

Board of Health Professions Regulatory Research Committee Meeting

August 23, 2018
9:00 a.m. - Board Room 4
9960 Mayland Dr., Henrico, VA
23233

In Attendance Martha S. Perry, MS, Citizen Member
James Wells, RPH, Citizen Member
Jacquelyn M. Tyler, RN, Citizen Member

Absent Vacant seat
Vacant seat

DHP Staff Elizabeth A. Carter, PhD, Executive Director BHP
Laura J. Jackson, MSHSA, Operations Manager BHP
Jaime Hoyle, Executive Director, Behavioral Sciences Boards
Diane Powers, Director of Communications DHP

Observers Carol Olson, VATA
Sarah Deaver, AATA
Spencer Powers, Hanover CSB, VATA
Terri Giller, VATA
Gioia Chitton, Potomac Art Therapy Assoc.
Gretchen Graves, VATA
Laura Tuomisto, Shenandoah Art Therapy, LLC
Monika Burkholder, Shenandoah Art Therapy, LLC
Darlene Green, Hospice of The Piedmont Art Therapy
Leila Saadeh, VATA
Marcia DuBois, VA Dept. for Aging & Rehabilitative Services (DARS)

Emergency Egress Dr. Carter

Call to Order

Chair Mr. Wells **Time** 9:01 a.m.
Quorum Quorum established

Public Comment

There was no public.

Approval of Minutes

Presenter Mr. Wells

Discussion

The June 26, 2018 committee meeting minutes were approved with no revisions. All members in favor, none opposed.

Art Therapist Study Review

Presenter Ms. Jackson

Discussion

Ms. Jackson presented the final report on the Art Therapist study.

Review of Criteria for Evaluating the Need for Regulation – Art Therapists

Presenter Mr. Wells

Criterion One: Risk for Harm to the Consumer

The Committee deemed that the unregulated practice of the profession poses the potential for significant harm to the public especially in consideration of the vulnerability of the patients the profession serves.

Criterion Two: Specialized Skills and Training

The Committee determined that specialized skills and training exist to distinguish the profession. The profession now requires master's degree level education and training through accredited programs, such as those existing at Eastern Virginia Medical School and George Washington University in Virginia. The required coursework includes diagnosis as well as treatment aspects of care. Additionally, the profession has developed a national, psychometrically sound competency examination.

Criterion Three: Autonomous Practice

Art therapists practice autonomously as well as within teams.

Criterion Four: Scope of Practice

The Committee concluded that the profession's scope of practice is defined with sufficient specificity even though other behavioral health professions employ some of the same tools and modalities. Licensure statutes and regulations would serve to better assure the public of professional practice standards and a clearer understanding of what "art therapy" constitutes.

Criterion Five: Economic Impact

The Committee considered the economic impact to the public of licensure costs to be small. The increase in Virginia's supply of art therapist practitioners would likely result from removal of the current barrier to practice which *also* requires licensure as a Licensed Professional Counselor, Licensed Marriage and Family Therapist, or similar profession. Lack of standalone licensure has restricted the potential supply of these mental health professionals in Virginia. This situation has driven students and graduates of George Washington University and Eastern Virginia Medical School art therapy programs to look to other states where art therapist licensure without the additional burden of obtaining licensure as another profession exists.

Criterion Six: Alternatives to Regulation

The Committee determined that no alternatives to licensure were considered to be commensurate with the public's protection.

Criterion Seven: Least Restrictive Regulation

The Committee concluded that all criteria were met and, as such, licensure is the least restrictive level.

Motion

After Committee discussion and review of The Criteria, a motion was made by Ms. Rackets to adopt a separate license for Art Therapists to practice in Virginia. The motion was properly seconded by Ms. Tyler. All members were in favor, none opposed.

Mr. Wells will present the findings and recommendation of licensure to the Full Board at the scheduled 10:00 a.m. Full Board meeting.

Policies and Procedures Update

Presenter Dr. Carter

Discussion

Dr. Carter reviewed the changes made to the Departments Policies and Procedures and advised that it will be taken to the Full Board at the December 4, 2018 meeting for approval.

New Business

Presenter Mr. Wells

Discussion

There was no new business.

December 4, 2018 Next Committee Meeting

Presenter Mr. Wells

Discussion

Mr. Wells announced the next committee meeting will be held December 4, 2018.

Adjourned

Adjourned 9:51 a.m.

Chair James Wells, RPh

Signature: _____ Date: ____/____/____

Board Executive Director Elizabeth A. Carter, Ph.D.

Signature: _____ Date: ____/____/____

**THE VIRGINIA BOARD OF HEALTH PROFESSIONS
THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS**

**Study into the Need to Regulate Art Therapists
in the Commonwealth of Virginia**

August 2018

**Virginia Board of Health Professions
9960 Mayland Dr, Suite 300
Richmond, VA 23233-1463
(804) 367-4403**

CONTENTS

Authority.....	3
The Criteria and Their Application	4
CRITERIA FOR EVALUATING THE NEED FOR REGULATION	4
Criterion One: Risk for Harm to the Consumer	4
Criterion Two: Specialized Skills and Training.....	4
Criterion Three: Autonomous Practice	4
Criterion Four: Scope of Practice	4
Criterion Five: Economic Impact.....	4
Criterion Six: Alternatives to Regulation.....	4
Criterion Seven: Least Restrictive Regulation	4
Application of the Criteria.....	5
Overview.....	6
Description of the Profession	6
Scope of Practice and Overlap	7
Credentialing.....	8
Education	9
Regulation	11
Risk of Harm	12
Economic Impact.....	13
Wages & Salaries.....	13
Workforce Adequacy.....	14
Discussion of Economic Impacts.....	15
Sources.....	16
Appendix.....	17
Appendix 1 - Eastern Virginia Medical School – Art Therapy & Counseling Program Curriculum.....	17
Appendix 2 - Scope of Practice American Art Therapy Association.....	19
Appendix 3 - ATCB Code of Ethics, Conduct, and Disciplinary Procedures.....	20
Appendix 4 – Public Comment.....	39

AUTHORITY

At its August 31, 2017 meeting, the full Board of Health Professions considered a request to review the need to regulate art therapists in the Commonwealth of Virginia. At this meeting, the Regulatory Research Committee (RRC) received approval to move forward with the study. At its December 7, 2017 meeting, the RRC adopted the workplan and began work on the study. The study is being conducted pursuant to the following authority:

Code of Virginia Section 54.1-2510 assigns certain powers and duties to the Board of Health Professions. Among them are the power and duty:

7. To advise the Governor, the General Assembly and the Director on matters relating to the regulation or deregulation of health care professions and occupations;

12. To examine scope of practice conflicts involving regulated and unregulated professions and advise the health regulatory boards and the General Assembly of the nature and degree of such conflicts;

Pursuant to these powers and duties, the Board of Health Professions and its Regulatory Research Committee conduct a sunrise review into the need to regulate art therapists in the Commonwealth of Virginia.

