art Therapy Association plans to advise and consult with other interested parties and professions to determine their positions on regulation for art therapists in Arizona as the process moves forward.

8. The expected costs of regulation including:

(a) The impact registration, certification or licensure will have on the costs of the services to the public.

Since many art therapists are employed by agencies, hospitals, community mental health centers, and private clinics, the proposed regulation is likely to have minimal effect on the cost of services they provide, except where state law or company policy may require a higher hourly rate or salary for licensed professionals. Art therapists with clinical training who seek to engage in independent practice will likely need to increase charges for services to cover their business expenses. However, the overall cost of art therapy services to the public is unlikely to change significantly with the proposed regulation, and may actually be reduced, in response to important changes in the market for mental health services and the delivery and payment of art therapy services. For example:

- With regulation and increased public awareness of the availability and benefits of art therapy, art therapy services could be obtained directly from qualified art therapists, and reimbursed directly by insurance and state health care programs, without clients having to pay the additional costs of initial consultations and referrals charged by physicians, psychologists, clinical social workers, or other licensed professionals.
- Art therapists often are consulted by clients, or client's families, that previously have tried traditional talk therapies and other treatments or therapies which have proven inappropriate or ineffective. Public recognition and increased awareness of art therapy services could reduce unnecessary costs paid by clients to experiment with ineffective treatments before learning of art therapy, or finding a qualified art therapist.
- Regulation would prohibit individuals without required professional training and experience from practicing art therapy or claiming expertise in art therapy, thus preventing unnecessary expenditures by clients on treatments that are ineffective and potentially harmful.
- Regulation would increase the number of trained professionals who are qualified to address the growing public need for mental health services, helping to restrain increases

in service costs that might otherwise result from continued shortage of qualified professionals.

Cost to the state would be minimal as a proficiency exam, code of professional practice, and education standards already exist and may be utilized to eliminate cost of developing state documents.

The Art Therapy Credentials Board regulates national art therapy registration (ATR) and board certification (BC). All Board Certified Art Therapists (ATR-BCs) must recertify every five (5) years. The purpose of the ATR-BC recertification process is to ensure that any person board certified by the ATCB continues to meet standards for board certification, as demonstrated by the accrual of 100 qualifying continuing education credits during the five-year certification cycle or by re-taking and passing the Art Therapy Credentials Board Examination (ATCBE), which is updated annually. The five (5) year recertification requirement, an industry-standard time frame, ensures that ATR-BCs are current in maintaining the knowledge and skills necessary to demonstrate proficiency in the field in order to protect the public. Hours of continuing education must include a minimum of six (6) CECs earned in the area of ethics. The ATCB recognizes a variety of CEC activities. These activities are clearly outlined in the recertification standards provided to all ATR-BCs in their recertification year.

A random sample of 10% of all recertification packets each year is subject to audit. Those selected for an audit are required to provide documentation of CECs earned during the recertification cycle. Documentation may be in the form of academic transcripts, certificates of attendance from a recognized provider, or other proof as outlined in the recertification instructions. Complete instructions for recertification are available at www.atcb.org.

Conclusion

There is increasing need for trained and experienced mental health professionals to provide assessment and treatment services for important segments of the state's population: for children and young adults experiencing behavior problems and mental health conditions; for military personnel and their families who have experienced a decade of war deployments and are experiencing mental health problems, including posttraumatic stress, traumatic brain injury, depression, and increasing rates of suicide; for the growing numbers of older persons suffering with dementia, depression, and other mental health conditions; and for those experiencing trauma from natural disasters, abuse, drug dependency, or other mental health problems in the general population. Art therapists are helping to meet this need in hospitals, senior communities, community outpatient programs, crisis centers, and other settings across Arizona. This specialized therapeutic practice, when properly used by trained and experienced art therapists, employs the clinical application of the process of art making to unlock behavioral and mental conditions that adversely affect normal functioning and to help restore or improve individuals' ability to function.

