

A Review of the Need to Regulate Art Therapists in Virginia
Department of Health Professions
Board of Health Professions

September 25, 1995

Executive Summary

This study by the Virginia Board of Health Professions to evaluate the need to regulate art therapists was conducted in response to a request from Delegate Robert F. McDonnell based on concerns that untrained or ill-trained persons practicing art therapy may place clients and others at undue risk, especially with regard to cases of alleged abuse in children.

The Board based its review on the relevant policy literature, analysis of the competencies and standards of practice for art therapists, evaluation of the state's experiences with complaints regarding art therapy, and its review of public comments, and interview information. These standards are in keeping with regulatory principles established in Virginia law and are accepted in the national community of regulators.

The Board concluded the following:

- **There is potential for harm to the public. Although there is little case evidence from complaints filed with state agencies, in part because art therapists are not regulated, there is anecdotal evidence of harm, particularly as it relates to false accusations of abuse.**
- **American Art Therapy Association certified art therapists do possess specialized skill in applying art in therapy and art as therapy.**
- **Although under most circumstances, art therapists are under the supervision of a licensed mental health professional, there is evidence that they exercise independent judgment in that those who supervise them may not have the same skill level in art therapy as they do.**
- **The economic impact of licensing this group under its own regulatory board would likely be substantial to the licensee and, ultimately, to some degree to the consumer. An alternative for those art therapists who seek licensure would be for them to consider doing so with the Board of Professional Counselors and Marriage and Family Therapists. Another alternative would be to seek title protection.**

- **Finally, and importantly, the Board concluded that it was premature for them to make any final recommendation regarding the need to regulate art therapists at this time. Various individual groups within the general field of behavioral sciences and mental health counseling have, from time to time, sought state regulation in order to legally distinguish them from other groups. Art therapists are the latest to be reviewed, with recreational therapists, and marriage and family therapists being the most recent previous examples. Given this apparent trend, the Board determined that a more comprehensive examination of the various groups within the field of behavioral sciences and mental health service providers is prudent and would prove more efficient than to continue to examine each group in turn without a comprehensive approach to this problem.**

Background

This study was conducted in response to a written request from Delegate Robert F. McDonnell (see Appendix 1). Delegate McDonnell is considering proposing legislation in the 1996 Session of the General Assembly to provide for the licensure of art therapists. He has asked that the Department of Health Professions provide an evaluation of the current state of this profession in Virginia. Based on its statutory authority to advise on matters related to the regulation of health care professions and occupations, Board of Health Professions was designated by the Department Director to conduct the study.

A primary concern is that there may be persons practicing art therapy counseling and consulting without an appropriate degree of training. Further, there is fear that the public's health, safety, and welfare may be in jeopardy due to potential adverse effects of inappropriate evaluation and treatment of children who may have been victims of abuse.

Scope & Methodology

The general scope of this study involved the review of the competencies and standards of practice of art therapy in the Commonwealth and other jurisdictions, an assessment of the degree of risk from unregulated practice, an evaluation of the costs and benefits of various levels of regulation, and an overall assessment of the advantages and disadvantages of the various alternatives to regulation to protect the public. To accomplish this, the Board employed its formal criteria and policies, found in Appendices 2 and 3.

The specific aim was to answer the following questions:

- What is the potential risk for harm to the consumer?
- What specialized skills and training do art therapists possess?
- To what degree is independent judgment required in their practices?
- Is their scope of practice distinguishable from other regulated occupations or professions?
- What would be the economic impact to the public if this group were regulated?
- Are there adequate alternatives other than state regulation of this profession which would adequately protect the public?
- What is the least restrictive level of regulation that is consistent with the protection of the public's health, safety, and welfare?

History of Art Therapy

According to the American Art Therapy Association (AATA), the essence of art

therapy is that it must involve both parts of its name - art **and** therapy. The major goal of art therapy, therefore, is therapeutic in nature; however, this may include diagnosis of emotional and social problems as well (Uhlman, Kramer, & Kwiatkowska, 1977; Jones, 1978; Rubin, 1982; Rauch-Manning, 1995).

The purposeful use of art to meet psychological needs was begun in the 1940s by Margaret Naumburg, who began to develop the use of **art as a tool** in a form of psychotherapy which she considered analytically or dynamically oriented. As Naumburg defined it, art therapy can stand as a primary therapeutic method as opposed to an auxiliary to other forms of therapy. In the 1950s, the theory was further developed by Edith Kramer. In contrast with Naumburg's tenets, Kramer's belief was that art therapy does not stand alone; it compliments psychotherapy by bringing unconscious material closer to the surface and by providing an area of symbolic experience (Ulman et. al, 1977).

The American Art Therapy Association, Inc., was founded in 1969. It is a non-profit organization and has a nationwide membership of nearly 5,000, which includes both professionals and students (AATA Information and Membership Brochure). According to the American Art Therapy Association, Inc. 1992-93 Membership Survey Report, there are approximately 45 AATA members in the Commonwealth of Virginia. The American Art Therapy Association has established its own standards for art therapy education, registration and practice (AATA Education Standards; AATA Ethical Standards for Art Therapists).

Whenever examining current practices, it is important to make a distinction between the concepts of **art as therapy** and **art in therapy**. Art as therapy is mainly concerned with strengthening ego and fostering sublimation. Its essence is the creative act itself. Art in therapy, however, does not require an artist's training but the general skills of psychotherapy (Uhlman et. al, 1977; Rubin, 1982; Rauch-Manning, 1995). Many mental health professionals use art in therapy; however, they are not formally trained in art therapy. Further, there are those individuals who promote themselves as art therapists when in fact, they have no training in either art therapy or psychotherapy. This is a major concern of trained art therapists (Rauch-Manning, 1995; Stubbs, 1995).

Currently only one state, New Mexico, requires the licensure of art therapists. This came about not because of specific problems with art therapists, per se, but rather as an all-inclusive licensure requirement of mental health professionals in the state of New

Mexico (Art Therapy Licensure in New Mexico: State Statute; Good, 1995; Rauch-Manning, 1995; Uhl, 1995). Other states currently considering the licensure of art therapists include Florida, Pennsylvania, and Texas.

Practice of Art Therapy

The goal of art therapists is to assist clients in alleviating stress, reducing physical, emotional, behavioral, and social impairment while concurrently promoting positive and healthy development. Art therapists treat a variety of populations, including but not limited to: emotionally disturbed, physically disabled, elderly, developmentally delayed, prisoners, and the drug dependent. They treat individuals, couples, families and groups through therapeutic art tasks. While the art therapy process utilizes art making as a means of nonverbal communication and expression, the art therapist will typically make use of verbal explorations and interventions as well (Jones, 1978; Agell, 1982; McNiff, 1982; Rubin, 1982; Bruscia, 1988).

Many certified art therapists work under the umbrella of larger facilities, through which they are supervised by licensed mental health professionals. Art therapists are employed in a variety of settings, including mental health facilities (both inpatient and outpatient), community mental health centers, family service agencies, rehabilitation centers, medical hospitals, corrections institutions, developmental centers, educational institutions, private practices, and in other facilities (Uhlman et. al, 1977; AATA 1992-1993 Membership Survey Report). An art therapist may act as primary therapist, or may work as part of a treatment team depending upon the needs of the institution and treatment objectives of the patient (Smart, 1986; Seiden, Calisch, & Henley, 1989).

Art therapists provide a wide range of services including preventive services. Depending upon facility guidelines, art therapists may provide any or all of the following: diagnostic evaluation, development of patient treatment plans, goals and objectives, case management services, and therapeutic treatment. They also maintain charting, records and periodic reports on patient progress as required by specific agencies or institutions, participate in professional staff meetings and conferences, and provide information and consultation regarding the patient's clinical progress in the art therapy setting. Additionally, art therapists may function as supervisors, administrators, consultants, and as expert witnesses (Uhlman et. al, 1977; Smart, 1986; Bruscia, 1988; Levick, Safran, & Levine, 1990).

Specialized Skills and Training

To be recognized by AATA as an art therapist, one must have graduated from a two-years Master's Degree program, at minimum, or the equivalent which will have included a minimum of 600 hours of supervised practicum experience. Certain programs require 1,000 hours of practicum. The Master's, Institute, or Clinical programs must meet educational standards set forth by the American Art Therapy Association (AATB Art Therapy Occupational Opportunities List 1995; Seiden et. al, 1989). The Art Therapy Credentials Board (ATCB) has developed a certification examination and re-certification requirements to ensure the competency of individual art therapists who pass the examination and meet the re-certification requirements. Art therapists who become certified by the ATCB are designated A.T.R.-B.C. (Art Therapist Registered - Board Certified). The American Art Therapy Association and its members strive to abide by its code of ethical standards (AATA Education Standards; AATA Ethical Standards for Art Therapists (see Appendix 4)).

In order to be an effective therapist, one must understand who and what one is treating. Additionally, an art therapist must also know a great deal about the creative process; the language of art; and the nature of symbol, form, and content. An art therapist must be aware of self and others in terms of development, psychodynamics, and interpersonal relations. An effective and competent art therapist must be versed in the nature of the treatment relationship and the underlying mechanisms that help others to change (Uhlman et. al, 1977; Jones, 1978).

Eastern Virginia Medical School (EVMS) in Norfolk, VA is the only educational facility in the Commonwealth to offer an educationally accredited and AATA approved Master's program in art therapy. Students in this program are placed in a variety of practicum sites where they gain knowledge and experience while working with varied patient populations in the clinical setting. Training sites include hospitals, public and private psychiatric hospitals, mental health centers, substance abuse treatment facilities, and abuse victim shelters. Students in the art therapy program at EVMS are exposed to critical intervention settings and are afforded the opportunity to learn about group therapy, family therapy, as well as both long- and short-term individual therapy.

Course offerings at EVMS include:

- "Introduction to Art Therapy,"
- "Theoretical Approaches and Techniques to Group Psychotherapy,"
- "Processes and Materials of Art in Psychotherapy,"
- "Theoretical Approaches to Family Evaluation & Psychotherapy,"
- "Foundations of Creativity,"

- "Methods of Research for the Art Therapist,"
- "Theories of Human Psychological Development,"
- "Case Presentation Skills for the Art Therapist,"
- "Psychopathology, Assessment and Treatment Planning,"
- "Clinical Case Conference for the Art Therapist,"
- "Clinical Specialties,"
- "Art Therapy in Schools,"
- "Child and Family Psychotherapy Skills,"
- "Adolescent and Family Psychotherapy Skills,"
- "Adult, Couple and Family Psychotherapy Skills,"
- "Theoretical Approaches and Techniques to Individual Psychotherapy,"
- "Symbolism,"
- "Family Psychotherapy Interventions,"
- "Ethical and Professional Issues,"
- "Clinical Case Conference for the Art Therapist,"
- "Family Psychotherapy Interventions,"

as well as various other offerings.

It should be noted that with the exception of one graduate course (i.e., Career Counseling), the basic educational requirements for licensure as a Licensed Professional Counselor, regulated through the Board of Professional Counselors and Marriage and Family Therapists, are met by graduates of EVMS's program.

Risk for Harm to the Consumer

One of the major problems in the area of art therapy concerns the educational background and credentials of individuals claiming to be "art therapists." Due to the lack of professional regulation of art therapists in the Commonwealth of Virginia, almost anyone here can claim to be an "art therapist." Differences in these individuals is evidenced by their varying educational and training backgrounds.

Due, perhaps in part because they are not regulated by the state, only two cases have been recorded by state organizations against individuals claiming to be "art therapists." The complaint against one of these individuals related to advertising. The other documented complaint against an art therapist in Virginia stated that the individual was not licensed to practice "psychology."

The latter brings to light a salient issue regarding art therapists. It appears that there is a fine line between what certified art therapists are trained to do and what mental health professionals feel art therapists are qualified to do. As a result, a perceived potential for harm to consumers is evident; however, there are no documented cases of

actual harm resulting from the services of an art therapist in the Commonwealth of Virginia.

Economic Impact

The cost of regulating art therapists in the Commonwealth of Virginia would include those associated with the operation of a regulatory board to ensure that practicing art therapists are, in fact, regulated individuals and abide by state laws and regulations. These costs would be borne through the fees to the regulated therapists and expected to be passed along to the therapists' employers and clients.

Given that there are currently less than 100 practitioners in the Commonwealth, the cost of creating a separate regulatory board would be prohibitive. It would be feasible, however, for art therapists who wish to have some form of licensure to pursue the requirements for licensure as a profession regulated through an existing board such as the Board of Professional Counselors and Marriage and Family Therapists.

Alternatives to Regulation

In addition to its review of the relevant policy literature, educational requirements for AATA certification, and complaint experiences of state agencies, the Board also solicited public comment on the need to regulate art therapists on August 15, 1995 and accepted written comment until August 30th (see Appendix 5). Based on its evaluation of all of these sources of information, and its application of the criteria and policies as set forth in Appendices 2 and 3, the Board determined the following:

- There is **potential** for harm to the public. Although there is little case evidence from complaints filed with state agencies, probably because art therapists are not regulated, there is anecdotal evidence of harm, particularly as it relates to false accusations of abuse.
- AATA certified art therapists **do possess specialized skill** in applying art in therapy and art as therapy.
- Although under most circumstances, certified art therapists are under the supervision of a licensed mental health professional, **there is evidence that they exercise independent judgment** in that those who supervise them may not have the same skill level in art therapy as they do.
- **The economic impact of licensing this group under its own regulatory board would likely be substantial to the licensee and, ultimately, to some degree to the consumer.** An alternative may be for those art therapists seeking licensure to do

so as a Licensed Professional Counselor.

- **An alternative to licensure, either under an Art Therapy or existing board, that may serve to protect the public against those practitioners who are inadequately trained or untrained may be statutory protection of the title "Art Therapist."**

For example, only AATA certified art therapists would be allowed to promote themselves as "art therapists" in the Commonwealth of Virginia or to use any form of the words "art" and "therapist" in combination.

- **Further, for those who do not wish to become Licensed Professional Counselors or some other licensed mental health professional, it is deemed appropriate that they work under the supervision of a licensed mental health care provider.**

-The Board recognizes that the American Art Therapy Association and AATA certified art therapists have devised and abide by their own ethical standards governing education and practice in Appendix 4.

- Citing differences in theoretical emphasis, treatment modality, and other factors involved in diagnosing and treating mental, emotional or behavioral problems, a variety of other mental health or behavioral science professional groups have sought to distinguish themselves from those groups already regulated (e.g., clinical psychologists, licensed professional counselors, licensed clinical social workers). Over the years, the Board of Health Professions has been asked to examine the need to regulate one individual group or another within this field. Art therapists are the latest, preceded by marriage and family therapists and recreational therapists. Given that a number of such groups within the field exist (e.g., Dance Therapists, Music Therapists, Poetry Therapists, Drama Therapists). **Thus, rather than make any final recommendations concerning the need to regulate art therapists, the Board has determined that a more comprehensive examination of the various groups within the field is warranted.**

Director's Additional Comments

Consistent with the Governor's policies and initiatives, I have reviewed the study and the Board's conclusions and have determined the following.

The Board has fulfilled its role in initially reviewing the need to regulate art therapists. Their observation of the need to make a more inclusive study of other mental health practitioner groups seeking regulation prior to making any recommendations regarding art therapists was insightful and should prove to be cost-effective. No change

in full-time employees would be required and the results of the current study provide a good starting point for examining the other professions.

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Virginia Board of Health Professions Hearing on the Need to Regulate Art Therapists in The Commonwealth of Virginia, August 15, 1995.

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Appendix 1

Appendix 2

VIRGINIA BOARD OF HEALTH PROFESSIONS CRITERIA FOR EVALUATING THE NEED FOR REGULATION Adopted October, 1991

Criterion One: Risk for Harm to the Consumer

The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

Criterion Two: Specialized Skills and Training

The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

Criterion Three: Autonomous Practice

The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

Criterion Four: Scope of Practice

The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

Criterion Five: Economic Impact

The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

Criterion Six: Alternatives to Regulation

There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.

Criterion Seven: Least Restrictive Regulation

When it is determined that the State regulation of the occupation or profession is necessary, the least restrictive level of occupational regulation consistent with public protection will be recommended to the Governor, the General Assembly and the Director of the Department of Health Professions.

Appendix 3

APPLICATION OF THE CRITERIA

In the process of evaluating the need for regulation, the Board's seven criteria are applied differently, depending upon the level of regulation which appears most appropriate for the occupational group. The following outline delineates the characteristics of licensure, certification, and registration and specifies the criteria applicable to each level.

LICENSURE

Licensure confers a monopoly upon a specific profession whose practice is well defined.

RISK: High potential, attributable to the nature of the practice.

SKILL & TRAINING: Highly specialized accredited post-secondary education required; clinical proficiency is certified by an accredited body.

AUTONOMY: Practices independently with a high degree of autonomy; little or no direct supervision.

SCOPE OF PRACTICE: Definable in enforceable legal terms.

COST: High

APPLICATION OF THE CRITERIA: When applying for licensure, the profession must demonstrate that Criteria 1 - 6 are met.

STATUTORY CERTIFICATION

Certification is also known as "title protection." No scope of practice is reserved to a particular group, but only those individuals who meet certification standards (defined in terms of education and minimum competencies which can be measured) may title or call themselves by the protected title.

RISK: Moderate potential, attributable to the nature of the practice, client vulnerability, or practice setting and level of supervision.

SKILL & TRAINING: Specialized; can be differentiated from ordinary work. Candidate must complete education or experience requirements that are certified by a recognized accrediting

body.

AUTONOMY: Variable; some independent decision-making; majority of practice actions directed or supervised by others.

SCOPE OF PRACTICE: Definable, but not stipulated in law.

COST: Variable, depending upon level of restriction of supply of practitioners.

APPLICATION OF CRITERIA: When applying for statutory certification, a group must satisfy Criterion 1, 2, 4, 5, and 6.

REGISTRATION

Registration requires only that an individual file his name, location, and possibly background information with the State. No entry standard is typically established for a registration program.

RISK: Low potential, but consumers need to know that redress is possible.

SKILL & TRAINING: Variable, but can be differentiated for ordinary work and labor.

AUTONOMY: Variable.

APPLICATION OF CRITERIA: When applying for registration, Criteria 1, 4, 5, and 6 must be met.

Appendix 4 Ethical Standards for Art Therapists.

The Board of Directors of the American Art Therapy Association (AATA) hereby promulgate, pursuant to Article 8, Sections 1, 2, and 3 of the Association Bylaws, a Revised Code of Ethical Standards for Art Therapists. Members of AATA abide by these standards and by applicable state laws and regulations governing the conduct of art therapists and any additional license or certification which the art therapist holds.

STANDARDS

1.0 RESPONSIBILITY TO PATIENTS

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

1.1 Art therapists shall not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin, age, sexual orientation or disability.

1.2 At the outset of the patient-therapist relationship, art therapists shall discuss and explain to patients the rights, roles, expectations, and limitations of the art therapy process.

1.3 Where the patient is a minor, any and all disclosure or consent required hereunder shall be made to or obtained from the parent or legal guardian of the minor patient, except where otherwise provided by state law. Care shall be taken to preserve confidentiality with the minor patient and to refrain from disclosure of information to the parent or guardian which might adversely affect the treatment of the patient.

1.4 Art therapists shall respect the rights of patients to make decisions and shall assist them in understanding the consequences of these decisions. Art therapists shall advise their patients that decisions on the status of therapeutic relationships is the responsibility of the patient. 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.

1.5 Art therapists shall not engage in dual relationships with patients. Art therapists shall recognize their influential position with respect to patients, and they shall not exploit the trust and dependency of such persons. A dual relationship occurs when a therapist and patient engage in separate and distinct relationship(s) or when an instructor or supervisor acts as a therapist to a student or supervisee either simultaneously with the therapeutic relationship, or less than two (2) years following termination of the therapeutic relationship. Some examples of dual relationship are borrowing money from the patient, hiring the patient, engaging in a business venture with the patient, engaging in a close personal relationship with the patient, or engaging in sexual intimacy with a patient.

1.6 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 patients best interest.

1.7 Art therapists shall not use their professional relationships with patients to further their own interests.

1.8 Art therapists shall continue a therapeutic relationship only so long as it is reasonably clear that the patient 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 is not in the best interest of the patient.

1.9 Art therapists shall not engage in therapy practices or procedures that are beyond their scope of practice, experience, training and education. Art therapists shall assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help, or where the problem or treatment indicated is beyond the scope of practice of the art therapist.

1.10 Art therapists shall not abandon or neglect patients in treatment. If the art therapist is unable to continue to provide professional help, the art therapist will assist the patient in making reasonable, alternative arrangements for continuation of treatment.

2.0 CONFIDENTIALITY

Art therapists shall respect and protect confidential information obtained from patients in conversation and/or through artistic expression.

2.1 Art therapists shall treat patients in an environment that protects privacy and confidentiality.

2.2 Art therapists shall protect the confidentiality of the patient relationship in all matters.

2.3 Art therapists shall not disclose confidential information without patient's explicit written consent unless there is reason to believe that the client or others are in immediate, severe danger to health or life. Any such disclosure shall be consistent with state and federal laws that pertain to welfare of the patient, family, and the general public.

2.4 In the event that an art therapist believes it is in the interest of the patient to disclose confidential information, he/she shall seek and obtain written authorization from the patient or patient's guardian(s), before making any disclosures.

2.5 Art Therapists shall maintain treatment records for a reasonable amount of time consistent with state regulations and sound clinical practice, but not less than seven years from completion of treatment or termination of the therapeutic relationship.

3.0 PUBLIC AND REPRODUCTION OF PATIENT ART EXPRESSION AND THERAPY SESSIONS

Art therapists shall not take or permit any public use of reproduction of the patients' art therapy

sessions, including dialogue and art expression, without express written consent of the patient.

3.1 Art therapists shall obtain written informed consent from the patient or, where applicable, a legal guardian before photographing patients' art expressions, video taping, audio recording, or otherwise duplicating, or permitting third party observation of art therapy sessions.

3.2 Art therapists shall only use clinical materials in teaching, writing, and public presentations if a written authorization has been previously obtained from the patients. Appropriate steps shall be taken to protect patient identity and disguise any part of the art expression or video tape which reveals patient identity.

3.3 Art therapists shall obtain written, informed consent from the patient before displaying patients' art in galleries, in mental health facilities, schools, or other public places.

3.4 Art therapists may display patient art expression in an appropriate and dignified manner only when authorized by the patient in writing.

4.0 PROFESSIONAL COMPETENCE AND INTEGRITY

Art therapists shall maintain high standards of professional competence and integrity.

4.1 Art therapists shall keep informed and updated with regard to developments in their field through educational activities and clinical experiences. They shall also remain informed of developments in other fields in which they are licensed or certified, or which relate to their practice.

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

4.3 Art therapists shall not provide professional services to a person receiving treatment or therapy from another professional, except by agreement with such other professional, or after termination of the patient's relationship with the other professional.

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

4.5 Art therapists shall seek appropriate professional consultation or assistance for their personal problems or conflicts that may impair or affect work performances or clinical judgment.

4.6 Art therapists shall not engage in any relationship with patients, students, interns, trainees, supervisee, employees or colleagues that is exploitive by its nature or effect.

4.7 Art therapists shall not distort or misuse their clinical and research findings.

4.8 Art therapists shall be in violation of this Code and subject to termination of membership

or other appropriate actions if they: a) are convicted of a crime substantially related to or impacting upon their professional qualifications or functions; b) are expelled from or disciplined by other professional organizations; c) have the license(s) or certificate(s) suspended or revoked or are otherwise disciplined by regulatory bodies; d) continue to practice when impaired due to medical or mental causes or the abuse of alcohol or other substances that would prohibit good judgment; or e) fail to cooperate with the American Art Therapy Association or the Ethics Committee, or any body found or convened by them at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

5.0 RESPONSIBILITY TO STUDENTS AND SUPERVISEE

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

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

5.2 Art therapists shall be aware of their influential position with respect to students and supervisee and they shall avoid exploiting the trust and dependency of such persons. Art therapists, therefore, shall not engage in a therapeutic relationship with their students or supervisee. Provision of therapy to students or supervisee is unethical.

5.3 Art therapists shall not permit students, employees or supervisee to perform or to hold themselves as competent to perform professional services beyond their education, training, level of experience or competence.

5.4 Art therapists who act as supervisors shall be responsible for maintaining the quality of their supervision skills and obtain consultation or supervision for their work as supervisors whenever appropriate.

6.0 RESPONSIBILITY TO RESEARCH PARTICIPANTS

Researchers shall respect the dignity and protect the welfare of participants in research.

6.1 Researchers shall be aware of federal and state laws and regulations and professional standards governing the conduct of research.

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

6.3 Researchers requesting participants' involvement in research shall inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Investigators shall 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.

6.4 Researchers shall respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Art therapists, therefore, shall avoid dual relationships with research participants.

6.5 Information obtained about a research participant during the course of an investigation shall be confidential unless there is an authorization previously obtained in writing. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, is to be explained as part of the procedure for obtaining informed consent.

7.0 **RESPONSIBILITY TO THE PROFESSION**

Art therapists shall respect the rights and responsibilities of professional colleagues and participate in activities which advance the goals of art therapy.

7.1 Art therapists shall adhere to the standards of the profession when acting as members or employees of organizations.

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

7.3 Art therapists who author books or other materials which are published or distributed shall appropriately cite persons to whom credit for original ideas is due.

7.4 Art therapists who author books or other materials published or distributed by an organization shall take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

7.5 Art therapists shall 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.

7.6 Art therapists shall not assist and be involved in developing laws and regulations that pertain to the field of art therapy which serve the public interest and with changing such laws and regulations that are not in the public interest.

7.7 Art therapists shall cooperate with the Ethics Committee of the American Art Therapy Association, Inc. and truthfully represent and disclose facts to the Ethics Committee when requested or when necessary to preserve the integrity of the art therapy profession.

7.8 Art therapists shall endeavor to prevent distortion, misuse or suppression of art therapy

findings by any institution or agency of which they are employees.

8.0 FINANCIAL ARRANGEMENTS

Art therapists shall make financial arrangements with patients, third party payers and supervisee that are understandable and conform to accepted professional practices.

8.1 Art therapists shall not offer or accept payment for referrals.

8.2 Art therapists shall not exploit their patients financially.

8.3 Art therapists shall disclose their fees at the commencement of services and give reasonable notice of any changes in fees.

8.4 Art therapists shall represent facts truthfully to patients, third party payers and supervisee regarding services rendered and the changes therefore.

9.0 ADVERTISING

Art therapists shall engage in appropriate informational activities to enable lay persons to choose professional services on an informed practice.

9.1 Art therapists shall accurately represent their competence, education, training and experience relevant to their professional practice.

9.2 Art therapists shall assure that all advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television are formulated to accurately convey in a dignified and professional manner, information that is necessary for the public to make an informed, knowledgeable decision.

9.3 Art therapists shall not use a name which is likely to mislead the public concerning the identity, responsibility, source and status of those under whom they are practicing, and shall not hold themselves out as being partners or associates of a firm if they are not.

9.4 Art therapists shall 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: a) fails to state any material fact necessary to keep the statement from being misleading; b) is intended to, or likely to, create an unjustified expectation or, c) contains a material misrepresentation of fact.

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

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

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

9.8 AATA credentialed professional, professional, associate and other members in good standing may identify such membership in AATA in public information or advertising materials, but they must clearly and accurately represent the membership category to which they belong.

9.9 Art therapists shall not use the initials A.T.R. and/or A.T.R.-B.C. following their name unless they are officially notified in writing by the Art Therapy Credentials Board, Inc. that they have successfully completed all applicable registration or certification procedures. Art therapists may not use the initials "AATA" following their name like an academic degree.

9.10 Art therapists may not use the AATA initials or log without receiving written permission from the Association.

10.0 INDEPENDENT PRACTITIONER

DEFINITION: The Independent Practitioner of Art Therapy is a Credentialed Professional Member of the American Art Therapy Association, Inc. (AATA) who is practicing art therapy independently and who is responsible for the delivery of services to patients where the patient pays the clinician directly or through insurance for art therapy service rendered.

GUIDELINES:

10.1 Independent practitioners of art therapy shall maintain Registration with Art Therapy Credentials Board, Inc. (ATCB) and shall have in addition to their Registration at least two full years of full-time practice or 3,000 hours of paid clinical art therapy experience.

10.2 Independent practitioners of art therapy shall obtain qualified medical or psychological consultation for cases in which such evaluation and/or administration of medication is required. Art therapists shall not provide services other than art therapy unless licensed to provide such other services.

10.3 Independent practitioners of art therapy must conform to relevant federal, state and local government statutes which pertain to the provision of independent mental health practice (laws vary from state to state). It is the sole responsibility of the independent practitioner to conform to these laws.

10.4 Independent practitioners of art therapy shall confine their practice within the limits of their training. The art therapist shall neither claim nor imply professional qualifications exceeding those actually earned and received by them. The therapist is responsible for avoiding and/or correcting any misrepresentation of these qualifications. Art therapists must adhere to state laws regarding independent practice and licensure, as applicable.

ENVIRONMENT:

11.0 Independent practitioners of art therapy must provide a safe, functional environment in which to offer therapy services. This includes:

- a. proper ventilation.
- b. adequate lighting.
- c. access to water supply.
- d. knowledge of hazards or toxicity of art materials and the effort needed to safeguard the health of clients.
- e. storage space for art projects and secured areas for any hazardous materials.
- f. monitored use of sharps.
- g. allowance for privacy and confidentiality.
- h. compliance with any other health and safety requirements according to state and federal agencies which regulate comparable businesses.

REFERRAL AND ACCEPTANCE:

12.0 Independent practitioners of art therapy, upon acceptance of a patient, shall specify to patients their fee structure, payment schedule, session scheduling arrangements, and information pertaining to the limits of confidentiality and the duty to report.

TREATMENT ACCEPTANCE:

13.0 Independent practitioners of art therapy shall design treatment plans:

- a. to assist the patient in attaining maintenance of the maximum level of functioning and quality of life appropriate for each individual.
- b. in compliance with federal, state, and local regulations and any licensure requirements governing the provision of art therapy services in the state.
- c. that delineate the type, frequency and duration of art therapy involvement.
- d. that contain goals that reflect the patient's current needs and strengths. When possible, these goals are formulated with the patient's understanding and permission.

DOCUMENTATION:

14.0 Independent practitioners of art therapy shall document activity with patients so that the most recent art therapy progress notes reflect the following:

- a. current level of functioning.

- b. current goals of treatment plan.
- c. verbal content of art therapy sessions relevant to client behavior and goals.
- d. graphic images relevant to client behavior and goals.
- e. changes in affect, thought process, and behavior.
- f. no change in affect, thought process, and behavior.
- g. suicidal or homicidal intent or ideation.

14.1 Upon termination of the therapeutic relationship, independent practitioners of art therapy shall write a discharge/transfer summary that includes the patient's response to treatment and future treatment recommendations.

TERMINATION OF SERVICES:

15.0 Independent practitioners of art therapy shall terminate art therapy when the patient has attained stated goals and objectives or fails to benefit from art therapy sessions.

15.1 Independent practitioners of art therapy shall communicate the termination of art therapy services to the patient.

Appendix 5

BOARD OF HEALTH PROFESSIONS

STUDY OF THE NEED TO REGULATE ART THERAPISTS 1995-96

SUMMARY OF PUBLIC COMMENT

During the Public Comment Period which ended August 30, 1995, the Board received six written comments on the need to regulate art therapists in the Commonwealth. In addition, thirteen persons commented at a Public Hearing conducted by the Board of Health Professions on August 15, 1995.

All comments spoke in favor of regulation for the following reasons:

- 1) The unregulated practice of art therapy presents potential, significant harm to patients being treated by untrained therapists. Therapists who utilize improper techniques or who are untrained in the regressive nature of art may do harm to patients who are at risk for violence or may elicit false accusations of abuse.
- 2) Licensed professional counselors may utilize art materials and therapy in counseling sessions but may not be qualified and may put their patient's well-being at significant risk. Art therapy represents a distinct mental health profession and scope of practice and as such, should be separately licensed.
- 3) Art therapy requires specific, graduate education consisting of a two-year curriculum of didactic courses and clinical training under the supervision of mental health and medical personnel. Professional conduct and ethics are important components of the training. Students accepted into the Graduate Art Therapy Program at Eastern Virginia Medical School must have a baccalaureate degree, a background in visual arts, and graduate examinations as prerequisites. An art therapy degree requires 1,000 hours of supervised training.
- 4) Art therapy represents a unique, specific modality of diagnosis and treatment within the mental health profession. Art therapy is a highly respected intervention in the treatment of adults and children at facilities such as the Virginia Treatment Center for Children. Art therapists work in psychiatric settings, residential treatment centers, abuse victim shelters, homeless family shelter, hospice programs, alternative school settings, chemical dependency programs, and out-patient practices.

Anecdotal reports were given in the comments about the efficacy of art therapy in recovery of seriously ill patients, about children who have become extremely regressed and require hospitalization because of inappropriate use of art, and about the competency of the faculty and graduates of the Art Therapy Program at Eastern Virginia Medical School. In the hands of untrained

individuals, art has been incorrectly used to initiate an unfounded accusation of abuse.

Comments contend that art therapy meets the criteria for licensure as a separate profession with distinct qualifications, specific modalities of treatment, and considerable risk for harm in the use of art therapy by untrained persons.

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