THE CRITERIA AND THEIR APPLICATION

The Board of Health Professions has adopted the following criteria and guidelines to evaluate the need to regulate health professions. Additional information and background on the criteria are available in the Board of Health Professions Guidance Document 75-2 *Appropriate Criteria in Determining the Need for Regulation of Any Health Care Occupations or Professions*, revised February 1998 available on the Board's website:

<https://www.dhp.virginia.gov/bhp/guidelines/75-2.doc>

CRITERIA FOR EVALUATING THE NEED FOR REGULATION

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.

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 (the three most commonly used methods of regulation) and specifies the criteria applicable to each level.

- **Licensure** - Licensure confers a monopoly upon a specific profession whose practice is well defined. It is the most restrictive level of occupational regulation. It generally involves the delineation in statute of a scope of practice which is reserved to a select group based upon their possession of unique, identifiable, minimal competencies for safe practice. In this sense, state licensure typically endows a particular occupation or profession with a monopoly in a specified scope of practice.
 - **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 by the state 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, & 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, & 6 must be met.

OVERVIEW

This preliminary document provides an overview of the profession, including recent changes affecting the profession. It also highlights some of the key areas of concern. Its purpose is to inform Committee members and the public during the public comment period. Interested parties may also review the sunrise proposal submitted by the Virginia Art Therapy Association. A full report, incorporating public comment and final recommendations, will be issued at the end of the study period.

DESCRIPTION OF THE PROFESSION

Art Therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. (AATA)

Art Therapy, facilitated by a professional art therapist, effectively supports personal and relational treatment goals as well as community concerns. Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and advance societal and ecological change. (AATA)

Since the beginning of human history art has been an instrument for symbolism and self-expression, a medium for communicating thoughts and ideas. In the 1940s, psychologist Margaret Naumburg's work was based on the idea of using art to release the unconscious by encouraging free association. She started referring to her work as art therapy, a form of symbolic speech that the patient was encouraged to interpret and analyze. In 1944, Austrian born Edith Kramer, a student of art, painting, drawing and sculpture became a US citizen and founded the art therapy graduate program at New York University. (Art Therapy Journal)

By the middle of the 20th century, art therapy programs were in many mental health facilities and hospitals. It was observed that this form of therapy could promote emotional, developmental, and cognitive growth in children. The discipline has continued to grow, becoming an important tool for assessment, communication, and treatment of children and adults. (Art Therapy Journal)

The American Art Therapy Association (AATA) is a 501(c)(3) not-for-profit, non-partisan, professional and educational organization dedicated to the growth and development of the art therapy profession. Nearly 5,000 professional art therapists and students are part of the American Art Therapy national network. The AATA has established its own set of standards for art therapy education and practice. (AATA)

Art as therapy should not be confused with art in therapy as they are two distinct concepts. Art as therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art in therapy embodies the idea that art making is, in and of itself, therapeutic and that the creative process is a growth-producing experience. (Malchiodi, 2013)

A major concern of trained art therapists is that there are therapists utilizing "art as therapy" who are not masters' level clinicians in visual art or theories and techniques of human development, psychology, and counseling. (AATA)

Art therapists are trained in the use of art media and provide these counseling and psychotherapeutic principles to individuals, groups and families. Training involves identifying and assessing each client's needs in order to implement therapeutic art interventions to meet the clients psychological, developmental, behavioral, physical and emotional functioning needs.

SCOPE OF PRACTICE AND OVERLAP

In Virginia, Licensed Professional Counselors (LPCs) and Marriage and Family Therapists (MFTs) are mental health professions licensed by the Board of Counseling. These two professions have laws and regulations in place where the applicant must meet course work requirements, experience requirements and a passing grade on the licensing exam to obtain licensure. Art therapy also has private credentialing requirements in education and experience as well as passing an exam to obtain credentialing, the difference being that state licensure is currently not available for this mental health profession.

Art therapy differs from counseling and marriage and family therapy in that its practice incorporates art media and the creative process. This form of therapy involves art processes and art materials in combination with psychotherapy, engaging and promoting the use of art in the healing process. Art therapy also allows individuals who are unable to express themselves verbally with a therapeutic way to engage their mind, body and spirit, promoting healing.

Art therapists currently work in Virginia, some with a license in counseling or marriage and family therapy, with additional credentialing in art therapy. Credentialed art therapist working in Virginia work as art therapists in many settings, while others represent themselves as providing "art therapy" but do not have the education or credentials to use the title "art therapist".

The practice of art therapy is specific in its scope of practice (Appendix 2) and regulation of this profession could negatively affect individuals with licenses to practice counseling or marriage and family therapy who are utilizing "art therapy" during treatment without having the education and credentialing to do so. This would also negatively affect individuals utilizing the term "art therapy" when they do not hold the necessary credentials to do so.

Typical work settings for art therapists are similar to those they worked in while obtaining supervision hours, private practice, inpatient and outpatient mental health facilities, schools and detention centers, and other settings where mental health practitioners practice. Art therapists often work in teams and interact with social workers, physical therapists, psychologists and medical providers such as nurses and doctors. Within these settings, art therapists serve a diverse group of individuals, from all ages and populations.

Unsupervised practice depends on the level of training of the art therapist and the treatment setting they are working in. Should the art therapist have a private practice all treatment would likely be unsupervised, holding the art therapist accountable for the job they perform. However, when treating patients in a clinical environment or school setting within which they are employed, there would be some level of being both supervised and unsupervised, holding both parties accountable for the job being performed. Virginia currently cannot hold art therapists legally

liable for improper conduct or unethical practice as no standards have been established for this unlicensed profession. Art therapist currently follow the Code of Ethics (Appendix 3) established by the ATCB.

Section 1.1.6 of the Code of Ethics prohibit engaging in therapy practices or procedures beyond scope of practice¹, experience, training, and experience. Patients requiring services outside of this scope are referred out to seek the services of another provider. Referral to see an art therapist might come from another health practitioner, such as a doctor. Children’s Hospital of Richmond at VCU provides art therapy to young patients as a creative outlet to help them express their emotions and cope with the pain and stress of treatment. VCU understands the healing value of art and artistic traditions and how art therapists are able to apply their special knowledge of human development and psychology, clinical practice, and spiritual and cultural customs, to help children and their families deal with the impact of complex medical conditions on their lives. (Children’s Hospital, 2018)

CREDENTIALING

The ATCB develops and administers board certification exams for art therapists who have met the education and supervision requirements to become credentialed as a Registered Art Therapist (ATR). The exam covers the following domains: Administrative and Therapeutic Environments, Initial Interview and Evaluation Assessment, Art Therapy Treatment and Services, Professional Practice and Ethics, and Theory and Therapeutic Applications. This exam is psychometrically sound and administered at locations across the United States four times each year.

To maintain ATCB certification art therapists must complete a yearly minimum of 20 continuing education (CE) credits, during a five (5) year recertification cycle, equivalent to 100 hours of approved continuing education during the recertification cycle. Six of these credits must be in ethics during each cycle. CE audits are performed on 10 percent of those applying for recertification.

ATCB credentialing allows for easy recognition of individuals who are Master’s degree trained and qualified to practice art therapy.

¹ “Scope of practice” is a term, which generally references specific state statutes, which describe the permissible activities of the regulated occupation or profession.