Art therapy is a unique profession with educational and clinical practice requirements that equal or exceed those of other mental health professionals that are currently licensed by the state of Arizona. National requirements for professional entry into the practice of art therapy include, at

minimum, a master's degree from institutions of higher education accredited by one of the regional or national institutional bodies recognized by the Council for Higher Education Accreditation (CHEA), adherence to the rigorous educational standards established by the American Art Therapy Association and independently reviewed by the Education Program Approval Board, and extensive post-graduate clinical experience under the supervision of a credentialed art therapist. The Art Therapy Credentials Board also oversees the continuing education and experience of master's level art therapists in the United States by providing professional credentials, and by requiring continuing education to maintain credentials. Licensure of art therapists would help Arizona build and maintain a viable mental health workforce by recognizing, attracting, and retaining these highly trained health professionals.

References

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Winters, Christopher D. (January, 2015). Art Therapists Sunrise Application Review, Preliminary Assessment on Request for Licensure. *Office of Professional Regulation, Vermont Office of the Secretary of State*.

Websites for further information:

American Art Therapy Association (AATA) www.arttherapy.org

Arizona Art Therapy Association (AzATA) www.azata.org

Art Therapy Credentials Board (ATCB) www.atcb.org

Commission on Accreditation of Allied Health Education Programs (CAAHEP)
www.caahep.org

Appendices

Appendix A Art Therapy Profession

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

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

Although use of visual imagery is the foundational tenet of art therapy, art therapists uniquely draw from multiple theoretical approaches in their understanding, design, and implementation of treatment. Art therapists understand the science of imagery and the therapeutic potentials of color, texture, and various art media and how these affect a wide range of potential clients and personalities. Rigorous clinical training in working with individuals, families, and groups prepare art therapists to make parallel assessments of clients' general psychological disposition and how art as a process is likely to moderate conditions and corresponding behavior. Recognizing the ability of art and art-making to reveal thoughts and feelings, and knowledge and skill to safely manage the reactions they may evoke, are competencies that define art therapy as a profession. Therapeutic use of art was defined and developed into a discipline in pioneering art therapy programs at the National Institutes of Health, Menninger Foundation, Hahnemann Hospital in Philadelphia, and other distinguished medical institutions. By the 1960s, hospitals, clinics, and rehabilitation centers were offering art therapy programs in addition to traditional "talk therapies," recognizing that the creative process of art-making enhances recovery, health and wellness. Art therapy is now widely recognized as a distinct profession with broad application in many diverse settings. The *American Medical Association's Health Professions Career and Education Directory* (2009-2010) describes art therapy in the following terms:

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

spirit, art therapy is becoming more prevalent as a parallel and supportive therapy for almost any medical condition.

While the practice of art therapy shares many common elements with traditional mental health professions, it is the combining of psychological knowledge and therapeutic skills with understanding of art media, the neurobiological implications of art-making, and the creative process that distinguishes art therapy from these professions. Like mental health counseling and marriage and family therapy, art therapy shares a common foundation in human psychological development, theories of personality, group and family therapy, appraisal and evaluation, and therapeutic knowledge and skills. All three professions require a minimum of a master's degree for entry into the profession and engage in practice that focuses on assessing and treating adults and children experiencing developmental, medical, educational, social or psychological impairments.

Although art therapy has many elements in common with other mental health disciplines, the profession differs markedly in both its academic training and scope of practice. Art therapy master's level education is distinct in its emphasis on imagery and art-making. 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. In addition to traditional training in counseling theories and methods, the art therapy master's curriculum also requires courses in, for example, the psychology of creativity, symbolism and metaphor, processes and materials of art therapy, and art therapy assessment methods.

Art therapy is action-oriented and experientially based. Such inherent qualities differentiate it from other forms of therapy and make it particularly effective for a variety of client populations. Art therapists work with individuals, couples, families and groups in diverse settings, including hospitals, schools, psychiatric and rehabilitation facilities, community mental health clinics, wellness centers, forensic institutions, crisis centers, senior communities, veteran's clinics, juvenile facilities, correctional institutions and other community facilities. The methods and treatment objectives of art therapy differ depending on the setting and client population. 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 individual art therapists, or by art therapists as part of interdisciplinary teams where art therapy complements and informs the work of other medical, mental health and allied health professionals.
- Art therapy programs with cancer patients seek to reduce emotional distress, helping patients regain an identity outside of being a cancer patient, ease the emotional pain of their on-going fight with cancer, and give them hope for the future.

