What is Art Therapy?

Art therapy is an integrative mental health profession that combines knowledge and understanding of human development and psychological theories and techniques with training in visual arts and the creative process to provide a unique approach for helping clients improve psychological health, cognitive abilities, and sensory-motor functions. Art therapists use art media, and often the verbal processing of produced imagery, to help people resolve conflicts and problems, develop interpersonal skills, manage behavior, reduce stress, increase self-esteem and self-awareness, and achieve insight.

Art therapy has the unique ability to unlock emotional expression by facilitating non-verbal communication. This is especially useful in cases where traditional psychotherapy has been ineffectual. Art and art making are inherently perceptually and sensory based and involve the brain and the body in ways that verbal language does not. Art therapy provides an alternative means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating health conditions.

Although use of visual imagery is the foundational tenet of art therapy, art therapists uniquely draw from multiple theoretical approaches in their understanding, design, and implementation of treatment. Art therapists understand the science of imagery and the therapeutic potentials of color, texture, and various art media and how these affect a wide range of potential clients and personalities. Rigorous clinical training in working with individuals, families, and groups prepare art therapists to make parallel assessments of clients’ general psychological disposition and how art as a process is likely to moderate conditions and corresponding behavior. Recognizing the ability of art and art-making to reveal thoughts and feelings, and knowledge and skill to safely manage the reactions they may evoke, are competencies that define art therapy as a profession.

Therapeutic use of art was defined and developed into a discipline in pioneering art therapy programs at the National Institutes of Health, Menninger Foundation, Hahnemann Hospital in Philadelphia, and other distinguished medical institutions. By the 1960s, hospitals, clinics, and rehabilitation centers were offering art therapy programs in addition to traditional “talk therapies,” recognizing that the creative process of art-making enhances recovery, health and wellness. Art therapy is now widely recognized as a distinct profession with broad application in many diverse settings. The American Medical Association’s Health Professions Career and Education Directory (2009-2010) describes art therapy in the following terms:

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

**Where is Art Therapy practiced?**

Art therapy is action-oriented and experientially based. Such inherent qualities differentiate it from other forms of therapy and make it particularly effective for a variety of client populations. Art therapists work with individuals, couples, families and groups in diverse settings, including hospitals, schools, psychiatric and rehabilitation facilities, community mental health clinics, wellness centers, forensic institutions, crisis centers, senior communities, veteran’s clinics, juvenile facilities, correctional institutions and other community facilities. The methods and treatment objectives of art therapy differ depending on the setting and client population. For example:

- In medical or clinical settings art therapists use art in the assessment and treatment of a broad range of emotional, behavioral or mental health problems, learning or physical disabilities, brain-injury or neurological conditions, and physical illness. Art therapy is integrated in comprehensive treatment plans administered by individual art therapists, or by art therapists as part of interdisciplinary teams where art therapy complements and informs the work of other medical, mental health and allied health professionals.

- Art therapy programs with cancer patients seek to reduce emotional distress, helping patients regain an identity outside of being a cancer patient, ease the emotional pain of their ongoing fight with cancer, and give them hope for the future.

- The role of art therapy in children’s hospitals is to address the physical and emotional needs of pediatric patients through a variety of educational and healing art experiences that help to build trust and allow children to see themselves as active partners in the work of getting well. Children often find non-verbal expression to be the only outlet to their intense feelings of fear, isolation, sadness, and loss. Those unable to find words to express their emotions or behaviors typically discover a freer world of expression through art therapy.

- Art therapists working with veterans and service members who suffer traumatic brain injuries, post-traumatic stress and psychological health conditions seek to empower their clients to express their experiences through a wide variety of art forms and materials that allow them to control the pace and process of their treatment and to gradually transform cognitions, emotions, and recollections of combat experiences. Art therapy avoids the stigma of traditional mental health counseling for many veterans and allows them to work through their trauma, anger or depression in a supportive and non-judgmental environment.

