Art Therapy Master’s Program Accreditation: Background and Fact Sheet
-- July, 2015

What is Accreditation and Why is it Important?

Higher education in the United States is unique because of its reliance on accreditation to ensure quality and accountability of educational programs and to foster a culture of continued self-analysis and improvement. Unlike most other developed countries, the United States has no federal ministry of education that exercises centralized control over post-secondary education institutions. State governments exercise varying degrees of control over education institutions through licensure, funding, and promotion of collaboration among state institutions. For the most part, however, institutions of higher education are permitted to operate with considerable independence and autonomy under a peer evaluation process and recognized national standards that ensure that the education programs they provide meet acceptable levels of quality and public accountability.

Overseeing this peer evaluation process is the Council on Higher Education Accreditation (CHEA), a non-governmental association of 3,000 degree-granting colleges and universities that serves as a national voice for accreditation and education quality assurance to the U.S. Congress, the U.S. Department of Education, and the general public. CHEA is essentially the accrediting body for accreditation organizations, recognizing 60 institutional and programmatic accrediting organizations as meeting well-defined national standards for advancing academic quality and public accountability, encouraging institutional self-scrutiny and improvement, assuring financial soundness, and promoting appropriate and fair procedures in decision making.

Programmatic accreditation organizations recognized by CHEA examine education programs within academic institutions that prepare students to qualify for a specific profession or discipline. The standards by which these programs are measured have generally been developed by the professionals involved in each profession or discipline and are intended to reflect the knowledge, skills and attitudinal competencies that a person needs to acquire to function successfully within each profession. Accreditation standards establish minimum levels of education quality expressed in terms of measurable outcomes that reflect institutional and student performance. They are created through a consensus process that calls for input from educators, practitioners, students, employers and the general public.

Accreditation in the health-related disciplines serves an important public interest of helping to assure that individuals seeking to provide physical and mental health services to the public have been adequately trained and are qualified. It also provides important benefits for all parties with an interest in health-related professional education, including:

- **Students** – accreditation provides students with assurance that a program meets the highest standards for providing the knowledge and skills they will need for competent practice and that their training is relevant to changing practices and technologies in their chosen profession.
Legislators and Regulators – accreditation provides assurance that education programs are evaluated against nationally accepted standards, that program graduates are competent for entry into the workplace or for advanced practice, and that graduate credentials can be accepted without extensive review.

Educators and Practitioners – accreditation provides validation of the education program, as well as the opportunity for academic administrators, faculty and practitioners to respond to changing professional and market practices and build consensus on expected learning outcomes and graduate competencies.

Employers – accreditation assures prospective employers that graduates come from a program where educational content and quality satisfy established standards for competent practice in their profession.

Clients/Patients – accreditation serves to protect public health and safety and to serve the public interest.

Why is the AATA supplanting the EPAB program approval process with pursuit of external accreditation?

The AATA Board of Directors realizes that master’s program accreditation provided by a CHEA-recognized national accrediting organization has become a necessity for future growth and recognition of art therapy as a profession. In combination with the strengthened academic guidelines recently completed by AATA’s Education Committee and the Board, the more rigorous program requirements and review procedures required for accreditation will increase the visibility and standing of art therapy educational programs within the academic community; assure prospective students that accredited art therapy master’s programs will adequately prepare them for credentialing, licensure and employment; and encourage additional educational institutions to sponsor art therapy master’s programs.

However, the impetus for seeking external accreditation at this time centers more on two trends related to AATA’s policy initiative to obtain state licensure for art therapists. In the years following the counseling profession’s 20/20 Vision for the Future of Counseling process, the American Counseling Association and the Commission on Accreditation of Counseling and Related Education Programs (CACREP) have engaged in an aggressive effort to convince state regulatory boards to license only counselors who are graduates of CACREP-accredited counseling programs. This followed earlier efforts by the social work and marriage and family therapy professions that restricted licensure only to graduates of accredited programs in most states. What became clear is that the major licensed mental health professions all have accrediting bodies that are external to their professional associations and that growing public recognition of the value of professional program accreditation was being used to close off licensure opportunities for art therapists.