Credentials - National Level

Credential	Description
Provisional Registered Art Therapist (ATR-Provisional)	Individuals who have completed a degree (or education requirements for the ATR-Provisional) and are engaged in a supervisory relationship with a qualified supervisor(s). The ATR-Provisional is not a required credential to apply for the ATR.
Registered Art Therapist (ATR)	Individuals who meet established standards, with successful completion of advanced specific graduate-level education in art therapy and supervised, post-graduate art therapy experience.
Board Certification (ATR-BC)	Individuals who complete the highest-level art therapy credential by passing a national examination, demonstrating comprehensive knowledge of the theories and clinical skills used in art therapy.
Art Therapy Certified Supervisor (ATCS)	Experienced Board Certified Art Therapists who provide clinical supervision and have acquired specific training and skills in clinical supervision.

*AATA Credentials and Licensure

EDUCATION

Education to practice as an art therapist requires a minimum of a master's degree in a program accredited by the AATA's Educational Programs Approval Board (EPAB). After obtaining the necessary education, 1,000 hours of post-graduate clinical experience under the supervision of a credentialed art therapist is required. Private, national certification is available from an independent certification board.

Educational training in psychopathology with children, adolescents and adults provide the art therapist the ability to learn the criteria for psychiatric diagnoses, allowing them to recognize behavioral and art indicators of functional and organic disorders. Practice includes the application of art therapy principles and methods in diagnosis, prevention, treatment and amelioration of psychological problems and emotions. They often work in team settings that allow them to contribute to collective diagnosis and treatment plans. Treatment plans are designed and implemented based on the art therapists level of training and the practice setting.

Art therapists must undergo individual and group supervised training as part of their education. The AATA requires that students complete 100 hours of supervised practicum, and 600 hours of supervised art therapy clinical internship to obtain their degree. Credentialing as a registered art therapist (ATR) requires 1,000 hours (if individual graduated from an AATA/EPAB), or 1,500 hours (if individual graduated from a non-approved art

therapy program) of direct contact practice supervised by a credentialed art therapist, another licensed mental health provider or an Art Therapy Certified Supervisor (ATCS), 100 hours of which half must be supervised by an ATCS or an ATR-BC credentialed supervisor. While under supervision, the facility in which they are obtaining supervision is legally accountable and held liable for the supervisee’s actions. Supervision practice agreements follow the ATCB Code of Ethics, Conduct and Disciplinary Procedures established policy.

The American Art Therapy Association (AATA), Inc., offers program and curriculum standards for each Master’s degree program. All AATA programs must be approved by the AATA Education Program Approval Board (EPAB). There are two AATA EPAB approved art therapy Master’s degree programs in Virginia:

- George Washington University’s Columbian College of Arts and Sciences’ Art Therapy Master’s Degree Program in Alexandria, Virginia offering a Master’s in Art Therapy (with a thesis option); a Master’s in Art Therapy Practice and a combined Bachelor of Arts/Masters of Arts in Art Therapy, enrolling approximately 20 students per year (George Washington University, 2017); and
- Eastern Virginia Medical Schools Art Therapy & Counseling Program in Norfolk, Virginia, a Post Master’s program (Appendix 1) 2016-2017 school year enrollment listed 34 students. (Eastern Virginia Medical School, 2018)

There is currently a five-year transition for approved EPAB programs to transition to a new program with external accreditation through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

It is important to note that undergraduate and Doctoral degree programs in art therapy do not undergo a formal review and approval process by the EPAB. Certificate art programs are offered online but do not provide the level of education necessary to obtain credentialing as an art therapist.

There are currently 35 colleges and/or universities in the United States and Canada with ATCB approved master’s degree art therapy programs.

Art Therapy Programs – US and Canada

State	Master’s Degree Program	Undergraduate Degree Program	Doctoral Program
California	3		1
*Canada	1		
Colorado	1		
Connecticut	1		
District of Columbia	1		
Florida	1	1	1
Illinois	3		
Indiana	1		
Kansas	1		
Kentucky	1		
Massachusetts	2		1

State	Master's Degree Program	Undergraduate Degree Program	Doctoral Program
Michigan	1		
Minnesota	1		
New Jersey	1		
New Mexico	1		
New York	7	2	
Ohio	1	2	
Oregon	1		
Pennsylvania	3	6	1
South Carolina		1	
Tennessee		6	
Virginia	1	2	
Washington	1		
Wisconsin	1	2	1
Total Programs	35	22	5

Source: American Art Therapy Association-Approved Programs

REGULATION

Currently seven states require art therapists to be licensed as art therapists. There are five states that license art therapists under a related license, and three states that recognize art therapists for purposes of state hiring and/or title protection. Currently, 17 states are considering art therapist licensure. (AATA)

In Virginia, there are no laws, regulations or standards of practice that exist for the practice of art therapy. Credentialed art therapists that are employed in Virginia as counselors or marriage and family therapists would be under the laws and regulations of the Board of Counseling. Employers of art therapists have applicable standards of practice that must be followed to comply with state laws. State agencies and hospitals that employ art therapists would have an established code of conduct along with regulations that apply to that entity.

The Art Therapy Credentials Board administers the ATCB Examination (ATCBE) which is a national exam taken for Board Certification and, in some cases, needed for state licensure. The board certification proficiency exam provides credentialing for board certified art therapists (ATR-BC) and is administered yearly by paper and pencil at the AATA conference as well as computer based testing which is offered several times per year at different testing locations. Test by exception is offered for an additional fee for individuals wishing to take the exam outside the scheduled time frame.

Professional regulation may have more of an impact when it comes to disciplining impaired, unethical or incompetent art therapists, and those practicing art therapy without credentialing, removing them from practice.

Licensure by Title

State	Licensure Title
Delaware	Licensed Professional Art Therapist (LPAT) and Licensed Associate Art Therapist (LAAT)
Kentucky	Professional Art Therapy License (LPAT)
Maryland	Professional Clinical Art Therapy License (LPCAT)
Mississippi	Professional Art Therapy License (LPAT)
New Jersey	Professional Art Therapy License (LPAT)
New Mexico	Professional Art Therapist License (LPAT)
New York	Creative Arts Therapist License (LCAT)
Oregon	Licensed Art Therapist (LAT) and Licensed Certified Art Therapist (LCAT)
Pennsylvania	Art therapy defined in regulation as a qualifying “closely related field” for the professional counseling license (LPC)
Texas	Professional Counselor with Specialization in Art Therapy License (LPC-AT)
Utah	Art therapists with clinical art therapy master’s degrees recognized by the Utah Division of occupational and Professional Licensing as meeting the education requirements for the Associate Clinical Mental Health Counselor license
Wisconsin	Registered Art Therapist with License to Practice Psychotherapy

*American Art Therapy Association-Credentials and Licensure

RISK OF HARM

Due to the low number of states that license or utilize title protection for art therapists, and the Art Therapy Credentials Board, Inc. (ATCB) requirement that all ATCB credential holders self-report any violations of the ATCB Code of Ethics, Conduct and Disciplinary Procedures, the level of reported cases is negligible.