- The role of art therapy in children's hospitals is to address the physical and emotional needs of pediatric patients through a variety of educational and healing art experiences that help to build trust and allow children to see themselves as active partners in the work of getting well. Children often find non-verbal expression to be the only outlet to their intense feelings of fear, isolation, sadness, and loss. Those unable to find words to express their emotions or behaviors typically discover a freer world of expression through art therapy.

- 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 has long been recognized as an integral part of special education services available for children with physical, mental or behavioral disabilities, especially children who fear talking with adults, who don't speak English or have limited vocabularies. A student's individualized art therapy treatment plan may address goals and objectives related to improving cognitive growth, emotional control, mastery of sensory-motor skills, reducing anxiety, increasing self-esteem, or positive adjustment to the classroom experience.

- Art therapy plays an important role in treatment plans for elderly persons with Alzheimer's Disease 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.

Appendix B Public Risk from Misrepresentation of Art Therapy Training and Credentials

Recent advancements in understanding the brain and its functions have increased public awareness of how the process of art-making can influence neural pathways and lead to improved physical and mental health. This has encouraged growing numbers of university-based and online programs claiming to provide certificate training, and even master's degrees, in areas that appear very much like art therapy. These programs typically require minimal on-site coursework, and often only online self-instruction, that do not include anything approaching the extensive academic coursework, clinical internship, supervised post-graduate practice and national credentials required of professional art therapists.

Individuals with this limited training are opening clinics and advertising therapeutic services and workshops in Arizona and states across the country. These programs and practitioners add to the public's misunderstanding of art therapy and the level of specialized education and clinical training required for safe, effective, and ethical practice of art therapy. Recent examples of these programs include:

- Brandman University (part of the California based- Chapman University System) offers an **Art4Healing certificate** program directed to “counselors, teachers, therapists, medical professionals, artists and others interested in learning the Art4Healing method and using the exercises in their own work with children and adults suffering from abuse, illness, grief and stress.” The certificate program requires only 45 hours of on-site workshops at the University's Art & Creativity for Healing studio.
- The University of Florida has initiated a **Master of Arts in Arts in Medicine** program which offers a fully on-line, 35-credit master's degree program to train artists to work in hospital settings. The University also offers a graduate certificate program in Arts in Public Health.
- The Wisdom School of Graduate Studies at Ubiquity University in Mill Valley, CA, offers an **Art and Healing Master's Program** that students can complete with seven 5-day Intensive seminars and either a practicum or thesis project. Online seminars taken on an independent study basis can also be counted “for credit toward Wisdom University academic degrees.”
- Montclair State University (NJ) has initiated a **Graduate Certificate Program in Art and Health** in cooperation with Atlantic Health System in response to what it describes as increasing demand among “medical professionals interested in exploring ways that the arts can be used in comprehensive health care.” Certification involves only five 3-credit graduate-level courses which are delivered primarily on-line, with in-person meetings with instructors only at the start and end of each course.
- Art & Creativity for Healing, Inc. provides certification for individuals to serve as facilitators to conduct workshops in the **Art for Healing Method** that are designed “to share art as a tool for self-expression and self-exploration.” Facilitator training is

provided through self-paced DVD programs in the Arts 4 Healing method that, for \$1,200, “includes comprehensive training manuals and teaching methods.”

- The Global Alliance for Arts & Health (GAAH) recently created a national **Artists in Healthcare Certification** program to attest for hospital administrators that artists who do artwork activities with patients in hospital and other healthcare have a minimal level of knowledge and competency to work in healthcare environments. Certification involves passage of a national examination, with no specific training or prior experience in healthcare required to sit for the examination.

Unregulated programs such as those described above that purport to provide art-focused therapeutic training have the grave potential of doing more harm to an already fragile person seeking what they believe to be clinical services. Licensure and regulation will identify those practitioners with appropriate and qualified training to practice art therapy and help prevent future public confusion and malpractice in the State of Arizona.

