

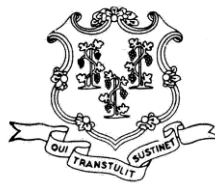


Report to the General Assembly

Scope of Practice Review Committee Report on
Art Therapists

Raul Pino, MD, MPH, Commissioner

February 1, 2019



State of Connecticut
Department of Public Health
410 Capitol Avenue
P.O. Box 340308
Hartford, CT 06134-0308

State of Connecticut
Department of Public Health
Report to the General Assembly

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Art Therapists

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Executive Summary

In accordance with Connecticut General Statutes (CGS) Section 19a-16d through 19a-16f, the Connecticut Art Therapy Association (CATA) submitted a scope of practice request to the Department of Public Health to create a Clinical Art Therapist license.

A scope of practice review committee was established to review and evaluate the request as well as subsequent written responses to the request and additional information that was gathered through the review process. The committee did not oppose the concept of licensure for art therapists, but felt strongly that the term art therapy should not be restricted to art therapists.

In reviewing and evaluating the information presented, the scope of practice committee focused on assessing any public health and safety risks associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Although the committee met once, the group was supportive of the concept of licensure of art therapists in Connecticut.

Background

Connecticut General Statute Section 19a-16d through 19a-16f establishes a process for the submission and review of requests from health care professions seeking to revise or establish a scope of practice prior to consideration by the General Assembly. Under the provisions of these statutes, persons or entities acting on behalf of a health care profession that may be directly impacted by a scope of practice request may submit a written impact statement to the Department of Public Health. The Commissioner of Public Health shall, within available appropriations, establish and appoint members to a scope of practice review committee for each timely scope of practice request received by the Department. Committees shall consist of the following members:

1. Two members recommended by the requestor to represent the health care profession making the scope of practice request;
2. Two members recommended by each person or entity that has submitted a written impact statement to represent the health care profession(s) directly impacted by the scope of practice request;
3. The Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, non-voting member of the committee.

Scope of practice review committees shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. Upon concluding its review and evaluation of the scope of practice request, the committee shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The Department of Public Health (DPH) is responsible for receiving requests and for establishing and providing support to the review committees, within available appropriations.

Scope of Practice Request

The Connecticut Art Therapy Association (CATA) submitted a request for the Department to convene a scope of practice review committee to consider licensure of art therapists and regulation by the state of Connecticut.

Currently, art therapists have title protection and statutory recognition pursuant to CGS Section 20-195mm that defines art therapy and art therapists, and limits the use of the title “art therapist” to individuals certified by the Art Therapy Credentials Board.

Although this statutory recognition provides certain protections for the public, The Connecticut Art Therapy Association continues to view licensure and additional state regulation as an immediate need to protect vulnerable populations from being misled and inappropriately served by unqualified individuals and to assure the competent, safe, and ethical practice of art therapy. They believe that licensure of clinical art therapists will increase the number of qualified and licensed professionals to meet Connecticut’s growing need for mental health services, add diversity and innovation in mental health services available to consumers, and assure that people in need of art therapy services receive them from appropriately trained and qualified clinical art therapists.

Impact Statements and Responses to Impact Statements

The Connecticut Hospital Association (CHA) and the Connecticut Occupational Therapy Association submitted impact statements requesting to participate on the review committee. Each organization's letter and the CATA responses are included in the appendices.

CHA expressed that this scope of practice change will impact the delivery of care for all patients, including children and seniors, by placing limits on the use of these modalities, narrowing how and by whom the work is performed, and requiring hospitals to revise their policies. The Connecticut Occupational Therapy Association (ConnOTA) submitted an impact statement requesting to participate on the review committee. Since occupational therapists use art modalities for assessment and treatment with individuals and groups, ConnOTA is concerned that the language in the proposed scope of practice reflects aspects of performance traditionally addressed by occupational therapists.

Scope of Practice Review Committee Membership

In accordance with the provisions of Connecticut General Statute 19a-16e, a scope of practice review committee was established to review and evaluate the scope of practice request submitted by The Connecticut Association of Addiction Professionals. Membership on the scope of practice review committee included representation from:

1. The Connecticut Hospital Association (CHA);
2. The Connecticut Occupational Therapy Association (ConnOTA); and
3. The Commissioner's designee (chairperson and ex-officio, non-voting member).

Scope of Practice Review Committee Evaluation of Request

Health & Safety Benefits

The CATA believes that licensure will make the benefits of art therapy more widely available to consumers in the state.

Although the current statutes related to art therapy define the term and restricts who may call themselves and art therapist, the CATA believes that licensure will assure that the anticipated benefits of art therapy are provided by appropriately trained and qualified professionals.

The CATA asserts that the threat of public harm from untrained practice of art therapy has increased in recent years due to 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.

Committee participants did not oppose the concept of licensure and additional regulation of clinical art therapists as licensure would give the Department of Public Health the authority to regulate and discipline art therapists.

The CATA asserts that 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. The CATA believes that unqualified practitioners have the potential of doing more harm to an already fragile person seeking what they believe to be clinical services.

The CATA also believes that without licensure and additional regulation of art therapists the public will continue to be at risk from individuals without adequate training, or no formal training at all, misrepresenting themselves as art therapists and as qualified to provide art therapy services.

Access to Healthcare

The CATA claims that licensure and regulation of Clinical Art Therapists would have a significant impact on the public's ability to access art therapy services and improve access to mental health services. The CATA asserts that:

- Licensure will increase the supply of qualified art therapy practitioners in Connecticut.
- Licensure and regulation will increase public awareness of the availability and benefits of art therapy and identify practitioners who are qualified to provide art therapy services.
- Consumers will be able to identify and obtain services directly from licensed art therapists.
- Licensure could reduce the delay in obtaining appropriate care, as well as unnecessary costs for consumers who have had ineffective treatments prior to receiving art therapy services.

Laws Governing the Profession

Chapter 383g of the Connecticut General Statutes defines art therapy and the qualifications necessary for someone to use the title art therapist.

Current Requirements for Education and Training and Applicable Certification Requirements

Art therapy master's level education includes theories of personality, group and family therapy, appraisal and evaluation, therapeutic knowledge and skills, and multicultural diversity competence. The education also requires training in studio art (drawing, painting, sculpture, etc.), the neurobiological implications of art-making, the creative process, and art therapy assessment methods.

To qualify for admission, students must meet prerequisite requirements of college level training in psychology and studio art. Students must then complete a minimum of 60 credit hours of coursework, as well as 100 hours of supervised practicum and 600 hours of supervised art therapy internship.

Professional entry into the art therapy profession requires a national credential from the Art Therapy Credentials Board (ATCB). National requirements include, at a minimum:

- A master's degree (from a program approved by the American Art Therapy Association or equivalent mental health education programs approved by the Art Therapy Credentials Board);

Extensive post-graduate clinical experience under the supervision of credentialed art therapists - 1,000 hours of supervised practice in direct contact with clients. (Supervision must include a minimum of 100 hours of direct supervision, at least half of which must be provided by a credentialed Art Therapy Certified Supervisor (ATCS) or Board Certified Art Therapist [ATR-BC]).

Registered art therapists who subsequently pass the ATCB's proficiency examination qualify as board certified art therapists and hold the ATR-BC credential. To maintain ATCB board certification, art therapists must comply with a renewal process that requires the equivalent of 20 hours of approved continuing education each year. All credentialed art therapists also must adhere to the ATCB's Code of Ethics, Conduct and Disciplinary Procedures.

Although the ATCB provides many public protections through its certification, and the Connecticut General Statutes define art therapy and restrict who may call themselves an art therapist, the CATA believes that additional regulation added by licensure is necessary for public protection.

Summary of Known Scope of Practice Changes

Public Act 16-66 defined art therapy, art therapists, limited who may call themselves an art therapist, established the misuse of the title "art therapist" by an unqualified person as a class D felony, and provided exceptions to the provisions for certain individuals. This public act was codified in Connecticut General Statutes Section 20-195mmm.

The CATA has attempted over several years to establish licensure and further define the scope of practice for clinical art therapy through the Department's review process and legislation.

Impact on Existing Relationships within the Health Care Delivery System

Members of the scope of practice review committee expressed concern that the CATA proposal would unnecessarily prohibit otherwise qualified and licensed professionals from using art therapy, or even the term art therapy, within their work. The other organizations that participated on the committee believe that any statutory language should not exclude other qualified licensed professionals, acting within their scopes of practice, from incorporating art therapy and using that term in their work. However, the CATA believes that the term "art therapy" should be restricted to licensed art therapists and suggested other professions use terms like "therapeutic art".

Although the other committee members had concerns about restrictions within the proposal, the CATA anticipate that proposed licensure of clinical art therapists will have minimal effect on existing relationships within the state's health care delivery system. The CATA cites that many art therapists in the state are currently employed in many venues including state agencies, community mental health centers, private clinics, senior centers, correctional facilities, as part of interdisciplinary teams in children's hospitals and cancer centers, school districts where they work closely with teachers, administrators, and parents in coordinating and providing individualized instructional support services for students with disabilities. The CATA believes that most of these relationships are unlikely to change with licensure and regulation of art therapists.

Economic Impact

The CATA believes that licensure of art therapists will have minimal economic impact. Since many art therapists are employed by state agencies, hospitals, community mental health centers, private clinics, school districts, and correctional facilities, the CATA believe that 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. The CATA believes that the overall cost of art therapy services to the public is unlikely to change significantly with the proposed licensing and regulation, and may actually be reduced, in response to changes in the market for mental health services and the delivery and payment of art therapy services.

Regional and National Trends

The CATA provided information showing that twelve states currently license art therapists with separate art therapist licenses or under related creative arts, professional counseling, or psychotherapy licenses. Four additional states have enacted legislation or administrative regulations recognizing art therapists for purposes of state hiring and/or title protection. In the majority of states, art therapists are able to qualify for licensure as professional counselors.

The CATA asserts that a factor prompting the need for separate art therapy licensure in many states has been the loss of access to licensure as other mental health professions continue to define or clarify professional identities with increasingly restrictive educational, clinical experience, and examination requirements.

The CATA points to recent legislation approved by the General Assembly and signed by the Governor indicates that licensure as professional counselors may not be a viable option for art therapists in the future.

Other Health Care Professions that may be impacted by the Scope of Practice Request as Identified by the Requestor

The CATA described that it has heard from other professions that perceive that an art therapy license might impact their scope of practice and the services they are able to provide to clients. In particular, the CATA heard from occupational therapists, social workers, and school psychologists who express concerns that art therapy licensure could restrict them from using art and art materials in their practices.

The CATA is aware that psychologists in Connecticut and other states have expressed concerns with art therapists' ability to engage in diagnosis and treatment of serious mental health problems or disorders, and particularly serious mental illness. However, no representative from the psychology profession submitted an impact statement related to this process.

During the review committee discussion, the CHA and ConnOTA expressed concern that the term art therapy would be linked to only art therapists and asserted the desire for very specific exemption language regarding other licensed professions should legislative proposal be initiated.

Description of How the Request Relates to the Professions Ability to Practice to the Full Extent of the Profession's Education and Training

The CATA believes that without a defined scope of practice and separate art therapist licensure, it will be increasingly difficult to obtain licenses and practice in Connecticut. The CATA describes that, although many years ago, when the counseling profession lobbied for licensure in Connecticut, they recruited mental health professionals in other related fields to gain increased numbers and political support. During that time, many art therapists in the state submitted applications and their transcripts and certifications to be grandfathered under the enacted legislation and became licensed as professional counselors. However, the CATA argues that licensure under other mental health professions also has proven to be a short-term solution for art therapists as these professions have revised qualifications to include increasingly restrictive educational requirements to limit art therapists access to these licenses.

Findings/Conclusions

The scope of practice committee met on November 20, 2018 and completed its deliberations at this meeting.

The scope of practice review committee reviewed the information in the Connecticut Art Therapists Association (CATA) scope of practice request. The scope of practice committee's evaluation of the proposal focused on assessing potential health and safety benefits associated with the request, whether the request enhances access to quality and affordable health care, the potential economic impact of the request, and how the request might enhance the ability of the profession to practice to the full extent of the profession's education and training.

The art therapists request licensure, as they view this as the highest form of regulatory oversight and an important mechanism to protect vulnerable populations from being misled and inappropriately served by unqualified individuals, and to assure competent, safe, and ethical practice of art therapy.

Although the Art Therapy Credential's Board and current statute create public protections related to qualification of an art therapist and who may call themselves an art therapist, the CATA believes that licensure will secure:

- Protection to the public and ensure those in need of services receive services from qualified clinical art therapists;
- Quality art therapy services by specifically trained, qualified, and experienced providers;
- A distinct service and reimbursement code under public and private insurance for which art therapists are qualified; and
- Recognition of art therapists as an important, unique mental health profession contributing to state-wide mental wellness.

Committee members expressed no opposition to the concept of licensing art therapists. However, the area of disagreement between the CATA and the other organizations on the committee was the CATA proposed restriction on the use of the term "art therapy".

The CATA feel strongly that the term art therapy should be restricted to art therapists and claimed no objection to other professions offering art activities during their work. However, the CATA suggested that other professions use alternate terms such as "therapeutic", "expressive" or "recreational" art. The other members of the committee expressed objection to the portion of the proposal that restricts the use of the term "art therapy" to art therapists.

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Appendix A

Scope of Practice Law

Scope of Practice Law

Connecticut General Statutes

19a-16d - 19a-6f

Sec. 19a-16d. Submission of scope of practice requests and written impact statements to Department of Public Health. Requests for exemption. Notification and publication of requests. (a) Any person or entity, acting on behalf of a health care profession that seeks to establish a new scope of practice or change a profession's scope of practice, may submit a written scope of practice request to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(b) (1) Any written scope of practice request submitted to the Department of Public Health pursuant to subsection (a) of this section shall include the following information:

(A) A plain language description of the request;

(B) Public health and safety benefits that the requestor believes will be achieved should the request be implemented and, if applicable, a description of any harm to public health and safety should the request not be implemented;

(C) The impact that the request will have on public access to health care;

(D) A brief summary of state or federal laws that govern the health care profession making the request;

(E) The state's current regulatory oversight of the health care profession making the request;

(F) All current education, training and examination requirements and any relevant certification requirements applicable to the health care profession making the request;

(G) A summary of known scope of practice changes either requested or enacted concerning the health care profession in the five-year period preceding the date of the request;

(H) The extent to which the request directly impacts existing relationships within the health care delivery system;

(I) The anticipated economic impact of the request on the health care delivery system;

(J) Regional and national trends concerning licensure of the health care profession making the request and a summary of relevant scope of practice provisions enacted in other states;

(K) Identification of any health care professions that can reasonably be anticipated to be directly impacted by the request, the nature of the impact and efforts made by the requestor to discuss the request with such health care professions; and

(L) A description of how the request relates to the health care profession's ability to practice to the full extent of the profession's education and training.

(2) In lieu of submitting a scope of practice request as described in subdivision (1) of this subsection, any person or entity acting on behalf of a health care profession may submit a request for an exemption from the processes described in this section and section 19a-16e. A request for exemption shall include a plain language description of the request and the reasons for the request for exemption, including, but not limited to: (A) Exigent circumstances which necessitate an immediate response to the scope of practice request, (B) the lack of any dispute concerning the scope of practice request, or (C) any outstanding issues among health care professions concerning the scope of practice request can easily be resolved. Such request for exemption shall be submitted to the Department of Public Health not later than August fifteenth of the year preceding the commencement of the next regular session of the General Assembly.

(c) In any year in which a scope of practice request is received pursuant to this section, not later than September fifteenth of the year preceding the commencement of the next regular session of the General Assembly, the Department of Public Health, within available appropriations, shall: (1) Provide written notification to the joint standing committee of the General Assembly having cognizance of matters relating to public health of any health care profession that has submitted a scope of practice request, including any request for exemption, to the department pursuant to this section; and (2) post any such request, including any request for exemption, and the name and address of the requestor on the department's web site.

(d) Any person or entity, acting on behalf of a health care profession that may be directly impacted by a scope of practice request submitted pursuant to this section, may submit to the

department a written statement identifying the nature of the impact not later than October first of the year preceding the next regular session of the General Assembly. Any such person or entity directly impacted by a scope of practice request shall indicate the nature of the impact taking into consideration the criteria set forth in subsection (b) of this section and shall provide a copy of the written impact statement to the requestor. Not later than October fifteenth of such year, the requestor shall submit a written response to the department and any person or entity that has provided a written impact statement. The requestor's written response shall include, but not be limited to, a description of areas of agreement and disagreement between the respective health care professions.

Sec. 19a-16e. Scope of practice review committees.

Membership. Duties. (a) On or before November first of the year preceding the commencement of the next regular session of the General Assembly, the Commissioner of Public Health shall, within available appropriations allocated to the department, establish and appoint members to a scope of practice review committee for each timely scope of practice request submitted to the department pursuant to section 19a-16d. Committees established pursuant to this section shall consist of the following members: (1) Two members recommended by the requestor to represent the health care profession making the scope of practice request; (2) two members recommended by each person or entity that has submitted a written impact statement pursuant to subsection (d) of section 19a-16d to represent the health care professions directly impacted by the scope of practice request; and (3) the Commissioner of Public Health or the commissioner's designee, who shall serve as an ex-officio, nonvoting member of the committee. The Commissioner of Public Health or the commissioner's designee shall serve as the chairperson of any such committee. The Commissioner of Public Health may appoint additional members to any committee established pursuant to this section to include representatives from health care professions having a proximate relationship to the underlying request if the commissioner or the commissioner's designee determines that such expansion would be beneficial to a resolution of the issues presented. Any member of such committee shall serve without compensation.

(b) Any committee established pursuant to this section shall review and evaluate the scope of practice request, subsequent written responses to the request and any other information the

committee deems relevant to the scope of practice request. Such review and evaluation shall include, but not be limited to, an assessment of any public health and safety risks that may be associated with the request, whether the request may enhance access to quality and affordable health care and whether the request enhances the ability of the profession to practice to the full extent of the profession's education and training. The committee, when carrying out the duties prescribed in this section, may seek input on the scope of practice request from the Department of Public Health and such other entities as the committee determines necessary in order to provide its written findings as described in subsection (c) of this section.

(c) The committee, upon concluding its review and evaluation of the scope of practice request, shall provide its findings to the joint standing committee of the General Assembly having cognizance of matters relating to public health. The committee shall provide the written findings to said joint standing committee not later than the February first following the date of the committee's establishment. The committee shall include with its written findings all materials that were presented to the committee for review and consideration during the review process. The committee shall terminate on the date that it submits its written findings to said joint standing committee.

Sec. 19a-16f. Report to General Assembly on scope of practice review processes. On or before January 1, 2013, the Commissioner of Public Health shall evaluate the processes implemented pursuant to sections 19a-16d and 19a-16e and report to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on the effectiveness of such processes in addressing scope of practice requests. Such report may also include recommendations from the committee concerning measures that could be implemented to improve the scope of practice review process.

Appendix B
Committee Membership
Art Therapy
Committee Membership

All participating organizations are reflected; however, substituted individual committee members may not be listed.

Name of Organization	Committee Members
CT Department of Public Health (DPH)	Christian Andresen, Chairperson, Ex-Officio Karen G. Wilson
CT Art Therapy Association (CATA)	Ellie Nicol, ATR-BC Kendra Carlson, ART-BC
CT Occupational Therapy Association (ConnOTA)	Joan Sauvigne-Kirsche, EdD., ORT/L Morgan Villano
CT Hospital Association (CHA)	Karen Buckley Brian Cournoyer

Appendix C



July , 2018

Meghan Bennett
Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations Section
Department of Public Health
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, Connecticut 06134

Re: *Scope of Practice Review Request for licensure of Art Therapists*

Dear Ms. Bennett,

On behalf of the Connecticut Art Therapy Association, we are writing to submit documentation for a scope of practice review to accompany legislation to create a Clinical Art Therapist license. Art therapists who reside or work in Connecticut seek to obtain a defined scope of practice and state licensure for clinical practice of art therapy to enhance public health and safety by establishing qualifications for professional practice and promoting competent and safe practice of art therapy through state regulation.

Our request for scope of practice review is being submitted in compliance with the requirements of Connecticut General Statutes, Section 19a-16d through 19a-16f, inclusive, which provides for review of requests from health care professions seeking to establish a defined scope of practice in advance of consideration by the General Assembly. Our Association has previously submitted Scope of Practice Review Requests in 2015, 2016 and 2017. Unfortunately, these were not selected for review due to limited departmental resources available for such requests. We continued to pursue legislative action in 2016, gaining unanimous support of the Public Health Committee for legislation providing for separate licensure of both art therapists and music therapists. However, a budgetary impasse prevented enactment of any legislation requiring state expenditures to implement new licenses and programs, resulting in enactment of House Bill No. 5537 that added Section 20-195mm to the general statutes to define art

therapy for purposes of Connecticut law and limit use of the title “art therapist” to individuals holding national art therapist certification.

Art therapists in Connecticut continue to view licensure and state regulation as an immediate need to protect vulnerable populations from being misled and inappropriately served by unqualified individuals and to assure competent, safe, and ethical practice of art therapy. We believe that licensure of clinical art therapists will increase the number of qualified and licensed professionals to meet our state’s growing need for mental health services, add diversity and innovation in mental health services available to consumers, and assure that people in need of art therapy services receive them from appropriately trained and qualified clinical art therapists.

The Connecticut Art Therapy Association respectfully submits the following information and documentation in support of our scope of practice review request. We look forward to working with you.

Sincerely,

Emily Reim Ifrach, ART-BC, LPC, President

Ellie Nicol, ATR-BC, Past President



Request for Scope of Practice Determination for Professional Practice of Art Therapy

Submitted to:

Healthcare Quality and Safety Branch
Practitioner Licensing and Investigations Section
Connecticut Department of Public Health

August 2018

Connecticut Art Therapy Association

Contact:

Ellie Nicol, ATR-BC, Past President
Family Study Center, Inc.

57 North Street, Suite 419 Danbury, Connecticut 06810
ellie758@gmail.com

Connecticut Art Therapy Association Scope of Practice Determination Request

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Summary of scope of practice provision in other states.
- 11) Identification of other professions directly affected by licensure and its anticipated impact
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- A. Public Risks from Untrained Practice of Art Therapy
- B. CAAHEP Education Standards for Art Therapy Programs
- C. Sample ATCB Agreement for services to State Licensing Boards
- D. ATCB Code of Ethics, Conduct and Disciplinary Procedures
- E. Summary of State Regulation of Art Therapists

F. Scope of Practice for Professional Art Therapy

Introduction: The Art Therapy Profession

Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative processes, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapy, facilitated by a professional art therapist, is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, reduce and resolve conflicts and distress, and enhance social functioning.

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

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

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

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

Therapeutic use of art was defined and developed into a discipline, first in England in the 1940s, then in the United States during the 1950s in pioneering art therapy programs at the National Institutes of Health, Menninger Foundation, Hahnemann Hospital in Philadelphia, and other distinguished medical institutions. By the 1960s, hospitals, clinics and rehabilitation centers increasingly began to include art therapy programs in addition to traditional “talk therapies,” recognizing that the creative process of art-making enhances recovery, health and wellness. Today, nearly 5,000 professional art therapists hold national art therapy credentials from the Art Therapy Credentials Board, Inc., and many new qualified art therapists graduate each year from the thirty-nine approved art therapy master’s degree programs located in twenty states and Canada. The profession is in the process of transitioning to independent national accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP), with the first programs receiving accreditation in early 2019.

1). Plain language description of the request for scope of practice review

The Connecticut Art Therapy Association is seeking to establish a professional scope of practice for purposes of licensure and regulation by the state of Connecticut that appropriately reflects the highly specialized academic and clinical training required for competent, safe, and ethical practice of clinical art therapy and that will allow licensed art therapists to practice to the full extent of their education and professional training.

Despite enactment of legislation in 2016 providing protections against unauthorized use of the title “art therapist,” the practice of art therapy in Connecticut continues to be largely unregulated. Anyone claiming expertise to practice art therapy, therapeutic art, art for healing, arts in medicine, or other practices that are intended to appear to the public as art therapy have been able to do so regardless of their professional training and credentials. This continues to add to the public’s confusion about what art therapy involves and which practitioners are qualified to provide art therapy services. It also continues the potential risk that persons seeking art therapy services will encounter harm from individuals using art therapy methods and art materials without adequate or appropriate training. Potential risks include misinterpreting or ignoring assessments that a practitioner has not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to treat or control. The potential for harm in these situations is magnified where a client may have a vulnerable psychological predisposition.

Licensure and regulation of clinical art therapists is needed to establish qualifications and standards for practice of professional art therapy in Connecticut, to prevent individuals without appropriate training from misrepresenting themselves as qualified to practice art therapy, and to assure the public that art therapy services will be available only from appropriately trained, qualified and licensed professionals.

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

There are tremendous healing benefits in the application of art therapy with evidenced-based findings on its efficacy. Art therapy is action-oriented and experientially based. Such inherent

qualities differentiate it from more traditional forms of therapy and make it particularly effective for people of all ages and with conditions as diverse as cancer, autism, depression and posttraumatic stress. As noted previously, the American Medical Association's *Health Professions Career and Education Directory* has identified art therapy "as a parallel and supportive therapy for almost any medical condition."

Art therapy has been shown to be particularly effective with children experiencing psychological conditions including anxiety, depression, trauma, abuse and neglect. Art therapy is often used in a variety of medical and clinical settings to address the physical and emotional needs of children through educational and healing art experiences that help to overcome fear, build trust, and allow children to see themselves as active partners in the healing process. Children often find nonverbal 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 Therapy was and continues to play a big part in the healing of children and families affected by the shooting at Sandy Hook Elementary School on 12/14/12. In fact, together with master's level music therapists, art therapists are the only non-licensed mental health profession listed as a reimbursable trauma treatment by the Newtown Collaborative Recovery Fund Reimbursements for "licensed" mental health providers.

Licensing and regulation of clinical art therapists will make the benefits of art therapy more widely available to consumers in the state and assure that the anticipated benefits of art therapy are provided by appropriately trained and qualified professionals. The benefits of art therapy, as well as the methods employed, can differ depending on the setting and the 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 art therapists as part of interdisciplinary teams where art therapy complements and informs the work of other medical, mental health and allied health professionals.
- Art therapy programs with cancer patients seek to reduce emotional distress, helping patients regain an identity outside of being a cancer patient, ease the emotional pain of their on-going fight with cancer, and give them hope for the future.
- Art therapists working with veterans and service members who suffer traumatic brain injuries, post-traumatic stress and psychological health conditions seek to empower their clients to express their experiences through a wide variety of art forms and materials that allow them to control the pace and process of their treatment and to gradually transform cognitions, emotions, and recollections of combat experiences. Art therapy avoids the stigma of traditional mental

health counseling for many veterans and allows them to work through their trauma, anger or depression in a supportive and non-judgmental environment.

- Art therapy in educational settings can be tailored to support academic and social or emotional needs or requirements. Art therapy is recognized as an integral part of special education services available for children with physical, mental, or behavioral disabilities, especially children who fear talking with adults, who don't speak English or have limited vocabularies. A student's individualized art therapy treatment plan may address a variety of goals relating to improving cognitive growth, emotional control, mastery of sensory-motor skills, reducing anxiety, increasing self-esteem, or positive adjustment to the classroom experience.
- Art therapy plays an important role in treatment plans for elderly persons suffering from Alzheimer's and other forms of dementia. While not halting the progress of the disease, it has been proven to help maintain maximum possible functioning, decrease isolation, lessen aggressive behavior, and facilitate both verbal and non-verbal communication. Individual case studies describe how art therapy can awaken patients in cognitive decline by stimulating senses with bright colors and textured materials, triggering dormant memories, and encouraging alternative avenues of expression.

Art therapy recognizes the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client's psychological disposition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy master's degree training. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner. Individuals using art therapy methods in their mental health practice without appropriate or adequate academic and clinical training pose significant risk to the emotional stability of their clients.

Harm or potential for harm exists when practitioners lack the specialized training to recognize mental health illness symptoms and features or "graphic indicators" in the process of art making that suggest that a patient or client may be at risk to harm themselves or others. Art is a wonderful expressive tool, and trained art therapists know how to appropriately respond to a client's artwork. Indicators in the art can reflect when a client is at risk of decompensation among other causes.

For example, while leading an art therapy group for chronically mental ill adults, a Bridgeport, board certified art therapist noticed a change in the artwork of a young man in the group. Instead of his typical cohesively created drawings, images were fragmented, chaotic and different from his usual art. He had a history, at times, of not taking his prescribed anti-psychotic medication and becoming a risk to himself. The change in his art was the first clue that he was non-compliant once again and it was apparent through the art before changes in his behavior took place. An intervention was made by his psychiatric team to get him back on his medication before he could hurt himself. These images would have likely gone unnoticed by a practitioner not adequately trained as an art therapist.

Another example of potential harm to the public occurred after the 2014 shooting at Sandy Hook School. 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 the Sandy Hook students to create portraits of their classmates who were victims of the shooting 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 ability to know instinctively how art might interact with an individual's psychological composition is a competency that must be gained through substantial experiential learning that is unique to art therapy education and training.

Additional sources of harm arise when practitioners make assessments based on artwork they have not been trained to interpret, ignore important indicators in a client's art or behavior, or elicit responses from clients that they are not properly trained to interpret or treat. Recent Connecticut examples include:

- A licensed clinical social worker in Wethersfield, Connecticut misdiagnosed a seven-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 showing the young girl's figure without hands. 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 an art therapist's attention after the social worker sought to send her the 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.
- 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 an 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.
- 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. A trained 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.
- There have been numerous examples of practitioners attempting to do body tracings with school-age children despite the fact that many of the children have trauma histories, which often include sexual abuse. Children who have been sexually and/or physically abused are easily threatened by any physical contact, or the likelihood of such contact, 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 child 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 children might become overwhelmed with a terrifying experience of mind-as reality.

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-reality, a competency that art therapists obtain through substantial experiential learning within a psychological framework that is particular to master's level art therapy training.

The threat of public harm from untrained practice of art therapy has increased in recent years with 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. These programs typically require minimal on-site coursework and clinical training, and often only on-line self instruction, that do not include anything approaching the academic coursework, clinical training, supervised practice and national credentials required of professional art therapists (*A discussion and examples of these programs is included as Attachment A*).

The public has been made aware of the numerous instances where individuals have falsely advertised art therapy or mental health services without appropriate training or recognized credentials. Many residents of Newtown were inundated with offers of mental health services and various treatment approaches for trauma and grief. Parents unfamiliar with recommended trauma and mental health approaches had

difficulty determining the qualifications of persons making these offers and making decisions while in a state of extreme shock and grief.

A review of the online listing of Connecticut mental health practitioners on the *Psychology Today* website (<https://www.psychologytoday.com/us/therapists/art-therapy/connecticut>) will show numerous practitioners who claim art therapy as a treatment approach, but few with graduate-level professional training in art therapy. Similarly, CATA has been made aware of several community mental health agencies in the state that have claimed to provide group art therapy for clients even though they have only have bachelor-level case managers and no trained art therapist on staff.

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. Without licensure and regulation of art therapists the public will continue to be at risk from individuals without adequate training, or no formal training at all, misrepresenting themselves as art therapists and as qualified to provide art therapy services.

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

Licensure and regulation of Clinical Art Therapists would have a significant impact on the public's ability to access art therapy services and improve access to mental health services generally. Licensure will increase the supply of qualified art therapy practitioners in Connecticut in several ways: it will encourage graduates of the Albertus Magnus College graduate art therapy program to remain and practice in Connecticut; it will encourage former program graduates who have sought licensure and employment in other states to return; and it will attract art therapists from neighboring states without licenses to relocate and practice in Connecticut. These art therapists will increase the number of licensed professionals who are qualified to address the state's growing need for mental health services, helping to restrain increases in cost of services that might otherwise result from continued shortages of qualified professionals.

