Application for Eligibility in the CAAHEP System of Accreditation

Submitted by
The American Art Therapy Association
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1. The health science discipline must represent a distinct and well defined field.

a. Provide a detailed description of the profession.

Art therapy is a distinct mental health and behavioral science profession that combines knowledge and understanding of human development and psychological theories and techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. Art therapists use art media, and often the verbal processing of produced imagery, to help people resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight. Art therapy uniquely provides a means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, severe illness, and other debilitating health conditions.

While the practice of art therapy shares many common elements with traditional mental health professions, it is the combining of psychological knowledge and therapeutic skills with understanding of art media, the neurobiological implications of art-making, and the creative process that distinguishes art therapy from these professions. Art therapists are trained to understand the science of imagery and of color, texture, and media and how these can calm or bring closure to clients. The qualified art therapist is required to 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. Recognition of the potential for artmaking to reveal emotions, and knowledge and skill in safely managing the reactions it may evoke, are defining elements of art therapy as a profession.

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 methods and treatment objectives of art therapy differ depending on the setting and client population. For example:

- In medical or clinical settings art therapists use art in the assessment and treatment of a broad range of emotional, behavioral or mental health problems, learning or physical disabilities, brain-injury or neurological conditions, and physical illness. Art therapy is integrated in comprehensive treatment plans administered by individual art therapists, or by art therapists as part of interdisciplinary teams where art therapy complements and informs the work of other medical, mental health and allied health professionals.
• Art therapy programs with cancer patients seek to reduce emotional distress, helping patients regain an identity outside of being a cancer patient, ease the emotional pain of their on-going fight with cancer, and give them hope for the future.

• The role of art therapy in children’s hospitals is to address the physical and emotional needs of pediatric patients through a variety of educational and healing art experiences that help them see themselves as active partners in the work of getting well. The art therapist is trained to recognize a child’s fears and needs in order to facilitate communication and help build trust and community with the child’s treatment team.

• Art therapists working with 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. Group sessions help increase self-esteem as participants witness and support each other’s struggles and growth.

• Art therapy in educational settings can be tailored to support academic and social or emotional needs or requirements. A student’s individualized art therapy treatment plan may address goals and objectives related to improving cognitive growth, emotional control or mastery of sensory-motor skills, or toward reducing anxiety, increasing self-esteem, or positive adjustment to the classroom experience.

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. The Association has approved thirty-nine art therapy master’s degree programs at thirty-five accredited colleges and universities in twenty states and the District of Columbia.

Art therapy master’s level education requires training in studio art (drawing, painting, sculpture, etc.), the creative process, psychological development, group therapy, art therapy assessment, psychodiagnostics, research methods, and multicultural diversity competence. Students must also complete 100 hours of supervised practicum, and 600 hours of supervised art therapy internship. The art therapy graduate curriculum is uniquely guided by the premise that focused art-making constitutes reflective practice and facilitates learning. The curriculum includes students’ immersion in their own art practice, and art-based learning is integrated into all courses and clinical supervision.

In addition to educational requirements, standards for art therapy training and practice exist at the state and national levels. Many art therapists hold state licenses as professional art therapists, creative arts therapists, marriage and family therapists, professional counselors, psychologists, social workers, occupational or rehabilitation therapists, nurse practitioners, teachers and instruction support personnel. Nationally, both the American Art Therapy Association and the Art Therapy Credentials Board (ATCB) regulate the profession. AATA’s Education Program Approval Board (EPAB) sets the
education standards for the profession and monitors compliance with educational institutions providing art therapy master’s degree programs, while ATCB sets the parameters of ethical practice for the profession through the ATCB Code of Professional Practice. Following completion of the master’s degree, graduates of approved programs must complete 1000 hours of direct client contact, with 100 hours of supervision, to be eligible to apply to ATCB for the ATR “Art Therapist, Registered”) credential. Those who also pass the ATCB examination become Board Certified and hold the ATR-BC credential. To maintain these credentials, art therapists must comply with a renewal process that involves continuing education requirements.