Information regarding disciplinary action against art therapists was not readily accessible. Many states that license or provide title protection group these individuals under another closely related mental health category such as licensed marriage and family therapist or licensed mental health counselor. Virginia does not delineate disciplinary actions or complaints against practitioners with art therapist credentials. Since 2008, Kentucky has reported a total of six cases, five pertaining to practicing art therapy without a license. The sixth case was dismissed.

Harm may be attributed to providers practicing art therapy without the necessary skill set, master’s degree education, supervision and ethical standards necessary to obtain credentialing from the ATCB. Untrained providers of art therapy can cause potential harm to their clients’ emotional wellbeing, as they do not understand how to assess, diagnose and treat patients utilizing art material.

Overall, art therapists do not utilize dangerous equipment while performing within their practice guidelines. There are however, basic art tools, such as paint and glue, which contain toxic chemicals that could cause harm should they be inhaled or ingested, scissors which have sharp edges capable of causing cuts or punctures, and objects such as clay, if thrown, could be considered potentially dangers. It is the responsibility of the art therapist to understand the ability of the patient, the specific art therapy tools deemed safe to use with that patient, and the environment within which the therapy session takes place.

The potential for fraud does exist in Virginia, as there are no existing laws or regulations regarding this profession. Virginia does not acknowledge the profession of art therapy, does not codify a scope of practice, nor does it provide any form of title protection for individuals practicing as art therapists. This lack of delineation between professions creates confusion for the public at large. Consumers are not able to determine actual credentialed art therapists with academic and clinical training who are safe to practice art therapy versus those that claim to be art therapists but have no training.

Art therapists in Virginia do not qualify for direct third party payments. However, they are able to receive payment for their services under another behavioral sciences license or indirectly through their employer.

The ATCB Code of Ethics, Conduct and Disciplinary Procedures (Appendix 3) was updated in 2016 to reflect standards established by the NCCA. Compliance with these standards of ethics is required to protect the patient, the employer and the art therapist. The Code consists of 18 principles and standards of conduct and is enforced by the ATCB. All ATCB credential holders and applicants are required to self-report any violation referred to in the [ATCB Code of Ethics, Conduct, and Disciplinary Procedures](#) document. The Code is enforced through a written grievance process and reviewed by a discipline hearing panel of three members who review the matter and provide a written decision. Based on the decision there is an appeals process. If certification or registration is revoked, the individual is not eligible to apply for certification or registration for a minimum of three years.

Virginia does not have a peer review mechanism for art therapists, however, credentialed art therapists are subject to review according to the ATCB Code of Ethics, Conduct and Disciplinary Procedures as stated above. Grounds for discipline are explained in section II. Disciplinary Procedures, Item 4. Standards of Conduct, Grounds for Discipline. (Appendix 3)

Legal offenses that would preclude a practitioner from practice include: sexual offenses involving a child, homicide 1st degree, and kidnapping. Additional serious offenses are in section 5.2.12 of Appendix 3.

ECONOMIC IMPACT

WAGES & SALARIES

Available compensation data on the profession is subsumed within broader behavioral health providers' categories. Nationally, estimates for art therapists' salaries ranged from \$32,000 - \$58,000 with a median income of

\$43,400. The U.S. Department of Labor Bureau of Labor Statistics shows that in Virginia the median salary per year is \$42,410 with a salary range of \$31,440 up to \$64,240. Location influences pay, as Washington, DC, New York and

Profession	Median Wage
Art Therapist	*\$31K-\$64K
Licensed Professional Counselor	*\$50K-\$60K
Family & Marriage Therapist	*\$50K-\$60K

Source: *Bureau of Labor Statistics - 2016 Data

**DHP Healthcare Workforce Data Center - 2017 Data

Philadelphia receive salaries above the national average, while Pittsburgh, Milwaukee and Denver receive salaries below the national average. Also affecting pay is the number of years of experience the individual has invested in the profession. Depending on the size of the employers' workforce, some art therapists receive benefits, such as medical and dental coverage.

Art therapist salaries appear to be lower than that of other comparable, mental health providers with a master's degree. According to the Department of Health Professions Healthcare Workforce Data Center (DHP HWDC, 2017) survey for Licensed Professional Counselors, the median income for both licensed professional counselors and marriage and family therapists for 2017 was \$50,000 - \$60,000. An art therapists work environment is similar to that of other therapists and counselors, so the lower than average wages are not aligned in the profession.

A national internet search for credentialed art therapists provided a varying rate of services ranging from \$90 for a 50-minute session to \$125 for a 55-minute session. An initial intake assessment fee ranged from \$0 to \$150. These prices are similar in range to those being charged by similar behavioral health specialists.

Art Therapist Session Fees

State	Session Fee	Session Length
Richmond, VA	*\$95	Not available
Washington, DC	**\$120	60 minutes
New Orleans, LA	***\$120	60 minutes
Laramie, WY	****\$125	55 minutes

Sources: *Mind-Body Art Essentials, **Work of Art Therapy, ***NOLA Art Therapy and Counseling, LLC, ****Wyoming Art Therapy and Medical Counseling, LLC

WORKFORCE ADEQUACY

According to the AATA, there are nearly 5,000 professional art therapists and students as members of the American Art Therapy national network. Virginia currently has 131 members. Of this, 91 are members at the professional level, 37 at the student level and 9 are associate members or retired. This would lead one to believe that there are at least 91 individuals credentialed to practice art therapy, with 37 students currently enrolled in an art therapy credentialed program that could be added to the workforce.

Whether there is a shortage or an oversupply of these practitioners in Virginia is unknown. The profession-distinct supply and demand data are not available to make such assessment. It can be determined however, that as a mental health provider already providing care to individuals in Virginia, that they do provide care to individuals in need of this unique type of mental health care.

DISCUSSION OF ECONOMIC IMPACTS

In Virginia, individuals who have dual licensure in counseling and art therapy are able to bill for their services and qualify for third-party payment as licensed professional counselors or marriage and family therapists, but are not allowed to directly bill for services otherwise.

Licensure of art therapists in Kentucky, Maryland and Mississippi allows them to receive Medicaid reimbursement for their services. Pennsylvania and Texas allow for private insurance and state program reimbursement as art therapists are licensed as professional counselors. In Maryland, art therapists are able to receive reimbursement from private insurers. One goal of licensure of art therapists in Virginia is for the profession to be able to receive third-party payment for the services they provide.

In 2014, the AATA petitioned the Standard Occupational Classification Policy Committee (SOCPC) requesting that the occupational classification for art therapy be changed from occupation code “recreational therapy” to a separate classification as a mental health profession. The Committee rejected the request citing that existing policy prevents providing a separate defined classification for any occupation or profession for which the Bureau of Labor Statistic or the Census Bureau cannot collect data. In 2018 the Standard Occupational Classification (SOC) System-Revision for 2018 announced that the federal governments revised occupational codes, including reclassification of art therapists from being classified as “recreational therapists” (under code 29-1125) will now be classified as “Therapists: All Other” (sub-code 29-1125. Effective January 1, 2018, this change in SOC code according to the AATA will: require federal and state agencies and private employers to redefine job descriptions, pay levels and hiring guidelines; require insurers to re-evaluate how art therapy services are defined and covered for individual and group insurance plans; and may open additional approaches for state licensing and regulation. (AATA)

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APPENDIX

APPENDIX 1 - EASTERN VIRGINIA MEDICAL SCHOOL – ART THERAPY & COUNSELING PROGRAM CURRICULUM

Art Therapy & Counseling Program Course Sequence

*Courses and sequence are subject to change

FIRST YEAR

Semester 1 - Fall

- AT 516 Clinical Case Conference (1)
- AT 521 Individual Counseling & Psychotherapy (3)
- AT 524 Processes & Materials of Art Psychotherapy I (4)
- AT 528 Theories of Human Psychological Development (3)
- AT 530 Psychopathology (3)
- AT 534 Introduction of the History & Theory of Art Therapy (1)
- AT 548 Assessment (3)
- AT 550 Practica Fieldwork (1)

Semester 2 - Spring

- AT 513 Research Methods (3)
- AT 520 Group Counseling & Psychotherapy (3)
- AT 529 Case Presentation Skills (1)
- AT 547 Individual Supervision I (1)
- AT 549 Processes & Materials of Art Psychotherapy II (4)
- AT 551 Practicum I (.5)
- AT 555 Internship I (2.5)
- AT 561 Child Counseling & Psychotherapy Skills (1) or
- AT 563 Adolescent Counseling & Psychotherapy Skills (1) or
- AT 565 Adult Counseling & Psychotherapy Skills (1)
- AT 567 Group Supervision Counseling & Psychotherapy w/Children (1.5)or
- AT 670 Group Supervision Counseling & Psychotherapy w/Adoles (1.5)or
- AT 667 Group Supervision Counseling & Psychotherapy w/Adults (1.5)

Summer Semester

- AT 607 Capstone I (1)

SECOND YEAR

Semester 3 - Fall

- AT 607 Capstone II (1)
- AT 617 Clinical Case Conference II (1.5)
- AT 636 Cultural Competency (3)
- AT 646 Individual Supervision II (1)
- AT 650 Practicum II (.5)
- AT 656 Internship II (2.5)
- AT 660 Child Counseling & Psychotherapy Skills (1) or
- AT 662 Adolescent Counseling & Psychotherapy Skills (1) or
- AT 664 Adult Counseling & Psychotherapy Skills (1)
- AT 669 Group Supervision Counseling & Psychotherapy w/Children (1.5) or
- AT 672 Group Supervision Counseling & Psychotherapy w/Adoles (1.5) or
- AT 669 Group Supervision Counseling & Psychotherapy w/Adults (1.5)

Semester 4 - Spring

- AT 607 Capstone III (1)
- AT 617 Ethics & Professionalism (3)
- AT 647 Individual Supervision III (1)
- AT 649 Creativity, Symbolism & Metaphor (3)
- AT 651 Practicum III (.5)
- AT 657 Internship III (2.5)
- AT 661 Child Counseling & Psychotherapy Skills (1) or
- AT 663 Adolescent Counseling & Psychotherapy Skills (1) or
- AT 665 Adult Counseling & Psychotherapy Skills (1)
- AT 671 Group Supervision Counseling & Psychotherapy w/Children (1.5) or
- AT 674 Group Supervision Counseling & Psychotherapy w/Adoles (1.5) or
- AT 673 Group Supervision Counseling & Psychotherapy w/Adults (1.5)

Electives and Specialization Courses

- AT 533/633 Clinical Specialities (varies)
- AT 535/635 Art Therapy in the Schools (1)
- AT 562/652 Medical Art Therapy (1)
- AT 615 Family Counseling & Psychotherapy (3)**
- AT 638 Countertransference/Jung (1)
- AT 639 Exploration of the Psyche (1)
- AT 655 Trauma Informed Art Therapy (1)
- AT 632 Addictions (3)**
- AT 634 Career Counseling (3)**

**Optional coursework for graduation; required for licensure

***Number in parentheses designates number of credits

APPENDIX 2 - SCOPE OF PRACTICE AMERICAN ART THERAPY ASSOCIATION

Typical functions performed and services provided by art therapists according to scope of practice as defined by the American Art Therapy Association include, but are not limited to:

- (a) The use of psychotherapeutic principles, art media, and the creative process to assist individuals, families, or groups in:
 - (1) Increasing awareness of self and others;
 - (2) Coping with symptoms, stress, and traumatic experiences;
 - (3) Enhancing cognitive abilities; and
 - (4) Identifying and assessing clients' needs in order to implement therapeutic intervention to meet developmental, behavioral, psychological, and emotional needs.
- (b) The application of art therapy principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or psychological conditions that include, but are not limited to:
 - (1) Clinical appraisal and treatment during individual, couples, family or group sessions which provide opportunities for engagement through the creative process;
 - (2) Using the process and products of art creation to tap into client's inner fears, conflicts and core issues with the goal of improving physical, psychological and emotional functioning and well-being; and
 - (3) Using art therapy assessments to determine treatment goals and implement therapeutic art interventions which meet developmental, psychological, and emotional needs; and
- (c) The employment of art media, the creative process and the resulting artwork to assist clients to:
 - (1) Reduce psychiatric symptoms of depression, anxiety, post traumatic stress, and attachment disorders;
 - (2) Enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas;
 - (3) Cope with symptoms of stress, anxiety, traumatic experiences and grief;
 - (4) Explore feelings, gain insight into behaviors, and reconcile emotional conflicts;
 - (5) Improve or restore functioning and a sense of personal well-being;
 - (6) Increase coping skills, self-esteem, awareness of self and empathy for others;
 - (7) Healthy channeling of anger and guilt; and
 - (8) Improve school performance, family functioning and parent/child relationship.



September 2016

Code of Ethics, Conduct, and Disciplinary Procedures

TABLE OF CONTENTS

Preamble

1. General Ethical Standards

- 1.1 Responsibility to Clients
- 1.2 Professional Competence and Integrity
- 1.3 Responsibility to Students and Supervisees
- 1.4 Responsibility to Research Participants
- 1.5 Responsibility to the Profession

2. Standards of Conduct

- 2.1 Confidentiality
- 2.2 Use and Reproduction of Client Art Expression and Therapy Sessions
- 2.3 Professional Relationships
- 2.4 Financial Arrangements
- 2.5 Advertising
- 2.6 Measurement and Evaluation
- 2.7 Documentation
- 2.8 Termination of Services
- 2.9 Electronic Means

3. Eligibility for Credentials

- 3.1 Compliance with ATCB Standards, Policies and Procedures
- 3.2 Complete Application
- 3.3 Property of ATCB and Eligibility Determination
- 3.4 Pending Litigation
- 3.5 Criminal Convictions

4. Standards of Conduct: Discipline Process

- 4.1 Grounds for Discipline
- 4.2 Release of Information
- 4.3 Waiver
- 4.4 Reconsideration of Eligibility and Reinstatement of Credentials
- 4.5 Deadlines

5. Disciplinary Procedures

5.1 Appointment of Disciplinary Hearing Panel

5.2 Submission of Allegations

5.3 Procedures of the Disciplinary Hearing Panel

5.4 Appeal Procedures

5.5 Bias, Prejudice, Impartiality

PREAMBLE

The Art Therapy Credentials Board (ATCB) is a nonprofit organization that seeks to protect the public by issuing registration, board certification, and clinical supervisor credentials to practitioners in the field of art therapy who meet certain established standards. The Board is national in scope and includes academicians, practitioners, supervisors, and a public member who work to establish rigorous standards that have a basis in real world practice. The ATCB art therapy registration, board certification, and clinical supervisor credentials, hereinafter sometimes referred to as credentials, are offered to art therapists from a wide variety of practice disciplines, who meet specific professional standards for the practice of art therapy.

