

February 18, 2026

The Honorable Melissa H. Wiklund, Chair
Health and Human Services Committee
Minnesota Senate
MN Senate Building, Room 2107
95 University Avenue W
St. Paul, MN 55155

The Honorable Jeff Backer, Co-Chair
Health Finance and Policy Committee
Minnesota House of Representatives
5th Floor, Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

The Honorable Robert Bierman, Co-Chair
Health Finance and Policy Committee
Minnesota House of Representatives
5th Floor, Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

Chris Steller
MN Legislative Reference Library
Centennial Office Building
658 Cedar Street
St. Paul, MN 55155

RE: Minnesota Council of Health Boards Report on Clinical Art Therapists

Dear Senator Wiklund, Representative Backer and Representative Bierman:

The Council of Health Boards is a collective body created by Minnesota Statutes sections 214.001, 214.002, and 214.025. The Council assists the MN Legislature in reviewing legislation and proposals related to new or expanded regulation of health-related occupations.

In response to Senator Wiklund's request for the Council to review Clinical Art Therapist licensing, we are providing a copy of the report, exhibits and recommendations from the Council.

If you have any questions, please contact Ruth Grendahl at (612) 548-2195 or ruth.grendahl@state.mn.us.

Thank you,



Debra Jahnke
Manager
Administrative Services Unit
Minnesota Health Related Licensing Boards
aka Minnesota Health Professionals Regulatory Boards

Enclosure



Minnesota Council of Health Boards

REVIEW OF LEGISLATIVE REQUEST:

CLINICAL ART THERAPISTS

Review of Legislative Request: Health Occupation Review
Proposed Licensure of Clinical Art Therapists
SF1675/HF2590 – 2025 Bills
February 17, 2026

Table of Contents

- Introduction2
- Executive Summary3
- Background4
- Description of Occupation5
- Safety and Efficacy5
- Education and Training5
- Impact of Proposed Regulation on the Existing Practitioners6
- Regulatory Framework6
- Legislative Considerations7
- Additional Comments8
- Exhibit A: Art Therapist Questionnaire9

Introduction

Response to Council of Health Boards Questionnaire submitted by:

- Briana Colton, LPCC/Board of Behavioral Health and Therapy (BBHT) Licensee
- Nicole Kutil, LPCC/BBHT Licensee
- Kristin Kane, LMFT, LAMFT – Board of Marriage and Family Therapy (MFT) Licensee
- Katie Kinzer, LPCC/BBHT Licensee
- Emily Taylor, LPCC/BBHT Licensee
- Jessica Waldron, LPCC/BBHT Licensee

Review Panel for the Council of Health Boards:

- Ruth Grendahl, Chair, MN Board of Dietetics and Nutrition Practice Executive Director
- Christine Bourland, MN Board of Occupational Therapy Practice, Executive Director
- Dylan Ferguson, Office of Emergency Medical Services, Director
- Megan Loew – MN Department of Health Appointee
- Jennifer Mohlenhoff – MFT Executive Director
- Sam Sands – MN Board of Psychology Executive Director
- Samantha Strehlo – BBHT Executive Director

Referred to the Council of Health Boards by:

Senator Melissa Wiklund

Chair, Health Care and Human Services Policy and Oversight Committee

Report Delivered to:

- Senator Melisaa Wiklund
- Representative Jeff Backer, Co-Chair Health Finance and Policy
- Representative Robert Bierman, Co-Chair Health Finance and Policy
- Legislative Reference Library

Staff to the Council:

- Debra Jahnke – Health Professional Regulatory Boards Administrative Services Unit
- Lindsey Franklin – Health Professional Regulatory Boards Government Relations

Executive Summary

Clinical art therapy is the application of art therapy services and clinical decision-making skills in the evaluation, assessment, diagnosis, prevention, treatment, and amelioration of mental, developmental, behavioral, and emotional disorders and conditions in children, adolescents, and adults. Clinical art therapy also includes the utilization of appropriate knowledge and specialized training in art therapy to inform and determine the appropriate course of action within the clinician's scope of art therapy practice while tailored to the context of each specific clinical setting.

The Council of Health Boards (CHB) reviewed a legislative proposal to create licensure for clinical art therapists in Minnesota, as well as information provided by the proponents of the legislation. Using Minnesota Statutes section 214.002 as their framework, the CHB was unable to find a clear demonstration of potential or actual public harm that is occurring because clinical art therapists are not licensed. This is mostly because the majority of individuals providing clinical art therapy services in Minnesota are already licensed by one of the four mental health boards:

- Board of Social Work (BOSW)
- Board of Psychology (BOP)
- Board of Marriage and Family Therapy (BMFT)
- Board of Behavioral Health and Therapy (BBHT)

Background

When the Legislature is considering the regulation of health occupations, the chair of a standing committee in either house of the Legislature may request information from the Council of Health Boards. Minn. Stat. § 214.001, subd. 4 (2018).

Minnesota Statutes Chapter 214 establishes criteria for the Legislature to apply when considering whether an occupation should be regulated. Minn. Stat. § 214.001, subd. 2 (2018). The statute states that “no regulation shall be imposed upon any occupation unless required for the safety and wellbeing of the citizens of the state.” The statute includes the following criteria: (1) whether the unregulated practice of an occupation may harm or endanger the health, safety and welfare of the citizens of the state and whether the potential for harm is recognizable and not remote; (2) whether the practice of an occupation requires specialized skill or training and whether the public needs and will benefit by assurance of initial and continuing occupational ability; (3) whether the citizens of the state are or may be effectively protected by other means; and (4) whether the overall cost effectiveness and economic impact would be positive for citizens of the state.

During the 2025 Legislative Session, SF1675 and HF2590 were introduced and proposed licensure for clinical art therapists. On March 12, 2025, Senator Melissa Wiklund referred the legislative proposal to the CHB.

After the CHB received the referral, a subcommittee of the CHB convened to review the proposal. A standard, exhaustive questionnaire was completed by the proponents of the legislation and reviewed by the CHB. The survey is attached to this report. The questionnaire includes 60 items in the following topic areas:

- Description of the Occupation;
- Safety and Efficacy;
- Government and Private Sector Recognition;
- Education and Training;
- Practice Model & Viability of Profession; and
- Regulatory Framework.

The CHB Subcommittee reviewed the proposal and the proponents’ response to the questionnaire. The CHB Subcommittee found the information provided was generally responsive to the questionnaire. The Legislature may consider seeking additional information or clarification for items not detailed in the questionnaire responses.

Description of Occupation

Clinical art therapy means the application of art therapy services and clinical decision-making skills in the evaluation, assessment, diagnosis, prevention, treatment, and amelioration of mental, developmental, behavioral, and emotional disorders and conditions in children, adolescents, and adults. Clinical art therapy also includes the utilization of appropriate knowledge and specialized training in art therapy to inform and determine the appropriate course of action within the clinician's scope of art therapy practice while tailored to the context of each specific clinical setting.

Clinical art therapists are trained in a broad range of psychological theory and ways to use art media and creative processes to help people cope with mental health challenges. Art therapists typically hold a Masters or Doctoral degree, and most are credentialed through a national nonprofit organization, the Art Therapy Credentials Board (“ATCB”).

Clinical art therapists work in a variety of settings, including hospitals, schools, outpatient clinics, community mental health programs, inpatient or residential facilities, group homes, private practice, Veterans Affairs settings, substance use programs, eating disorder programs, day treatment facilities, corrections facilities, and nursing homes.

As of September 2025, ATCB credentialed approximately 200 clinical art therapists in Minnesota.

Safety and Efficacy

Proponents of the legislation assert that there is the protentional for public harm in unregulated clinical art therapists, but acknowledge:

- No recorded complaints or disciplinary actions in Minnesota in the last five years specifically against clinical art therapists.
- No public disciplinary orders related to art therapy issued by Minnesota health boards.
- Most credentialed art therapists are already licensed by one of the four mental health boards.

Education and Training

Minnesota has one graduate program and two undergraduate dual-degree programs for clinical art therapists. Minnesota State University Moorhead and Bethel University offer a bachelor’s degree in art therapy. Since 2006, Adler Graduate School (AGS) has offered a master’s degree in counseling and art therapy. The AGS Art Therapy degree program reports a 99% post-master’s placement rate. They have a projected graduation

rate of 45 additional students gaining educational requirements to practice Art Therapy by 2027.