Art therapy is not a new profession. The 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. The discipline continued to grow from there becoming an important tool for assessment, communication, and treatment of children and adults alike. Today, nearly 5,000 professional art therapists hold ATCB credentials, over half achieving national Board Certification. Increasing numbers of qualified art therapy graduates from the thirty-nine AATA-approved art therapy master’s degree programs are well equipped to meet the growing demand of what the U.S. Department of Labor’s O*NET Online occupation database describes as a “bright outlook” occupation that will experience rapid employment growth in coming years.

b. Is there a journal or published literature?

Yes. Art therapy: Journal of the American Art Therapy Association is the official journal of the American Art Therapy Association and a leading publication in the field of art therapy. The journal was established in 1983 for the purpose of advancing the understanding of how visual art functions in the treatment, education, development and enrichment of people. It has been published as a quarterly journal on a continuous basis since 1992. A recognized academic publication for more than thirty years, Art Therapy provides a scholarly forum for diverse points of view on art therapy and strives to present a broad spectrum of ideas in therapy, practice and professional issues and research. The journal’s editorial office is located a Mount Mary University in Milwaukee, Wisconsin, with publication by Taylor & Francis Group, LLC, in Philadelphia, Pennsylvania.

Quarterly issues of Art Therapy include articles on original research or theory and practice in art therapy or related fields, reports focusing on the results of pilot studies on practice or development of art therapy, review of books or videos of interest to art therapists, and essays that present professional experiences, reflections, opinions, artworks or informed responses on issues having of importance for the profession. Selection and review of submitted manuscripts is through a process of blind review by the Editorial Review Board consisting of eighteen credentialed art therapists associated with universities and medical centers across the country. Material published in Art Therapy is prepared and formatted according to the Publication Manual of the American Psychological Association (6th Edition), and
abstracted and indexed in major journal indexing databases, including Proquest CSA, PsycINFO, EBSCOhost Electronic Journal Services, Elsevier/Scopus scientific database, the British Library’s Allied and Complementary medicine Database, and the Education Resources Information Center’s digital library.

Additional literature for the art therapy profession is published in the *International Journal of Art Therapy*, the official journal of the British Association of Art Therapists. Also published by the Taylor & Francis Group, LLC, in Philadelphia, the journal is a peer-reviewed academic journal dedicated to promoting information about the diverse and growing field of art therapy in the global context. The journal, which was first published in 1996 under the title *Inscape*, and as the International Journal of Art Therapy since 2005, presents original articles by art therapists on practice, research, theory and the development of the profession. It also encourages contributions from related disciplines that contextualize art therapy and that introduce theories and practices relevant to the profession.

A third resource for art therapy peer-reviewed material is *The Arts in Psychotherapy: An International Journal*. Elsevier publishes five issues per annum, intended for professionals in the fields of mental health and education. Content includes articles by art, dance/movement, drama, music, and poetry psychotherapists, as well as psychiatrists, psychologists and creative arts therapists, which reflect the theory and practice of these disciplines. There are no restrictions on philosophical orientation or application. *The Arts in Psychotherapy* reports news and comments on national and international conferences and current education information relevant to the creative arts in therapy. The journal also includes book reviews, invites letters to the Editors, and welcomes dialogue between contributors.

c. Is there a professional society?

Yes. The American Art Therapy Association (AATA) is a national non-profit membership, advocacy and educational organization which serve its members and the public by providing standards of professional competence for the art therapy profession and promoting knowledge in, and of, the field of art therapy. It was founded in 1969 as an organization of professionals dedicated to the belief that marking art is both healing and life enhancing. AATA now has over 5,500 national and international members and works in concert with 42 affiliated state and regional chapters. The Association, through its Education Committee, establishes program and curriculum standards for master’s level art therapy degree programs, and the Educational Programs Approval Board (EPAB) grants initial and continuing education program approval and monitors the compliance of each approved program with AATA educational standards.

AATA created the Art Therapy Credentials Board (ATCB) in 1993 to serve as a credentialing body to confer and administer professional credentials for art therapy practitioners who meet certain established standards. ATCB has operated as a separate, independent non-profit organization since 2010, with offices in Greensboro, North Carolina. Its mission is to protect the public by promoting the competent and ethical practice of art therapy through the credentialing of art therapy professionals. ATCB’s Code of Professional Practice is designed to provide art therapists with a set of ethical principles.
that all credentialed art therapists must accept and adhere to. The Board may withhold, suspend, revoke, or decline to grant the credentials of any person who fails to adhere to the Standards of Conduct.

ATCB grants professional practice credentials to art therapists at three levels: Registered (ATR)—granted upon completion of graduate education and at least 1,000 hours of postgraduate supervised experience; Board Certified (ATR-BC)—granted to Registered Art Therapists who pass the ATCB Board Examination and is maintained through continuing education; and a Certified Supervisor credential (ATCS)—offered to qualified Board Certified art therapists who have demonstrated substantial supervision qualifications. ATCB administers the Board Examination once a year in selected cities across the nation for applicants seeking either ATR-BC certification or licensure in three states. To date, 2,331 art therapists hold ATR certification, with 2,662 art therapists gaining ATCB Board certification.

d. Is licensure or certification required for this profession?

Yes. Licensure is required in most states for art therapists to engage in independent practice and receive reimbursement for services through private insurance and state Medicaid programs. However, many unlicensed art therapists receive payment indirectly for reimbursable services upon referral and supervision of licensed medical or mental health practitioners through their affiliation with hospitals, clinics, community mental health centers, and other entities that qualify for reimbursement. Other unlicensed art therapists are paid as employees of medical facilities, school districts or state agencies. In the absence of state art therapy licenses, the ATR or ATR-BC credential has been used to qualify art therapists for affiliation or employment. However, increasing numbers of employers are requiring state licenses.

In the four states with professional art therapy licenses, and in three states where art therapy education and clinical experience qualifies art therapists for counseling or psychotherapy licenses, state licensure is required for practice of art therapy. Similar prohibitions against unlicensed practice have been included in art therapy licensing bills that AATA affiliate chapters have introduced in various states.

e. Is the profession already associated with an accrediting body?

No. The American Art Therapy Association’s Educational Programs Approval Board (EPAB) grants initial program approval for master’s level art therapy programs and monitors the compliance of each approved program against AATA’s educational program standards. Thirty-nine master’s level art therapy graduate programs located in 35 accredited institutions of higher education in twenty states, Canada, and the District of Columbia have been approved by EPAB. AATA intends to build upon the current EPAB structure to establish an independent Committee on Accreditation for Art Therapy Education (CAATE).

2. There must be a demonstrated need for the health science occupation and for accreditation of educational programs which prepare persons to enter the field.

a. Define the need and scope for this health sciences occupation.
Art therapy is widely recognized as a distinct profession with a broadly defined scope of practice. The practice of art therapy is described in the *American Medical Association’s Health Professions Career and Education Directory* (2009-2010) in the following terms:

Art therapists use drawings and other art/media forms to assess, treat, and rehabilitate patients with mental, emotional, physical, and/or developmental disorders. Art therapists use and facilitate the art process, providing materials, instruction, and structuring of tasks tailored either to individuals or groups. Using their skills of assessment and interpretation, they understand and plan the appropriateness of materials applicable to the client’s therapeutic needs. With the growing acceptance of alternative therapies and increased scientific understanding of the link between mind, body, and spirit, art therapy is becoming more prevalent as a parallel and supportive therapy for almost any medical condition. For example, art therapists work with cancer, burn, pain, HIV-positive, asthma, and substance abuse patients, among others, in pediatric, geriatric, and other settings.

The licensure legislation sponsored by AATA-affiliate state chapters define the scope of practice of art therapy in equally broad terms as providing services involving the application of art therapy principles and methods in four important areas of activity:

- Clinical appraisal and treatment activities during individual, couples, family or group sessions which provide opportunities for expression through the creative process;
- Use of process and products of art creation to tap into clients’ inner fears, conflicts and core issues with the goal of improving physical, mental and emotional functioning and well being;
- Use of diagnostic art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, mental and emotional needs;
- Employment of art media, the creative process and the resulting artwork to assist clients – to reduce psychiatric symptoms of depression, anxiety, post-traumatic stress and attachment disorders; to enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas; to cope with symptoms of stress, anxiety traumatic experiences and grief; to explore feelings, gain insight into behaviors, and reconcile emotional conflicts; to improve or restore functioning and a sense of personal well-being; to increase coping skills, self-esteem, awareness of self and empathy for others; to promote healthy channeling of anger and guilt; and to improve school performance, family functioning and parent/child relationships.

These activities are performed by trained art therapists in medical, mental health, rehabilitation, educational, forensic, wellness, private practice and community settings with diverse client populations in individual, couples, family, and group therapy formats. In each of these settings, art therapy has been found to be an effective treatment for people experiencing developmental, medical, educational, and social or psychological impairment. Individuals who benefit from art therapy include those who have survived trauma resulting from combat, abuse, and natural disaster; persons with adverse physical health conditions such as cancer, traumatic brain injury, and other serious health disabilities; and persons with autism, dementia, depression, and other mental and developmental disorders. Art
therapy also provides a process that helps individuals and families resolve conflicts, manage addictions, eating disorders and other problematic behaviors, cope with pain and bereavement, improve interpersonal skills, reduce negative stress, and improve physical and mental well-being.

Numerous case studies have shown art therapy to be most effective with important population groups that have greatest need for mental and behavioral health services. A recent survey conducted by the Kaiser Family Foundation estimated that more than half the 2.6 million service personnel deployed to Iraq and Afghanistan struggle with physical or mental health problems stemming from their service, and that even greater numbers are likely to experience delayed symptoms of post-traumatic stress in coming years. Of these, more than 266,000 veterans suffered traumatic brain injuries. The National Intrepid Center of Excellence at Walter Reed National Military Medical Center, and other notable military and VA health facilities across the nation, have recognized art therapy as an effective and needed treatment for returning military personnel suffering from traumatic brain injury and post-traumatic stress. Art therapy programs with veterans are designed to assess and treat psychological health and cognitive issues as well as introduce art making for relaxation and well-being. Group art therapy sessions have proven particularly effective in increasing socialization and creating a non-judgmental and safe environment in which veterans suffering from post-traumatic stress disorder can express their emotions non-verbally, share traumatic experiences and begin the healing process.

Increasing reports of mass shootings in schools and communities by troubled young men represent only the most visible part of a growing epidemic of suicide and violence among adolescent males. According to the National Alliance on Mental Health, an estimated 20 percent of U.S. teenagers are reported by to have some mental-health irregularity, including 10 percent who have diagnosed behavior or conduct disorders. More than 4,600 people between the ages of 10 and 24 kill themselves annually, according to the Center for Disease Control, with boys being more successful than girls in killing themselves by a rate of 4 to 1 nationally. Furthermore, the FBI reports that a third of all violent crimes are being committed by young men aged 18-24. While many factors contribute to the growing frustration, depression and despair experienced by young men, it is clear that many are unable or unwilling to explain their frustration, or express their anxieties and emotions for fear of appearing weak. Art therapy and artmaking offer the opportunity to identify frustrations without having to put them in words and to engage in productive self-expression. As in the case of veterans, art therapy has been show to be an effective form of early intervention and treatment that avoids the stigma of traditional mental health counseling and allows young men to work through their trauma, anger or depression in a supportive and non-judgmental environment.

According to the Center for Disease Control and Prevention, some 20 percent of children in the United States suffer from a mental disorder. A recent ten-year analysis of government health surveys for 200,000 children conducted by researchers at the University of Pittsburgh also found a significant increase over the past decade in mental, behavioral or developmental problems that require early behavioral intervention or special education services. Art therapy has long been recognized as an integral part of special education services available for children with physical, mental or behavioral disabilities, especially children who fear talking with adults, who don’t speak English or have limited
vocabularies. Children are naturally creative and art therapy provides a non-threatening venue that allows them to express feelings and address difficult issues in a creative way. Art therapy is often a primary form of therapy with children who are recovering from abuse and neglect, or are witnesses to family or school violence. Art expression is one way for children to communicate what is unspoken and unspeakable and is a developmentally appropriate and less intrusive approach to help children overcome post-traumatic stress reactions that often interfere with language.

It is estimated that more than 5 million Americans may have Alzheimer’s disease and that the number of persons suffering from Alzheimer’s and other dementias will more than triple, to as many as 16 million, with the three-fold increase of the nation’s 85 and older population by 2050. Numerous studies have shown art therapy to be a useful approach for keeping Alzheimer’s patients active, involved and stimulated. While not halting progression of the disease, it has 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. According to the Alzheimer’s Foundation of America, art therapy “provides an enriched environment that can excite the imagination of individuals with dementia.”

b. Why is it important for this profession to have accredited programs?

Educational program accreditation provided by a nationally recognized accrediting body has become a necessity for future growth of the art therapy profession for a number of important reasons:

- Accreditation will enhance the quality, consistency and accountability of art therapy master’s degree programs through more rigorous curriculum and program requirements modeled on recognized national standards, and with established procedures for assessing compliance with accreditation standards and measuring educational program performance.
- Accreditation will provide national visibility and recognition that will strengthen perceptions of art therapy in the eyes of regulators, employers, government agencies and the general public as a distinct professional discipline with high standards of academic training and broad application in the assessment and treatment of physical, mental, behavioral and developmental conditions and disabilities.
- Accreditation will enhance the ability of art therapists to gain professional art therapy licenses. Educational program accreditation is becoming a standard requirement for new health-related licenses in many states as licensing agencies and boards turn increasingly to national accrediting bodies to assure the quality, consistency and accuracy of professional credentials.
- Accreditation will increase the visibility and academic standing of art therapy educational programs, providing assurance for prospective students that programs meet the highest standards of the art therapy profession to adequately prepare them for credentialing, licensure and employment, and encouraging additional educational institutions to sponsor art therapy graduate programs.
3. Educational programs for the health science occupation must not duplicate educational programs for already existing health science occupations.

Are there other professions whose scope of practice overlaps with the proposed profession? If so, which professions are these? Where is the overlap?

_Counseling and Marriage and Family Therapy:_ The professions that most closely align with art therapy are professional counseling and marriage and family therapy. All three professions share a common foundation in human psychological development, theories of personality, group and family therapy, appraisal and evaluation, and therapeutic knowledge and skills. Like art therapy, these professions require a minimum of a master’s degree for entry into the profession and engage in practice that focuses on assessing and treating adults and children experiencing developmental, medical, educational, social or psychological impairments. In states without specialized art therapy or creative arts therapy licenses, many art therapists also qualify for licensure as professional counselors or marriage and family therapists with master’s degrees from dual academic programs that prepare them for both state licensure and the ATR credential.

While having elements in common, art therapy differs markedly from these mental health professions in both its academic training and scope of practice. Art therapy master’s level education is distinct in its emphasis on imagery and artmaking. 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 art therapy graduate curriculum encourages students’ immersion in their own art practice, and art-based learning is integrated into coursework and clinical supervision.

In practice, art therapists also must employ a broader range of knowledge and skills. Art therapists use distinctive art-based assessments to evaluate emotional, cognitive and developmental conditions. They must understand the science of imagery and of color, texture, and media and how these affect a wide range of potential clients and personalities. 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 these mental health professions.

_Creative Arts Therapies:_ Art therapy also is widely associated with other creative arts therapy professions, and particularly with music therapy, dance/movement therapy and drama therapy. Like art therapy, these creative arts professions use art forms and the creative process to improve clients’ physical, mental and emotional well-being and help them express thoughts and emotions in ways other than by strictly verbal means. These professions also are practiced as both individual and group therapy in many of the same health, education, and social services settings. Requirements for professional entry also increasingly require master’s degrees, although music therapists can be credentialed with bachelor’s degrees from approved undergraduate programs, or post-baccalaureate degree equivalency programs. Master’s level education programs for each profession also include foundation work in
psychological theory, human development, psychopathology, and assessment skills, highlight student’s continued emersion in their chosen art form, and include supervised clinical fieldwork or internships.