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

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

I. CODE OF ETHICS AND CONDUCT

1. General Ethical Standards

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

1.1 Responsibility to Clients

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

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

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

- 1.1.4** Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions. Art therapists advise their clients that decisions on whether to follow treatment recommendations are the responsibility of the client. It is the professional responsibility of the art therapist to avoid ambiguity in the therapeutic relationship and to ensure clarity of roles at all times.
- 1.1.5** Art therapists continue a therapeutic relationship only so long as they believe that the client is benefiting from the relationship. It is unethical to maintain a professional or therapeutic relationship for the sole purpose of financial remuneration to the art therapist or when it becomes reasonably clear that the relationship or therapy is not in the best interest of the client.
- 1.1.6** Art therapists must not engage in therapy practices or procedures that are beyond their scope of practice, experience, training, and education.
- 1.1.7** Art therapists must not abandon or neglect clients receiving services. If art therapists are unable to continue to provide professional help, they must assist the client in making reasonable alternative arrangements for continuation of services.
- 1.1.8** Art therapists shall ensure regular contact with clients and prompt rescheduling of missed sessions.
- 1.1.9** Art therapists shall make all attempts to ensure there are procedures in place or follow recommendations for a "professional will" that suggests the handling of client documentation and art, if applicable, in the event of their unexpected death or inability to continue practice. Art therapists shall recognize the harm it may cause if clients are unable to access services in such a situation and identify individuals who can assist clients with obtaining services and with appropriate transfer of records. These written procedures shall be provided to the client.
- 1.1.10** Art therapists shall provide clients with contact information for the Art Therapy Credentials Board.
- 1.1.11** Art therapists are familiar with state requirements and limitations for consent for treatment. When providing services to minors or persons unable to give voluntary consent, art therapists seek the assent of clients and/or guardians to services, and include them in decision making as much as possible. Art therapists recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.
- 1.1.12** Art therapists should obtain qualified medical or psychological consultation for cases when such evaluation and/or administration of medication is required. Art therapists must not provide services other than art therapy unless certified or licensed to provide such other services.
- 1.1.13** Practitioners of art therapy must conform to relevant federal, provincial, state, and local statutes and ordinances that pertain to the provision of independent mental health practice. Laws vary based upon the location of the practice. It is the sole responsibility of the independent practitioner to conform to these laws. Art therapists shall be knowledgeable about statutes and/or laws that pertain to art therapy and mental health practice in any jurisdiction (state, province, country) in which they practice.
- 1.1.14** Art therapists must seek to provide a safe, private, and functional environment in which to offer art therapy services. This includes, but is not limited to: proper ventilation, adequate lighting, access to water supply, knowledge of hazards or toxicity of art materials and the effort needed to safeguard the health of clients, storage space for client artworks and secured areas for any hazardous materials, monitored use of sharps, allowance for privacy and confidentiality, and compliance with any other health and safety requirements according to state and federal agencies that regulate comparable businesses.

1.2 Professional Competence and Integrity

- 1.2.1.** Art therapists must maintain high standards of professional competence and integrity.
- 1.2.2** Art therapists must keep informed and updated with regard to developments in the field which relate to their practice by engaging in educational activities and clinical experiences. Additionally, art therapists shall seek regular consultation and/or supervision with fellow qualified professionals.
- 1.2.3** Art therapists shall assess, treat, or advise only in those cases in which they are competent as determined by

their education, training, and experience.

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

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

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

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

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

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

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

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

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

1.3 Responsibility to Students and Supervisees

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

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

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

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

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

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

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

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

- 1.3.7.2** Ensure that supervisees are informed of the supervisor's credentials and professional status as well as all conditions of supervision as defined/outlined by the supervisor's practice, agency, group, or organization;
- 1.3.7.3** Ensure that supervisees are aware of the current ethical standards related to their professional practice, including the ATCB Code of Ethics, Conduct, and Disciplinary Procedures;
- 1.3.7.4** Ensure regular contact with supervisees and prompt rescheduling of missed supervision sessions;
- 1.3.7.5** Provide supervisees with adequate feedback and evaluation throughout the supervision process;
- 1.3.7.6** Ensure that supervisees inform their clients of their professional status, the name and contact information of their supervisors, and obtain informed consent from their clients for sharing disguised client information and artwork or reproductions as necessary with their supervisors;
- 1.3.7.7** Ensure that supervisees obtain client consent to share client artwork or reproductions in supervision;
- 1.3.7.8** Establish procedures with their supervisees for handling crisis situations.
- 1.3.9** Art therapy supervisors shall provide supervisees with a professional disclosure statement that advises supervisees of the supervisor's affirmation of adherence to this Code of Ethics, Conduct, and Disciplinary Procedures, and instructions regarding how the supervisee should address any dissatisfaction with the supervision process including how to file a complaint with the ATCB, the ATCB's address, telephone number, and email address.

1.4 Responsibility to Research Participants

- 1.4.1** Art therapists who are researchers must respect the dignity and protect the welfare of participants in research.
- 1.4.2** Researchers must be aware of and comply with federal, provincial, state, and local laws and regulations, agency regulations, institutional review boards, and professional standards governing the conduct of research.
- 1.4.3** Researchers must make careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators must seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.
- 1.4.4** Researchers requesting potential participants' involvement in research must inform them of all risks and aspects of the research that might reasonably be expected to influence willingness to participate, and must obtain a written acknowledgment of informed consent, reflecting an understanding of the said risks and aspects of the research, signed by the participant or, where appropriate, by the participant's parent or legal guardian. Researchers must be especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.
- 1.4.5** Researchers must respect participants' freedom to decline participation in or to withdraw from a research study at any time. This principle requires thoughtful consideration when investigators or other members of the research team are in positions of authority or influence over participants. Art therapists, therefore, must avoid relationships with research participants outside the scope of the research.
- 1.4.6** Art therapists must treat information obtained about research participants during the course of the research protocol as confidential unless the participants have previously and reasonably authorized in writing that their confidential information may be used. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, must be explained to the participants as part of the above stated procedure for obtaining a written informed consent.