National requirements for graduate-level art therapists are established by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accreditation Council on Art Therapy Education (ACATE), in collaboration with the American Art Therapy Association (AATA) and the ATCB.

Credentialing for clinical art therapists is available through the ATCB. The ATCB offers four levels of credentialing:

- Provisional Registered Art Therapist (ATR-Provisional)
- Registered Art Therapist (ATR)
- Board Certified Art Therapist (ATR-BC)
- Art Therapy Certified Supervisor (ATCS)

Impact of Proposed Regulation on the Existing Practitioners

The proposed legislation includes a transition provision that will allow those who currently hold the ATR-BC and have five years of full-time clinical art therapy experience to be issued a license without having to meet the traditional license requirements. Currently 60 of the current 200 art therapists hold the ATR-BC credential and may qualify to apply under the transition provision as soon as the legislative becomes effective.

The new licensure requirements would increase educational costs. It is also common for there to be costs associated with post-degree supervised practice. The CBH is unsure if internships and qualified supervisors would be readily available or become a deterrent.

If the proposed legislation is adopted, clinical art therapists will be required to pay application and renewal fees. If they decide to maintain their current mental health licensure, they will be required to pay fees for both licenses. They may also decide to keep their national certification which has its own fees.

Regulatory Framework

As of May 2025, clinical art therapy is regulated in 17 states:

- 12 states license clinical art therapists – Connecticut, Delaware, the District of Columbia, Kentucky, Maryland, Mississippi, New Jersey, New Mexico, Nebraska, Ohio, Oregon, Tennessee, and Virginia.
- 4 states regulate clinical art therapists under related professional licenses – Texas, New York, Pennsylvania, and Wisconsin.

- Additionally, clinical art therapists are recognized for purposes of state hiring and/or title protection in Arizona, Louisiana, and New Hampshire.

The proposed legislation for clinical art therapy licensure (LCAT) would require:

- A master's or doctoral degree in art therapy from an accredited institution.
- Completion of 30 graduate credit hours in the following subject areas theory and practice of art therapy, art therapy media and techniques, history of art therapy, human growth and development, dynamics in art, application of art therapy with people in different treatment settings, art therapy appraisal, diagnosis and assessment, group art therapy, ethical and legal issues of art therapy practice, matters of cultural and social diversity affecting the practice of art therapy, and standards of good art therapy practice.
- 700 hours of internship experience.
- Passing of the Board Certification Examination administered by ATCB.
- 4,000 hours of supervised post-degree supervised practice in the delivery of art therapy.

Legislative Considerations

1. There are approximately 200 credentials clinical art therapists in the State of Minnesota and almost all of them are licensed by one of the 4 mental health boards. This provides a mechanism for the public (including clients/patients) to file a complaint regarding substandard care. The Boards have authority to impose discipline as warranted.
2. Were a complaint filed with a mental health board regarding the practice of art therapy by an unlicensed individual, the person would be subject to a board investigation for unlicensed practice with the possibility of a cease-and-desist action.
3. Historically, there have been no complaints received by the Boards regarding the provision of art therapy.
4. Those licensed in other mental professions will still be able to use art in their practice, if they are competent to do so. The creation of a clinical art therapy license will not limit the use of art in therapy to just those who are licensed as clinical art therapists.
5. The creation of an art therapy license may lead to other groups representing clinical specialty areas in mental health (play therapy, equine therapy, dance therapy, recreational therapy, etc.) to seek regulation.

The current proposed legislation anticipates BBHT serving as the board that administers the clinical art therapy license. The legislation creates 5 LCAT positions on the Board.

The bill proponents have indicated an intent to revise the proposal to create an advisory council instead of adding 5 LCAT positions on the Board.

During the 2024 Legislative Session, the BMFT prepared a fiscal note in response to HF 2742 (a version of the clinical art therapy bill that would have the BMFT serve as the board that administered the clinical art therapy license). It reflected costs of \$164,000 for the biennium with the legislative budget officer (LBO) review of and affirmation of the fiscal note reasonableness.

Additional Comments

The CBH acknowledges the positive effects of the services provided by clinical art therapists in treating mental health diagnoses. The CBH further acknowledges that the practice of clinical art therapy is beneficial for populations served by art therapists.

Exhibit A: Art Therapist Questionnaire

Exhibit A: Art Therapist Questionnaire

The following questions are provided to the Occupation of Art Therapists.

A. Description of the Occupation

1. What is the occupational group proposed for regulation?

Licensed Clinical Art Therapist.

2. What does the occupation do and how does it provide care? How does the occupation describe itself in terms of the types of care it provides, and the types of care that are beyond its professional scope?

The proposed bill defines Art Therapy, Art Therapy services, Certified Art Therapist, Clinical Art Therapy, and creates the title of Licensed Clinical Art Therapist and Provisional Licensed Clinical Art Therapist. The following is a summary of those terms as pertains to this question. See Appendix 2a for full definitions.

Art therapy is an evidenced-based mental health profession that is an integrative application of psychotherapeutic principles, techniques, and methods with specialized training in art therapy theory, art media, the neurobiological implications of art-making, the creative process, and art-based assessment models to assist an individual, family, or group to alleviate mental and emotional disorders and psychopathologies. Art therapists are credentialed mental health professionals, trained in a broad range of psychological theory and ways to use art media and creative processes to help people cope with mental health challenges. Art therapists hold Masters-level or higher degrees, and most have the credentials ATR-P (art therapist provisional), ATR (art therapist registered) or ATR-BC (art therapist registered and board-certified); as such, they are held to the Ethical Codes of the Art Therapy Credentials Board to provide ethical care to those they serve.

3. Is the occupation a “complete system” that includes a range of modalities and therapies? If not, is it a modality that could be provided by members of different occupations?

Yes, Art Therapy is a complete system in itself which includes a range of modalities and therapies within the scope of art therapy practice. The graduate degree requirements include foundational areas of study in art therapy theory, assessment, research, diagnosis, ethics, and multicultural competency. The art therapy graduate curriculum is uniquely guided by the premise that focused art-making constitutes reflective practice and facilitates learning; therefore preparatory training at a prerequisite level in studio art methods in a variety of two- and three-dimensional art media and processes are required in addition to the common foundational areas of study in psychology shared with other mental health professions.

Unless specifically trained and credentialed to do so, other occupations should not provide art therapy services or claim to do so.

4. Are practitioners of the occupation typically responsible for making a diagnosis? If not, are they responsible for making an evaluation or identification of a problem?

Yes, Art Therapists are trained in the assessment and diagnosis of mental health disorders based on the current version of the Diagnostic and Statistical Manual of Mental Health (DSM), except in instances where standardized testing by a licensed psychologist (or equivalent) is required for diagnosis. Art Therapists are responsible for writing diagnostic assessment reports at initial intakes with clients, which include the identification of presenting problems, summarization of symptoms, determination of diagnosis and medical necessity for services.

5. Are practitioners of the occupation responsible for writing, interpreting, or otherwise contributing to the establishment of the service or treatment plan? If yes, describe the responsibilities. If not, identify who is responsible.

Yes, Art Therapists are trained in writing and completing clinical documentation within their clinical practice, which includes responsibility for writing, interpreting, and otherwise contributing to treatment plans for individuals, groups, families, and/or couples.

6. What services provided by the occupation are typically unsupervised?

Art Therapists do not provide services that are unsupervised. Art Therapists who enter the field after graduation enter the “pre-licensure” phase of their professional journey. In order to earn a Registration for Art Therapy (ATR/ATR-P) with the Art Therapy Credentials Board (ATCB), an art therapist must be supervised by a Board-Certified Art Therapist (ATR-BC) and fulfill regulatory requirements. For state recognition and in many job settings, in Minnesota, Art Therapists are required to be supervised within the regulatory requirements of the Board of Behavioral Health & Therapy or the Board of Marriage & Family Therapy prior to applying for full licensure.

Once an Art Therapist receives an ATR-BC and/or is licensed by their state Board, the clinician will seek peer supervision or consultation as needed for continued ethical practice, such as in high-risk cases or in settings where it is required (e.g. some hospital or institutional settings).

7. What are typical work settings?

Art Therapists work anywhere mental health services are provided. This includes but is not limited to: hospitals, schools, outpatient clinics, community mental health programs, inpatient or residential facilities, group homes, private practice, Veteran Affairs settings, substance use programs, eating disorder programs, day treatment facilities, corrections facilities, and nursing homes.