- Art therapy in educational settings can be tailored to support academic and social or emotional needs or requirements. Art therapy has long been recognized as an integral part of special education services available for children with physical, mental or behavioral disabilities, especially children who fear talking with adults, who don’t speak English or have limited vocabularies. A student’s individualized art therapy treatment plan may address goals and objectives related to improving cognitive growth, emotional control, mastery of sensory-motor skills, reducing anxiety, increasing self-esteem, or positive adjustment to the classroom experience.
• Children and adults with autism benefit from art therapy by learning how to express their thoughts, feelings, and interests in a creative, hands-on way, whether to ease and enhance communication, externalize feelings of anxiety, or simply realize their potential as imaginative productive human beings. While the wide range of symptoms experienced by people with autism requires that treatments be tailored to each individual’s needs, art therapy offers all clients a familiar, safe, and stable treatment environment in which they can develop skills, achieve growth, and address complex topics visually while enjoying the creative process.

• Art therapy plays an important role in treatment plans for elderly persons suffering from Alzheimer’s and other forms of dementia. While not halting the progress of the disease, it has been proven to help maintain maximum possible functioning, decrease isolation, lessen aggressive behavior, and facilitate both verbal and non-verbal communication. Individual case studies describe how art therapy can awaken patients in cognitive decline by stimulating senses with bright colors and textured materials, triggering dormant memories, and encouraging alternative avenues of expression.

What are the requirements to practice Art Therapy?

National requirements for professional entry into the practice of art therapy include, at minimum, a master’s degree and extensive post-graduate clinical experience under the supervision of credentialed art therapists—a process which typically requires a minimum of four years. Some art therapists also have a doctorate degree. Because of the uniqueness of the study and practice of art therapy, practitioners must be trained within approved art therapy master’s degree programs recognized by the American Art Therapy Association (AATA). The Association has approved thirty-nine art therapy master’s degree programs at thirty-five accredited colleges and universities in twenty states and the District of Columbia. A program for external accreditation of art therapy master’s degree programs by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will begin operation in 2017.

Art therapy master’s level education requires a minimum of 60 semester credit hours of graduate level coursework that includes training in studio art (drawing, painting, sculpture, etc.), the creative process, psychological development, group therapy, art therapy assessment, psychodiagnosics, research methods, and multicultural diversity competence. Students must also complete 100 hours of supervised practicum, and 600 hours of supervised art therapy clinical internship. The art therapy graduate curriculum is uniquely guided by the premise that focused art-making constitutes reflective practice and facilitates learning.

In addition to rigorous academic and clinical training, professional entry also requires a credential from the Art Therapy Credentials Board (ATCB). The ATCB administers the national art therapy proficiency examination and sets the parameters of ethical practice of art therapy with the ATCB Code of Professional Practice. Following completion of the master’s degree, graduates of approved programs must complete 1000 hours of direct client contact, with 100 hours of direct supervision, to be eligible to apply to ATCB for the ATR (Art Therapist, Registered) credential. Those who subsequently pass the ATCB proficiency examination become Board Certified and hold the ATR-BC credential. To maintain these credentials, art therapists must comply with a renewal process that involves at least 20 hours of approved continuing education requirements per year.
How does professional training in Art Therapy differ from other mental health professions?

While the practice of art therapy shares many common elements with traditional mental health professions, it is the combining of psychological knowledge and therapeutic skills with understanding of art media, the neurobiological implications of art-making, and the creative process that distinguishes art therapy from these professions. Like mental health counseling and marriage and family therapy, art therapy shares a common foundation in human psychological development, theories of personality, group and family therapy, appraisal and evaluation, and therapeutic knowledge and skills. All three professions require a minimum of a master’s degree for entry into the profession and engage in practice that focuses on assessing and treating adults and children experiencing developmental, medical, educational, social or psychological impairments.

While having many elements in common, art therapy differs markedly from these professions in both its academic training and scope of practice. Art therapy master’s level education is distinct in its emphasis on imagery and art-making. The art therapy curriculum includes course content based on two underlying theories: the Expressive Therapies Continuum which guides decision making processes in art therapy practice, and the premise that focused art-making constitutes reflective practice and facilitates learning. In addition to traditional training in counseling theories and methods, the art therapy master’s curriculum also requires courses in, for example, the psychology of creativity, symbolism and metaphor, processes and materials of art therapy, and art therapy assessment methods.

In practice, art therapists also must employ a broader range of knowledge and skills. Art therapists use distinctive art-based assessments to evaluate emotional, cognitive and developmental conditions. They must understand the science of imagery and of color, texture, and media and how these affect a wide range of potential clients and personalities. In addition to using both traditional and art-based diagnostic methods to assess a client’s general psychological disposition, the trained art therapist also must assess how art as a process is likely to moderate the individual’s mental state and corresponding behavior. It is the recognition of the ability of art and art-making to reveal thoughts and emotions, together with knowledge and skill to safely manage the reactions they may evoke, that distinguish art therapy as a separate profession.

Why is a separate Art Therapy license needed?

The idea of licensing art therapists is not a new one. Five states have enacted distinct art therapy licenses, and four states authorize art therapists to be licensed under other related mental health licenses. However, only in recent years has the public become aware of the benefits of art therapy, plus sufficient numbers of qualified credentialed art therapists, to necessitate separate licensure of art therapists in the majority of states.

In the absence of specialized art therapy licenses, many art therapy graduates have sought to be licensed in related mental health fields, and particularly as professional counselors and marriage and family therapists. At the same time, approved art therapy master’s degree programs have had to expand their curriculum requirements to include areas of study that would enable
graduates to qualify for these licenses. These dual specialty programs provide graduates with rigorous training that qualifies them for both state licensure and the ATR credential.

While licensure in related mental health fields has provided art therapists with needed state sanction to gain employment, advertise their services to the public, and when applicable, bill third-party insurance carriers for their services, it has also created significant difficulties for many art therapists, including:

- Failing to provide art therapists with a distinct professional identity, with defined qualifications and scope of practice in state law, that accurately reflects the specialized academic and clinical training required to practice art therapy.
- Failing to protect the public by not allowing consumers to easily identify practitioners with appropriate training to practice art therapy.
- Creating false assumptions that art therapy is merely a subspecialty of the other licensed profession license, and that other practitioners holding that license can incorporate art therapy methods in their practice without appropriate training.
- Providing the limited numbers of art therapists holding a license with little ability to influence the policies or direction of the licensed profession, as well as little influence to avert licensing board actions that may be detrimental to art therapists.

Licensure under other professional licenses also is proving to be, at best, a stop gap approach for art therapists as other mental health professions continue to define or clarify their professional identities with increasingly restrictive educational, clinical experience, and examination requirements. Almost all states now require master’s degrees from programs accredited by the Council on Social Work Education (CSWE) to qualify for social work licenses. A large majority of states also require graduation from programs accredited by the Commission on Accreditation of Marriage and Family Therapy Education (COAMFTE) to qualify for marriage and family therapy licenses. State professional counseling and mental health counseling licenses, which have been the primary licenses available to art therapists in many states, also are being restricted by the counseling profession’s ongoing effort to create a single identity for all counselors based on required degrees from programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). State licensing boards also are using regulatory measures to limit eligibility for counseling licenses, including requirements that all courses to meet educational requirements for licensure must be completed prior to receipt of the master’s degree, that all coursework in non-accredited programs must “focus exclusively” on mental health counseling, and that limit the number of qualifying courses that can be taken after completion of a master’s degree to meet state educational requirements for licensure.

The effect of these program accreditation and processing requirements has been to deny art therapists relevant licensing options in growing numbers of states. It also necessitates separate licensure of art therapists to establish qualifications and standards for practice of art therapy and protections against unethical practices. Recent advancements in understanding the brain and its functions, especially its implications for social, emotional and behavioral development, have only begun to reveal how the process of art-making can influence neural pathways and lead to improved physical and mental health. Without separate licensure of art therapists, there will be fewer qualified and licensed practitioners to meet the public’s growing need for mental health services, less diversity and innovation in mental health practice, and no assurance that people in
need of art therapy services will be able to receive them from appropriately trained and qualified professional art therapists.

Is licensure of Art Therapy needed to protect public health and safety?

Art therapy recognizes the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client’s psychological disposition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies that must be gained through substantial experiential learning that is unique to art therapy master’s degree training. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner.

Recent advancements in understanding the brain and its functions have increased public awareness of how the process of art-making can influence neural pathways and lead to improved physical and mental health. This has encouraged other mental health practitioners to include art materials and art therapy methods within their practice and influenced creation of growing numbers of training programs that appear to involve art therapy. The result has been to add to the public’s confusion about what are therapy involves and the level of training required for effective practice of art therapy. This presents two distinct sources of potential harm to public health and safety that can be addressed through licensure and regulation of art therapists.

Individuals using art therapy methods and art materials in their mental health practice without appropriate or adequate clinical training pose significant risk to the emotional stability of their clients. Potential risks include misinterpreting or ignoring assessments the practitioner has not been clinically trained to diagnose or treat, or eliciting adverse responses from clients that they are not properly trained to interpret or treat. The potential for harm is magnified where a client has a vulnerable psychological predisposition.

Researchers have warned mental health practitioners for several decades about potential ethical implications of using art in therapy. Writing in the *Journal of Counseling & Development*, Hammond and Gantt (1998) cited the likely lack of preparedness of non-art therapists for powerful reactions often evoked by art and art materials, and uncertainty about how to use artistic processes to bring such reactions under control, to stress that no mental health professional should provide therapy services beyond his or her scope of practice. The authors cautioned that “other therapists challenge ethical and legal boundaries when they attempt to make an interpretation to the client or make a generalization about the meaning of the art to others.”*

Potentially more serious is the threat of public harm presented by growing numbers of university-based and online programs claiming to provide certificate training, and even master’s degrees, in areas that appear very much like art therapy. These programs typically require minimal on-site coursework, and often only online self-instruction, that do not include anything approaching the extensive coursework, clinical training, supervised practice and national credentials required of professional art therapists. Individuals with this limited training are opening clinics and advertising therapeutic services and workshops in states across the country. These programs and practitioners add to the public’s misunderstanding of art therapy and the level of specialized education and clinical training required for safe, effective, and ethical practice of art therapy. Recent examples of these programs include:
• Brandman University (part of the California based- Chapman University System) offers an Art4Healing certificate program directed to “counselors, teachers, therapists, medical professionals, artists and others interested in learning the Art4Healing method and using the exercises in their own work with children and adults suffering from abuse, illness, grief and stress.” The certificate program requires only 45 hours of on-site workshops at the University’s Art & Creativity for Healing studio.

• The University of Florida has initiated a Master of Arts in Arts in Medicine program which offers a fully on-line, 35-credit master’s degree program to train artists to work in hospital settings. The University also offers a graduate certificate program in Arts in Public Health.

• Art & Creativity for Healing, Inc. provides certification for individuals to serve as facilitators to conduct workshops in the Art for Healing Method that are designed “to share art as a tool for self-expression and self-exploration.” Facilitator training is provided through self-paced DVD programs in the Arts 4 Healing method that, for $1,200, “includes comprehensive training manuals and teaching methods.”

• The Global Alliance for Arts & Health (GAAH) recently created a national Artists in Healthcare Certification program to attest for hospital administrators that artists who do artwork activities with patients in hospital and other healthcare have a minimal level of knowledge and competency to work in healthcare environments. Certification involves passage of a national examination, with no specific training or prior experience in healthcare required to sit for the examination.