Appendix C
Examples of Public Harm in Other Jurisdictions

Art Therapy Association of Colorado
Evidence of Public Harm Provided for the
2015 Sunrise Review Application for Art Therapists

A school psychologist for early childhood education looked at student artwork and came to conclusions about the images based on little information or understanding of the artistic elements of the work. He made broad assumptions about a student coming from an abusive home based on a single image. He based his claims on minimal information and without formal training as an art therapist, which affected the student in question.

A trained art therapist worked in a residential treatment setting for children. She used interventions that were overly-stimulating for the children, and did not provide enough closure at the end of sessions to allow the children to contain their emotions. Several of the children became agitated and had to go into a “quiet room” to decompress after the sessions.

A non-art therapist facilitated a group art therapy intervention to “draw how you are feeling”. A suicidal client drew an image of an angel hanging from a tree (an image related to her suicide attempt by hanging). The non-art therapist proceeded to allow the client to keep the art work, leave it on the unit for others to see and take it home where her husband and daughter (a minor) were exposed to it, also traumatizing them and exposing them to suicidal imagery.

Bridge ATU/ADMHN chose to use an LPC to supervise an art therapy intern, despite having a credentialed and experienced ATR available to supervise. A board certified art therapist ran the intern program for years, as an AAMFT approved supervisor, and recruited the art therapy intern. Management decided that it was best to have an inexperienced, non-art therapist supervise her for his "professional development". Despite discussions about how this was not the best training for her, he felt he was appropriate and qualified to supervise her despite not being an art therapist.

Bridge ATU/ADMHN management promotes that they offer art therapy services despite not having any art therapists on staff. Additionally, they used non-art therapists to provide vacation coverage to the art therapy groups and continued to call it "art therapy groups". This is a disservice to clients because the therapy is misrepresented as art therapy.

A therapist without any art therapy training facilitated a group art project with children about topics such as nightmares and worries. The therapist asked the group to draw on these themes without understanding the response the art materials might elicit. One child in the group became disturbingly triggered. Not realizing the child's behavior was a symptom of PTSD, caused by trauma, the therapist ostracized the child for his behavior.

An art therapist accepted a position at a residential treatment center for children, and was informed that they have an "Art Therapy Room." Upon viewing this room, she was made aware that any therapist working at the facility is permitted to use this room for “art therapy” though

there were no other trained art therapists working in the agency. A clinical director at the center voiced surprise stating, "I didn't even know you could go to school for art therapy." Due to this misrepresentation, clients were led to believe, through use of the "art therapy room", they were receiving art therapy services although they were not provided by a trained art therapist at the time.

A therapist without any art therapy training used loose media and the prompt "draw your family" with children in a trauma-based, residential, group setting, and did not provide enough structure, support, or privacy for the clients. All of the children became dysregulated during the session. Some refused to participate at all and left the group, while some attempted to comply and then became increasingly upset. No closure or discussion followed the group and participants were reprimanded for their non-participation, leaving, and other behaviors that resulted from the triggering nature of the activity.

In a school setting, a licensed therapist and a layperson were running a therapeutic art group for a vulnerable population of children with past trauma under consultation with a registered art therapist. The licensed therapist was no longer able to run the groups. The layperson attempted to run the groups without a trained therapist present, despite consultation from the registered art therapist stating that this would be unethical. The registered art therapist observed this group and witnessed no awareness from the lay person of the intense experiences that the art materials being used could elicit and an inability to dialogue about these experiences as they arose. The children became highly dysregulated and were ostracized for enacting their trauma, which the art interventions had elicited.