1.5 Responsibility to the Profession

- 1.5.1** Art therapists must respect the rights and responsibilities of professional colleagues and should participate in activities that advance the goals of art therapy.
- 1.5.2** Art therapists must adhere to the ATCB standards of the profession when acting as members or employees of third-party organizations.
- 1.5.3** Art therapists must attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

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

2. Standards of Conduct

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

2.1 Confidentiality

- 2.1.1** Art therapists shall inform clients of the purpose and limitations of confidentiality.
- 2.1.2** Art therapists shall respect and protect confidential information obtained from clients, including, but not limited to, all verbal and/or artistic expression occurring within the client-therapist relationship.
- 2.1.3** Art therapists shall protect the confidentiality of the client-therapist relationship in all matters.
- 2.1.4** Art therapists shall not disclose confidential information without the client's explicit written consent unless mandated by law or a court order. In these cases, confidences may be disclosed only as legally and reasonably necessary in the course of that action. All disclosures of information shall be documented in the client's file, including the identity of the recipient, the basis upon which the information was disclosed, and a description of the information disclosed.
- 2.1.5** If there is reason to believe that the client or others are in immediate, serious danger to health or life, any such disclosure shall be made consistent with state and federal laws that pertain to the protection and welfare of the client or others. Art therapists strive to disclose information in a way that ensures respect for the client and integrity for the therapeutic relationship.
- 2.1.6** In the event that art therapists believe it is in the interest of a client to disclose confidential information, they shall seek and obtain written authorization from the client or the client's legal guardian, before making any disclosures, unless such disclosure is required by law.

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

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

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

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

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

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

2.2 Use and Reproduction of Client Art Expression and Therapy Sessions

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

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

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

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

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

2.2.6 Only the client, parent or legal guardian may give signed consent for use of client's art or information from sessions and treatment, and only for the specific uses, and in the specific communication formats, designated in the consent. Once consent has been granted, art therapists shall ensure that appropriate steps are taken to protect

client identity and disguise any part of the notes, art expression or audio or video recording that reveals client identity unless the client, parent or legal guardian specifically designates in the signed consent that the client's identity may be revealed. The signed consent form shall include conspicuous language that explains the potential that imagery and information displayed or used in any form may not be able to be permanently removed if consent is later revoked.

2.3 Professional Relationships

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

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

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

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

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

2.3.6 Art therapists shall not use their professional relationships with clients to further their own interests.

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

2.3.8 Art therapists must not knowingly misuse, or allow others to misuse, their influence when engaging in personal, social, organizational, electioneering or lobbying activities.

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

2.3.10 Art therapists shall be aware of and take into account the traditions and practices of other professions with which they work and cooperate fully with them.

2.3.11 Art therapists who have a private practice, but who are also employed in an agency or group practice must abide by and inform clients of the agency's or group practice's policies regarding self-referral.

2.3.12 Any data derived from a client relationship and subsequently used in training or research shall be so disguised in such a way that the client's identity is fully protected. Any data which cannot be so disguised may be used only as expressly authorized by the client's informed and voluntary consent.

2.4 Financial Arrangements

2.4.1 Independent practitioners of art therapy shall seek to ensure that financial arrangements with clients, third party payers, and supervisees are understandable and conform to accepted professional practices.

2.4.2 If a client wishes to access insurance coverage for art therapy services out of state, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.

2.4.3 Art therapists must not offer or accept payment for referrals.

2.4.4 Art therapists must not exploit their clients financially.

2.4.5 Art therapists must represent facts truthfully to clients, third party payers, and supervisees regarding services rendered and the charges thereof.

2.4.6 Art therapists who intend to use collection agencies or take legal measure to collect fees from clients who do

not pay for services as agreed upon must first inform clients in writing of such intended actions and offer clients the opportunity to make payment.

2.4.7 Art therapists may barter only if the relationship is not exploitive or harmful and does not place the art therapist in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals within the community. Art therapists should consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

2.4.8 Art therapists shall not accept gifts from clients except in cases when it is culturally appropriate or therapeutically relevant to the specific client. Prior to acceptance, art therapists shall consider the value of the gift and discuss the gift-giving with the client. The art therapist shall document the matter, including all consideration and the client discussion in the client's record.

2.5 Advertising

2.5.1 Art therapists shall provide sufficient and appropriate information about their professional services to help the layperson make an informed decision about contracting for those services.

2.5.2 Art therapists must accurately represent their competence, education, earned credentials, training, and experience relevant to their professional practice.

2.5.3 Art therapists must ensure that all advertisements and publications, whether in print, directories, announcement cards, newspapers, radio, television, electronic format such as the Internet, or any other media, are formulated to accurately convey, in a professional manner, information that is necessary for the public to make an informed, knowledgeable decision.

2.5.4 Art therapists must not use names or designations for their practices that are likely to confuse and/or mislead the public concerning the identity, responsibility, source, and status of those under whom they are practicing, and must not hold themselves out as being partners or associates of a firm if they are not.

2.5.5 Art therapists must not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if: fails to state any material fact necessary to keep the statement from being misleading; is intended to, or likely to, create an unjustified expectation; or contains a material misrepresentation of fact.

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

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

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

2.6 Measurement and Evaluation

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

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

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

2.6.4 When making statements to the public about assessment instruments or techniques, art therapists must

provide accurate information and avoid false claims or misconceptions concerning the instrument's reliability and validity.

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

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

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

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

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

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

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

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

2.7 Documentation

Art therapists must maintain records that:

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

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

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

2.8 Termination of Services

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

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

2.9 Electronic Means

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

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

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

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

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

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

2.9.5.2 Inform clients of all colleagues, supervisors, and employees (including Information Technology [IT] administrators) who might have authorized access to electronic transmissions.

2.9.5.3 Inform clients that, due to the nature of technology assisted art therapy, unauthorized persons may have access to information/art products that clients may share in the therapeutic process.

2.9.5.4 Inform clients of pertinent legal rights and limitations governing the practice of a profession across state/provincial lines or international boundaries.

2.9.5.5 Inform clients that Internet sites and e-mail communications will be encrypted but that there are limitations to the ability of encryption software to help ensure confidentiality.

2.9.5.6 When the use of encryption is not possible, art therapists notify clients of this fact and limit electronic transmissions to general communications that are not client specific.

2.9.5.7 Inform clients if and for how long archival storage of transaction records are maintained.

2.9.5.8 Discuss the possibility of technology failure and alternate methods of service delivery.

2.9.5.9 Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the art therapist is not available.

2.9.5.10 Discuss time zone differences, and cultural or language differences that might impact service delivery.

2.9.5.11 If a client wishes to access insurance coverage for technology-assisted distance art therapy services, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.

2.9.5.12 Inform clients that communication will be included in client documentation as mentioned in 2.7.3.

2.9.6 Art therapists maintaining sites on the Internet shall do the following:

2.9.6.1 Regularly check that electronic links are working and professionally appropriate.

2.9.6.2 Provide electronic links to the ATCB and other relevant state, provincial, and or international licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.

2.9.6.3 Strive to provide a site that is accessible to persons with disabilities

2.10 Social Media

2.10.1 Art therapists who maintain social media sites shall clearly distinguish between their personal and professional profiles by tailoring information specific to those uses and modifying who can access each site.

2.10.2 Art therapists do not disclose or display confidential information through social media.

3. Eligibility for Credentials

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

3.1 Compliance with ATCB Standards, Policies and Procedures

3.1.1 No person is eligible to apply for or maintain credentials unless in compliance with all ATCB eligibility criteria as stated in the ATR, ATR-BC, and ATCS applications, as well as all other ATCB rules and standards, policies and procedures, including, but not limited to, those stated herein, and including timely payment of fees and any other requirements for renewal of credentials.

3.1.2 Each applicant, registrant, or certificant bears the burden for showing and maintaining compliance at all times.

The ATCB may deny, decline to renew, revoke, or otherwise act upon credentials when an applicant, registrant, or certificant is not in compliance with all ATCB standards, policies, and procedures.

3.2 Complete Application

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

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

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

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

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

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

3.3 Property of ATCB and Eligibility Determination

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

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

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

3.4 Pending Criminal or Administrative Proceedings

3.4.1 An applicant, registrant, or certificant shall provide written notification to the ATCB of the filing in any court of any information, complaint, or indictment charge of a felony or with a crime related to the practice of art therapy or the public health and safety, or the filing of any charge or action before a state or federal regulatory agency or judicial body directly relating to the practice of art therapy or related professions, or to a matter described in Part I, Section 4.1. Such notification shall be within 60 days of the filing of such charge or action, and shall provide written documentation of the resolution of such charge within 60 days of resolution.

3.5 Criminal Convictions

3.5.1 Applicants who meet all criteria as delineated in the current ATCB credential applications and who have not

had sanctions imposed by the ATCB or other governmental authority, insurance carrier, professional organization, or credentialing board, or been convicted of a serious criminal offense, or been listed on a governmental abuse

registry will be considered eligible for an ATCB credential upon submission of all application materials and fees. All other applicants will be subject to review by the ATCB and demonstration of their fitness to practice art therapy and that they do not pose a risk to the public.

II. DISCIPLINARY PROCEDURES

4. Standards Of Conduct: Discipline Process

4.1 Grounds For Discipline

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

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

4.1.1.2 Failure to meet and maintain eligibility for ATCB credentials;

4.1.1.3 Irregularity in connection with any ATCB examination;

4.1.1.4 Failure to pay fees required by the ATCB;

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

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

4.1.1.7 Misrepresentation of status of ATCB credentials;

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

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

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

4.1.1.11 Gross negligence in the practice of art therapy or other related professional work; including, but not limited to, sexual relationships with clients, and sexual, physical, social, or financial exploitation;

4.1.1.12 Limitation or sanction (including but not limited to discipline, revocation, or suspension by a regulatory board or professional organization) in a field relevant to the practice of art therapy;

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

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

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

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

4.2 Release of Information

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

confirm the information in an application.

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

4.3 Waiver

4.3.1 An applicant, registrant, or certificant releases, discharges, exonerates, indemnifies, and holds harmless the ATCB, its officers, directors, committee members, employees, ethics officers, and agents, and any other persons from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, for actions of the ATCB arising out of applicant's application for or participation in the ATCB registration and/or certification programs and use of ATCB trademarks or other references to the ATCB registration and/or certification programs, including but not limited to the furnishing or inspection of documents, records, and other information and any investigation and review of applications or credentials by the ATCB.

4.4 Reconsideration of Eligibility and Reinstatement of Credentials

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

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

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

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

as all relevant facts and circumstances since the decision.

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

4.5 Deadlines

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

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

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

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

5. DISCIPLINARY PROCEDURES

5.1 Appointment of Disciplinary Hearing Panel

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

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

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

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

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

5.1.6 Panel action shall be determined by majority vote.

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

5.2 Submission of Allegations

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

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

5.2.3 The Executive Director shall forward the grievance to the Public Member of the ATCB Board of Directors (the "Public Member") for further action. The Public Member may initiate grievances that shall be handled in the manner provided hereinafter for the review and determination of all grievances.

5.2.4 The Public Member shall review the allegations and supporting information and make a determination of the merits of the allegations, after such further inquiry as considered appropriate, and after consultation with ATCB legal counsel as needed.

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

5.2.6 If the Public Member determines that the allegations are frivolous or fail to state a violation of the Standards of Ethics and Conduct, or that the ATCB lacks jurisdiction over the grievance or the person(s) complained about, the

ATCB shall not take further action and shall notify the complainant.

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

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

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

5.2.10 If the Ethics Officer concurs that probable cause may exist to deny eligibility or that probable cause exists of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, the Ethics Officer shall transmit written notification containing the allegations and findings to the full Disciplinary Hearing Panel, the complainant and the applicant, certificant or registrant. All written notices to the applicant, registrant or certificant shall be sent by certified mail, return receipt requested, to their addresses listed in the ATCB records. However if the Ethics Officer, in agreement with the Public Member, determines that the probable violation(s) are minor or technical in nature and have neither caused nor presented a danger of serious harm to a client or the public, the Ethics Officer may choose to resolve the complaint by the issuance of an advisory letter to the registrant or certificant setting out the identified probable violations and recommendations on corrective or preventative measures that should be implemented by the registrant or certificant in the future. All such advisory letters shall be maintained as part of the registrant's or certificant's file and may be taken into consideration of the sanctions to be assessed in connection with any future complaints brought against the registrant or certificant. Advisory letters shall not be made public.

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

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

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

- (A) capital offenses;
- (B) sexual offenses involving a child victim;
- (C) felony sexual offenses involving an adult victim who is a client (one or more counts);
- (D) multiple counts of felony sexual offenses involving any adult victim;
- (E) homicide 1st degree;
- (F) kidnapping;
- (G) arson;
- (H) homicide of lesser degrees;

- (I) felony sexual offenses involving an adult victim who is not a client (single count);
- (J) attempting to commit listed crimes;
- (K) any felony or misdemeanor offenses potential physical harm to others and/or animals;
- (L) felony or misdemeanor alcohol and drug offenses;
- (M) all other felony offenses not listed.

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

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

(A) The complaint may be withdrawn in the initial stage of the examination by the Public Member Director; however, the Public Member Director or the ATCB reserves the right to refile the complaint if, in his or her judgment, there is concern for the protection of the public.

(B) Once the complaint has moved to an Ethics Officer for review, it cannot be withdrawn; however, the complainant cannot be forced to assist further.

5.3 Procedures of the Disciplinary Hearing Panel

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

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

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

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

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

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

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

5.3.4.4 During any proceeding before the Disciplinary Hearing Panel, all parties may consult with and be

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

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

5.3.4.6 The burden shall be upon the ATCB to demonstrate a violation by preponderance of the evidence.

5.3.4.7 Whenever there is a reasonable concern that the mental or behavioral abilities of the applicant, registrant, or certificant may be impaired, calling into question the ability to competently, safely and professionally provide art therapy services, the respondent may be required to undergo a mental or behavioral health examination at the respondent's own expense. The report of such an examination shall become part of the evidence considered.

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

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

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

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

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

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

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

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

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

5.4 Appeal Procedures

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

5.4.2 The Disciplinary Hearing Panel may file a written response to the appeal with the Executive Director.

5.4.3 The Executive Director shall immediately forward any appeal documents to the ATCB Board of Appeals.

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

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

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

5.5 Bias, Prejudice, Impartiality

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

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

APPENDIX 4 – PUBLIC COMMENT

NOTE: The next section of the report will incorporate oral comments received during the Public Hearing held on June 26, 2018 and a summary of written comments received until 5:00 p.m. on July 27, 2018. The Regulatory Research Committee's next meeting is scheduled for August 23, 2018 where it will consider recommendations to the Full Board.