On behalf of the American Art Therapy Association (AATA), I am submitting the following comments in response to the May 22, 2014 Notice of Solicitation of Comments for the 2018 Standard Occupation Classification Revision by the Office of Management and Budget [Federal Register Vol. 79, No. 99, pages 29619-29624]. Our comments focus on the need to change the 2010 Standard Occupational Classification (SOC) code for art therapists (29-1125.01), currently a subset of the broad occupation group of Recreational Therapists, to more accurately reflect the art therapy profession as a distinct mental health discipline under the 21-1010 occupation group code for counselors within the major occupation group 21-1000 (Counselors, Social Workers, and Other Community and Social Service Specialists). The following section provides an overview of art therapy as a unique mental health discipline, with academic training, scope of practice, and codes of ethics and conduct that clearly differ from those of recreational therapists and distinguish art therapy from other mental health occupations.

Background: The Art Therapy Profession

Art therapy is a distinct mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. The art therapist uses 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, and other debilitating health conditions.

Art therapists work with diverse client populations in individual, couples, family and group therapy formats. They practice in a wide variety of settings including hospitals, schools, psychiatric and rehabilitation facilities, community mental health clinics, wellness centers, forensic institutions, crisis centers, senior communities, veteran’s clinics, juvenile facilities, correctional institutions and other community facilities. Art therapists also work in private practice settings and can be primary or adjunctive therapists. 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 and mental health professionals.
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 credentialled art therapists—a process which typically requires a minimum of four years. Many 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 (AATA). Art therapy master’s level education requires knowledge of studio art (drawing, painting, sculpture, etc.) and the creative process, in addition to content areas such as psychopathology, human growth and development, assessment and evaluation, and counseling and psychology theories and techniques, as well as 100 hours of supervised practicum, and 600 hours of supervised art therapy internship.

In addition to educational requirements, standards of art therapy practice also exist at the state and national levels. Nationally, both the American Art Therapy Association (AATA) 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 direct supervision, to be eligible to apply to ATCB for national registration with the ATR credential. Those who also pass the ATCB examination become Board Certified and hold the ATR-BC credential. Art therapists must maintain their credential through a renewal process that involves completion of 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, Hahmemann Hospital in Philadelphia, and other distinguished medical institutions. By the 1960s, hospitals, clinics and rehabilitation centers increasingly began to include art therapy programs in addition to traditional “talk therapies,” recognizing that the creative process of art-making enhances recovery, health and wellness. Today, more than 5,000 professional art therapists hold ATCB credentials, over half achieving national Board Certification. Thirty-five AATA-approved art therapy master’s degree programs in twenty states and the District of Columbia provide increasing numbers of highly trained art therapy graduates. AATA is in the process of seeking approval for a separate national art therapy educational accreditation program that will meet the highest national standards of academic quality and program accreditation recognized by the Council of Higher Education Accreditation.

Requested Revisions for the 2018 Standard Occupational Classification

As master’s-level professionals engaged principally in the assessment and treatment of mental health conditions and disabilities, art therapists were incorrectly classified in the 2010 SOC under a major occupation group code, 29-1000, that includes health practitioners and technical occupations that do not involve comparable training and clinical practice in psychological and counseling theories and techniques. Although most professions included under this group code are described in similar terms as “therapists” and work with many of the same population groups and in many of the same settings as art therapists, the similarities end there. The training and practice for these professions focus largely on treatments to stimulate, rehabilitate, or restore physical health and functioning. Most inappropriate is the inclusion of art therapists under the detailed occupations sub-code for recreational therapy, which generally does not require comparable master’s-level training and involves medically-directed activities, including arts and crafts, designed to engage patient interest and stimulate physical movement to restore functioning and improve general health and wellbeing.
As described in the Notice of Solicitation of Comments, the first two guidelines for assigning or revising SOC codes for the 2018 SOC Revision require that workers “should be assigned to an SOC occupation code based on work performed” and also that they “should be coded in the occupation that requires the highest level of skill.” Using these criteria, we request a more appropriate classification for art therapists within the minor occupational group code 21-1010 – Counselors. The other occupations under this code most closely correspond to the work art therapists perform and the substance and level of their training, skills and experience. Most professions included within this occupational category, including mental health counselors, marriage and family therapists, education counselors, and behavior disorder counselors, have similar master’s degree and clinical experience requirements for entry level practice. Like art therapy, these professions also engage in work that focuses on assessing and treating children and adults experiencing development, medical, educational, social, or psychological impairment. In states without specialized art therapy or creative arts therapy licenses, many art therapists also hold licenses as either mental health counselors or marriage and family therapists in addition to their ATR-BC credential.

While the practice of art therapy shares many common elements with mental health counselors and marriage and family therapists, 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 other mental health professions. 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 interact with the individual’s mental state and resulting behavior. Recognition of the ability of art to reveal emotions, and knowledge and skill in safely managing the reactions it evokes, are defining elements of art therapy as a profession.

Art therapy master’s level education also differs from other mental health professions in its distinct emphasis on imagery and art-making. In addition to foundation work in human psychological development, theories of personality, assessment and evaluation, group therapy, and psychodiagnostics, 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.

The uniqueness of art therapy, together with its broad application in a variety of medical, mental health, and educational settings, require that art therapists be identified as a separate mental health occupation in the 2018 SOC revision. We request that art therapy be included within the 21-1010 occupation group code with a separate detailed occupation number (e.g., 21-1016) that identifies it as a separate and distinct occupational specialty.

The American Art Therapy Association appreciates this opportunity to submit comments relating to the 2018 SOC revision and looks forward to working with members of the SOC Policy Committee as the revision process progresses.

Respectfully,

Sarah Deaver, PhD, ATR-BC
President, American Art Therapy Association