Connecticut Art Therapy Association (CATA)

Evidential Statement of Public Harm

Risk for harm or danger to the health, safety, or welfare of the public can be clearly demonstrated if the practice of the art therapy profession/occupation were to remain unregulated. Examples of actual harm or danger to the health, safety or welfare of the public resulting from the lack of regulation of art therapy include but are not limited to:

Several days following the Sandy Hook Elementary School tragedy, a portrait artist residing in Vermont listed on her website that 'Art Therapy' groups were being held for students of Sandy Hook Elementary. The Vermont artist intended on holding Art Therapy groups for students of Sandy Hook Elementary School to create portraits of the victims and then hold a public art exhibit in Newtown. Despite not having training or credentials in art therapy or any related mental health field, the Vermont artist believed the services she was providing was 'art therapy.' The artist's rationale to organize Sandy Hook Elementary students to create portraits of their murdered classmates needless to say was alarming and would only serve to further traumatize these fragile children.

The public is unaware of such non-professionals who falsely advertise services where no formal training or credentials have been obtained. Many Newtown residents were inundated with mental health services and the various treatment approaches for trauma and grief. Parents were unfamiliar with recommended trauma and mental health approaches and had difficulty making decisions amid such states of shock and grief. It is therefore, imperative to offer bonafide professional services to the public to prevent further devastation through improper and negligent practice by untrained and unlicensed individuals. Similar to any trained profession, wherein service to the public is provided, it is a potential harm to the public to falsely advertise services without holding proper educational training and professional standards. The field of art therapy needs regulation to protect the public especially when navigating through severe devastation and trauma.

A licensed clinical social worker in Wethersfield, Connecticut misdiagnosed a 7 year old girl and believed she was a victim of sexual abuse perpetrated by her father. The diagnosis was made from an overly zealous interpretation of family drawings that did not include hands on the young girl's figure. The licensed social worker misdiagnosed and was treating the client as a victim of sexual abuse based on a single omission of hands. This matter came to my attention after the licensed social worker sought to send me her client drawings to obtain an art therapist's impression. The drawings were normal and developmentally appropriate. Professional training in art therapy underscores the importance of not simply making a diagnosis based solely on art work. Children frequently omit illustrating hands in their pictures for the simple fact that they are difficult to draw. It is alarming that even a licensed practitioner from a related mental health field can cause potential harm when utilizing art therapy techniques and practices with no formal training.

A psychology intern was working in a school with a seven-year-old child who had a history of complex trauma and a diagnosis of posttraumatic stress disorder. The intern used art materials to plaster onto the child's face in an attempt to create a mask. The intern described to the art

therapist the child's subsequent "temper tantrum" and oppositional behaviors with her in therapy and refusal to meet with her. The art therapist, who was also working with the child, had never experienced this behavior from the child when utilizing the art process and art materials and asked the child about the experience. The child became very agitated and upset and described his distress and fear during the mask-making episode with the intern, and the subsequent difficulties he and his parent had removing some of the art material used in the process from his hair for days afterwards. It appears evident here that emotional harm was caused to the child who was re-traumatized by the intern who did not have any expertise or understanding of the art therapy process or materials. Physical harm was also caused by the intern's choice of materials and the pain and suffering the child experienced trying to remove the plaster from his hair. In addition the child's reaction to the experience may have distorted the inexperienced intern's psychological assessment of him by labeling him as resistant, oppositional and defiant, increasing emotional harm.

A psychologist at a community mental health clinic was working with a five-year-old child with a history of complex trauma and a diagnosis of posttraumatic stress disorder. An art therapist was assigned to also work with the child in a school and the psychologist described to the art therapist her experience of giving the child paints and her subsequent surprise and confusion when the child became overwhelmed and agitated and threw the paints all over the treatment room. It appears evident that emotional harm was caused to the child by the psychologist's choice of an art material, which caused emotional regression. In addition the child's physical safety was put in danger when her emotional deregulation created physical deregulation as evidenced by her increased impulsivity and physical agitation. An art therapist is aware of the potential for regression when utilizing specific materials with specific populations.

An art therapist at a drug and alcohol rehabilitation facility described creating art therapy groups for the clients and the staff's insistence that non-art therapist practitioners could facilitate the art therapy groups when the art therapist was absent. The art therapist protested against this but was dismissed and when a non-art therapist practitioner ran the group they provided an art therapy directive that caused one of the clients to de-stabilize and put his recovery at risk indicating significant emotional harm.