8. How long has the occupation been in existence?

The formal practice of art therapy has its origins in the early-to-mid 20th Century in both the United States and Britain, with Adrian Hill being the first officially employed art therapist in 1946 (at a psychiatric hospital in Britain). Margaret Naumburg published the first book on art therapy in 1947 and developed the first courses in art therapy in the 1950s. The first professional association was founded in 1964 in Britain. In the United States, the American Art Therapy

Association (AATA) was founded in 1969. In the US, the first credential (ATR) was created in 1970 and the first state license was issued in New Mexico in 1993. The Department of Labor lists Art Therapists on its O*NET database, with the most recent update occurring in 2025.

Additional historical information is available in Appendix 8a.

9. Is it found only in the United States? If not, what is its current international status?

No. Art Therapy as an occupation can be found in 23 countries across 5 continents, including: South Africa, Hong Kong, Taiwan, Singapore, Korea, Israel, USA, Canada, Brazil, Colombia, Britain, France, Italy, Ireland, Iceland, Germany, Poland, Romania, Sweden, Netherlands, Australia, New Zealand, and India. There are 30 known professional associations, connected through the Global Art Therapy Alliance. There are two primary research journals dedicated specifically to Art Therapy (*Art Therapy: Journal of the American Art Therapy Association* and *International Journal of Art Therapy*) as well as at least two additional journals that incorporate art therapy research (*Arts & Health: An International Journal for Research, Policy and Practice* and *The Arts in Psychotherapy*).

See Appendix 9a for more information about each country's professional association. You can also visit: <http://www.arttherapyalliance.org/index.html>

10. What is the philosophy behind the occupation? What ethics, concepts, or values help define the occupation? Has a "Code of Ethics" been developed by the occupation?

The philosophical roots of art therapy lie in the works of Carl Jung and Sigmund Freud, and bringing the unconscious forward through active art-making. Modern art therapy has significantly evolved over time and incorporates theoretical and philosophical approaches from a variety of voices and pioneers in the field of psychology. As a mental health profession, Art Therapy enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Core concepts include integration and holism: Through integrative methods, art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual and symbolic opportunities invite alternative modes of communicating, expressing affect, and transforming cognition. Art Therapy aids in the process of self-reflection, and fosters insight in ways that circumvent the limitations of language. Visual and symbolic expression gives voice to experience and empowers individual, communal, and societal transformation.

Yes, in the United States, the Art Therapy Credentials Board governs the professional practice of art therapy, including the development and maintenance of the Standards of Practice & Code of Ethics for credentialed art therapists. The most recent update occurred in 2025, and can be found at: <https://atcb.org/ethics-appeals-lp/code-of-ethics-conduct-and-disciplinary-procedures/>

11. Does the occupation identify itself more in terms of an "acute care" (sickness) model or in terms of a "health promotion/disease prevention" (wellness) model?

Art therapy operates on a spectrum that includes both medical and wellness models. Art Therapy by nature is holistic, but the specific approach depends on the setting, the art therapist's theoretical orientation, and the client's needs. Clinical art therapy, in order to comply with billing and insurance standards, leans more towards the medical model of care.

12. How is the occupation different from or similar to other health occupations, systems and modalities?

Art therapists have the same standards of education, internship hours, post-graduation supervised practice, and professional examination standards as the counseling, marriage/family therapy, and social work professions. Art therapy is represented on a national level by professional organizations (ATCB and AATA) as well as having a Standards of Practice & Code of Ethics that regulates the profession on a national level which is similar to counseling, marriage/family therapy, and social work professions.

Art therapists differ from other allied mental health professions based on the educational standards required to practice within the scope of art therapy. *See section D for educational standards, and Appendix 12a for the official Scope of Practice provided by the American Art Therapy Association and included in our legislation.*

Art therapists are similar to other Creative Arts Therapies (e.g. dance/movement therapy, music therapy, etc.) in that it utilizes creative expression as its primary lens for providing mental health services. Art Therapy differs from the other Creative Arts Therapies in that entry into the profession requires educational experience that is consistent with counseling, marriage/family therapy, and social work professions (master's level at minimum). Art therapists also have diagnostic capabilities whereas music therapists, even those with a Masters in Music Therapy or Drama Therapy, have traditionally needed additional master's level coursework to obtain those competencies and skills. See Appendix 12b for a table illustrating an overview of the differences in the professions.

13. What processes and guidelines exist for inter-professional referral, co-management and collaboration?

Referral: Referral processes follow those that would be established with the place of employment and having client consent. Art therapy referrals can come from several places, including multidisciplinary teams, external referral by another provider, client or family request, and self-referral. The most formal referrals occur when an interprofessional team discusses a client's needs and agrees that art therapy is an appropriate addition to their treatment plan.

Per the ATCB Standards of Practice,

“If an art therapist believes that there is a continuing need for therapy, but they may no longer be able to provide professional services to a client, they must attempt to discuss those things with the client. If the art therapist then determines that they are unable to continue to provide professional services, they must make reasonable efforts to help the client arrange for similar professional services with another provider.

Art therapists shall make reasonable efforts to arrange for appropriate consultation with and referrals to other health and/or wellness professionals, including other art therapists, when in the best interests of a client, with appropriate informed consent and

in compliance with applicable industry, legal, regulatory, ethical, professional, and organizational standards.”

Collaboration: Art therapists are an integral team member when exploring treatment planning and potential referrals for art therapy with a client and/or as part of a multidisciplinary team. Art therapists regularly work to collaborate with other providers on teams across settings, including hospitals, inpatient units, schools, and educational institutions. These guidelines are similar to other allied mental health professions including counseling, marriage/family therapy, and social work.

14. How many individuals practice the occupation in Minnesota? How many of these would be subject to regulation?

The Art Therapy Credentials Board (ATCB) lists 200 Art Therapists currently credentialed in Minnesota as of September 2025. Any individuals that pursue clinical work in art therapy would be subject to regulation.

15. Is the workforce growing? If so, at what rate? What are the estimated demand requirements and workforce supply for the occupation?

Yes, the workforce is growing both nationally and at the state level.

Nationally: According to O*Net (2025), Art Therapy as a profession has a “bright outlook” with projected job growth of 7% in the next 10 years. O*Net (2025) projects a 11% workforce growth for Minnesota over the next 6 years. The Art Therapy Credentials Board (ATCB) provides national registrations and certifications for Art Therapists in the United States and Canada, with 6,235 total credentialed Art Therapists nationally, representing all 50 states and Puerto Rico.

State Level: Art Therapists are located across many counties in Minnesota with the largest majority, approximately 80%, residing in the Twin Cities metro area (2024, ATCB). Based on demographic information provided from the Art Therapy Credentials Board, Art Therapists reside in the following counties: Aitkin, Anoka, Blue Earth, Beltrami, Benton, Carlton, Cass, Carver, Clay, Dakota, Douglas, Goodhue, Hennepin, Isanti, Kandiyohi, Koochiching, Morrison, Mowery, Nicollet, Olmstead, Pennington, Ramsey, Rice, Roseau, Scott, Sherburne, St Louis, Stearns, Steele, Washington, and Wright (2024, ATCB). Adler Graduate School’s Art Therapy program, which started in 2006, has graduated approximately 340 Art Therapy students as of December 2023, and had a near 100% job placement rate. They have a projected graduation rate of 45 additional students gaining educational requirements to practice Art Therapy by 2027.

Demand: Similar to other mental health professions, the demand for services is greater than the current available workforce. NAMI (2025) estimated that 2,100,000 people in Minnesota live in a community without enough mental health professionals. Sue Abderholden, Executive Director of the National Alliance on Mental Illness in Minnesota reported in 2017 that “We already have a mental health workforce shortage in Minnesota... Nearly every county is deemed a workforce shortage area by the federal government and providers have a difficult time finding... therapists” (Zedchlik, 2017). As this demand continues to rise with the current mental health crisis, a state license allows more credentialed providers to be available to meet the growing demand for Art Therapy services and overall demand for mental health services.

B. Safety and Efficacy

16. What evidence exists to demonstrate the efficacy of the services provided by the occupation?

See Question 21 regarding studies done on the efficacy and effectiveness of art therapy. Research continues to demonstrate the efficacy of art therapy services provided by art therapists both internationally and nationally.

Additionally, the efficacy of Art Therapy is currently assessed and addressed through job analysis reports (completed by The Art Therapy Credential Board) as well as ongoing research and publication within the field as noted in other questions in this document.

17. How does the occupation measure the safety and efficacy of the services it provides?

See Question 18 regarding studies on the safety and risk of harm in the field of art therapy. Evidence-based research continues to occur and be published in a variety of peer-reviewed journals, which includes research on safety and efficacy of art therapy practice.

Additionally, safety is measured through the maintenance of clear standards for practice, including adherence to Ethical Codes and Standards for Practice, and incorporating the topic of “safe use of materials” as one measure of safety into graduate education, post-graduate supervision, and post-graduate continuing education.

Finally, similar to other mental health professionals, art therapy has governing bodies that oversee applicants within the field. For art therapists, on a national level, this is the Art Therapy Credentials Board (ATCB) and the American Art Therapy Association (AATA). These two entities ensure that applicants within the profession follow ethical and set standards to ensure safety and efficacy of art therapy.

See Appendix 17a for specific qualifications and ethical codes that an art therapist must follow to ensure no harm comes to the patient/client that we serve.

18. What are the findings of studies (US and international) that have been done on safety and risk of harm to patients/clients from the care approaches, treatments, and modalities used by members of the occupation?

There are several studies that have been done both in the United States and internationally that directly point to the safety of using art therapy with clients/patients. We have included 8 additional studies in Appendix 18a for your review on the safety and risk of harm to patients/clients. This is just a snapshot of some of the journal articles available on the subject.

Additionally, a review of fitness-to-practice cases in the UK found that only a tiny fraction of arts therapists had caused harm (approximately 0.165%). Source:
<http://dx.doi.org/10.1080/17454832.2020.1719168>

See Appendix 18a for articles and additional information that pinpoint specific aspects of safety, as well as a list of specific conditions and research indicating how art therapy is beneficial to certain populations.

19. Describe and document consequences to the consumer that result from incompetence or unethical practice or omission of appropriate practice. Include information on the consequences in each of the following areas:

When art therapy is delivered incompetently, unethically, or without appropriate experience, the emotional, financial, physical, and social consequences are felt and are taxing on the system as a whole. The following points were compiled from several research studies, national agency reporting, client testimonials, and professional observations (including studies referenced in other parts of this questionnaire).

A) Emotional consequences

- a) Re-traumatization or emotional flooding: An untrained or incompetent therapist may push a client too quickly into trauma imagery or fail to provide containment, resulting in heightened anxiety, panic, or re-experiencing symptoms.
- b) Loss of trust in therapy: Poor handling of artwork, confidentiality breaches, or disrespectful interpretation can erode trust not only in the therapist but in mental health treatment overall.
- c) Increased shame, guilt, or self-blame: Incompetent feedback on artwork or misinterpretation of symbolism can invalidate or pathologize a client's expression.
- d) Unresolved grief/distress after premature termination: Studies note that abrupt ending of art therapy can leave clients destabilized or with a sense of abandonment.

B) Financial consequences

- a) Wasted resources: Clients pay for ineffective or harmful treatment, which may delay access to competent care.
- b) Additional costs of recovery: Clients harmed by unethical practice may require extended or more intensive psychotherapy, medical treatment, or even hospitalization.
- c) Legal costs: If harm results from breaches of ethics (e.g., confidentiality violations, boundary violations), clients may pursue legal remedies, creating financial burden.
- d) System-level waste: Insurance or healthcare systems may bear unnecessary expenses when art therapy is delivered without competence or alignment to best practice.

C) Physical consequences

- a) Psychosomatic worsening: Poorly managed trauma processing through art can heighten somatic symptoms like pain, headaches, or gastrointestinal distress.
- b) Neglect of medical concerns: If an art therapist practices outside scope (e.g., ignoring physical health issues or discouraging amenities.)
- c) Damaged relationships: Poor handling of family or group art therapy may trigger conflict, mistrust, or ruptures in key support systems.
- d) Isolation: A client harmed emotionally may disengage not just from art therapy but from social supports or other therapeutic relationships.
- e) Erosion of cultural identity: Incompetence in cultural humility (e.g., dismissing or misusing spiritual/cultural symbols in artwork) can alienate clients from their heritage and community care), clients' conditions may worsen.

- f) Unsafe studio conditions: Inappropriate materials (toxic paints, unsafe tools) or failure to consider allergies/disabilities can result in physical injury or illness.
- g) Exacerbation of stress physiology: Inadequate containment of emotional activation can contribute to heightened cortisol levels, sleep disturbance, or immune suppression.

D) Social consequences

- a) Stigmatized social withdrawal: Breaches of confidentiality about artwork or disclosures may expose clients to stigma in families, schools, or communities.

20. Describe any complaints filed with state law enforcement authorities, courts, departmental agencies, occupational boards, or occupational associations that have been lodged against practitioners of the occupation in Minnesota within the past five years.

There are not currently any recorded complaints or disciplinary actions in Minnesota in the last five years that are specifically identified as against art therapists (ATCB, 2025). Furthermore there have been no public disciplinary orders or complaint summaries in the Minnesota Board of Occupational Therapy, the Board of Behavioral Health and Therapy, or related boards that specifically identify *art therapy practitioners* (i.e. individuals who identify their practice as "art therapy") as the disciplined party, during the past five years. There were also no allegations that emerged when searching court records, administrative decisions, or board orders that clearly state "art therapist" as the license type, or distinguish "art therapy" in the allegation.

21. What are the findings of studies (US and international) that have been done on efficacy and effectiveness of the care approaches, treatments, and modalities used by members of the occupation?

Research from the U.S. and internationally shows consistent positive signals that art therapy (and closely related visual/creative-arts interventions) is effective.

AATA reports that "Art therapy is particularly effective during times of crisis, changes in circumstance, trauma, and grief. According to research, art therapy helps people feel more in control of their own lives, and helps relieve anxiety and depression, including among cancer patients, tuberculosis patients in isolation, and military veterans with PTSD. In addition, art therapy assists in managing pain by moving mental focus away from the painful stimulus" (AATA, 2025).

Deanne Gray, in conjunction with the ANZACATA, has published a document outlining a "comprehensive review of up-to-date findings on the efficacy of creative arts therapies" (2022). Art therapy is specifically referenced in 25 unique studies (out of 36 studies) as positively impacting participants in treatment. Research is continually being refined and expanded upon to address efficacy and effectiveness to make sure that the profession stays up to date on a global scale.

Additional research studies can be found in Appendix 21a.

22. Where does the occupation or field recognize gaps in its members' knowledge and perhaps even competency? What is the occupation's research agenda?

Both the American Art Therapy Association and the Art Therapy Credentials Board seek information about gaps in members' knowledge and competency in a variety of ways. Formally, the ATCB conducts a job analysis semi-regularly which informs updates and changes to its Board Certification exam. The ATCB's most recent job analysis (conducted in 2022) surveyed over 1,000 credentialed art therapists and provided insights into current practices, including major work behaviors, client populations, media and materials, diagnostic categories, ethical considerations, and work settings. AATA recently (2025) conducted a survey of Art Therapy educators to determine needs for training, research, and support specifically for art therapy education. AATA also seeks to address gaps in knowledge through its annual conference and provision of Continuing Education offerings based on surveys conducted both in-person and online of continuing education participants/attendees. The final place gaps are identified is through research completed and published in peer-reviewed journals and books.

AATA identifies the following research agenda including focus areas, research questions, and suggested populations to research further:

1. FOCUSING RESEARCH EFFORTS IN THE FOLLOWING AREAS:
 - a. Outcome/efficacy research
 - b. Art therapy and neuroscience
 - c. Research on the processes and mechanisms in art therapy
 - d. Art therapy assessment validity and reliability
 - e. Cross-cultural/multicultural approaches to art therapy assessment and practice
 - f. Establishment of a database of normative artwork across the lifespan

2. SEEKING TO ADDRESS THE FOLLOWING RESEARCH QUESTIONS:
 - a. What interventions produce specific outcomes with particular populations or specific disorders?
 - b. How does art therapy compare to other therapeutic disciplines that do not include art practice in terms of various outcomes?
 - c. How reliable and valid is any art therapy assessment?
 - d. What neurobiological processes are involved in art making during art therapy?
 - e. To what extent do a person's verbal associations to artwork created in art therapy enhance, support, or contradict?
 - f. What are ways of making art therapy more effective for clients of different ethnic and racial backgrounds.

3. SUGGESTED POPULATIONS TO RESEARCH:
 - a. Veterans
 - b. Psychiatric major mental illness
 - c. Autism/ASD
 - d. Medical/Cancer
 - e. At-risk youth in schools
 - f. Geriatric

Summary provided by: Drs. Donna Kaiser and Sarah Deaver. (2013). Establishing a Research Agenda for Art Therapy: A Delphi Study. *Art Therapy: Journal of the American Art Therapy Association*, 30(3), 114-121.

23. How is the occupation working internally and with other occupations to support the safe development of new and unconventional practices?

Art therapy, both internally on a national level and with other occupations, supports the safe development of new and unconventional practices in two ways: 1) by adhering to a robust framework of ethical principles, professional standards, and interdisciplinary collaboration, and 2) by recognizing that innovation continues to grow the field, especially in the areas of best practices, assessments, multicultural competence, and technological advancements (e.g. telehealth and digital media).

Organizations like the AATA and ATCB have established ethical principles that guide practice and research. These principles emphasize core values like beneficence (promoting the client's well-being), non-maleficence (avoiding harm), autonomy (respecting the client's right to self-determination), and fidelity (maintaining trust). These codes apply to art therapists in all their activities, including research, and requires that art therapists comply with all laws, regulations, policies and specific codes governing the conduct of research with human subjects.

C. Government and Private Sector Recognition

24. Describe the proposed minimum qualifications for entry into the occupation. Include a description of any levels of specialization within the occupation and the qualifications for each. How are the specialties taught and tested?

The proposed legislation lists two license types: Licensed Clinical Art Therapist (LCAT) and Licensed Clinical Art Therapist-Provisional (LCAT-P). The legislation is not currently structured as a two-tiered system (requiring the provisional license first). However, based on recent conversations with members of the Board of Behavioral Health & Therapy, and accompanying research on updates in other states, we are considering an amendment to make the LCAT-P required, adopting a two-tier licensing structure to follow the counseling professions' proposed two-tier license. The MN Art Therapists are willing to collaborate on industry standards across the board for mental health professions.

Currently, the legislation defines the following minimum requirements for LCAT-P and LCAT:

The following minimum qualifications are noted in the proposed legislation and are provided here: To be licensed as a clinical art therapist-provisional (LCAT-P), an applicant must submit an application on a form prescribed by the board and provide evidence to the board that the applicant:

- (1) is at least 18 years of age;
- (2) is of good moral character;
- (3) Received a master's or doctoral degree in art therapy that includes at least 700 hours of supervised internship experience; from an accredited educational institution at the time of graduation; **or**

- (4) Received a master's or doctoral degree or higher in a related field (including, but is not limited to, psychology, counseling, social work, or creative arts therapies) from an accredited educational institution and has (i) completed a minimum of 30 graduate credit hours in the following subject areas: theory and practice of art therapy; art therapy media and techniques; history of art therapy; human growth and developmental; dynamics in art; application of art therapy with people in different treatment settings; art therapy appraisal; diagnosis and assessment; group art therapy; ethical and legal issues of art therapy practice; matters of cultural and social diversity bearing on the practice of art therapy; standards of good art therapy practice; and (ii) completed at least 700 hours of supervised internship experience;
- (5) has submitted all applicable fees as required under section 148B.89.

The **additional** requirements for the license to practice clinical art therapy (LCAT) are laid out in the proposed legislation and are provided here:

- (6) has demonstrated competence in clinical art therapy by passing the Board Certification Examination (ATCBE) administered by the Art Therapy Credentials Board (ATCB);
- (7) has demonstrated successful completion of 4,000 hours of supervised, post-master's degree professional experience in the delivery of clinical art therapy in accordance with section 148B.82.

An applicant seeking a provisional license must submit with the application a plan for supervised clinical experience that meets the requirements described in section 148B.82 in addition to the stated requirements outlined.

25. Is the occupation affirmatively regulated in any states (or provinces)? For each state that regulates the occupation, provide the name of the agency that provides the regulation, the type/level of regulation, the legislative scope of practice (including supervisory and disclosure requirements), and regulatory requirements such as continuing education, licensing fees, and disciplinary processes. If the occupation is regulated by a board, provide information on the board structure, including the size of the board and board membership eligibility requirements.

The American Art Therapy Association tracks all current state advocacy efforts and licensure successes and updates their website in real time. As of May 2025, Art therapy is now a regulated mental health profession in 15 states and the District of Columbia. Art Therapists hold professional art therapy licenses in 12 states and DC: Connecticut, Delaware, the District of Columbia, Kentucky, Maryland, Mississippi, New Jersey, New Mexico, Nebraska, Ohio, Oregon, Tennessee, and Virginia. Art Therapists are regulated under related professional licenses in Texas, New York, Pennsylvania, and Wisconsin. Additionally, Art Therapists are recognized for purposes of state hiring and/or title protection in Arizona, Louisiana, and New Hampshire.

The list of states, the license or regulation obtained in that state, and the governing statutes are located in Appendix 25a. The specific details about the administering board (Including board structure, fees, disciplinary process, and continuing education requirements) can be found when searching each individual statute. Most states have used the ATCB as a guiding principle for licensure for art therapists, as many are requiring the ATCB Examination.

26. Does any state or province prohibit the practice of the occupation? If so, provide summary language of each such statute.

To date (as of 2025), no U.S. state or Canadian province explicitly prohibits the practice of art therapy as an occupation.

27. How do the rest of the states/provinces treat the occupation from a regulatory and legislative standpoint? For example, is the occupation statutorily ignored but permitted to be provided as long as practitioners do not cross over the line into the medical practice act? Is licensure nominally available but technically impossible to obtain? Have any states enacted innovative legislation or developed new politics that recognize emerging occupations in some novel way?

Other states (12 and the District of Columbia) have voted into law legislation around Art Therapy so that the profession can be regulated. See Appendix 25a for details about each states' regulation of the profession. The proposed legislation would enable the profession to be regulated to prevent "crossing lines", harm to the public, and increase accountability. Art therapists do not practice medicine and therefore are not regulated by the medical practice act.

28. Are there pivotal opinions issued by state attorneys general or case law decisions that control the provision of care from members of the occupation?

No. There are not any state-attorney-general opinions or controlling appellate decisions that uniquely govern art-therapy practice nationwide.

29. If this occupation is regulated in other jurisdictions, is there third-party reimbursement for the services provided by the occupation in those jurisdictions?

Yes and no. Due to the state-by-state nature of both regulation and third-party reimbursement, Art Therapists who have achieved a state license may not yet have a dedicated reimbursement code for clinical art therapy. Art therapists often provide services under the umbrella of reimbursable psychotherapy with an "add on" code (such as "Interactive Complexity"). This continues to be an advocacy focus for the American Art Therapy Association (AATA) as well as individual states. For example, in June 2025, Oregon passed HB 3761 into law, significantly improving access to mental health services through expanding Medicaid coverage for art therapy.

30. Is malpractice insurance widely available to members of the occupation? What information is available about members of the occupation from malpractice monitoring services?

Yes. Most, if not all, liability insurance companies recognize art therapists as a mental health profession for the purposes of liability coverage. Some providers receive coverage through an employer, and others seek their own independent liability insurance coverage.

31. What are the (estimated) utilization rates for the occupation? How many client/patient visits are made to members of the occupation per defined time period?

The utilization rate for Art Therapists follows the same pattern for most mental health professionals. In community-based mental health settings, hospitals, or other settings where Art

Therapists may work traditional 40-hour work weeks, the estimated utilization rate is approximately 65-80% (26-32 billable hours per 40 hours of work). In private practices, this can be a significantly greater range based on personal choice of hours worked. Art Therapists who follow a more traditional path in private practice will have a utilization rate of 60-80% (18-25 billable hours per 25-32 hours of work). Billable hours indicate only hours when clients are seen (individual, family, or group) and does not include time spent supervising pre-licensed staff or interns, documentation completion, case consultation, collaboration with other professionals, or engaging in continuing education or training.

32. Do hospitals, clinics, and other health care institutions recognize members of the occupation with admitting or other privileges?

No. Art Therapists are trained to complete diagnostic assessments (as explained in Question 4) which are often utilized in the intake process associated with beginning treatment in most facilities (inpatient, outpatient, residential, etc.) Art Therapists, when working as a mental health member of a collaborative team (e.g. with an Emergency Department) may be part of the assessment process and can submit recommendations. They do not have standard admitting privileges as defined within the medical field in that Art Therapists cannot admit individuals to a hospital setting for medical treatment without the consent of a doctor.

33. Are jobs available for members of the occupation?

Yes. Art Therapists who work in solo practice or who are the sole practitioners of art therapy in their agency or place of employment often have long waitlists due to the demand of their work. Minnesota in general has a shortage of mental health providers, in both urban and rural areas. Adler Graduate School in Minnetonka has generally reported a 99% placement rate post-graduation for their Art Therapy program.

34. Is the occupation affiliated with an association which enacts and enforces standards? If so, explain the enforcement mechanisms.

In the United States, the Art Therapy Credentials Board (ATCB) governs the professional practice of art therapy, including the development and maintenance of the Standards of Practice & Code of Ethics for credentialed art therapists. The most recent update occurred in 2025, and can be found at: <https://atcb.org/ethics-appeals-lp/code-of-ethics-conduct-and-disciplinary-procedures/>

The ATCB recently updated its CEU requirements for ATR-BC credential holders to include 6 Ethics credits and 6 Supervision credits to keep up with industry standards.

The American Art Therapy Association (AATA), which is the primary professional association for Art Therapists in the United States, also has an *Ethical Principles for Art Therapists* document which provides guidelines for its members, and has an Ethics Committee as part of its board structure. AATA defers to the ATCB for enforcement of ethics codes and disciplinary procedures. For more information, see: <https://arttherapy.org/wp-content/uploads/2017/06/Ethical-Principles-for-Art-Therapists.pdf>

35. Describe the extent to which the proposed regulation will affect the cost of the services provided by the practitioners.

The impact on the cost of services is subject to third-party reimbursement rates as dictated by individual insurance companies and their contracts with providers, as well as industry standards. The costs will be comparable to other allied mental health professionals and will not be inordinately affected by the regulation.

36. Describe the over-all cost-effectiveness and economic impact of the proposed regulation, including indirect costs to consumers.

We expect that establishing a license for Clinical Art Therapy based on current rigorous educational and experiential standards in Minnesota will reduce the burden upon Art Therapists training in or transferring to Minnesota. Art Therapists will be able to pursue their training with focus, less overall time required, and less cost. As a result, more qualified Clinical Art Therapists will likely complete the license, resulting in adequate availability of Clinical Art Therapists for the public. This type of consequence from creating a license is likely to decrease, stabilize, and equalize the cost of Art Therapy services to consumers.

By regulating Clinical Art Therapists under an already extant board, additional cost to the state can be minimized. Additionally, because Art Therapy is nationally credentialed, the state will not be required to offer any type of examination and can, rather, rely on an extant examination.

D. Education and Training

37. Are education, clinical training or apprenticeships available to train would-be members of the occupation? What is the range of opportunities? How many programs are offered?

Yes, education, clinical training, and internships are available to train prospective art therapists. While a master's level education is required in order to practice art therapy ethically, Art therapists, as with any psychology student, may access an undergraduate degree in general psychology or bachelors-level art. An undergraduate in art therapy is not required. This offers significant access for emerging art therapists.

Nationally, there are 38 CAAHEP (the Commission on Accreditation of Allied Health Education Programs) accredited graduate programs available around the nation, see Appendix 37a. These existing programs offer dual degrees in Counseling or Psychology and Art Therapy, including an extensive supervised practicum internship training.

In Minnesota, one graduate program and two undergraduate dual-degree programs currently prepare clinical art therapists. Minnesota State University Moorhead (MSUM) and Bethel University offer a BA in Art Therapy. Adler Graduate School (AGS) currently offers an MA in Counseling/Art Therapy. Adler Graduate School has historically partnered with more than 150 sites, and the Art Therapy degree program reports a 99% post-master's placement rate. A new graduate program is anticipated in the Twin Cities within the next two years in response to demonstrated market demand.

Post-graduate continuing education (CEUs) and advanced training are offered in various formats, including in-person and virtually, both nationally and in Minnesota. Continuing Education is essential for art therapists, and are required for Board-Certified Art Therapists, to stay current in clinical practice, research, and ethical standards beyond graduate school. These opportunities help practitioners refine skills, expand cultural competence, and pursue specializations that meet the diverse needs of clients.

38. For each opportunity (degree program, apprenticeship, etc.), what are the prerequisites, requirements, supervision, and financial costs?

National requirements (as of 2025) for graduate-level art therapists are established by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accreditation Council on Art Therapy Education (ACATE), in collaboration with the American Art Therapy Association (AATA) and the Art Therapy Credentials Board (ATCB).

- For entry into a Masters' level program, prerequisites include; foundational psychology courses (general, abnormal, and developmental psychology), along with a strong portfolio demonstrating artistic skills in a variety of media. Additionally, undergraduate coursework in either psychology (BA), art (BFA), or art therapy (BA) is often encouraged but not required. Costs for graduation education varies by school. Financial aid is available in some capacity at most programs/schools.

Minnesota Schools:

- Graduation from Minnesota's Masters' level program at Adler Graduate School is conferred once students demonstrate CAHHEP competencies through a B average of 68-72 credits, completing a portfolio or body of work, and 700 total clinical hours (practicum + internships) hours. Programs outside of Minnesota have similar rigorous standards.
- For the undergraduate art therapy program at Bethel University in Minnesota, prerequisites for the program include; GRE, SAT/ACT, Graduation from an accredited secondary school, GPA of 3.0, Test scores of 21 composite on the ACT or 920 on the SAT. Graduation is conferred once students demonstrate; 122-125 credits, Major coursework (71-74 credits) plus general education (44-52 credits) and electives.

39. What are the didactic and clinical components of the training opportunities? For any clinical practicum, what is the level of supervision, length of program, and level of patient/client base (primary care, specialty, acute, average)?

All clinical art therapy Masters' students complete individual and group didactic, in two terms at the Masters' level. Students also proceed through Practicum and Field Experience for no less than five terms/one year and 3 months, assessed weekly by a college-appointed Board Certified Art Therapist (ATR-BC) and a second on-site supervisor through individual and group supervisory sessions. Level of patient care can run the gamut from primary care, specialty, acute, to average as with any counseling/therapy internship.

40. How are students tested for competence during and at completion of all didactic and clinical programs?

All Masters' students complete individual and group didactic, and are assessed for competence through both the instructors and various projects regulated by a governing body, ACATE (Accreditation Council for Art Therapy Education), who manages all CAAHEP competencies followed throughout the nation. One assessment per class is sent to be assessed by ACATE, and the reports are returned to the college for feedback on the program efficacy.

41. Are educational opportunities standardized across the states for the occupation? For example, do faculty members in different institutions rely on standard curricula established by the occupation? If so, how were curricula standardized? What agency or institution oversees maintenance of standards?

Art therapy is standardized across the Nation with ACATE via CAAHEP, and our local Masters' program is accredited with both. The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is the largest programmatic accreditor in the health sciences, overseeing accreditation of educational programs across multiple allied health professions, including art therapy. The Accreditation Council for Art Therapy Education (ACATE) is the national accrediting body that evaluates and approves graduate art therapy programs in the United States to ensure they meet professional and educational standards.

42. For apprenticeship models, describe the components, competency assessment, and supervision and mentoring elements.

While mentorship is common, the graduate programs in Art Therapy do not solely use an apprenticeship model. Instead, the programs incorporate a supervisory model in clinical practice combined with assessment in formal education. Currently, clinical art therapists are trained in the field under supervision, gradually increasing independence until they demonstrate competence and qualify for unsupervised practice once they are licensed as an LPCC or LMFT, in a dual fashion.

43. Are there accepted national or regional standards of education and training for competent practice of the occupation? (An indication of such standards is the existence of a national or regional psychometrically valid and reliable test for measuring achievement of minimum entry-level skill and knowledge.)

Yes CAAHEP standards for Master's level education (entry into the field) are available and are followed by the Masters' program in Minnesota.

The other 38 CAAHEP programs are listed under Appendix 37a.

44. Does the occupation have standard tests individuals can take to demonstrate their knowledge, skills, and judgement in the occupation?

Yes. New entrants would need to provide sufficient evidence of preparation (Master's degree and art therapy supervision hour completion as stated in the proposed bill) and be required to pass the rigorous Art Therapy Credentials Board's board certification exam (ATBCE), which is currently used to complete a Board Certification in Art Therapy nationally.

45. Are individuals sufficiently prepared to be competent to provide the care they will provide? How is competence determined?

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 (ATR-BC)—a process which typically requires a minimum of four years.

In the proposed legislation, the amount of experience and supervision required to achieve proposed licensure status in MN would increase to 4000 hours of experience with 200 hours of individual, dyad or group supervision by a qualified supervisor. The proposed legislation defines the requirements for a qualified art therapy supervisor as meeting one of the following criteria: an art therapy certified supervisor (ATCS); a Licensed Clinical Art Therapist (LCAT) as defined in the proposed legislation; a licensed marriage and family therapist who is a certified art therapist; a licensed professional clinical counselor who is a certified art therapist; and a certified art therapist (ATR-BC).

Competence is determined through a candidate's ability to meet educational standards, continue with ongoing learning requirements, and adjust to supervisory feedback. All of which is in line with other allied mental health professional determination.

46. Are individuals sufficiently educated and trained to be competent to practice the occupation? How is competence determined?

Art therapists must be trained within an approved Art Therapy Master's degree program recognized by the American Art Therapy Association (AATA) and approved by Art Therapy Credentials Board through CAAHEP accreditation. CAAHEP has approved 39 Art Therapy master's degree programs in 23 states. Again, the list of 38 programs outside of the local Adler Graduate School program can be found in Appendix 37a.

Graduate program supervised experience includes a 100-hour practicum involving observation and practice in preparation for clinical internship practice. The internship requires a minimum of 600 supervised hours over at least two academic terms. A minimum of 350 hours must involve working directly with clients providing Art Therapy services. The remaining hours may be divided between experience with case review, record keeping, preparation, treatment team meetings, in-service conferences, and supervisor evaluations. Art Therapy master's program training is distinct in its emphasis on neuroscience, imagery and art-making.

Current program and curriculum standards for Art Therapy master's programs are established, reviewed, and accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accreditation Council for Art Therapy Education (ACATE). The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accreditation Council for Art Therapy Education (ACATE) cooperate with the American Art Therapy Association (AATA) and the Art Therapy Credentials Board (ATCB) to establish, maintain and promote appropriate standards of quality for educational programs that meet or exceed the minimum standards.

Contact:
Accreditation Council for Art Therapy Education
PO Box 804

Southwest Harbor, Maine 04679
Email: acatecouncil@gmail.com

47. Are specialties in the occupation offered? How are these taught and tested?

Clinical Art Therapists receive specialized training in specific assessments, ethical practices, multicultural frameworks, and neuroscience research in graduate school. Post graduation, art therapists seek CEUs and are eligible for additional specializations offered in the mental health field (e.g. EMDR, Trauma informed practices, IFS, DBT, Anchor Relational Therapy, Somatic Experiencing, Sensorimotor Psychotherapy, etc.)

48. What does the occupation propose as a vehicle to ensure continued competency?

Practitioners are required to demonstrate maintenance of competency through a continuing education quota monitored by ATCB and partially through the governing licensing body the therapist is affiliated with (such as BBHT or AAMFT locally) in which they are formally licensed. The proposed legislation requires licensees to complete 40 hours of board-approved continuing education every two years. Of the 40 hours, at least 20 hours must involve content related to the practice of art therapy and additional CE requirements in ethics and cultural / multi-cultural competence. These are similar to those required by related mental health fields (including Professional Clinical Counselors, Clinical Social Workers, and Marriage & Family Therapists).

E. Practice Model & Viability of Profession

49. What efforts has the occupation made to develop practice guidelines and treatment protocols for clinical care? Does the occupation encourage the use of peer review meetings and outcomes and treatment measures as feedback for individual practitioners?

Yes, the occupation encourages peer review meetings, outcomes, and treatment measures as feedback for individual practitioners at all levels of post-graduate practice.

The Art Therapy profession has developed guidelines and treatment protocols from the initial Masters' degree required, the post-graduate requirements of supervision and direct client contact hours, a national examination for Board Certification, and continuing education requirements (including in Ethics and Supervision) for ATR-BC credential holders.

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation ([CHEA](#)). CAAHEP is currently the accrediting body for Art Therapy Masters' programs in the United States. CAAHEP and the Accreditation Council for Art Therapy Education (ACATE) cooperate with the American Art Therapy Association (AATA) and the Art Therapy Credentials Board (ATCB) to establish, maintain and promote appropriate standards of quality for educational programs that meet or exceed the minimum standards.

The Art Therapy Credentials Board maintains and updates Ethical Codes and Standards for Practice as well as Disciplinary Procedures. The American Art Therapy Association is the largest provider of continuing education in art therapy in the United States, and provides ongoing support in the areas of research through partnerships with Art Therapy Masters' programs,

supporting Art Therapy educators, hosting the annual American Art Therapy Association conference, and publishing *Art Therapy: Journal of the American Art Therapy Association*. As with other mental health professions, Art Therapists are subject to peer review and consultation as part of their clinical practice in their places of employment, and solo practitioners are encouraged to seek regular consultation and outside supervision as needed (again, similar to other mental health professions).

50. What guidelines has the occupation developed and encouraged for work in inter-professional teams and consulting and referral arrangements? Does the occupation provide, through initial and continuing education, information about other health care occupations so that members of the occupation can make informed decisions about collaboration and referrals?

Art therapists are an integral team member when exploring treatment planning and potential referrals for art therapy with a client and/or as part of a multidisciplinary team. Art Therapists provide information about their Scope of Practice as a tool for consultation and referral. Art therapists regularly work to collaborate with other providers on teams across settings, including hospitals, inpatient units, schools, and educational institutions. These guidelines are similar to other allied mental health professions including counseling, marriage/family therapy, and social work. Art Therapists receive training in counseling and family therapy theories, interventions, and interviewing strategies during their initial graduate education. Continuing education programming includes collaboration with other professions including counseling, marriage and family therapy, social work, occupational therapy, psychiatry, and more.

51. What is the occupation's record in terms of patient satisfaction and provider/patient relationships? What commitment has the occupation made to ensure that care provided by its members is culturally appropriate?

Patient Satisfaction:

Client satisfaction surveys are conducted at a clinic, agency, or practice level. The results are not readily available due to company policies and transparency. Research for the art therapy field has focused on efficacy, which could lead to higher client satisfaction. However that correlation has not specifically been addressed in published research as of 2025.

Several studies have addressed the therapeutic alliance between provider and client. Themes of the studies have addressed cultural competency, client's sense of psychological safety, rupture and repair, along with the importance of an ethical, healthy therapeutic relationship for making progress in therapy. .

Cultural Competence:

Graduate level education around cultural considerations is a requirement in order to obtain national certification. The ATCB requires "Matters of cultural and social diversity bearing on the practice of art therapy: includes a study of cultural diversity theory and competency models applied to an understanding of diversity of artistic language, symbolism, and meaning in artwork and art-making across culture and within a diverse society." Graduate education, ongoing supervision, and case consultations also include conversations around assessing multiculturalism with materials, symbols, art-making, and the use of non-verbal versus verbal forms of therapy.

Per the proposed legislation, which is inline with professional standards (ATCB), those that obtain licensure will be required to have the following continuing education credits in order to renew licensure:

- (1) three hours must involve cultural responsiveness by increasing the knowledge, understanding, self-awareness, and practice skills to serve clients from diverse socioeconomic, social, and cultural backgrounds. Topics include but are not limited to:
 - (a) understanding culture, culture's functions, and strengths that exist in varied cultures;
 - (b) understanding clients' cultures and differences among and between cultural groups;
 - (c) understanding the nature of intersectionality, social diversity and oppression; and
 - (d) understanding cultural humility.

52. How does the occupation support and encourage new modalities and therapies within the occupation? How is the occupation incorporating new technologies and communications capacities into its practice?

Art Therapists continue to grow and learn through continuing education opportunities, research on the efficacy of art therapy generally and specific interventions particularly, and creating protocols for specific treatments or Art Therapy-based protocols within other treatment modalities (e.g. Art Therapy and EMDR). Art Therapists seek information and provide training to one another in new technologies such as adapting art therapy to telehealth during the COVID-19 pandemic, incorporating the use of digital art media, and more.

53. Describe the extent to which the proposed regulation will affect the cost of the services provided by the practitioners?

