AATA – Building the Framework for a Distinct Art Therapy Profession

AATA has been involved for many years in building a structure to provide for independent credentialing of art therapists, national competency examinations, a nationwide network of art therapy academic programs, rigorous education and clinical training standards, and national program accreditation that will preserve art therapy’s identity as a distinct profession and assure ample employment and reimbursement opportunities for professionals with art therapy degrees. Important milestones have included:

- AATA acted in 2010 to provide for certification of qualified art therapists through a separate independent organization, the Art Therapy Credentials Board (ATCB). AATA and ATCB now have over 20 years’ experience developing and administering national competency examinations for art therapists seeking both national certification and state licensure.

- AATA has adopted revised art therapy education standards that mirror recent improvements in program accreditation standards for other licensed mental health professions.

- AATA has received approval by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to form an independent committee, the Accreditation Council for Art Therapy Education (ACATE), to accredit art therapy master’s degree programs under national standards established by CAAHEP and the Council of Higher Education Accreditation (CHEA). ACATE will begin accreditation review of art therapy programs in 2016.

- AATA has petitioned the Bureau of Labor Statistics to revise the Standard Occupational Code (SOC) for art therapy to accurately classify art therapy as a distinct mental health profession.

- Art therapy now has a network of 39 art therapy master’s degree programs approved by the Education Programs Approval Board, with two academic institutions seeking approval to form new programs.

- Art therapists have gained separate art therapy licenses in 4 states; have been authorized by statute or regulation in 5 states as qualifying for other mental health licenses; and AATA chapters in at least 11 states have introduced licensure bills or are involved in state sunrise reviews as prerequisites for introducing legislation.

(AATA, 2015)