Potential Risks of Harm from Unregulated Practice of Art Therapy:

Individuals advertising their services in art therapy without appropriate training and education and using art therapy methods and art materials in their practice without formal clinical training pose significant risk to the emotional stability of the individuals they engage with.

It has been reported that there are a number of mental health programs where BA level case managers with no formal training in art therapy provide art therapy activities to their clients. It has also been reported that there are at least 5 alternative schools with no art therapists on staff that are teaching case managers how to "do" art therapy. It has also been reported that there are several local community mental health agencies that have BA level case managers and non-art therapists providing group art therapy to clients.

This threat to public safety is increasing with the growing numbers of online and university-based programs that claim to provide certificate training and even master's degrees in areas that sound very much like art therapy, but with minimal on-site coursework or only online self-

instruction courses that do not include anything approaching the 60-credit master's degree coursework, clinical internship, post-graduate supervised practice, and national certification required of art therapists.

An excellent example of this is the Art & Creativity for Healing movement that appears to be spreading to many areas of the country and is advertised as "Art4Healing". There is significant risk that persons receiving this training will misrepresent themselves as trained and credentialed art therapists in Connecticut if art therapy is not regulated.

Art can help people because it has power, but that power is not innately helpful. The recognition of the power of art to make inner states real is the basis of the art therapy profession itself and it is the psychological knowledge, experiential learning and clinical skill that art therapists acquire when using art in treatment, that keeps the practice safe.

Art therapists are trained to assess the risk factors in art projects with the vulnerable and seek out clinical supervision with credentialed art therapists to ensure the safety of their clients. Both art and art as therapy carry a risk of harm and is amplified massively when the participant has a vulnerable psychological predisposition. Lack of knowledge, skills and supervisory structures can allow unwitting risk and harm to the public when non-art therapists use art with these vulnerable populations.

There are some programs and practices in Connecticut that show arts and health activities existing in a grey area where creative projects that involve linkage to personal material can become art as therapy by default, with the power of art making the subjective seem real. The non-art therapist practitioner is often not equipped to competently assess this possibility or to manage the outcome and could potentially cause harm.

In addition, someone without appropriate training or an understanding of art therapy ethics can disrupt a client's thinking process and interfere with their emotional regulation when attempting to interpret artwork. Interpretation of artwork is based on criteria learned in training towards an art therapy master's degree, and then in ongoing supervision. Art therapy students in training are taught to be cautious in their interpretations. Students also receive a course in ethics that emphasize this caution as well.

Inaccurate interpretations may negatively influence or jeopardize their clients' emotional stability and their perceptions of themselves and others causing significant harm.

Art Therapy Association of Vermont (ATAV)
Examples of Public Harm

Examples of actual harm or danger to the health, safety or welfare of the public resulting from the lack of regulation of art therapy in Vermont, as reported by members by the Art Therapy Association of Vermont:

An art therapist at a drug and alcohol rehabilitation facility described creating art therapy groups for the clients and the staff's insistence that non-art therapist practitioners could facilitate the art therapy groups when the art therapist was absent. The art therapist protested against this but was dismissed and when a non-art therapist practitioner ran the group they provided an art therapy directive that caused one of the clients to de-stabilize and put his recovery at risk indicating significant emotional harm.

Art therapists begin therapy with the assumption that specific art therapy techniques, interventions and/or materials might already be too powerful for certain populations. The primary concern then is moderation of art-realmness and the art therapist has the necessary competence to assess the effect of the art materials and the process, after substantial experiential learning within a psychological framework that is particular and unique to art therapy training.

A non-art therapist was teaching an undergraduate college course titled *Introduction to Art Therapy* in Vermont. A student in the class complained to faculty who was an art therapist that the non-art therapist instructor was using art therapy techniques and interventions in an experiential manner with the students and causing significant emotional turmoil and distress where students were crying, upset and agitated. The student was advised to consult with the non-art therapist instructor directly about her concerns. The student described the non-art therapist instructor stating that she was not an art therapist and appearing unable to take responsibility for utilizing the art therapy process and techniques in her class and causing emotional harm to the students. A complaint was brought to the dean of the college. This is an example of emotional harm being done to the students in the class and harm to the profession of art therapy when taught by a non-art therapist in an inappropriate and dangerous manner.