Licensure and regulation will increase public awareness of the availability and benefits of art therapy and identify practitioners who are qualified to provide art therapy services. Currently, many persons receiving art therapy services are referred by psychiatrists, primary health providers and other mental health practitioners who recognize a patient's need for more specialized care. Recognition of clinical art therapists as licensed practitioners will allow more clients to obtain services directly from art therapists without having to pay the additional costs of initial consultations and referrals charged by other licensed professionals.

Art therapists also are consulted by clients or client's families that have previously tried different treatments or therapies that have proven to be inappropriate or ineffective. Allowing consumers to identify and obtain services directly from licensed art therapists could reduce the delay in obtaining appropriate care, as well as unnecessary costs, for consumers who have had to experiment with ineffective treatments before learning about art therapy. Regulation by the state also would prevent individuals without qualifying education and professional experience from representing themselves

to the public as licensed or qualified to practice art therapy, allowing consumers to avoid the time and cost they might otherwise spend on treatments that are ineffective and potentially harmful.

4). A brief summary of state and federal laws governing the profession.

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

Only one law governs art therapy practice or the profession in Connecticut. The General Assembly approved Substitute House Bill No. 5537 (Public Act 16-66) during the 2016 legislative session which added a new Section 19a-16d through 19a-16f to the Connecticut General Statutes to define art therapy for purposes of Connecticut law as a clinical and evidence-based practice performed by a individual holding a degree in art therapy from an accredited institution of higher education and national board certification with the Art Therapy Credentials Board, Inc.. It also prohibited use of the titles “art therapist” or “certified art therapist” by persons without appropriate degrees and national certification, and prohibits use any words, letters, or abbreviations that might indicate or imply to the public that a person is a certified art therapist. Violations of these prohibitions are determined as class D felonies. Public Act 16-66 was amended during the most recent (2018) legislative session to clarify that qualifying degrees must be at the graduate (master’s or doctoral) level.

5). The state’s current regulatory oversight of the profession.

Other than the limitation on practice of art therapy and title protection provided in Public Act 16-66, noted above, there is no ongoing regulatory oversight of the art therapy profession in Connecticut.

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

National requirements for professional entry into the practice of art therapy include, at minimum, a master's degree and extensive post-graduate clinical experience under the supervision of credentialed art therapists—a process which typically requires a minimum of four years. Some art therapists also have a doctorate degree. Because of the uniqueness of the study and practice of art therapy, practitioners must be trained within an approved art therapy master’s degree program recognized by the American Art Therapy Association, or equivalent mental health education programs approved by Art Therapy Credentials Board. The Association has approved thirty-nine art therapy master’s degree programs at thirty-five accredited colleges and universities in twenty states, Canada, and the District of Columbia. A program for independent accreditation of art therapy master’s degree programs by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) was initiated in 2016 and will award its first program accreditations in early 2019.

Art therapy master’s level education shares a common foundation with other mental health professions in the study of human psychological development, theories of personality, group and family therapy, appraisal and evaluation, therapeutic knowledge and skills, and multicultural diversity competence. However, it also requires training in studio art (drawing, painting, sculpture, etc.), the neurobiological implications of art-making, the creative process, and art therapy assessment methods. To qualify for admission, students must meet prerequisite requirements of college level training in psychology and studio art. Students must then complete a minimum of 60 credit hours of

coursework, as well as 100 hours of supervised practicum and 600 hours of supervised art therapy internship.

A distinguishing element of art therapy master's program training is its focus on parts of the brain where non-verbal memories are stored. Where psychologists, social workers, and counselors are trained to employ interventions that primarily target the left hemisphere of the brain that controls speech, professionally trained art therapists target the right hemisphere with interventions that stimulate the brain's tactile-haptic, visual sensory and perceptual channels. Right hemisphere therapy is important for mental well-being because it is where emotions are processed. Art therapists are trained to understand how and when to probe a clients' emotions and to help them process information through both cognitive and verbal channels.

Art therapy graduate training also is distinct in its emphasis on imagery and art-making. Students are trained to understand the science of imagery and of color, texture, and art media and how these can calm or bring closure to clients. The art therapy curriculum includes course content based on two underlying theories: the Expressive Therapies Continuum which guides decision making processes in art therapy practice, and the premise that focused art making constitutes reflective practice and facilitates learning. The graduate curriculum also encourages students' immersion in their own art practice, and art-based learning is integrated into all courses and clinical supervision.

Program and curriculum standards for art therapy master's programs were established in 2007 and have provided the basis for program approval by the American Art Therapy Association's Educational Programs Approval Board (EPAB) through 2016. The standards will continue to apply to programs with unexpired EPAB approval through a five-year transition to a new program of external accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). The 2007 standards were revised and expanded by the Association's Education Committee in 2016 for purposes of establishing an art therapy accreditation program within the CAAHEP accreditation system. The CAAHEP Board formally approved the art therapy program standards and curriculum competency requirements prepared by the Accreditation Council for Art Therapy Education (ACATE) in 2016, and ACATE is now reviewing applications for accreditation from an initial group of seven art therapy programs.

Current EPAB art therapy program standards focus on nine core areas of coursework that all students must complete. Core course areas include, but are not limited to:

- Theories of art therapy, counseling, and psychotherapy
- Ethics and standards of practice
- Assessment and evaluation
- Individual, group, and family art therapy techniques
- Human and creative development
- Multicultural issues
- Creativity, symbolism, metaphor
- Research methods
- Internship experiences in clinical, community, and/or other settings

The new CAAHEP curriculum standards take an outcomes-based approach that focuses on competences that students must attain rather than course and content requirements. The standards divide and expand the nine core course areas in the EPAB standards to define seventeen curriculum content areas that must be included in each program's curriculum. These content areas are further broken down into 147 competency requirements that describe the knowledge, skills and behaviors students must acquire from their coursework and supervised practicum and internship training for competent practice of art therapy (*The CAAHEP curriculum competency requirements are included in Attachment B*).

In addition to rigorous master's level academic training, professional entry into the art therapy profession also requires a national credential from the Art Therapy Credentials Board (ATCB), an independent non-profit organization in Greensboro, North Carolina that is accredited by the National Commission on Accrediting Agencies. ATCB administers the national art therapy proficiency examination and sets the parameters of ethical practice of art therapy with the ATCB Code of Ethics and Conduct.

Following completion of the master's degree, graduates of approved art therapy programs must complete a minimum of 1,000 hours of supervised practice in direct contact with clients to qualify to apply to ATCB for the Registered Art Therapist (ATR) credential. Supervision must include a minimum of 100 hours of direct supervision, at least half of which must be provided by a credentialed Art Therapy Certified Supervisor (ATCS) or Board Certified Art Therapist (ATR-BC). Additional hours may be supervised by a fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field.

Registered art therapists who subsequently pass the ATCB's proficiency examination qualify as board certified art therapists and hold the ATR-BC credential. The ATCB administers its proficiency examination to qualify art therapists for both national certification and state licensure. It administers the examination four times each year, at approximately three month intervals, and at diverse locations throughout the country. Under agreements with state licensing agencies or boards, the ATCB provides for registration of approved examination candidates, materials to inform candidates of testing procedures, scoring of examination results, and reporting of the results in a timely manner. This is done without cost to the state agency or board, through fees paid to ATCB by examination candidates (*A sample ATCB state agreement is included as Attachment C*).

To maintain ATCB board certification, art therapists must comply with a renewal process that requires the equivalent of 20 hours of approved continuing education each year. All credentialed art therapists also must adhere to the ATCB's Code of Ethics, Conduct and Disciplinary Procedures. The ATCB has recently implemented a Provisional Registered Art Therapist credential that will apply to graduate art therapists while engaged in supervised practice to obtain the ATR credential and assure that their practice is also consistent with ATCB's Code of Ethics and Conduct (*The ATCB Code of Ethics, Conduct and Disciplinary Procedures is included as Attachment D*).

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

While the Connecticut Art Therapy Association has attempted over several years to establish a defined scope of practice for clinical art therapy through both the Department's review process and legislation, no scope of practice for the profession has been enacted.

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

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

There are several areas where licensing may influence existing health care relationships that we anticipate could improve health care delivery, expand access to art therapy services, and help reduce health care costs for consumers. As non-licensed practitioners, art therapists have been employed in many of the health facilities and clinics noted above under the direction and supervision of other licensed professionals, including bachelor-level recreation therapists and social workers with lesser degrees and training, or other medical or mental health practitioners with limited training and experience in art therapy. Licensure would allow many art therapists greater control over how art therapy services are provided, maintain treatment fidelity, improve coordination of art therapy with other available services, allow for supervising of graduate art therapists engaging in supervised practice, and expand the art therapy services available at their place of employment.

As discussed above (*see discussion in section 3*), licensure and regulation will increase public awareness of the availability and benefits of art therapy, as well as increase the ability of consumers to identify practitioners who are qualified to practice art therapy. This will likely change current delivery patterns in which many persons are referred for art therapy by primary health providers and other mental health practitioners. Allowing more consumers to obtain services directly from licensed art therapists would reduce the need and cost of initial consultations and referrals, and eliminate the delay and unnecessary cost experienced by consumers who currently experiment with a number of ineffective therapies and treatments before learning about art therapy.

Regulation by the state also would prevent individuals without qualifying education and professional experience from representing themselves to the public as qualified to practice clinical art therapy or claiming certification or expertise in treatments that are intended to appear as art therapy. This would help consumers avoid unnecessary time and cost they might otherwise spend on treatments that are ineffective and potentially harmful.

Licensure also would permit greater numbers of art therapists to be employed in substance abuse clinics and treatment facilities as part of interdisciplinary teams to address Connecticut's serious opioid addiction crisis. This would allow for more collaborative relationships between art therapists

and substance abuse and addiction counselors and enable both professions to work more effectively to address the needs of clients, especially when traditional methods of treatment prove ineffective.

Recent studies have highlighted the use of art therapy as both a direct or subjective treatment in detoxification from chemical addiction. Research also documents the efficacy of art therapy in treating mental health problems in children and adolescents. During the 2016-2017 academic year, for example, there were eleven heroin deaths of students at one of the state's most affluent high schools. While local communities struggle to acknowledge this epidemic, the state has a responsibility to ensure that the public has access to effective substance abuse treatments. Licensing of art therapists provides a practical and cost-effective approach to augment and diversify current treatment of substance abuse and to expand access to services to address this ongoing mental health crisis.

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

Since many art therapists are employed by state agencies, hospitals, community mental health centers, private clinics, school districts, and correctional facilities, the proposed regulation is likely to have minimal effect on the cost of services they provide, except where state law or company policy may require a higher hourly rate or salary for licensed professionals. Art therapists with clinical training that seek to engage in independent practice will likely need to increase charges for services to cover their business expenses. However, the overall cost of art therapy services to the public is unlikely to change significantly with the proposed licensing and 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 without clients having to pay the additional costs of initial consultations and referral charged by physicians, psychologists, clinical social workers, or other licensed professionals.
- Art therapists often are consulted by clients, or client's families, who have tried different treatments or therapies that have proven inappropriate or ineffective. Public recognition and increased awareness of art therapy services could reduce unnecessary costs paid by clients to experiment with ineffective treatments before learning of art therapy, or finding a qualified art therapist.
- State programs serving lower income individuals and families in the state typically require participating practitioners to be licensed. Proposed licensing and regulation of clinical art therapists will provide a first necessary step in expanding services to the state's most vulnerable persons at lower cost through state programs and private insurance.
- Regulation would prohibit individuals without required professional training and experience from practicing art therapy or claiming expertise in art therapy, thus preventing unnecessary expenditures by clients on treatments that are ineffective and potentially harmful.

- Regulation would increase the number of trained professionals who are qualified to address the growing public need for mental health services, helping to restrain increases in service costs that might otherwise result from continued shortage of qualified professionals.

In summary, the critical rationale in support of art therapy licensure is to regulate and provide quality mental health treatment and consumer safety from untrained/unlicensed individuals. In order to do so, the art therapy profession must have a license to:

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

10) A. Regional and national trends in licensing of the health profession making the request.

The national trend has been toward licensing of professional art therapists. Prior to 2013 four states had enacted separate professional art therapist licenses (Kentucky, Maryland, Mississippi, New Mexico), and four states had approved licensing of art therapists under related licenses (New York, Pennsylvania, Texas, Wisconsin). In the majority of states, art therapists had been able to qualify for licensure as professional counselors.

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

In 2015, a legislative sunrise review process in Utah provided for licensure of art therapists as Clinical Mental Health Counselors. Legislation enacted in 2016 by the New Jersey General Assembly provided for separate licensure of professional art therapists. During the 2017 state legislative session, new professional art therapy licenses were approved in Oregon and Delaware. In Arizona, recommendations of a legislative sunrise review also resulted in legislation providing for hiring of art therapists by state mental health and behavioral health agencies and title protection for credentialed art therapists.

In 2018, New Hampshire enacted legislation providing practice and title protection for qualifying professional art therapists; the Virginia Board of Health Professions is concluding a year-long sunrise review of the art therapy profession to provide regulatory recommendations to the legislature; and art therapy licensure bills remain under active consideration by the Ohio legislature and the Council of the District of Columbia. Art therapy chapters in at least eleven additional states will introduce licensure bills during their states' 2019 legislative sessions.

A total of twelve states currently provide for licensure of art therapists with separate art therapist licenses or under related creative arts, professional counseling, or psychotherapy licenses. Four additional states have enacted legislation or administrative regulations recognizing art therapists for purposes of state hiring and/or title protection (*A listing of these states is included in Attachment E*).

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

Recent legislation approved by the General Assembly and signed by the Governor would indicate that a similar process is underway in Connecticut and that licensure as professional counselors may not be a viable option for art therapists in the future. Senate bill No. 903, enacted as Public Act No. 1794, requires that applicants for counseling licenses after January 1, 2019, must have earned a graduate degree in clinical mental health counseling from a CACREP accredited program, or a program in a related field with coursework that closely follows the CACREP curriculum and required internship in mental health counseling. As art therapists have found in increasing numbers of states, the specialized training and clinical practice required for competent practice of art therapy cannot be accommodated within the CACREP accredited program structure and curriculum and necessitates a separate license with qualifications and scope of practice that accurately reflect the competencies required for practice of clinical art therapy.

10) B. Summary of scope of practice provision in other states.

The three earliest states providing for licensure of art therapists, New Mexico, Kentucky and Mississippi, did not include scope of practice provisions in licensing statutes, and only Kentucky included definitions in implementing regulations that approximate a defined scope of practice for licensed professional art therapists. The regulations (*at 201 Kentucky Administrative Regulations 34:010*) provide the following definitions:

(5) "The practice of professional art therapy" means the integrated use of psychotherapeutic principles, visual art media, and the creative process in the assessment, treatment, and remediation of psychosocial, emotional, cognitive, physical, and developmental disorders in children, adolescents, adults, families, and groups. Nothing in this subsection shall be construed to authorize any licensed professional art therapist to administer or interpret psychological tests in accordance with KRS Chapter 319;

- (7) (a) The practice of art therapy shall include the rendering to individuals, families, or groups, services that use art media and verbalization as a means of expression and communication to promote perceptive, intuitive, affective and expressive experiences that:
1. Alleviate distress, reduce physical, emotional, behavioral, and social impairment; and
 2. Lead to growth or reintegration of one's personality.
- (b) Art therapy services shall include:
1. Assessment and evaluation;
 2. Development of treatment plans, goals and objectives;
 3. Case management services; and 4. Therapeutic verbal and visual treatment.

More recently enacted art therapy licensing statutes in Maryland and New Jersey include identical definitions of “art therapy” that provide an abbreviated version of the more detailed scope of practice of art therapy recommended by the American Art Therapy Association (*The AATA art therapy scope of practice is included as Attachment F*).

The Maryland statute (*Chapter 629, Health Occupations Section, 17-101(d)*) and the New Jersey statute (*Title 45, Revised Statutes, section 45:8B-53*) include the following definition:

- “Art therapy” means the integrated use of psychotherapeutic principles with art media and the creative process to assist individuals, families or groups in:
- (1) increasing awareness of self and others;
 - (2) coping with symptoms, stress, and traumatic experiences;
 - (3) enhancing cognitive abilities; and
 - (4) identifying and assessing clients’ needs in order to implement therapeutic intervention to meet developmental, behavioral, mental, and emotional needs.

Two licensure bills approved in 2017 in Delaware and Oregon include different approaches in defining the scope of practice for licensed art therapists, with the Delaware bill (SB 43) including both parts of the AATA recommended art therapy scope of practice (*see Attachment F*), while the Oregon bill (HB 2432) includes the following modified version of the earlier scope of practice definitions that focuses more on the tasks performed by licensed art therapists than intended outcomes:

- (5) “Practice of art therapy” means to engage professionally and for compensation in providing art therapy services that include, but are not limited to:
- (a) Evaluation during client sessions;
 - (b) Using treatment activities that provide clients with opportunities for expression through the creative process;
 - (c) Using art therapy assessment methods to determine treatment goals and implement therapeutic art interventions to meet clients’ developmental, emotional and mental needs; and
 - (d) Employing art media, the creative process and the resulting artwork to assist clients in coping with and reducing psychiatric symptoms, including anxiety, attachment disorders,

depression and post-traumatic stress, enhancing neurological, cognitive and verbal abilities, and promoting appropriate skills development.

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

In submitting legislation to the General Assembly to provide for licensure of clinical art therapists, we have had the opportunity to hear from other professions that perceive that an art therapy license might impact their scope of practice and the services they are able to provide to clients. In particular, we have heard from Occupational Therapists and Social Workers who express concerns that licensure could restrict them from using art and art materials in their practices. School psychologists have also expressed concern, but without providing a detailed explanation of how licensure might affect their practice. In an impact statement submitted last year, the Connecticut Occupational Therapist Association explained how occupational therapists, in working with adolescents, use “varied media to allow for sublimation of guilt, anger, fear and/or the absence of emotion as it relates to coping skill identification/management and the impact on social interaction.”

While we have disagreed with this description of occupational therapists’ use of art media as going beyond what Connecticut law authorizes as “specific exercises to enhance functional performance and treatment techniques for physical capabilities for work activities,” we have reached out and tried to emphasize to occupational therapists and other professions that our effort to obtain licensure for art therapists is not intended to infringe upon their scope of practice, nor interfere with their use of art or art materials as part of their practice. To address these concerns we agreed to include as an exception to the bill’s prohibition against unlicensed practice of art therapy the following clarification:

“Nothing in this section shall be construed to prohibit or restrict the activities or services of a person who is licensed or certified by any agency of this state when acting with the scope of practice of such person’s license and performing work consistent with their professional training, provided such person does not represent himself or herself as an art therapist or otherwise authorized to practice art therapy pursuant to this act.”

We are also aware that psychologists in Connecticut and other states have expressed concerns with art therapists’ ability to engage in diagnosis and treatment of serious mental health problems or disorders, and particularly serious mental illness. Graduates of art therapy programs receive training in assessment and treatment of mental disorders as categorized in standard diagnostic nomenclature on the same basis as other mental health professions licensed by the state. Nevertheless, art therapists have sought to clarify, and include language in licensing bills, that they will only use appropriate assessment instruments to measure or treat cognitive and behavior problems and disorders that are typical of the developmental life cycle and that they have specific training to assess and treat. As with any mental health professions’ code of ethics, we also acknowledge that art therapists must refer a client to other licensed professionals if they present problems and conditions that are beyond the therapist’s training and competence, and agree that art therapists must not engage in psychological testing intended to measure serious mental illness.

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

Many years ago, when the counseling profession lobbied for licensure in Connecticut, they recruited mental health professionals in other related fields to gain increased numbers and political support. Many art therapists in the state submitted applications and their transcripts and certifications to be grandfathered under the enacted legislation and became licensed as professional counselors. At about the same time, the American Art Therapy Association, with fewer numbers of master's level art therapists than the traditional mental health professions, encouraged its master's level art therapy programs to structure their curriculum on a similar basis as mental health counseling programs, combining the core area requirements for counseling licenses with specialized training in art therapy. This provided for dual degree programs that would allow newer graduates to qualify for both counseling licenses in Connecticut and other states and national credentialing in art therapy with the Art Therapy Credentials Board.

While licensure as professional counselors has provided art therapists in Connecticut and other states with needed state sanction to gain employment, advertise their services to the public, and obtain reimbursement for services, it has also created significant difficulties for the profession, 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 the other licensed profession license, and that other practitioners holding that license can incorporate art therapy methods in their practice without appropriate training.
- Providing the limited numbers of art therapists holding a license with limited ability to influence the policies or direction of the licensed profession, as well as little influence to avert licensing board actions that may be detrimental to art therapists.
- Leaving the practice of art therapy largely unregulated in many states and allowing individuals with limited or no professional training to claim they practice art therapy.

Licensure under other mental health professions also has proven to be, at best, a short-term solution for art therapists as these professions have followed one another to define and clarify their professional identities with increasingly restrictive educational requirements to limit access to their licenses. State professional counseling and mental health counseling licenses, which have been the primary licenses available to art therapists in most states, are being restricted by the counseling profession's aggressive efforts to create a single identity for all counselors based on required degrees from mental health counseling programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and National Certified Counselor credentials from National Board of Certified Counselors, which will also require CACREP-accredited program degrees

beginning January 1, 2022. As discussed above (*see discussion in section 10A*), we believe this process will accelerate in Connecticut with adoption in 2017 of Public Act No. 17-94 that will require CACREP accredited or substantially equivalent program degrees for counseling licenses beginning next year.

The effect of new program accreditation requirements, as well as restrictive processing requirements imposed by counseling licensing boards, has been to deny art therapists licensing options in growing numbers of states, as well as limit the ability of art therapists holding current counseling licenses to transfer these licenses to other states. It has also served notice to art therapists in Connecticut and other states of the urgent need for separate art therapy licenses to allow them to continue to have legal sanction to practice art therapy, and to have a defined scope of practice that accurately reflects the specialized training and unique practice of clinical art therapy.

Without a defined scope of practice and separate art therapist licensure, it will be increasingly difficult for graduates of the Albertus Magnus College art therapy program, as well as graduates from programs in neighboring states, to obtain licenses and practice in Connecticut. There will be fewer qualified and licensed practitioners to meet the state's growing need for mental health services, less diversity and innovation in mental health practice, and no assurance that those in need of art therapy services will be able to receive them from appropriately trained and qualified professional art therapists.

Attachment A: Public Risks from Untrained Practice of 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 reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy master's degree training. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner.

Recent advancements in understanding the brain and its functions have increased public awareness of how the process of art-making can influence neural pathways and lead to improved physical and mental health. This has encouraged the creation of 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 master's level coursework, clinical training, supervised practice and national credentials required of professional art therapists. Individuals with this limited training are opening clinics and advertising therapeutic services and workshops in states across the country.

These programs and practitioners add to the public's misunderstanding of art therapy and the level of specialized education and clinical training required for safe, effective, and ethical practice of art therapy. Recent examples of these programs include:

- Brandman University (part of the California based- Chapman University System) offers an **Art4Healing certificate** program directed to "counselors, teachers, therapists, medical professionals, artists and others interested in learning the Art4Healing method and using the exercises in their own work with children and adults suffering from abuse, illness, grief and stress." The certificate program requires only 45 hours of on-site workshops at the University's Art & Creativity for Healing studio.
- The University of Florida has initiated a **Master of Arts in Arts in Medicine** program which offers a fully on-line, 35-credit master's degree program to train artists to work in hospital settings. The University also offers a graduate certificate program in Arts in Public Health.
- Montclair State University (NJ) has initiated a **Graduate Certificate Program in Art and Health** in cooperation with Atlantic Health System in response to what it describes as increasing demand among "medical professional interested in exploring ways that the arts can be used in comprehensive health care." Certification involves only five 3-credit graduate-level courses, in which students meet in-person 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 method."

- The London-based Renaissance Life Therapies advertizes “quality training courses” offered through its online Training Academy that have included a course in **The Health Process of Art Therapy** that it described as leading to a “fully accredited” art therapy diploma, and a four-part certificate program in **Therapeutic Art**. The Academy’s courses have no age or prior education requirements and involve self-instruction through online lectures and a variety exercises and activities. The instructor is a cognitive behavioral therapist and advocate of coloring-in books for adults with no specialized training in art therapy.
- The Global Alliance for Arts & Health (GAAH) 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.

ATTACHMENT B: CAAHEP Curriculum Competency Requirements for Educational Programs in Art Therapy

Preface:

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

1. Student Learning Outcomes

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

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

- h. Recognize clients' use of imagery, creativity, symbolism, and metaphor as a valuable means for communicating challenges and strengths and support clients' use of art-making for promoting growth and well-being.
- i. Recognize the legal, ethical, and cultural considerations necessary when conducting Art Therapy research.
- j. Apply principles of human development, artistic and creative development, human sexuality, gender identity development, family life cycle, and psychopathology, to the assessment and treatment of clients.
- k. Understand professional role and responsibility to engage in advocacy endeavors as they relate to involvement in professional organizations and advancement of the profession.
- l. Continuously deepen self-understanding through personal growth experiences, reflective practice, and personal art-making to strengthen a personal connection to the creative process, assist in self-awareness, promote well-being, and guide professional practice.
- m. Pursue professional development through supervision, accessing current Art Therapy literature, research, best practices, and continuing educational activities to inform clinical practice.
- n. Recognize the impact of oppression, prejudice, discrimination, and privilege on access to mental health care, and develop responsive practices that include collaboration, empowerment, advocacy, and social justice action.
- o. Understand the basic diagnostic process and the major categories and criteria of mental disorders, corresponding treatments, and commonly prescribed psychopharmacological medications.

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

2. Foundational Learning Content Areas

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

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

Equivalency in non-academic studio art experience may be accepted

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

3. Core Curriculum Content Areas and Competencies

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

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

CONTENT AREA a: History and Theory of Art Therapy

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

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

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

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

CONTENT AREA b: Professional Orientation, Ethical, and Legal Issues

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

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

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

Knowledge (K)	Skills (S)	Affective/Behavior (A)
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<ol style="list-style-type: none"> 1) Define the professional role and function of an Art Therapist 2) Recognize the ethical principles for practice of the American Art Therapy Association and the Art Therapy Credentials Board, as well as those of related fields (e.g., American Counseling Association) 3) Describe the purpose and goals of supervision, including models, practices, and processes 4) Define the role and process of professional Art Therapists advocating on behalf of the profession 5) Identify professional organizations and membership benefits, activities, services to members, and current issues 6) Summarize roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams 7) Describe how ethical principles guide the use of technology in professional practice (i.e., electronic records, professional and social networking, and distance therapy and supervision) 	<ol style="list-style-type: none"> 1) Demonstrate how to apply decision-making models and legal principles to ethical dilemmas 2) Demonstrate how to complete professional documentation required in clinical mental health settings such as treatment plans and progress notes 3) Practice conducting a job search, resume writing and professional interviewing skills to prepare for the transition from student role to professional practice 	<ol style="list-style-type: none"> 1) Acknowledge the value of developing a strong professional Art Therapist identity founded in ethical practice 2) Recognize the importance and impact of professional credentialing (e.g., Registration, Board Certification, and Licensure) and the effects of public policy on these issues 3) Value advocacy processes necessary to address barriers that block access and equity to mental health and related services for patients/clients 4) Recognize the need for collaboration and consultation within and among organizations, including interagency and inter-organizational collaboration 5) Recognize the impact of personal and professional development through supervision, self-care practices appropriate to the Art Therapist professional role, and continuing education
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CONTENT AREA c: Materials and Techniques of Art Therapy Practice

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

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

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

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

CONTENT AREA d: Creativity, Symbolism, and Metaphor

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

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

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

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

CONTENT AREA e: Group Work

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

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

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

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

CONTENT AREA f: Art Therapy Assessments

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

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

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

Knowledge (K)	Skills (S)	Affective/Behavior (A)
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<ol style="list-style-type: none"> 1) Discuss definitions and purpose of Art Therapy assessments 2) Describe historical development of Art Therapy assessments and current assessments and applications 3) Compare and contrast terminology used in Art Therapy assessments such as, but not limited to, tests and assessments that are standardized, nonstandardized, normreferenced, criterionreferenced, group and individual testing and assessment, behavioral observations, and symptom checklists 	<ol style="list-style-type: none"> 1) Differentiate between assessment and testing, and appropriate applications of each 2) Demonstrate the ability to administer and apply appropriate Art Therapy assessments 3) Present purposes of summative and formative assessment in art therapy practice and research 4) Assess purposes of Art Therapy assessments to establish treatment goals 5) Cite methods to determine validity and reliability of Art Therapy assessments 6) Execute methods to interpret data from Art Therapy assessments 	<ol style="list-style-type: none"> 1) Display ethical, cultural, and legal considerations when selecting, conducting, and interpreting art therapy and related mental health fields' assessments 2) Incorporate critical thinking skills when determining the role of assessment in diagnosis and diagnosing in the field of Art Therapy
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CONTENT AREA g: Thesis or Culminating Project

<p>The curriculum must provide student with the opportunity to integrate knowledge with regard to the profession of Art Therapy, including literature in the field, through a culminating project which may include,</p>		
<p>but is not limited to, thesis or other extensive, in-depth project. Use of established research methods (e.g., quantitative, qualitative, mixed methods, arts-based), innovative methods of inquiry, clinical practice, or a synthesis of clinically-based personal and professional growth (e.g., service learning, designing a program, designing a “tool kit” for Art Therapists) may be included in keeping with the program mission and goals, along with established education standards.</p>		
<p>Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these Standards.</p>		
<p>The following knowledge, skills and behaviors must be developed for competency in the content area</p>		
<p>Knowledge (K)</p>	<p>Skills (S)</p>	<p>Affective/Behavior (A)</p>

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

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

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

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

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

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<p>1) Compare and contrast theories of individual and family development across</p>	<p>1) Assess developmental stages in artwork, including typical, atypical, and</p>	<p>1) Justify methods of advancing wellness and actualization of potential, coping capacity,</p>

<p>the lifespan, including, but not limited to typical and atypical cognition, personality, human sexuality, moral and creative capacities</p> <p>2) Examine theoretical and biopsychosocial roots of developmental crises, trauma, disabilities, addictions, and exceptionality on development across the lifespan</p>	<p>exceptional characteristics for all age groups</p> <p>2) Integrate contextual/ecological factors bearing on human development such as cultural identities, spiritual, systemic within and outside family nucleus, physical, neurological, biological, and physiological</p>	<p>creativity, and optimal development throughout life</p>
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CONTENT AREA i: Helping Relationships and Applications

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

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

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

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

<p align="center">Knowledge (K)</p>	<p align="center">Skills (S)</p>	<p align="center">Affective/Behavior (A)</p>
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<ul style="list-style-type: none"> 1) Identify evidence-based strategies and clinically grounded approaches for assessment and treatment 2) Describe approaches to crisis intervention 3) Describe trauma-focused art therapy interventions 4) Describe theories, assessment, and treatment of addictive behaviors and disorders 	<ul style="list-style-type: none"> 1) Utilize art materials and processes within the context of building the therapeutic relationship 2) Perform interviewing skills 3) Demonstrate case conceptualization skills 4) Formulate treatment planning/goal setting 5) Identify the steps of suicide risk assessment 	<ul style="list-style-type: none"> 1) Recognize and display a professional commitment to Art Therapist characteristics that promote the therapeutic process 2) Respond to clinical and ethical implications for incorporating one's own art-making process in a session to develop therapeutic rapport, facilitate creative expression, and promote the therapeutic process 3) Value the development of a personal approach to the practice of Art Therapy
<ul style="list-style-type: none"> 5) Review therapeutic process (relationship building; midphase; termination) 6) Identify theories of effective programs in various settings including strategies for program development and evaluation 7) Understand a systems approach (family, community, political) 	<ul style="list-style-type: none"> 6) Develop relevant sensory-based art therapy interventions 7) Integrate evaluation of treatment 8) Provide examples of referral processes and accessing community resources 9) Plan clinical interventions for the treatment of children, adolescents, adults, couples, and families in a variety of settings including inpatient, outpatient, partial treatment, aftercare 	<ul style="list-style-type: none"> 4) Acknowledge transference and counter-transference 5) Value consultation, collaboration and inter-professional teamwork

CONTENT AREA j: Psychopathology and Diagnosis

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

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

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

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

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

CONTENT AREA k: Psychological and Counseling Theories

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

This content may be fully taught by Related Professions Faculty.

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

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

CONTENT AREA I: Appraisal and Evaluation

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

This content may be fully taught by Related Professions Faculty.

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

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

CONTENT AREA m: Research

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

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

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

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

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<ol style="list-style-type: none">1) Recognize foundational purposes of research with emphasis on applications to the field2) Define research methodologies (e.g., quantitative, qualitative, mixed-methods) and research design formats used in the field3) Describe art-based research methodologies as related to art therapy4) Understand concepts of validity and reliability and applications to selection and application of assessments and tests	<ol style="list-style-type: none">1) Apply methods used to conduct a review and critique of the literature on a topic of interest2) Perform basic steps required to design and conduct a research study3) Demonstrate basic statistical concepts such as scales of measurement, measures of central tendency, variability, distribution of data, and relationships among data as applied in research studies	<ol style="list-style-type: none">1) Recognize ethical and legal considerations used to design, conduct, interpret, and report research2) Recognize cultural considerations used when conducting, interpreting, and reporting research

CONTENT AREA n: Cultural and Social Issues

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

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

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

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

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify research addressing characteristics of help-seeking behaviors of diverse cultural and social groups and implications for responsive practice 2) Demonstrate an understanding of current issues and trends in a multicultural society 3) Describe cultural and social diversity theories and competency models including AATA's Multicultural and Diversity Competencies	1) Plan strategies for identifying the impact of oppression and privilege on individuals and groups and eliminating barriers, prejudices, intentional and unintentional oppression, and discrimination 2) Make use of experiential learning activities (e.g., cultural genogram) designed to explore and develop student cultural and social self-awareness including self-assessment of attitudes, beliefs, and acculturative experiences 3) Apply cultural and social diversity theories and competency models to an understanding of identity development, empowerment, collaboration, advocacy, and social justice	1) Value strategies for collaborating with and advocating for wellness within diverse communities 2) Display a professional commitment to AATA's Multicultural and Diversity competencies 3) Justify the role of arts in social justice, advocacy, and conflict resolution 4) Contrast connections of student cultural and social selfawareness to their view of others, including their cultural assumptions and biases

CONTENT AREA o: Studio Art

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

This content may be fully taught by Related Professions Faculty.

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

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

CONTENT AREA p: Specializations

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

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

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

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

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

CONTENT AREA q: Career Development

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

This content may be fully taught by Related Professions Faculty.

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

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

4. Clinical Education Experiences

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

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

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

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

**AGREEMENT BETWEEN
THE ART THERAPY CREDENTIALS BOARD
AND
THE StateBOARD**

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

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

I. PURPOSE

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

II. EFFECTIVE DATE/AGREEMENT TERM/AGREEMENT RENEWAL

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

III. ATCB RESPONSIBILITIES

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

- A. ATCBE Test Administrations. The ATCB or its authorized testing partner will provide a paper/pencil administration of the ATCBE each year on the date established by the ATCB for the national paper/pencil examination administration. The ATCBE will be administered by the ATCB's authorized testing partner through a computerized administration, at testing sites throughout the United

States, during three testing windows each year, at approximate three month intervals, not including the paper/pencil administration date.

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

- H. Test Score Report to State Board. The ATCB will provide to the State Board a composite report for each Examination identifying: each candidate who has taken the ATCBE during the previous paper/pencil test administration or following the close of each CBT testing window through which state licensure candidates tested; each candidate's individual score; and, an analysis of candidate scores for the total and each subsection of the ATCBE. The analysis will include the following information: the number of candidates; the total number of items on the Examination; the range of scores; the highest and lowest scores; and, the mean and the standard deviation for each subsection and the total score.
- I. Notification of Changes. The ATCB will notify the State Board in the event of any relocation of the ATCB national office, or change in the CBT partner.

IV. STATE BOARD RESPONSIBILITIES

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

- A. State Laws and Regulations. The State Board will be responsible for transmitting to the ATCB in a timely manner all applicable laws and regulations of the State of pertaining to, or otherwise affecting, the administration of the ATCBE, or affecting the ATCB's responsibilities and obligations under this Agreement.
- B. Test Eligibility. The State Board will be solely responsible for determining the eligibility of each licensure candidate for the ATCBE, and for communicating such eligibility or ineligibility determinations to licensure candidates and the ATCB in a timely manner.
- C. Test Passing Score Determination. The State Board will use the National Minimum Criterion Score for each form of the ATCBE, as determined by the ATCB, in order to determine whether a candidate has passed the Examination.
- D. Candidate Examination Fees. The State Board will instruct all eligible candidates to pay all ATCBE registration fees directly to the ATCB, in the form of checks, money orders, VISA, MasterCard, or American Express, payable to the ATCB as specified on the Examination registration form provided by the ATCB. Eligible candidates will also be instructed by the State Board to forward such payments with a completed Examination registration form to the ATCB.

- E. ESL Candidate Fees. If applicable, the State Board will require eligible candidates who communicate in English as a second language (ESL candidates) to pay an additional sixty dollar (\$60) Examination fee to ATCB for extra or extended testing time.
- F. Information to be Distributed by State Board. The State Board will distribute ATCBE examination registration forms to all eligible ATCBE candidates for licensure in . The State Board will be responsible for the distribution of score reports and related correspondence directly to licensure candidates, including notices of state licensure.
- G. Notification of Eligibility Determinations. The State Board will notify the ATCB national office staff of the names and addresses of all candidates eligible to sit for the ATCBE, and will identify: each candidate who requires special examination accommodations (physical or learning disability accommodations); and, the specific nature of the required accommodation(s).
- H. Compliance with ATCB Policies. The State Board will require that all ATCBE candidates agree to accept, and comply with, ATCB test administration policies, rules, and procedures related to candidate conduct during the administration of the ATCBE.
- I. Test Confidentiality. The State Board will be responsible for maintaining the confidentiality and security of all ATCBE and related materials should they come into possession of the State Board and/or its representatives. The State Board will not duplicate or reproduce the Examinations or the ATCBE materials in any manner, media, or form, including, but not limited to, answersheets, ATCBE questions, and other Examination documents, unless specifically directed by the ATCB to do so in writing.

V. JOINT PARTY RESPONSIBILITIES

- A. ADA Compliance. As required, the State Board and the ATCB will be responsible for compliance with any applicable Federal, State, and local laws, including but not limited to the Federal Americans with Disabilities Act (ADA). The State Board will consult with the ATCB regarding licensure eligibility determinations and applicable ADA requirements. The ATCB will be responsible for ATCBE testing accommodation costs to appropriate licensure candidates with respect to extra or extended time, readers, scribes, and paper and pencil administrations of the Examination. Other costs associated with ADA accommodations will be reviewed and determined on a

case by case basis between the State Board and the ATCB. Both Parties to this Agreement acknowledge and recognize that it is essential that the ATCBE be maintained and administered under secure conditions, and that certain accommodations requested by candidates may alter the ability of the Examination to test minimum competencies (validity issues). Therefore, the Parties will consult with one another in determining reasonable testing accommodations under the ADA. In the event the ATCB determines that an accommodation request is not reasonable because of security and/or validity issues, and should the matter be contested by the candidate, the ATCB will provide professional advice and consultation to the State Board in support of such decisions.

VI. CONFIDENTIALITY/INTELLECTUAL PROPERTY OWNERSHIP

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

VII. HOLD HARMLESS/INDEMNIFICATION

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

reasonable reliance upon an instruction or direction given by an authorized person acting on behalf of the State Board related to this Agreement.

VIII. TERMINATION

- A. This Agreement may be terminated by either of the Parties hereto for noncompliance by the other Party. A Party intending to terminate for noncompliance by the other Party will provide written notice to the other Party at least thirty (30) days prior to the intended date of termination. Such notice will include the reasons for the termination. By such termination, neither Party may nullify obligations already incurred for performance or failure to perform prior to the date of termination. Regardless of termination or expiration of this Agreement, the provisions of Section VI will survive the termination or expiration.
- B. This Agreement may be terminated in the event that Federal or State laws or other requirements should be amended or judicially interpreted so as to render continued fulfillment of this Agreement, on the part of either Party, unreasonable or impossible. If the Parties should be unable to agree upon an amendment which would therefore be needed to enable the substantial continuation of the services contemplated herein, then the Parties will be discharged from any further obligations created under the term of this Agreement, except for the equitable settlement of the respective accrued interests or obligations as of the date of termination.
- C. This Agreement may be terminated by either of the Parties for any reason by one hundred and eighty (180) days prior written notice to the other Party.

IX. GENERAL PROVISIONS

- A. Applicable Law. The construction, interpretation, and enforcement of this Agreement will be governed by the laws of the State of.
- B. Agreement Dispute Resolution. Any questions related to the interpretation of this Agreement will be settled through discussion between the Parties in good faith. If such questions are not settled between the Parties, the Agreement will be terminated immediately.
- C. Independent Contractor. In the performance of this Agreement, the Parties hereto agree that ATCB, and any agents and employees of ATCB, will act in the capacity of an independent contractor and not as officers, employees, or agents of the State Board.

- D. Notices. All notices arising out of, or from, the provision of this Agreement will be in writing and given to the Parties either by regular mail, electronic mail, facsimile, or delivery in person, and addressed to the Parties as follows:

State Board

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

- E. Entire Agreement. This Agreement represents the entire agreement and understanding of the Parties with respect to the subject matter hereof and supersedes any prior or contemporaneous discussions, representations, or agreements, oral or written, of the Parties regarding this subject matter. This Agreement will not be modified except by further writing signed by both Parties.
- F. Severability. If any provision contained in this Agreement is determined by a court of competent jurisdiction, or an arbitration tribunal, to be invalid or unenforceable, said determination will not affect the validity and enforceability of the remaining provisions hereof. The Parties represent that they are not aware that any provision of the Agreement is invalid or unenforceable.
- G. Waiver. No waiver by either Party, whether express or implied, of any right or obligation set forth in this Agreement, or any breach or default, will constitute a continuing waiver of that or any other right, obligation, breach, or default.
- H. Force Majeure. Neither the ATCB, nor its affiliated organizations, nor the State Board, will be responsible for delays or failures in performance due to acts beyond and outside of their respective control. Such acts will include, but are not limited to: acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, failure by public or private carrier, communication line failure, earthquakes, or other disasters. However, both Parties have the responsibility to cure any failures to perform or other breach of this Agreement as soon as practical and reasonable following the ending or correction of the delay or failure.

- I. Paragraph Headings. The paragraph headings and numbers in this Agreement are for convenience only and will not be deemed to affect in any way the language of the provisions to which they refer.

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

EXECUTED IN DUPLICATE ON THE DATES INDICATED

The Art Therapy Credentials Board, Inc. (ATCB)

By: _____

Mary Ellen McAlevey
President, ATCB

Date: _____

State Board

By: _____

Board Administrator

Date: _____

Art Therapy Credentials Board Code of Ethics, Conduct, and Disciplinary Procedures (2016)

PREAMBLE

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

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

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

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

I. CODE OF ETHICS AND CONDUCT

1. General Ethical Standards

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

1.1 Responsibility to Clients

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

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

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

1.1.4 Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions. Art therapists advise their clients that decisions on whether to follow treatment recommendations are the responsibility of the client. It is the professional responsibility of the art therapist to avoid ambiguity in the therapeutic relationship and to ensure clarity of roles at all times. **1.1.5** Art therapists continue a therapeutic relationship only so long as they believe that the client is benefiting from the relationship. It is unethical to maintain a professional or therapeutic relationship for the sole purpose of financial remuneration to the art therapist or when it becomes reasonably clear that the relationship or therapy is not in the best interest of the client.

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

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

1.1.8 Art therapists shall ensure regular contact with clients and prompt rescheduling of missed sessions. **1.1.9** Art therapists shall make all attempts to ensure there are procedures in place or

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

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

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

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

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

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

1.2 Professional Competence and Integrity

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

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

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

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

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

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

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

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

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

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

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

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

1.3 Responsibility to Students and Supervisees

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

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

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

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

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

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

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

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

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

1.3.7.3 Ensure that supervisees are aware of the current ethical standards related to their professional practice, including the ATCB Code of Ethics, Conduct, and Disciplinary Procedures;

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

1.3.7.5 Provide supervisees with adequate feedback and evaluation throughout the supervision process; **1.3.7.6** Ensure that supervisees inform their clients of their professional status, the name and contact information of their supervisors, and obtain informed consent from their clients for sharing disguised client information and artwork or reproductions as necessary with their supervisors;

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

1.3.7.8 Establish procedures with their supervisees for handling crisis situations.

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

1.4 Responsibility to Research Participants

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

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

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

1.4.4 Researchers requesting potential participants' involvement in research must inform them of all risks and aspects of the research that might reasonably be expected to influence willingness to participate, and must obtain a written acknowledgment of informed consent, reflecting an understanding of the said risks and aspects of the research, signed by the participant or, where appropriate, by the participant's parent or legal guardian. Researchers must be especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.

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

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

1.5 Responsibility to the Profession

- 1.5.1** Art therapists must respect the rights and responsibilities of professional colleagues and should participate in activities that advance the goals of art therapy.
- 1.5.2** Art therapists must adhere to the ATCB standards of the profession when acting as members or employees of third-party organizations.
- 1.5.3** Art therapists must attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices. **1.5.4** Art therapists who author books or other materials that are published or distributed must cite persons to whom credit for original ideas is due.
- 1.5.5** Art therapists who author books or other materials published or distributed by a third party must take reasonable precautions to ensure that the third party promotes and advertises the materials accurately and factually.
- 1.5.6** Art therapists are encouraged, whenever possible, to recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.
- 1.5.7** Art therapists are encouraged, whenever possible, to assist and be involved in developing laws and regulations pertaining to the field of art therapy that serve the public interest and in changing such laws and regulations that are not in the public interest.
- 1.5.8** Art therapists are encouraged, whenever possible, to promote public understanding of the principles and the profession of art therapy through presentations to general audiences, mental health professionals, and students. In making such presentations, art therapists shall accurately convey to the audience members or students the expected competence and qualifications that will result from the presentations, as well as, the differences between the presentation and formal studies in art therapy. **1.5.9** Art therapists must cooperate with any ethics investigation by any professional organization or government agency, and must truthfully represent and disclose facts to such organizations or agencies when requested or when necessary to preserve the integrity of the art therapy profession.
- 1.5.10** Art therapists should endeavor to ensure that the benefits and limitations are correctly conveyed by any institution or agency of which they are employees.
- 1.5.11** Art therapists are accountable at all times for their behavior. They must be aware that all actions and behaviors of the art therapist reflect on professional integrity and, when inappropriate, can damage the public trust in the art therapy profession. To protect public confidence in the art therapy profession, art therapists avoid behavior that is clearly in violation of accepted moral and legal standards.

2. Standards of Conduct

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

2.1 Confidentiality

- 2.1.1** Art therapists shall inform clients of the purpose and limitations of confidentiality.
- 2.1.2** Art therapists shall respect and protect confidential information obtained from clients, including, but not limited to, all verbal and/or artistic expression occurring within the client-therapist relationship.
- 2.1.3** Art therapists shall protect the confidentiality of the client-therapist relationship in all matters.
- 2.1.4** Art therapists shall not disclose confidential information without the client's explicit written consent unless mandated by law or a court order. In these cases, confidences may be disclosed only

as legally and reasonably necessary in the course of that action. All disclosures of information shall be documented in the client's file, including the identity of the recipient, the basis upon which the information was disclosed, and a description of the information disclosed.

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

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

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

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

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

2.1.10 When the client is a minor, any and all disclosure or consent shall be made to or obtained from the parent or legal guardian of the client, except where otherwise provided by state law. Care shall be taken to preserve confidentiality with the minor client and to refrain from disclosure of information to the parent or guardian that might adversely affect the treatment of the client, except where otherwise provided by state law or when necessary to protect the health, welfare, or safety of the minor client.

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

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

2.2 Use and Reproduction of Client Art Expression and Therapy Sessions

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

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

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

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

2.2.5 Art therapists shall obtain written, informed consent from a client or, when appropriate, the client's parent or legal guardian, before displaying the client's art in galleries, healthcare facilities, schools, the Internet or other places.

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

2.3 Professional Relationships

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

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

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

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

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

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

- 2.3.8** Art therapists must not knowingly misuse, or allow others to misuse, their influence when engaging in personal, social, organizational, electioneering or lobbying activities.
- 2.3.9** Art therapists do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.
- 2.3.10** Art therapists shall be aware of and take into account the traditions and practices of other professions with which they work and cooperate fully with them.
- 2.3.11** Art therapists who have a private practice, but who are also employed in an agency or group practice must abide by and inform clients of the agency's or group practice's policies regarding selfreferral.
- 2.3.12** Any data derived from a client relationship and subsequently used in training or research shall be so disguised in such a way that the client's identity is fully protected. Any data which cannot be so disguised may be used only as expressly authorized by the client's informed and voluntary consent.

2.4 Financial Arrangements

- 2.4.1** Independent practitioners of art therapy shall seek to ensure that financial arrangements with clients, third party payers, and supervisees are understandable and conform to accepted professional practices.
- 2.4.2** If a client wishes to access insurance coverage for art therapy services out of state, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.
- 2.4.3** Art therapists must not offer or accept payment for referrals.
- 2.4.4** Art therapists must not exploit their clients financially.
- 2.4.5** Art therapists must represent facts truthfully to clients, third party payers, and supervisees regarding services rendered and the charges thereof.
- 2.4.6** Art therapists who intend to use collection agencies or take legal measure to collect fees from clients who do not pay for services as agreed upon must first inform clients in writing of such intended actions and offer clients the opportunity to make payment.
- 2.4.7** Art therapists may barter only if the relationship is not exploitive or harmful and does not place the art therapist in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals within the community. Art therapists should consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.
- 2.4.8** Art therapists shall not accept gifts from clients except in cases when it is culturally appropriate or therapeutically relevant to the specific client. Prior to acceptance, art therapists shall consider the value of the gift and discuss the gift-giving with the client. The art therapist shall document the matter, including all consideration and the client discussion in the client's record.

2.5 Advertising

- 2.5.1** Art therapists shall provide sufficient and appropriate information about their professional services to help the layperson make an informed decision about contracting for those services.
- 2.5.2** Art therapists must accurately represent their competence, education, earned credentials, training, and experience relevant to their professional practice.
- 2.5.3** Art therapists must ensure that all advertisements and publications, whether in print, directories, announcement cards, newspapers, radio, television, electronic format such as the Internet, or any other media, are formulated to accurately convey, in a professional manner, information that is necessary for the public to make an informed, knowledgeable decision.

2.5.4 Art therapists must not use names or designations for their practices that are likely to confuse and/or mislead the public concerning the identity, responsibility, source, and status of those under whom they are practicing, and must not hold themselves out as being partners or associates of a firm if they are not. **2.5.5** Art therapists must not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if it: fails to state any material fact necessary to keep the statement from being misleading; is intended to, or likely to, create an unjustified expectation; or contains a material misrepresentation of fact.

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

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

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

2.6 Measurement and Evaluation

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

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

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

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

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

2.6.6 Art therapists must be cautious when interpreting the results of instruments that possess insufficient technical data, and must explicitly state to examinees the specific limitations and purposes for the use of such instruments.

2.6.7 Art therapists must proceed with caution when attempting to evaluate and interpret performance of any person who cannot be appropriately compared to the norms for the instrument.

2.6.8 Because prior coaching or dissemination of assessment instruments can invalidate test results, art therapists are professionally obligated to maintain test security.

2.6.9 Art therapists must consider psychometric limitations when selecting and using an instrument, and must be cognizant of the limitations when interpreting the results. When tests are used to classify clients, art therapists must ensure that periodic review and/or retesting are conducted to prevent client stereotyping.

2.6.10 Art therapists recognize that test results may become obsolete, and avoid the misuse of obsolete data.

2.6.11 Art therapists must not appropriate, reproduce, or modify published assessment instruments or parts thereof without acknowledgement and permission from the publisher, except as permitted by the fair educational use provisions of the U.S. copyright law.

2.6.12 Art therapists who develop assessment instruments for the purpose of measuring personal characteristics, diagnosing, or other clinical uses shall provide test users with a description of the benefits and limitations of the instrument, appropriate use, interpretation, and information on the importance of basing decisions on multiple sources rather than a single source.

2.7 Documentation

Art therapists must maintain records that:

2.7.1 Are in compliance with federal, provincial, state, and local regulations and any licensure requirements governing the provision of art therapy services for the location in which the art therapy services are provided.

2.7.2 Are in compliance with the standards, policies and requirements at the art therapist's place of employment.

2.7.3 Include essential content from communication with/by the client via electronic means.

2.8 Termination of Services

2.8.1 Art therapists shall terminate art therapy when the client has attained stated goals and objectives or fails to benefit from art therapy services.

2.8.2 Art therapists must communicate the termination of art therapy services to the client, client's parent or legal guardian.

2.9 Electronic Means

2.9.1 Art therapists must inform clients of the benefits, risks, and limitations of using information technology applications in the therapeutic process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, faxing, telephones, the Internet, online assessment instruments, and other technological procedures and devices. Art therapists shall utilize encryption standards within Internet communications and/or take such precautions to reasonably ensure the confidentiality of information transmitted, as in 2.9.5.6.

2.9.2 When art therapists are providing technology-assisted distance art therapy services, the art therapist shall make a reasonable effort to determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

2.9.3 Art therapists must ensure that the use of technology in the therapeutic relationship does not violate the laws of any federal, provincial, state, local, or international entity and observe all relevant statutes.

2.9.4 Art therapists shall seek business, legal, and technical assistance when using technology applications for the purpose of providing art therapy services, particularly when the use of such applications crosses provincial, state lines or international boundaries.

2.9.5 As part of the process of establishing informed consent, art therapists shall do the following:

2.9.5.1 Inform clients of issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications, and the difficulty in removing any information or imagery that has been posted electronically if consent is later revoked.

- 2.9.5.2 Inform clients of all colleagues, supervisors, and employees (including Information Technology [IT] administrators) who might have authorized access to electronic transmissions.
- 2.9.5.3 Inform clients that, due to the nature of technology assisted art therapy, unauthorized persons may have access to information/art products that clients may share in the therapeutic process.
- 2.9.5.4 Inform clients of pertinent legal rights and limitations governing the practice of a profession across state/provincial lines or international boundaries.
- 2.9.5.5 Inform clients that Internet sites and e-mail communications will be encrypted but that there are limitations to the ability of encryption software to help ensure confidentiality.
- 2.9.5.6 When the use of encryption is not possible, art therapists notify clients of this fact and limit electronic transmissions to general communications that are not client specific.
- 2.9.5.7 Inform clients if and for how long archival storage of transaction records are maintained.
- 2.9.5.8 Discuss the possibility of technology failure and alternate methods of service delivery.
- 2.9.5.9 Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the art therapist is not available.
- 2.9.5.10 Discuss time zone differences, and cultural or language differences that might impact service delivery.
- 2.9.5.11 If a client wishes to access insurance coverage for technology-assisted distance art therapy services, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.
- 2.9.5.12 Inform clients that communication will be included in client documentation as mentioned in 2.7.3.
- 2.9.6 Art therapists maintaining sites on the Internet shall do the following:
 - 2.9.6.1 Regularly check that electronic links are working and professionally appropriate.
 - 2.9.6.2 Provide electronic links to the ATCB and other relevant state, provincial, and or international licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
 - 2.9.6.3 Strive to provide a site that is accessible to persons with disabilities

2.10 Social Media

- 2.10.1 Art therapists who maintain social media sites shall clearly distinguish between their personal and professional profiles by tailoring information specific to those uses and modifying who can access each site.
- 2.10.2 Art therapists do not disclose or display confidential information through social media.

3. Eligibility for Credentials

As a condition of eligibility for and continued maintenance or renewal of any ATCB credential, each applicant, registrant, certificant, or certified supervisor agrees to the following:

3.1 Compliance with ATCB Standards, Policies and Procedures

- 3.1.1 No person is eligible to apply for or main-tain credentials unless in compliance with all ATCB eligibility criteria as stated in the ATR, ATR-BC, and ATCS applications, as well as all other ATCB rules and standards, policies and procedures, including, but not limited to, those stated herein, and including timely payment of fees and any other requirements for renewal of credentials.
- 3.1.2 Each applicant, registrant, or certificant bears the burden for showing and maintaining compliance at all times. The ATCB may deny, decline to renew, revoke, or otherwise act upon

credentials when an applicant, registrant, or certificant is not in compliance with all ATCB standards, policies, and procedures.

3.2 Complete Application

3.2.1 The ATCB may make administrative requests for additional information to supplement or complete any application for credentials or for renewal of existing credentials. An applicant must truthfully complete and sign an application in the form provided by the ATCB, must provide the required fees, and must provide additional information as requested.

3.2.2 The applicant, registrant, or certificant must provide written notification to the ATCB within 60 days of occurrence of any change in name, address, telephone number, and any other facts bearing on eligibility for credentials, including but not limited to: filing of any civil or criminal charge, indictment or litigation involving the applicant, registrant, or certificant; disposition of any civil or criminal charge, indictment or litigation involving the applicant, registrant, or certificant, including but not limited to, dismissal, entry of a judgment, conviction, plea of guilty, plea of nolo contendere, or disciplinary action by a licensing board or professional organization.

3.2.3 An applicant, registrant, or certificant will provide information requested by the Ethics Officer.

3.2.4 An applicant, registrant, or certificant must not make and must correct immediately any statement concerning his or her status that is or becomes inaccurate, untrue, or misleading.

3.2.5 All references to "days" in ATCB standards, policies and procedures shall mean calendar days. Communications required by the ATCB shall be transmitted by certified mail, return receipt requested, or other verifiable method of delivery.

3.2.6 The applicant, registrant, or certificant shall provide the ATCB with documentation of compliance with ATCB requirements as requested by the ATCB through its President or Executive Director.

3.3 Property of ATCB and Eligibility Determination

3.3.1 All examinations, certificates, and registration or certification cards of the ATCB, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, are all the exclusive property of the ATCB and may not be used in any way without the express prior written consent of the ATCB.

3.3.2 ATCB applicants, registrants, or certificants who share, use, or alter ATCB examinations, certificates, and registration or certification cards of the ATCB, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, are subject to disciplinary sanctions that may include but are not limited to denial, declined renewal, or revocation of ATCB credentials and may be subject to civil or criminal prosecution.

3.3.3 In case of suspension, limitation, relinquishment, or revocation of ATCB credentials, or as otherwise requested by the ATCB, a person previously holding an ATCB credential shall immediately relinquish, refrain from using, and correct at his or her expense any and all outdated or otherwise inaccurate business cards, stationery, advertisements, or other use of any certificate, logo, emblem, and the ATCB name and related abbreviations.

3.4 Pending Criminal or Administrative Proceedings

3.4.1 An applicant, registrant, or certificant shall provide written notification to the ATCB of the filing in any court of any information, complaint, or indictment charge of a felony or with a crime related to the practice of art therapy or the public health and safety, or the filing of any charge or action before a state or federal regulatory agency or judicial body directly relating to the practice of art therapy or related professions, or to a matter described in Part I, Section 4.1. Such notification shall

be within 60 days of the filing of such charge or action, and shall provide written documentation of the resolution of such charge within 60 days of resolution.

3.5 Criminal Convictions

3.5.1 Applicants who meet all criteria as delineated in the current ATCB credential applications and who have not had sanctions imposed by the ATCB or other governmental authority, insurance carrier, professional organization, or credentialing board, or been convicted of a serious criminal offense, or been listed on a governmental abuse registry will be considered eligible for an ATCB credential upon submission of all application materials and fees. All other applicants will be subject to review by the ATCB and demonstration of their fitness to practice art therapy and that they do not pose a risk to the public.

II. DISCIPLINARY PROCEDURES

4. Standards Of Conduct: Discipline Process

4.1 Grounds For Discipline

4.1.1 The ATCB may deny or revoke credentials or otherwise take action with regard to credentials or an application for credentials under the following circumstances:

4.1.1.1 Failure to observe and comply with the Standards of Ethics and Conduct stated herein;

4.1.1.2 Failure to meet and maintain eligibility for ATCB credentials;

4.1.1.3 Irregularity in connection with any ATCB examination;

4.1.1.4 Failure to pay fees required by the ATCB;

4.1.1.5 Unauthorized possession of, use of, or access to ATCB examinations, certificates, registration or certification cards, logos, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, and any variations thereof, and any other ATCB documents and materials;

4.1.1.6 Obtaining, maintaining, or attempting to obtain or maintain credentials by a false or misleading statement, failure to make a required statement, fraud, or deceit in an application, reapplication, or any other communication to the ATCB;

4.1.1.7 Misrepresentation of status of ATCB credentials;

4.1.1.8 Failure to provide any written information required by the ATCB;

Failure to cooperate with the ATCB or anybody established or convened by the ATCB at any point from the inception of an ethical or disciplinary complaint through the completion of all proceedings regarding that complaint;

4.1.1.10 Habitual use of alcohol, any drug or any substance, or any physical or mental condition, which impairs competent and objective professional performance;

4.1.1.11 Gross negligence in the practice of art therapy or other related professional work; including, but not limited to, sexual relationships with clients, and sexual, physical, social, or financial exploitation; **4.1.1.12** Limitation or sanction (including but not limited to discipline, revocation, or suspension by a regulatory board or professional organization) in a field relevant to the practice of art therapy;

4.1.1.13 ?The conviction of, or plea of guilty or plea of nolo contendere to, (i) any felony or (ii) any crime related to the practice of art therapy, the therapist's professional qualifications, or public health and safety. Convictions of this nature include but are not limited to those involving rape, sexual abuse of a patient or vulnerable person, actual or threatened use of a weapon or violence, and the prohibited sale, distribution or use of a controlled substance;

4.1.1.14 Failure to update information in a timely manner, including any violation referred to in this section, to the ATCB;

4.1.1.15 Failure to maintain confidentiality as required in the Standards of Ethics and Conduct, by any ATCB policy or procedure, or as otherwise required by law; or

4.1.1.16 Other violation of an ATCB standard, policy, or procedure stated herein or as stated in the ATCB candidate brochure or other material provided to applicants, registrants, or certificants.

4.2 Release of Information

4.2.1 Each applicant, registrant, and certificant agrees to cooperate promptly and fully in any review of eligibility or credential status, including submitting such documents and information deemed necessary to confirm the information in an application.

4.2.2 The individual applicant, registrant, or certificant agrees that the ATCB and its officers, directors, committee members, employees, ethics officers, and agents, may communicate any and all information relating to an ATCB application, registration or certification, and review thereof, and any imposed public disciplinary sanctions to state and federal authorities, licensing boards, and employers, and may communicate any imposed public disciplinary sanctions and the status of a registrant's or certificant's credential to the public.

4.3 Waiver

4.3.1 An applicant, registrant, or certificant releases, discharges, exonerates, indemnifies, and holds harmless the ATCB, its officers, directors, committee members, employees, ethics officers, and agents, and any other persons from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, for actions of the ATCB arising out of applicant's application for or participation in the ATCB registration and/or certification programs and use of ATCB trademarks or other references to the

ATCB registration and/or certification programs, including but not limited to the furnishing or inspection of documents, records, and other information and any investigation and review of applications or credentials by the ATCB.

4.4 Reconsideration of Eligibility and Reinstatement of Credentials

4.4.1 If eligibility or credentials are denied, revoked, or suspended for a violation of the Standards of Ethics and Conduct, eligibility for credentials may be reconsidered by the Board of Directors, upon application, on the following basis:

4.4.1.1 In the event of a felony conviction, no earlier than five years from and after the exhaustion of appeals, completion of sentence by final release from confinement, probationary or parole status, or satisfaction of fine imposed, whichever is later;

4.4.1.2 In any other event, at any time following imposition of sanctions, at the sole discretion of the Board of Directors.

4.4.2 In addition to other facts required by the ATCB, such an applicant must fully set forth the circumstances of the decision denying, revoking, or suspending eligibility or credentials as well as all relevant facts and circumstances since the decision.

4.4.3 The applicant bears the burden of demonstrating by clear and convincing evidence of rehabilitation and absence of danger to others.

4.5 Deadlines

4.5.1 The ATCB requires its applicants, registrants, and certificants to meet all deadlines imposed by the ATCB, especially in regard to submission of fees, renewal or recertification applications, required evidence of continuing education, and sitting for its examinations. On rare occasions, circumstances beyond the control of the applicant, registrant or certificant, or other extraordinary conditions may render it difficult, if not impossible, to meet ATCB deadlines.

4.5.2 An applicant, registrant, or certificant who wishes to appeal a missed deadline must transmit a written explanation and make a request for a reasonable extension of the missed deadline along with the appropriate fees with full relevant supporting documentation, to the ATCB Executive Director, to the attention of the ATCB National Office.

4.5.3 The Board of Directors shall determine at the next meeting of the Board, in its sole discretion and on a case-by-case basis, what, if any, recourse will be afforded based on the circumstances described and the overall impact on the profession of art therapy. No other procedures shall be afforded for failure to meet ATCB deadlines.

4.5.4 The ATCB shall make every effort to follow the time requirements set forth in this document. However, the ATCB's failure to meet a time requirement shall not prohibit the final resolution of any ethics matter.

5. DISCIPLINARY PROCEDURES

5.1 Appointment of Disciplinary Hearing Panel

5.1.1 The ATCB Board of Directors may authorize an Ethics Officer and a Disciplinary Hearing Panel to investigate or consider alleged violations of the Standards of Ethics and Conduct contained in this Code or any other ATCB standard, policy or procedure. The ATCB Board of Directors shall appoint the chair of the Disciplinary Hearing Panel.

5.1.2 The Disciplinary Hearing Panel shall be composed of three members, including the chair. The membership of the Disciplinary Hearing Panel shall be drawn from ATCB registrants and certificants, except that one member of the Disciplinary Hearing Panel shall be a public member who shall not be an ATCB registrant or certificant.

5.1.3 The initial appointments to the Disciplinary Hearing Panel shall be for terms of three years as determined by the ATCB Board of Directors. Thereafter, a panel member's term of office on the panel shall run for three years and may be renewed. Once a member of the Disciplinary Hearing Panel begins to participate in the review of a matter, the panel member shall remain part of the Disciplinary Hearing Panel for that particular matter even if the review extends beyond the expiration of his or her term.

5.1.4 A Disciplinary Hearing Panel member may not serve simultaneously as Ethics Officer and may not serve on any matter wherein an actual or apparent conflict of interest or the Panel Member's impartiality might reasonably be questioned.

5.1.5 When a party to a matter before the Disciplinary Hearing Panel requests that a member of the panel, other than the chair, self-recuse, a final decision on the issue of recusal shall be made by the chair, subject to review as hereinafter provided. In the event a request is made that the chair self-recuse, the decision shall be made by the ATCB President, subject to review as hereinafter provided.

5.1.6 Panel action shall be determined by majority vote.

5.1.7 When a Panel member is unavailable to serve by resignation, disqualification, or other circumstance, the President of the ATCB shall designate another registrant or certificant, or public member, if applicable, to serve as an interim member for a particular matter or for the duration of the panel member's unexpired term whichever is appropriate.

5.2 Submission of Allegations

5.2.1 Any person concerned about a possible violation of the ATCB Standards of Ethics and Conduct, or other ATCB standard, policy or procedure, may initiate a written grievance, in as much detail and specificity as possible, including identifying the person(s) alleged to be involved and the facts concerning the alleged conduct. The written grievance should be accompanied by all available documentation. The grievance should be addressed to the Executive Director. A person initiating a grievance shall be referred to as the complainant.

5.2.2 The written grievance must identify by name, address, and telephone number of the complainant making the information known to the ATCB, and others who may have knowledge of the facts and circumstances concerning the alleged conduct. The ATCB may provide for the submission of grievances on forms to be supplied by the Executive Director.

5.2.3 The Executive Director shall forward the grievance to the Public Member of the ATCB Board of Directors (the "Public Member") for further action. The Public Member may initiate grievances that shall be handled in the manner provided hereinafter for the review and determination of all grievances. **5.2.4** The Public Member shall review the allegations and supporting information and make a determination of the merits of the allegations, after such further inquiry as considered appropriate, and after consultation with ATCB legal counsel as needed.

5.2.5 The Public Member may direct the ATCB Executive Director to assist with factual investigations or with administrative matters related to the initial review of allegations.

5.2.6 If the Public Member determines that the allegations are frivolous or fail to state a violation of the Standards of Ethics and Conduct, or that the ATCB lacks jurisdiction over the grievance or the person(s) complained about, the ATCB shall not take further action and shall notify the complainant.

5.2.7 If the Public Member determines that probable cause may exist to deny eligibility for credential or that probable cause exists of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, the Public Member shall forward in writing all details of the allegations to one of the Ethics Officers.

5.2.8 The Ethics Officer shall review the allegations and supporting information provided and may make such further inquiry, as deemed appropriate.

5.2.9 The Ethics Officer may seek the assistance of the Executive Director to research precedents in the ATCB's files, as reasonably determined to be necessary in making a determination regarding probable cause of a violation of the Standards of Ethics and Conduct, any other ATCB policy or procedure, or other misconduct. The Ethics Officer may direct the ATCB Executive Director to assist with factual investigations or with administrative matters related to the review of allegations.

5.2.10 If the Ethics Officer concurs that probable cause may exist to deny eligibility or that probable cause exists of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, the Ethics Officer shall transmit written notification containing the allegations and findings to the full Disciplinary Hearing Panel, the complainant and the applicant, certificant or registrant. All written notices to the applicant, registrant or certificant shall be sent by certified mail, return receipt requested, to their addresses listed in the ATCB records. However if the Ethics Officer, in agreement with the Public Member, determines that the probable violation(s) are minor or technical in nature and have neither caused nor presented a danger of serious harm to a client or the public, the Ethics Officer may choose to resolve the complaint by the issuance of an advisory letter to the registrant or certificant setting out the identified probable violations and recommendations on corrective or preventative measures that should be implemented by the registrant or certificant in the future. All such advisory letters shall be maintained as part of the registrant's or certificant's file and may be taken into consideration of the sanctions to be assessed

in connection with any future complaints brought against the registrant or certificant. Advisory letters shall not be made public.

5.2.11 If the Ethics Officer determines that probable cause does not exist to deny eligibility or that that probable cause does not exist of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, or that the ATCB lacks jurisdiction over the complaint or the person(s) against whom the complaint was made, the Ethics Officer shall direct ATCB to take no further action and shall notify in writing the Board, the applicant, registrant, or certificant, and complainant, if any.

5.2.12 If upon referral of a grievance from the Public Member the Ethics Officer determines that reasonable cause exists that a registrant or certificant has had a license or certification revoked or suspended or has been charged, indicted, placed on deferred adjudication, community supervision, probation, or convicted of an offense listed below or determines that there is a serious concern for the protection and safety of the public, the Ethics Officer shall present to the Disciplinary Hearing Panel a recommendation for summary suspension of the registrant's or certificant's registration or certification. If approved by a majority vote of the Disciplinary Hearing Panel, the Ethics Officer shall notify the registrant or certificant in writing by certified mail, return receipt requested, of the summary suspension at the registrant's or certificant's address listed in the ATCB records. The suspension shall be effective three (3) days after the date of mailing.

Summary suspension shall be considered for all serious offenses including but not limited to the following:

- (A) capital offenses;
- (B) sexual offenses involving a child victim;
- (C) felony sexual offenses involving an adult victim who is a client (one or more counts);
- (D) multiple counts of felony sexual offenses involving any adult victim;
- (E) homicide 1st degree;
- (F) kidnapping;
- (G) arson;
- (H) homicide of lesser degrees;
- (I) felony sexual offenses involving an adult victim who is not a client (single count); (J) attempting to commit listed crimes;
- (K) any felony or misdemeanor offenses potential physical harm to others and/or animals; (L) felony or misdemeanor alcohol and drug offenses; (M) all other felony offenses not listed.

A registration or certification summarily suspended shall remain suspended until final resolution of all criminal charges and a final decision of all complaints by the ATCB.

5.2.13 The ability of a complainant to withdraw a complaint shall be governed by the following standards:

- (A) The complaint may be withdrawn in the initial stage of the examination by the Public Member Director; however, the Public Member Director or the ATCB reserves the right to refile the complaint if, in his or her judgment, there is concern for the protection of the public.
- (B) Once the complaint has moved to an Ethics Officer for review, it cannot be withdrawn; however, the complainant cannot be forced to assist further.

5.3 Procedures of the Disciplinary Hearing Panel

5.3.1 Upon receipt of notice from the Ethics Officer containing a statement of the complaint allegations and the finding(s) that probable cause may exist to deny eligibility for credential or

question compliance with the Standards of Conduct or any other ATCB policy or procedure, the applicant, registrant, or certificant shall have thirty (30) days after receipt of the notice to notify the Ethics Officer in writing that the applicant, registrant, or certificant disputes the allegations of the complaint and to request review by written submissions to the Disciplinary Hearing Panel, a telephone conference with the Disciplinary Hearing Panel, or an in-person hearing (held at a time and place to be determined by the panel), with the respondent bearing the respondent's own expenses for such hearing.

5.3.2 If the applicant, registrant, or certificant (respondent) does not contest the allegations of the complaint, the respondent may still request review by written submissions to the Disciplinary Hearing Panel, a telephone conference with the Disciplinary Hearing Panel, or an in-person hearing (held at a time and place to be determined by the panel), with the applicant, registrant, or certificant bearing the respondent's own expenses for such hearing, concerning the appropriate sanction(s) to be applied in the case.

5.3.3 If the applicant, registrant, or certificant does not submit a written statement contesting the allegations or notify the board of a request for review by written submission, telephone conference or in-person hearing as set forth in this paragraph, then the Disciplinary Hearing Panel shall render a decision based on the evidence available and apply sanctions as it deems appropriate.

5.3.4 If the applicant, registrant, or certificant requests a review, telephone conference, or hearing, the following procedures shall apply:

5.3.4.1 The Ethics Officer shall forward the allegations and any written statement from the applicant, registrant, or certificant to the Disciplinary Hearing Panel, and shall present the allegations and any substantiating evidence, examine and cross-examine witnesses, and otherwise present the matter during any hearing of the Disciplinary Hearing Panel.

5.3.4.2 The Disciplinary Hearing Panel shall then schedule a written review, or telephone or in-person hearing as requested by the applicant, registrant, or certificant, allowing for an adequate period of time for preparation, and shall send by certified mail, return receipt requested, a notice to the applicant, registrant, or certificant and the complainant. The notice shall include a statement of the standards allegedly violated, the procedures to be followed, and the date for submission of materials for written review, or the time and place of any hearing, as determined by the Disciplinary Hearing Panel. The applicant, registrant, or certificant and the complainant may request a change in the date of any hearing for good cause, which shall not unreasonably be denied.

5.3.4.3 The Disciplinary Hearing Panel shall maintain a verbatim audio, video, or written transcript of any telephone or in-person hearing.

5.3.4.4 During any proceeding before the Disciplinary Hearing Panel, all parties may consult with and be represented by counsel at their own expense. At any hearing, all parties or their counsel may make opening statements, present relevant documents or other evidence and relevant testimony, examine and cross-examine witnesses under oath, make closing statements, and present written briefs as scheduled by the Disciplinary Hearing Panel.

5.3.4.5 The Disciplinary Hearing Panel shall determine all evidentiary and procedural matters relating to any hearing or written review. Formal rules of evidence shall not apply. Relevant evidence may be admitted. The chair, subject to the majority vote of the full panel, shall determine disputed questions regarding procedures or the admission of evidence. All decisions shall be made on the record.

5.3.4.6 The burden shall be upon the ATCB to demonstrate a violation by preponderance of the evidence. **5.3.4.7** Whenever there is a reasonable concern that the mental or behavioral abilities of the applicant, registrant, or certificant may be impaired, calling into question the ability to

competently, safely and professionally provide art therapy services, the respondent may be required to undergo a mental or behavioral health examination at the respondent's own expense. The report of such an examination shall become part of the evidence considered.

5.3.4.8 The Disciplinary Hearing Panel shall issue a written decision following any telephone or in-person hearing or written review and any submission of briefs. The decision shall contain findings of fact, a finding as to the truth of the allegations, and any sanctions applied. It shall be mailed by certified mail, return receipt requested, to the applicant, registrant, or certificant and complainant.

5.3.4.9 If the Disciplinary Hearing Panel finds that the allegations have not been proven by a preponderance of the evidence, no further action shall be taken, and the applicant, registrant, or certificant, and the complainant, if any, shall be notified by certified mail.

5.3.4.10 If the Disciplinary Hearing Panel finds that the allegations have been proven by a preponderance of the evidence it shall assess one or more appropriate public sanctions as set forth below:

- (1) deny, refuse to issue, or refuse to renew a registration or certification;
- (2) revoke or suspend a registration or certification; (3) probate a suspension of a registration or certification;
- (4) issue a reprimand.
- (5) publish the rule violation and the sanction imposed;
- (6) require mandatory remediation through specific education, treatment, and/or supervision;
- (7) require that the registrant or certificant take appropriate corrective action(s);
- (8) provide referral or notice to governmental bodies of any final determination made by the ATCB;
or
- (9) other corrective action.

The Disciplinary Hearing Panel will determine the length of the probation or suspension. If the Disciplinary Hearing Panel probates the suspension of a registration or certification, it may require the registrant or certificant to:

- (1) report regularly to the Ethics Officer on matters that are conditions of the probation;
- (2) limit practice to the areas prescribed by the Disciplinary Hearing Panel; or
- (3) complete additional educational requirements, as required by the Disciplinary Hearing Panel to address the areas of concern that are the basis of the probation.
- (4) provide periodic progress reports from the registrant's or certificant's health care providers.
- (5) provide periodic supervision reports from the registrant's or certificant's supervisor.

All public sanctions shall be listed on the ATCB's website and accessible to the general public and/or published in the ATCB's official publication.

5.3.4.11 An individual whose registration or certification is revoked is not eligible to apply for a registration or certification for a minimum of three years after the date of revocation. The ATCB may consider the findings that resulted in revocation and any other relevant facts in determining whether to deny the application if an otherwise complete and sufficient application for a registration, or certification is submitted after three years have elapsed since revocation.

5.3.4.12 A voluntary surrender of a registration or certification accepted by the ATCB in response to a grievance or complaint shall be deemed to be an admission to the alleged violations and may be considered as such by the Disciplinary Hearing Panel in rendering its decision.

5.4 Appeal Procedures

5.4.1 If the decision rendered by the Disciplinary Hearing Panel is not favorable to the applicant, registrant, or certificant (respondent), the respondent may appeal the decision to the ATCB Board of Appeals by submitting to the Executive Director a written appeal statement within thirty (30) days following receipt of the decision of the Disciplinary Hearing Panel. The Disciplinary Hearing Panel shall grant any reasonable requests for extensions.

5.4.2 The Disciplinary Hearing Panel may file a written response to the appeal with the Executive Director. **5.4.3** The Executive Director shall immediately forward any appeal documents to the ATCB Board of Appeals.

5.4.4 The ATCB Board of Appeals by majority vote shall render a decision on the record without further hearing, although written briefs may be submitted on a schedule reasonably determined by the Board of Appeals. On matters on which the ATCB Public Member has initiated a complaint or performed the initial review, the Public Member shall not be part of the ATCB Board of Appeals.

5.4.5 The decision of the ATCB Board of Appeals shall be rendered in writing following receipt and review of briefs. The decision shall contain findings of fact, findings as to the truth of the allegations, and any sanctions applied and the decision shall be final.

5.4.6 The decision of the ATCB Board of Appeals shall be communicated to the applicant, registrant, or certificant by certified mail, return receipt requested. The complainant, if any, shall be notified of the Board of Appeals' final decision.

5.5 Bias, Prejudice, Impartiality

5.5.1 At all times during the ATCB's handling of any matter, the ATCB shall extend impartial review. If at any time during the ATCB's review of a matter an applicant, registrant, certificant, or any other person identifies a situation where the judgment of a reviewer may be biased or prejudiced or impartiality may be compromised (including employment with a competing organization), such person shall immediately report such matter to the Executive Director or President of the ATCB.

5.5.2 In matters where impartiality may be compromised, the reviewer shall self-recuse.

Attachment E: State Regulation of Art Therapists

I. States Enacting Art Therapist Licenses

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

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

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

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

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

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

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

II. States Licensing Art Therapists under Related Licenses:

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

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

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

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

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

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

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

Connecticut: Legislation defining art therapy in State law for purposes of qualifying who may provide art therapy services to the public and restricting use of the titles “art therapist” and “credentialed art therapist” to persons holding national art therapy credentials.

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

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

AATA, July 2018

Attachment F: Scope of Practice for Professional Art Therapy

The scope of practice of a licensed 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 and assessing clients' needs in order to implement therapeutic intervention to meet developmental, behavioral, psychological, 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 psychological conditions that include, but are not limited to:

- (1) Clinical appraisal and treatment during individual, couples, family or group sessions which provide opportunities for engagement 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, psychological and emotional functioning and well-being; and
- (3) Using art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, psychological, and emotional needs; an

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

- (1) Reduce psychiatric symptoms of depression, anxiety, post traumatic stress, and attachment disorders;
- (2) Enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas;
- (3) Cope with symptoms of stress, anxiety, traumatic experiences and grief;

- (4) Explore feelings, gain insight into behaviors, and reconcile emotional conflicts;
- (5) Improve or restore functioning and a sense of personal well-being;
- (6) Increase coping skills, self-esteem, awareness of self and empathy for others;
- (7) Healthy channeling of anger and guilt; and
- (8) Improve school performance, family functioning and parent/child relationship.

American Art Therapy As

Appendix D

Dear Ms. Bennett,

ConnOTA would like to take this opportunity to respond with this impact statement to the 2018 proposed scope of practice revisions by the Connecticut Art Therapy Association (CATA). This is the third year in which ConnOTA has offered feedback.

ConnOTA government affairs representative, Joan Sauvigne Kirsch, reached out to the new CATA president, Emily Reim, on July 15, 2018 through an email and through a phone call on July 20th. At that time CATA indicated willingness to discuss language in the proposal. The initial discussions were positive and cordial. Then on July 27, the CATA representative wrote “ The scope carefully outlines that OTs my use art, as may any professional as long as it is in their scope of practice. ...My understanding from our lawyer is, that once the scope becomes public if OTs do not agree with our scope they may send in an impact statement which OTs have done in previous years.” This most recent correspondence between the professional groups highlighted a lack of willingness of the CATA to engage in conversations with other professionals and is in contradiction to their statement in section 11, page 18, that they have reached out to our profession.

Our national organization, the American Occupational Therapy Association, defines Occupational Therapy as the only profession that helps people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Our Vision 2025 begins with the statement that Occupational Therapy maximizes health, well-being, and quality of life for all people, populations and communities through effective solutions that facilitate participation in everyday living. Occupational therapy enable people of all ages to live life to its fullest by helping them promote health, and prevent—or live better with—injury, illness, or disability.

Upon review of the 2018 scope of practice submitted by the CATA, ConnOTA would like to clarify that we support licensure as we believe it optimizes public health and safety. We also recognize that in CATA’s 2018 scope of practice submission that they have agreed to include language in regards to concerns raised in ConnOTA’s 2016 and 2017 Impact Statements. They have indicated that the intent of the revised scope is not to exclude or prevent other health care professionals in exercising their scope of practice but to compliment in an effort to provide multi or trans-disciplinary care for service recipients.

There are two areas would like further clarification. The 2017 and 2018 Current proposed CATA scope of practice language, Attachment F, on page 66 states:

1. *“The application of art therapy principles and psychodynamic methods in the diagnosis, prevention, treatment and resolution of psychological problems and emotional or mental conditions that include, but are not limited to: Clinical evaluation and treatment approaches during individual, couples, family or group sessions which*

provide opportunities for expression through the creative process; 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;"

- Clarification - Occupational Therapists utilize art modalities for assessment and treatment not only with individuals but the modalities are also used in group treatment
- ConnOTA requested and continues to request clarification of the language "...improving physical, mental and emotional functioning..." in regards to the purpose of art modalities. Occupational Therapists utilize varied art modalities and approaches for the purpose of improved functioning and functional outcomes.
- The only change in the wording in the CATA 2018 proposal was changing of the word "mental" to "psychological" in the last sentence
- ConnOTA continues to request that that proposed language be include modifications that more clearly delineates who is excluded from the provisions of this proposed bill, such as Occupational Therapists. ConnOTA furthers request that the CATA proposed scope of practice language include an exemption from using art as an activity during occupational therapy in Connecticut.

ConnOTA continues to have questions and clarification concerns for CATA. We would like to see the language that would be included in an actual proposed bill as well as the CT Department of Public Health's vision for implementation and administrative of such a proposed statutory. ConnOTA is concerned that the current language of the proposed scope reflects aspects of performance traditionally addressed by occupational therapists. This model scope of practice (Attachment F) does not exempt occupational therapy practitioners as part of an occupational therapy intervention and we seek sufficient exemption language. Presuming the issue with the exemption language can be sufficiently addressed, ConnOTA looks forward to further dialogue with both CATA and DPH to ensure collaboration of the disciplines. As such, ConnOTA formally requests that a representative be appointed by DPH to any scope of practice review committee that may be convened by the Department.

Thank you for consideration of ConnOTA's comments.

Sincerely,

Joan Sauvigne-Kirsch, EdD, OTR/L

ConnOTA Member for Government Affairs

Joan Sauvigne-Kirsch EdD, OTR/L

CT Occupational Therapy

Association Government Affairs

Committee kirsch7a@earthlink.net

203-464-9427



MEMORANDUM

TO: Meghan Bennett, Practitioner Licensing and Investigations Section Connecticut
Department of Public Health

FROM: Karen Buckley, Vice President, Advocacy

DATE: September 27, 2018

SUBJECT: Impact Statement – Scope of Practice Request – Connecticut Art Therapy Association

The Connecticut Hospital Association (CHA), a trade association representing 27 acute care hospitals in

Connecticut, submits this impact statement, in accordance with Chapter 368a of the Connecticut General Statutes, in response to the scope of practice change requested by the Connecticut Art Therapy Association. The change requested seeks to establish a licensure category for Art Therapists.

Connecticut's hospitals employ or utilize art and music to assist patients and to provide comfort to them and their families on a daily basis. We believe that the request will impact the delivery of care for all patients, including children and seniors, by placing limits on the use of these modalities, narrowing how and by whom the work is performed, and requiring hospitals to revise their policies.

If the Department appoints a Scope of Practice Review Committee, CHA respectfully requests an appointment to the Committee.

KM
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By
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cc: Ellie Nicol, ATR-BC, Past President

Appendix E



October 6, 2018

Department of Public Health

Meghan Bennett, Secretary 11

Practitioner Licensing and Investigations Section

410 Capitol Avenue, MS#12APP

P.O. Box 340308

Hartford, CT 06134

Dear Ms. Bennett:

On behalf of the Connecticut Art Therapy Association (CATA), I would like to thank you for this opportunity to respond to the impact statement submitted by the Connecticut Hospital Association (CHA).

We welcome the opportunity to jointly collaborate with the CHA and support their request to join the review panel. It is our hope that our professional field and the CHA's trade association develop a collaborative relationship that best serves the public. We wish to emphasize that our intent is not to limit, restrict or exclude other professionals from using art or art materials as part of their professional practice that falls within their scope of practice.

As mentioned in the CHA's impact statement, the use of art and music provide 'comfort' to Connecticut's patients and their families. We are eager to collaborate with the CHA to bring support to their existing policies and procedures as well as provide comprehensive

understanding of the differences between art and music for the purposes of 'comfort' and the distinction of the clinical psychotherapeutic practice of utilizing art in a mental health capacity.

As indicated in our scope of practice review request, the licensure of art therapists is not intended to interfere or prohibit anyone from using art or art materials in health or mental health settings, or prohibit or restrict any other licensed professional from engaging in any activity, including use of art and art materials, that is consistent with their professional scope of practice and their professional training, as long as they do not represent themselves to the public as "art therapists" or as practicing "art therapy."

This is consistent with current Connecticut law, in Section 36 of Public Act 16-66, that already prohibits individuals from claiming to be an art therapist, or using words, titles or other representations to indicate or imply that they are an art therapist, unless they are credentialed as an art therapist by the Art Therapy Credentials Board.

On behalf of the Connecticut Art Therapy Association, I would like to thank the CHA for responding to our scope of practice review request, and thank you for your thoughtful consideration of our response. We look forward to ongoing collaborative efforts to bring safe treatment services to the consumers of Connecticut.

If any further information is required, please don't hesitate to contact me at 203-545-5052 or Ellie758@gmail.com

Sincerely,

Ellie Nicol, ATR-BC

Board Certified Art Therapist

CATA Governmental Affairs Chair, Past CATA President

cc: Karen Buckley, Vice President, Connecticut Hospital Association



Department of Public Health
Meghan Bennett, Secretary 11
Practitioner Licensing and Investigations Section
410 Capitol Avenue, MS#12APP
P.O. Box 340308
Hartford, CT 06134

October, 7, 2018

To the Distinguished Members of the Public Health Committee:

On behalf of the Connecticut Art Therapy Association (CATA), I would like to thank you for this opportunity to respond to an impact statement submitted by the Connecticut Occupational Therapy Association (ConnOTA).

I would like to thank the ConnOTA for submitting an impact statement, thus continuing dialogue for the clarification of language and addressing concerns related to our scope of practice. I also appreciate ConnOTA's recognition of the changes we have made in our language. Please know we are willing to continue to modify areas that seem appropriate to both our professions.

In this response, I would like to focus of the two areas of needed clarification as noted in the ConnOTA impact statement. At the risk of being redundant, I have addressed the below bullet points using some of what past CATA president, Mary Hamilton previously responded to these concerns, adding additional information that I hope provides increased clarification.

ConnOTA wrote:

There are two areas would like further clarification. The 2017 and 2018 Current proposed CATA scope of practice language, Attachment F, on page 66 states:

1. ***“The application of art therapy principles and psychodynamic methods in the diagnosis, prevention, treatment and resolution of psychological problems and emotional or mental conditions that include, but are not limited to: Clinical evaluation and treatment approaches during individual, couples, family or group sessions which provide opportunities for expression through the creative process; 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;”***

- Clarification - Occupational Therapists utilize art modalities for assessment and treatment not only with individuals but the modalities are also used in group treatment

In clinical practice, 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 psychiatric conditions. The trained art therapist also must make parallel assessments of a client's general psychological disposition and how art as a process is likely to be moderated by the individual's mental state and corresponding behavior. It is this understanding of the potential for artmaking to reveal emotions, together with the knowledge and skill to safely manage the reactions it may evoke, that distinguishes art therapy from other professions.

Art therapists do not assert exclusivity to the use of art materials in the therapeutic setting. Many related professions, including occupational therapy, use art in practice. Our scope of practice and appeal for state regulation will not affect any profession whether allied, medical or mental health. We are open and willing to work together with occupational therapists to identify language that best differentiates our professions without implying exclusionary language.

- ConnOTA requested and continues to request clarification of the language “..improving physical, mental and emotional functioning...” in regards to the purpose of art modalities. Occupational Therapists utilize varied art modalities and approaches for the purpose of improved functioning and functional outcomes.

Art therapy is effective as an alternative means of communication for persons who are unable to verbally express emotions, fears, pain, as a result of trauma, brain injury, developmental disabilities, etc. In this regard, art therapy can be said to complement, inform and validate the diagnoses and treatments of occupational therapists and other medical and mental health professions rather than overlap or conflict with other professions' approaches and treatments.

The focus of art therapy is the use of specifically designed art therapy assessment principles and techniques, together with extensive training in the use and interpretation of these assessment tools that is unique to art therapy master's degree programs, to unlock emotional expression by facilitating non-verbal communication that facilitates evaluation, treatment and amelioration of psychological, emotional, behavior and developmental conditions.

For example, art therapy is effective in helping eating disordered individuals express their self-image and moves them towards a more positive sense of self. Art therapists who work with individuals struggling with eating disorders use specific art therapy techniques to guide them towards a healthier lifestyle. In the case of an individual with a conversion disorder, art therapy provides the opportunity for the individual to non-verbally express the fears and anxieties that resulted in the conversion disorder. In a recent case involving a 12 year old anxious girl, the conversion reaction was expressed upon waking up and discovering she could not walk. After medical and structural causes were ruled out, she engaged in art therapy treatment. The art therapist guided her through specific art therapy techniques to address the anxiety she had previously worked so hard to deny thus increasing her expressive and coping skills. She is now able to use physical therapy to strengthen her leg which weakened from lack of use.

Once again, we must emphasize art therapy's unique role as an alternative means of communication for persons who are unable to express emotions, fears or who may not respond to other therapies

and treatments. Rather than duplicate the assessments and treatments of Occupational Therapists, art therapy often serves to complement, inform and validate the assessments and treatments of other medical and mental health professionals. It does not seek to infringe upon or restrict in any way the use of art media by Occupational Therapists in their use of activities and treatments to develop and maintain adaptive skills or enhance functional performance.

- The only change in the wording in the CATA 2018 proposal was changing of the word “mental” to “psychological” in the last sentence

Are there specific additional wording changes ConnOTA are looking for?

- ConnOTA continues to request that that proposed language be include modifications that more clearly delineates who is excluded from the provisions of this proposed bill, such as Occupational Therapists. ConnOTA furthers request that the CATA proposed scope of practice language include an exemption from using art as an activity during occupational therapy in Connecticut. ConnOTA continues to have questions.

Connecticut art therapists are very much willing to collaborate with ConnOTA and the CT DPH to find language that suits both professions and best serves the public.

2. ConnOTA continues to have questions and clarification concerns for CATA. We would like to see the language that would be included in an actual proposed bill as well as the CT Department of Public Health’s vision for implementation and administrative of such a proposed statutory. ConnOTA is concerned that the current language of the proposed scope reflects aspects of performance traditionally addressed by occupational therapists. This model scope of practice (Attachment F) does not exempt occupational therapy practitioners as part of an occupational therapy intervention and we seek sufficient exemption language. Presuming the issue with the exemption language can be sufficiently addressed, ConnOTA looks forward to further dialogue with both CATA and DPH to ensure collaboration of the disciplines. As such, ConnOTA formally requests that a representative be appointed by DPH to any scope of practice review committee that may be convened by the Department.

In previous years, we have reached out and tried to emphasize to occupational therapists and other professions that our effort to obtain licensure for art therapists is not intended to infringe upon their scope of practice, nor interfere with their use of art or art materials as part of their practice. Proposed language from our licensing bill read, “Nothing in this section shall be construed to prohibit or restrict the activities or services of a person who is licensed or certified by any agency of this state when acting with the scope of practice of such person’s license and performing work consistent with their professional training, provided such person does not represent himself or herself as an art therapist or otherwise authorized to practice art therapy pursuant to this act.”

The proposed bill language is broadly written to apply to all professions licensed or certified by the state and clearly includes occupational therapists without having to provide a detailed listing of all exempted professions. However, if that is what ConnOTA determines is needed, we would be happy to consider it, or to work with them on alternative language that addresses their specific concerns and that best defines or clarifies both professions' scope of practice.

On behalf of the Connecticut Art Therapy Association, thank you for your thoughtful consideration. If any further information is required, please don't hesitate to contact me at 203-778-3838 X34 or by email, Ellie758@gmail.com

Sincerely,

Ellie Nicol, ATR-BC

Board Certified Art Therapist,

CATA Governmental Affairs Chair, Past CATA President