While all four creative arts therapies have unique properties and roles as therapeutic applications, art therapy is distinctive in its use of artmaking and created artwork to assess and evaluate a client’s mental state and the sources of anxiety, trauma, depression, or psychotic behaviors. In contrast, the other creative arts disciplines are less focused on assessing mental conditions than on facilitating a client’s own discovery or personal understanding to enhance physical, cognitive, emotional, or social functioning. Since these therapies often require clients to participate with others to create music, dances or dramatic presentations, they tend to focus more on social functioning, relationship building, and on therapeutic goals of symptom relief, emotional and physical integration and personal growth. Art therapy’s unique focus on expression through visual art is considered more conducive to private, isolated art creation and self-expression and, thus, better suited to individualized therapeutic practice.

Art therapy also stands in contrast to other creative arts therapies in using art media as a primary mode of communication where other therapies rely on the use of words, or elicit the use of words or language, to facilitate communication. Art therapy has been described as a three-way process between the client, the therapist, and the created art product that provides opportunities for expression and communication without words. This makes it uniquely helpful to people who find it difficult to express their thoughts or emotions in words, those who have lost their ability to speak because of stroke or dementia, or trauma victims who are unable to put their ideas or experiences into words.

Art therapy is also distinctive in its visibility, often producing dramatic art products that speak more clearly and eloquently than words and serve to verify the ability of art to reveal inner emotions and communicate the unspeakable. These products have benefit beyond the specific therapeutic relationship between the art therapist and a client, providing visual information for other medical and mental health practitioners that can help clarify a diagnosis or identify the sources of a patient’s pain or distress.

The broader applicability of art therapy also distinguishes it from other creative arts therapies. The space, sound, and equipment requirements for music, dance, and drama therapy can limit their suitability in some medical, clinical and institutional settings. Patients also may be nervous or self-conscious about moving around or performing music, dance, or drama in front of others, or fear it would require specific skills or talent. In contrast, most people have a natural capacity to express themselves in drawing, painting, crafts, or other basic forms of visual art, and may feel more comfortable expressing their thoughts and emotions in private with more familiar art mediums.

4. Educational programs must be no shorter than one academic year (two semesters), programs must comply with established standards and submit documentation that graduates have gained the required skills and knowledge to obtain entry-level positions within the occupation.

a. What is the range of length of existing programs?
Art therapy master’s degree programs approved by the Association’s Education Program Approval Board (EPAB) require 60 credit hours of coursework and typically take two academic years to complete. The course curriculum includes training in studio art (drawing, painting, sculpture, etc.), the creative process, psychological development, group therapy, art therapy assessment, psychodiagnostics, research methods, and multicultural diversity competence. Students must also complete 100 hours of supervised practicum, and 600 hours of supervised art therapy internship.

b. What is the academic level of this program (Associate, Baccalaureate, post-Baccalaureate)?

The thirty-nine EPAB-approved art therapy academic programs are all master’s level post-baccalaureate programs. In addition, four academic institutions also offer doctoral programs in art therapy that are not included in the EPAB-approval process.

c. What type of educational institutions are these currently existing programs housed in?

The thirty-nine master’s-level art therapy programs are offered by thirty-five accredited educational institutions in twenty states, Montreal, Quebec, and the District of Columbia. Sponsoring academic institutions range from large public universities, including Florida State University, Wayne State University and the University of Louisville, to major private institutions, such as New York University, Hofstra University, and George Washington University, and to smaller private liberal arts colleges, including Antioch University (Seattle), Naropa University in Colorado, and Springfield College in Massachusetts.

Art therapy programs are offered by specialized colleges of arts and design, such as the School of the Art Institute of Chicago and the School of Visual Arts in New York, and by a number of religious-based institutions, including Albertus Magnus College in Connecticut, Marylhurst University in Oregon and Saint Mary of the Woods College in Indiana. Art therapy programs are also offered by health-related professional schools, including East Virginia Medical School in Norfolk, the Adler School of Professional Psychology in Chicago, and the College of Nursing and Health Professions at Drexel University in Philadelphia.