A non-art therapist received a 36-credit individualized master's, "mental health counseling and art techniques" degree in Vermont and repeatedly referred to her work as art therapy in her master's thesis and is now advertising her services as art therapist focusing on children with autism spectrum disorder. There is potential for harm here when the non-art therapist utilizes art materials without the experiential training and clinical knowledge of the effect that specific art materials may have on the psychological state of the client. This population is particularly vulnerable as they often experience sensory input as intrusive and threatening and the art materials can exacerbate this increasing emotional distress for the client. Children diagnosed with autism spectrum population already struggle moderating sensory information and it is essential that any professional working with them have a solid and thorough understanding of the art materials they introduce in therapy and the potential for harm.

A non-art therapist, LCMHC, reportedly used her own interpretations of a client's artwork and stated it was evidence of truth in the child's reported and unsubstantiated claims of sexual abuse,

which was revealed during a trauma evaluation and review of the clients records. Harm and danger were caused here where serious allegations, with the possibility of life altering consequences were the result of a non-art therapist using the artwork of a client to diagnosis and assess without any understanding of the art, the art process and training or experience as an art therapist. This is an example of the possibility of significant harm to the health and welfare of the public when non-art therapist practitioners use client artwork to diagnosis, assess and accuse.

Appendix D

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

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

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

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

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

Preamble

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

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

Description of the Profession:

Art Therapy is an integrative mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. Art Therapists use art

media, and often the verbal processing of produced imagery, to help people resolve conflicts, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight. Art and art making are inherently perceptually and sensory based and involve the brain and the body in ways that verbal language does not. Art Therapy provides a means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating health conditions.

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

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

I. Sponsorship

A. Sponsoring Educational Institution

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

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

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

II. Program Goals

A. Program Goals and Outcomes

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

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

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

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

Advisory committee meetings may include participation by synchronous electronic means

C. Minimum Expectations

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

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

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

III. Resources

A. Type and Amount

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

Laboratory should include art studios.

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

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

B. Personnel

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

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

1. Program Director

a. Responsibilities

The Program Director must:

- 1) ensure program effectiveness, including outcomes, organization, administration, continuous review, and curriculum planning and development;
- 2) coordinate and supervise Art Therapy faculty and related professions faculty in both the academic and practicum/internship phases of the program;

A related profession may include Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work and Marriage and Family Therapy.

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.

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

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

b. Qualifications

The Program Director must:

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

A doctoral degree is preferred.

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

2. Art Therapy Faculty

a. Responsibilities

Art Therapy faculty must:

- 1) provide instruction in Art Therapy curriculum content and competencies as described in Appendix B;
- 2) supervise and make timely assessments of students' progress in achieving acceptable program requirements;
- 3) evaluate and develop program curriculum, policies and procedures; and
- 4) when providing supervision of students during practicum/internship experiences,
 - a) review asynchronous recordings and/or live supervision of students' interaction with clients; and

- b) document and assess student performance and competency throughout any internship experience and upon completion of the practicum/internship experience.

b. Qualifications

Art Therapy faculty must:

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

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

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

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

3. Related Professions Faculty

a. Responsibilities

Related professions faculty must:

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

b. Qualifications

Related professions faculty must:

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

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

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

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

4. Practicum/Internship Coordinator

a. Responsibilities

The practicum/internship coordinator must:

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

b. Qualifications

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

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

5. Practicum/Internship Site Supervisors

a. Responsibilities

Practicum/Internship site supervisors must:

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

b. Qualifications

Practicum/internship site supervisors must:

- 1) possess knowledge of the program's expectations, requirements, and evaluation procedures for students, and have received training in

supervision; and

- 2) possess registration or national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA) or possess a master's level professional license or certification in a related mental health field.

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

C. Curriculum

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

Laboratory should include art studios

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

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

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

D. Resource Assessment

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

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

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

2. Documentation

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

B. Outcomes

1. Outcomes Assessment

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

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

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

2. Outcomes Reporting

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

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

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion