Are there other professions whose scope of practice overlaps with the proposed profession? If so, which professions are these? Where is the overlap?

*Counseling and Marriage and Family Therapy:* The professions that most closely align with art therapy are professional counseling and marriage and family therapy. All three professions share a common foundation in human psychological development, theories of personality, group and family therapy, appraisal and evaluation, and therapeutic knowledge and skills. Like art therapy, these 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. In states without specialized art therapy or creative arts therapy licenses, many art therapists also qualify for licensure as professional counselors or marriage and family therapists with master’s degrees from dual academic programs that prepare them for both state licensure and the ATR credential.

While having elements in common, art therapy differs markedly from these mental health 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. The art therapy graduate curriculum encourages students’ immersion in their own art practice, and art-based learning is integrated into coursework and clinical supervision.

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. The trained art therapist also must make parallel assessments of a client’s general psychological disposition and how art as a process is likely to be moderated by the individual’s mental state and corresponding behavior. It is this understanding of the potential for artmaking to reveal emotions, together with the knowledge and skill to safely manage the reactions it may evoke, that distinguishes art therapy from these mental health professions.

*Creative Arts Therapies:* Art therapy also is widely associated with other creative arts therapy professions, and particularly with music therapy, dance/movement therapy and drama therapy. Like art therapy, these creative arts professions use art forms and the creative process to improve clients’ physical, mental and emotional well-being and help them express thoughts and emotions in ways other than by strictly verbal means. These professions also are practiced as both individual and group therapy in many of the same health, education, and social services settings. Requirements for professional entry also increasingly require master’s degrees, although music therapists can be credentialed with bachelor’s degrees from approved undergraduate programs, or post-baccalaureate degree equivalency programs. Master’s level education programs for each profession also include foundation work in psychological theory, human development, psychopathology, and assessment skills, highlight student’s continued emersion in their chosen art form, and include supervised clinical fieldwork or internships.
While all four creative arts therapies have unique properties and roles as therapeutic applications, art therapy is distinctive in its use of artmaking and created artwork to assess and evaluate a client’s mental state and the sources of anxiety, trauma, depression, or psychotic behaviors. In contrast, the other creative arts disciplines are less focused on assessing mental conditions than on facilitating a client’s own discovery or personal understanding to enhance physical, cognitive, emotional, or social functioning. Since these therapies often require clients to participate with others to create music, dances or dramatic presentations, they tend to focus more on social functioning, relationship building, and on therapeutic goals of symptom relief, emotional and physical integration and personal growth. Art therapy’s unique focus on expression through visual art is considered more conducive to private, isolated art creation and self-expression and, thus, better suited to individualized therapeutic practice.

Art therapy also stands in contrast to other creative arts therapies in using art media as a primary mode of communication where other therapies rely on the use of words, or elicit the use of words or language, to facilitate communication. Art therapy has been described as a three-way process between the client, the therapist, and the created art product that provides opportunities for expression and communication without words. This makes it uniquely helpful to people who find it difficult to express their thoughts or emotions in words, those who have lost their ability to speak because of stroke or dementia, or trauma victims who are unable to put their ideas or experiences into words.

Art therapy is also distinctive in its visibility, often producing dramatic art products that speak more clearly and eloquently than words and serve to verify the ability of art to reveal inner emotions and communicate the unspeakable. These products have benefit beyond the specific therapeutic relationship between the art therapist and a client, providing visual information for other medical and mental health practitioners that can help clarify a diagnosis or identify the sources of a patient’s pain or distress.

The broader applicability of art therapy also distinguishes it from other creative arts therapies. The space, sound, and equipment requirements for music, dance, and drama therapy can limit their suitability in some medical, clinical and institutional settings. Patients also may be nervous or self conscious about moving around or performing music, dance, or drama in front of others, or fear it would require specific skills or talent. In contrast, most people have a natural capacity to express themselves in drawing, painting, crafts, or other basic forms of visual art, and may feel more comfortable expressing their thoughts and emotions in private with more familiar art mediums.