It also became clear from AATA’s analysis of state licensure patterns that the professions that have been most successful in recent years in gaining licenses in multiple states are those with external educational program accreditation. 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 academic training and professional credentials. It has replaced the lengthy and often expensive
reviews of individual education credentials that few regulatory boards now have the staff or resources to perform. Use of an external accrediting organization adds rigor and objectivity to the program review process and, in the opinion of most regulatory boards, increases the value of education programs and the worthiness of their graduates.

**What is CAAHEP?**

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is an accrediting agency for specialized training and post-graduate education programs in a variety of health sciences professions. CAAHEP is the nation’s largest CHEA-recognized programmatic accreditation organization, providing accreditation in cooperation with 23 review committees to over 2100 entry-level education programs in 28 professions. It is also one of the oldest accrediting bodies, having first operated as an accrediting committee within the American Medical Association and, beginning in 1994, as an independent accreditation commission.

CAAHEP describes its mission as “assuring quality health professions education,” with a stated vision of becoming the “premier agency for programmatic accreditation services.” While retaining the title of its original focus on allied health disciplines, it has expanded its eligibility criteria for professions and disciplines to participate in the CAAHEP accreditation system beyond the traditional understanding of allied health programs to include a broader category of health sciences professions. The term “health sciences” is often used interchangeably with “health-related” occupations and is the outgrowth of the recent trend to more holistic and integrated approaches to health care that is still in the process of evolving and being defined. The term has broader use in Europe, where it has been defined as “a multidisciplinary field…that actively combines bio-medical, psycho-social, organizational and societal aspects of health, disease and health care.” In this country, the National Consortium for Health Sciences Education (NCHSE) views health sciences in equally broad terms as including virtually all fields of health care, and specifically identifies art therapy as a health sciences career.

Operationally, CAAHEP has a cooperative structure with a commission composed of representatives of each of the 23 committees on accreditation, their sponsoring organizations, and elected representatives of various communities of interest, including students, universities, public officials, and the public. A Board of Directors of 16 members elected by and from the Commission serves as the primary governing body that oversees the day-to-day operations of CAAHEP. The Board also is the accrediting body of CAAHEP that awards or denies program accreditation after review of recommendations from the accreditation committees.

CAAHEP follows an outcomes-based approach to program accreditation that seeks to measure evidence of student learning and preparation through retrospective review of program performance based on defined objective criteria. This is the same approach that CHEA has promoted over the past decade to advance academic quality and accountability. All CAAHEP policies and procedures, and those of its accrediting committees, must conform to the standards and guidelines for accreditation review and decision-making established by CHEA. As a result, CHEA recognition is also extended to each of CAAHEP’s accrediting committees.

**Why choose CAAHEP as the approach for art therapy accreditation?**

AATA decided to pursue CAAHEP for a number of important reasons. The AATA Board initially explored working directly with CHEA to form an independent accrediting body to accredit art therapy master’s programs that could qualify for CHEA recognition. It was quickly
determined that forming an independent and self-sustaining organization under CHEA standards would require considerable expense and a lengthy time commitment, including several years of operating as an accrediting organization, just to qualify to apply for CHEA recognition. Many CHEA-recognized accrediting bodies had required at least six years to complete this process. The Board determined that the time required for this approach would be detrimental to AATA’s critical priority of gaining licensure for art therapists in as many states as possible.

CAAHEP presented an alternative approach that could be completed over a far shorter period of time. With CAAHEP as the accrediting body, a profession’s accreditation committee operates essentially in an advisory role in establishing appropriate accreditation standards for their profession and reviewing program compliance under procedural guidelines established by CAAHEP. These committees are independent from their sponsor professional associations, but are not required to be structured or operate as fully independent organizations. This allows a profession to avoid the time and cost of incorporating a separate legal organization, raising substantial outside funding, hiring and training qualified staff, and providing the legal and insurance protections that otherwise would be required for an independent accrediting organization.

As a cooperative organization, CAAHEP also provides considerable assistance and support, including assigning an existing committee on accreditation as an advisor or mentor to help new professions prepare the applications, Standards and Guidelines documents and Policies and Procedures manuals needed to gain CAAHEP approval. Sample documents and templates also help to eliminate the trial and error process of preparing the standards and procedures to guide accreditation decisions that could otherwise delay the approval process.

While CAAHEP offers a more feasible approach for achieving national accreditation, a profession is not indefinitely obligated to it. In recent years three professions that built sizeable networks of accredited programs under CAAHEP (respiratory care, athletic training, and physician assistants) have successfully achieved CHEA recognition as independent accreditation commissions. CAAHEP recognizes this potential option for all member professions and seeks to build value in CAAHEP membership through continuing assistance and support and providing forums for member networking and problem solving.

CAAHEP has been highly effective in addressing AATA’s immediate and long-term needs for national accreditation. The AATA Board, after voting to pursue accreditation through CAAHEP in July 2014, anticipates having an accrediting committee approved and accepting applications for accreditation by February 2016. It has projected a five-year timeline under which all current EPAB-approved programs wishing to transition to CAAHEP accreditation will be able to do so in the time that otherwise might have been required just to qualify for initial CHEA recognition.

**What is ACATE, how will it be formed, and who will be its members?**

The CAAHEP Commission has approved AATA’s application on behalf of the art therapy profession to form a committee on accreditation under CAAHEP to provide for accreditation of art therapy master’s degree programs. The approved application calls for creation of an independent organization, the **Accreditation Council for Art Therapy Education (ACATE)** to replace AATA’s current internal program approval process through EPAB. The membership of ACATE will be comprised of ten to twelve members, consisting of a chair and not less than nine council members who will serve three-year terms. Under CAAHEP rules, ACATE’s membership must be balanced between art therapy educators, practicing art therapists, and
members representing various communities of interest, or stakeholders, with interests in art therapy master’s degree education, including employers, students and recent graduates, clients and families, college administrators, researchers, and the general public. The approved application also calls for appointment by AATA’s Board President of an art therapy educator to serve as the initial council chair. Subsequent chairs will be elected by and from ACATE’s membership.

To achieve the required member balance and provide ACATE with knowledgeable members able to begin accreditation reviews as quickly as possible, AATA’s application proposed using EPAB’s current membership as ACATE’s initial accreditation committee. The current nine-member EPAB board is divided among art therapy educators and practitioners with one public member. EPAB’s current members have expressed willingness to serve in a dual capacity as EPAB and ACATE members during the transition period to a fully operational accreditation program. Their involvement will provide ACATE with considerable years of experience implementing education standards and performing program reviews.

AATA President Sarah Deaver appointed Dana Elmendorf, MA, ATR-BC, LPC, to serve as ACATE’s initial chair. Dana is an Assistant Professor at Seton Hill University in Greensburg, Pennsylvania. She also has served as co-chair of AATA’s Education Standards Revision Task Force and will add considerable experience and a strong understanding of AATA’s new Master’s Education Guidelines, which will inform ACATE’s education standards. Dana will join the current EPAB chair, Jennifer Jividen Jackson, as co-chairs of the EPAB/ACATE transition, with Dana assuming leadership on issues relating to ACATE and Jennifer continuing to lead on EPAB-related issues and responsibilities.

New ACATE members will be selected by ACATE members from nominations submitted by AATA, AATA’s state and regional chapters, art therapy programs, AATA members, employers, and consumers of art therapy services. Current EPAB members hold staggered terms with at least three member terms scheduled to expire in each of the next three years. ACATE members will give priority in selecting new members as openings become available for adding public members to represent different communities of interest, and then for maintaining the required balance in membership between educators, practitioners, and public members.

**What will be ACATE’s mission and purpose?**

ACATE’s mission is to provide effective leadership in accreditation of master’s level art therapy programs to promote the highest levels of professional training and competence of art therapists through development and promotion of professional preparation standards, promotion of excellence in art therapy curriculum and program development, and encouragement of educational program self-assessment and continuing improvement.

As approved by CAAHEP, ACATE’s stated purpose is to cooperate with CAAHEP and AATA in establishing, maintaining and promoting standards for art therapy master’s education and appropriate accreditation guidelines that:

- effectively prepare students for safe and effective practice in the wide diversity of settings and with the diverse client populations that are served by professional art therapists;
- establish requirements for academic quality and measurable program outcomes that recognize and preserve an institution’s responsibility to determine program priorities and structures within the framework of its own institutional mission;
• encourage self-evaluation and continuing development of art therapy education programs to remain responsive to the needs of clients and consumers and the changing nature of safe and effective delivery of healthcare and mental health services;
• promote involvement of interested representatives of the public in establishing policies and procedures and assuring fair and consistent decision making and program review;
• require accredited programs to provide reliable information to the public on their performance and student achievement;
• preserve student confidentiality and privacy of student records;
• support research and development of diverse theory and methods of art therapy practice;
• create inclusive and supportive learning environments that consistently strive to attract, enroll, and retain diverse student populations.

How will art therapy programs become CAAHEP Accredited?

While specific procedures and requirements for accreditation of master’s level art therapy programs will need to be developed and approved by ACATE, all accrediting committees within the CAAHEP system are required to implement procedures for rigorous self-study and peer review that have the following four elements in common:

• **Self-Study:** An institution or program seeking accreditation prepares an in-depth self-evaluation study that measures its performance against standards established by the accrediting committee.

• **On-Site Evaluation:** A team selected by the accrediting committee visits the institution or program to determine how accurately the self-study reflects the status of the program and its compliance with the standards. This is an important peer review process that often results, after the formal site visit is concluded, in team members sharing ideas on how a program can be strengthened or improved.

• **Committee Review and Recommendation:** The committee on accreditation reviews the report of the site visitors and develops a recommendation to approve or deny accreditation. If there are areas where the program fails to meet required standards, these will be noted as “deficiencies.” In such an instance, a progress report will be requested, wherein the program will describe its efforts to fully comply with the standards.

• **CAAHEP Board Review:** The CAAHEP Board of Directors will review and then act upon the accrediting committee’s recommendation. The Board assures that due process has been met and that standards are being applied in a consistent and equitable manner.

What education standards will ACATE require for accreditation? How will they differ from current AATA Education Standards?

ACATE will use accreditation standards based on the AATA Master’s Education Guidelines that were developed by the Education Standards Revision Task Force and approved earlier in 2015 by the AATA Board of Directors. The Master’s Education Guidelines have undergone further revision by the Task Force to align them with the outcome-based education structure and review procedures required for CAAHEP accreditation and will be resubmitted to the AATA Board of Directors for approval.

The revised AATA Master’s Education Guidelines will fully inform the writing of ACATE’s Standards and Guidelines (S&G) document, with many sections of the Guidelines incorporated within ACATE’s S&G document or as curriculum standards in an appendix document. The
Education Guidelines differ from the earlier (2007) Master’s Educational Standards that have been used for EPAB approval in a number of important areas. First, they move away from separating “art therapy content” and “related mental health content,” a distinction that was, at times, misperceived as suggesting art therapy was not explicitly inclusive of clinical mental health care in professional practices. The Guidelines integrate these content areas.

Second, where prior education guidelines have included curriculum requirements focusing on course content, the revised Education Guidelines will further clarify student learning outcomes in terms of defined competencies. Competencies allow programs to have goal defining minimum expectations to prepare entry-level art therapists to perform safe and effective delivery of health care and mental health services. 14 overarching student learning outcomes highlight behaviors critical to successful entry-level performance for art therapy program graduates. Supporting these outcomes are 17 curriculum content areas. These content areas are more specifically delineated by 147 competencies which describe more specific types of measurable knowledge, skills, and attitudes or behaviors that art therapy students must develop through their coursework and that lead to student learning outcomes.**

Third, the Guidelines will require that programs consist of no fewer than 60-semester credits or 90-quarter credits. Of these overall credits, 30-semester credits, or 45-quarter credits, are devoted to required curriculum content areas. These requirements articulate reasonable program expectations while ensuring commonality of training across programs and portability of training over state lines. The remaining credits, which entail half of the overall coursework, allow programs to diversify and shape their program according to their mission and values.

Additional areas of detail and elaboration to previous (2007) AATA Ed Standards include content and competency areas that meet or exceed requirements of related mental health professions such as counseling. Examples include required training in areas such as Psychopathology & Diagnosis while supporting the uniqueness of the art therapy profession through areas such as Creativity, Symbolism &Metaphor. Specific competencies related to addiction treatments, trauma-focused care and understanding of neuroscience are also included. These requirements for academic quality and measurable student and program outcomes will, at the same time, recognize and preserve an institution's responsibility to determine program priorities and structures within the framework of its own institutional mission.

In short, the education standards being developed will satisfy the requirements of many, if not all, state regulatory boards that licensees be graduates of accredited programs and programs that provide clinical mental health training. Significant research has gone into exploring the types of curricular requirements expected by state boards, which in turn support evidence of competent practice and the safety of the public in terms of mental health treatment. Enhanced standards also will encourage self-evaluation and continuing development of art therapy education programs to remain responsive to the needs of clients and consumers and the changing nature of safe and effective delivery of healthcare and mental health services.

**For additional information on how student and program outcomes, rather than inputs, provide a preferable basis for assessing overall student and program performance refer to: the CAAHEP webinar, Assessing Student Learning Outcomes at: www.caahep.org/Content.aspx?ID=6; and the reference guide Standards, Outcomes and Quality on the Association of Specialized and Programmatic Accreditation website at: www.aspa-usa.org/content/about-accreditation.
How will accreditation affect current EPAB-approved programs?

Current EPAB-approved programs will not be affected by the change to external accreditation, or changes in educational standards, until the term of their EPAB approval expires or they choose to apply through ACATE for CAAHEP accreditation. Additionally, annual EPAB program fees will not change. Programs that are currently in the process of applying for EPAB approval, or program re-appraisal, will be allowed to do so through 2020/2021, with financial and procedural incentives provided to encourage re-application for CAAHEP accreditation at the earliest opportunity. Programs that are scheduled for EPAB re-appraisal later in 2015 are being asked to delay submitting applications to become the first master’s art therapy programs to apply for CAAHEP accreditation in 2016. Questions about how specific programs scheduled for EPAB re-appraisal will be affected by the EPAB/ACATE transition should be addressed to the current EPAB Chair, Jennifer Jackson at jenniferjiv@hotmail.com.

Current EPAB-approved programs should not be concerned that CAAHEP accreditation will create conflicts of interest for programs that continue to prepare graduates to qualify for both ATCB credentials and licensure as mental health counselors or marriage and family therapists. ACATE’s program and curriculum standards will provide flexibility in allowing each program to determine program priorities and structures within the framework of its own institutional mission. Current EPAB-approved programs also should not refrain from applying for accreditation out of concern that they will not be able to meet the revised institutional or content area requirements. In addition to the grandparent and phase-in protections that will be written in to ACATE’s accreditation standards, CAAHEP allows programs to receive Initial Accreditation or Conditional Accreditation under agreements that programs demonstrate in annual reports continued progress in meeting all accreditation requirements within a specified time frame.

What will be the cost of accreditation for art therapy programs?

The cost of accreditation for individual art therapy programs will involve an application fee paid to ACATE, reimbursement of travel costs and expenses for site visits, and annual program fees to ACATE and CAAHEP to maintain accreditation. Of these, the only set fee is the $450.00 annual fee required of all CAAHEP-accredited programs. However, this annual fee may be waived if an educational institution already sponsors one or more CAAHEP-accredited programs, with institutions paying a single $450 fee for all programs. This fee waiver was considered by AATA’s Board as an added benefit of seeking accreditation through CAAHEP, since it might encourage larger public and private universities with multiple CAAHEP-accredited programs to consider adding art therapy master’s programs.

ACATE will need to determine the amounts of application and annual fees that art therapy programs will be required to pay based on its projected operating costs. That CAAHEP does not require accrediting committees to have separate corporate or non-profit structures or fixed office locations will help minimize overhead costs. ACATE will be required to have at least one in-person meeting each year, but improved online video conferencing and document sharing capabilities should help minimize costs for additional meetings. AATA will provide funding in the form of grants and staff assistance throughout most of a projected five-year transition period after which ACATE is expected to be largely self-supporting.
However, the limited number of programs that can be processed for accreditation and pay continuing maintenance fees during the initial years of the transition will require that ACATE set both application and annual maintenance fees at levels that are higher than programs now pay for EPAB approval. The budget submitted by AATA in its application for CAAHEP approval projects a five-year operating budget for ACATE that includes application fees of $1,000.00 for EPAB programs and $1,250.00 for new programs without prior EPAB approval. Annual fees for maintaining accreditation were projected at $1,500.00 for all programs. These represent high-end projections of the fee revenue required for ACATE to become self-supporting at the earliest opportunity. ACATE will determine its own fees after consulting with program directors and other interested parties. Although accreditation fees will need to be higher than current EPAB fees, in most cases ACATE fees will remain at half the level of comparable fees required by other mental health accrediting commissions.

What will be AATA’s role in accreditation?

CHEA recognition and CAAHEP approval require that a programmatic accrediting body be separate and operate independently from its sponsoring professional association. Within the CAAHEP system, this applies primarily to the membership of the accrediting committee and its decision making process. Individuals holding positions in the leadership structure of the sponsor association or organization cannot also serve as members of the accreditation committee, nor can they exert any direct or indirect control or influence over accreditation decisions or other official actions of the accreditation committee. However, CAAHEP does not require a complete separation of the two organizations and is structured to encourage their continued collaboration and support.

Before ACATE can gain final approval by the CAAHEP Board, it must develop and approve a Standards and Guidelines (S&G) document as the governing document for its structure and accreditation process. This document will incorporate the education guidelines approved by AATA’s Education Standards Review Task Force and approved by the AATA Board. The S&G document must be submitted to CAAHEP’s Standards Committee for review and an open hearing. Changes required by the Standards Committee must be incorporated in the document and then submitted to the AATA Board for approval. A key requirement for final CAAHEP approval is that an accrediting committee’s S&G document must be approved by the sponsor professional organization and have its full support.

Once approved, ACATE will join AATA as a CAAHEP member, and both organizations will have representatives on the CAAHEP Commission serving as co-representatives of the art therapy profession. AATA’s Commissioner to CAAHEP will be appointed by the President of the AATA for a three year term. AATA members will be eligible to fill vacancies in ACATE’s membership. CAAHEP’s emphasis on frequent review and updating of accreditation standards will require that AATA’s Education Committee continue to collaborate with ACATE members in reviewing and updating education standards.

During the initial stages of the EPAB/ACATE transition, AATA staff will continue to provide technical assistance and administrative support to ACATE council members until they have sufficient revenue to hire at least part-time administrative staff. AATA also is not prohibited from offering office space or providing grants to help fund ACATE’s operations, as well as soliciting grant assistance from other organizations, foundations, individuals, vendors and others interested in supporting art therapy program accreditation.
Will accreditation replace the need for art therapy credentials?

The role of the Art Therapy Credentials Board (ATCB) in promoting competent and ethical practice of art therapy through examination and credentialing of art therapy professionals will not change with the establishment of ACATE and the transition to national accreditation. ACATE will simply replace EPAB in preparing art therapy graduates for ATCB’s ATR credential, which, in addition, requires qualified post-Master’s degree supervised clinical experience. ACATE’s more rigorous program review and academic competency requirements will provide the ATCB with greater assurance that graduates of accredited programs will possess the knowledge and skills required for competent and ethical practice.

Art therapy credentials will retain an essential role in licensing art therapists, which will increase in importance as accreditation helps facilitate licensure of art therapists in more states. The art therapist’s passing of ATCB’s Examination (the ATCBE) will continue to be required for state art therapy licensure to demonstrate professional competency. The ATR-BC credential will qualify art therapists for art therapy licenses in some states, as well as provide the basis for grandfather provisions in new legislation that permit art therapists with earlier Master’s degrees and qualified supervised experience to obtain art therapy licensure. The ATCB also will support the ACATE and AATA in their review and updating of education standards to assure that Master’s level art therapy education remains responsive to changes in professional practice, evolving theories and technology, and changing market conditions to provide the competencies art therapy students will need to qualify for state licensure and effective practice.

How to obtain more information.

Questions and requests for additional information can be addressed to Dana Elmendorf, ACATE Chair: acatecouncil@gmail.com.