This is a duplicate question. Information can be found in Question 35.

54. What is the expected impact of the proposed regulation on the existing supply of practitioners?

The expected impact initially is minimal to moderate change in the supply of practitioners, as most applicants in the first 1-2 years will be those licensed in other professions (LPCC, LMFT, LICSW, etc.) and recent graduates who meet the required hours, supervision, and passing examination score during the initial 2-year period. Over time, the supply is expected to increase as Art Therapists in other states see Minnesota as a place to get an independent state art therapy license, and students seek to complete graduate education or internship experiences here and decide to stay upon graduation.

The Department of Labor's Occupational Information Network database (O*NET) lists Art Therapy as having a "Bright Outlook" rating for occupations. This indicates that the number of individuals pursuing careers in Art Therapy can be expected to grow significantly over the next decade. Since the addition of Art Therapy to O*NET, the field of Art Therapy has seen an increase in the number of people pursuing this career. See:

<https://www.onetonline.org/link/summary/29-1129.01>

55. What percentage of current practitioners will be able to meet the proposed eligibility criteria?

Currently there are 60 ATR-BC credential holders in Minnesota, which is approximately 30% of the art therapists in Minnesota, and they would be able to apply directly for the LCAT. Current credential holders with ATR credential would be able to apply once they take the Board Certification examination, which many have anecdotally stated they would do if a state license were available and required it.

56. Will individuals who are not able to meet the proposed eligibility criteria be able to continue to provide services under a different but related occupational title?

Yes - those meeting criteria for ATR-P and ATR can practice as an art therapist under those credentials. Those who meet criteria for LPCC, LMFT, or LICSW can apply for licenses with those Boards

57. Under the proposal, will current practitioners be “grand-parented”? If current practitioners would be grand-parented, describe how long and under what conditions.

Yes there is a transition period built into the proposed bill for legacy members. Dates of effectiveness are contingent on when the bill is passed. The current legislation allows for a 2-year legacy period starting July 1st of the year in which the legislation passes.

58. What groups, including national and state professional and trade associations, are working for the occupation? What are their membership numbers and criteria for membership? What are their goals and current policy agendas? Provide the address of each.

The American Art Therapy Association (AATA) and the Art Therapy Credentials Board (ATCB) are currently working for this occupation.

American Art Therapy Association (AATA)

Physical address: 4875 Eisenhower Ave Unit 240, Alexandria, VA 22304

Mailing Address: P.O. Box 6240, Arlington, VA 22206

Phone: 703-548-5860

Email: info@arttherapy.org

Website: www.arttherapy.org

The American Art Therapy Association represents the Art Therapy profession at the national level. AATA has approximately 5000 total members, with approximately 123 members representing the Art Therapy profession in Minnesota (as of 2024).

Membership criteria for AATA has the following structure with three main identifying levels: Professional, Student, Other Membership Options (e.g. associate, retired, affiliate). AATA also manages Chapter Memberships for local organizations. Additional information about each level of membership and criteria can be found in Appendix 58a.

AATA's mission and policy agenda are stated below:

- **MISSION:** To advance art therapy as a regulated mental health profession and build a community that supports art therapists throughout their careers. *Adopted July 2021.*

What does AATA do:

- **MEMBERSHIP:** The American Art Therapy Association represents individuals and institutions who are dedicated to the art therapy profession and who have an interest in promoting its growth throughout the United States. Membership is comprised of, though not limited to: professional art therapists, students, educational institutions, and related mental health professionals. Members of the American Art Therapy Association have continuous access to a wide array of benefits.
- **ADVOCACY:** An active Governmental Affairs Committee, supported by the National Office team and Public Policy Advisor, advocates for the profession on behalf of our members and the clients whom they serve. The Advocacy Center, exclusive to members, provides the latest information on public policy related to art therapy on the federal and state levels.
- **CONTINUING EDUCATION:** An ever-expanding online Institute for Continuing Education in Art Therapy (ICE/AT) puts relevant courses at your fingertips, enabling you to develop competencies and keep abreast of new trends in the field while qualifying for continuing education credits (CECs). Members receive a significant discount.
- **NETWORKING:** The Annual Conference is the premier event connecting art therapists with colleagues from across the nation and around the world.
- **RESEARCH:** *Art Therapy: Journal of the American Art Therapy Association* is the most prestigious publication in the field and showcases leading research, practice-based articles, and more; it is fully accessible to you as a member.

AATA's Policy Agenda:

- **State Advocacy:** With our chapters and mental health partners, AATA works to raise public awareness about art therapy, make services more accessible to communities, and promote legislative and regulatory initiatives that advance the profession and support the well-being of art therapists and the clients they serve. AATA works with our state and local chapters in securing licenses in their states, obtaining insurance reimbursement, as well as protecting the art therapy profession from the threat of deregulation, which would take away the public's ability to discern qualified practitioners from bad actors.
- **Achieving art therapy licensure is a core part of AATA's mission to advance art therapy as a regulated mental health and human services profession,** plus, licensure provides numerous protections and benefits for the public and for art therapists. AATA's 4-point rationale for advancing state licensure efforts include:
 - **Protecting the Public:** Without licensure, it can be difficult for members of the public to identify a properly trained art therapist. Licensure protects the public from harm, misrepresentation, and fraud.
 - **Protecting Title and Scope of Practice:** Licensure provides legal mechanisms to counteract the large number of practitioners working outside of their scope of practice and organizations claiming to offer "art therapy training." It can also help protect art therapists from being accused of infringing on the scope of practice of other professions.
 - **Sustaining the Profession:** In states without specific art therapy licenses, art therapists are typically required to obtain a related mental health license (most often in counseling) along with credentials from the Art Therapy Credentials Board (ATCB) in

order to practice. **However, recently, graduates of art therapy programs are facing increased challenges in gaining counseling licenses due to shifts in the counseling field.** Art Therapy licensure guarantees an avenue to practice for graduates unable to earn other licenses.

- **Making Art Therapy More Accessible to the Public and Aspiring Art Therapists:** Licensure benefits aspiring art therapists and the public in two ways. **First, when government-issued licenses are required, hourly wages increase by 7.5% on average. Second, licensure paves the way for insurance reimbursement for art therapy services.** This growing affordability boosts demand for services while also making helping the field more financially sustainable for individuals from low-income backgrounds seeking to become art therapists.
- **National Advocacy:** The American Art Therapy Association is committed to engaging, both at the state and national levels, in legislative and regulatory initiatives that move the profession forward and/or support the well-being of art therapists and the clients they serve.
 - Through collaborations with chapters and other organizations, the Association seeks to promote public awareness, increased availability, and appropriate regulation of art therapy services and to support advocacy efforts within our wider communities of behavioral health providers, the arts, and education services.
 - AATA is committed to allocating resources wisely to participate in collaborations with organizations that share common interests in health care, the arts and education support services. Through collaborations with groups such as the Mental Health Liaison Group (MHLG), Americans for the Arts (AftA), National Alliance of Specialized Instructional Support Personnel (NASISP), National Coalition of Creative Arts Therapies Associations (NCCATA), and others, the Association engages on national legislation and regulatory issues to express the interests and concerns of art therapists and the client groups they serve. A full list of collaborators can be found on AATA's website.

Art Therapy Credentials Board, Inc. (ATCB)

Physical Address: 2941 Battleground Ave. PO Box 38726, Greensboro, NC 27438

Website: <https://atcb.org/>

MISSION: The mission of the Art Therapy Credentials Board (ATCB) is to protect the public by establishing and upholding the highest standards for competent practice of art therapy through the credentialing and certification process. The Art Therapy Credentials Board (ATCB) is the credentialing body for art therapists. Its mission is to protect the public by ensuring high standards for competent practice through credentialing. As the field grows, ATCB works to enhance professionalism and recognition within medical and mental health communities. It is dedicated to advocacy, awareness, and maintaining professional standards. ATCB administers the only accredited high-stakes art therapy exam, with its credentials increasingly required for state licensure and gaining international recognition. The ATCB's Board Certified Art Therapist (ATR-BC) credential is accredited by the National Commission for Certifying Agencies (NCCA).

ATCB Membership: No official "membership" structure. As a credentialing body, the ATCB's "membership" is ascertained by those who apply for credentials (ATR-P, ATR, ATR-BC, ATCS).

The Art Therapy Credentials Board (ATCB) lists 200 credentialed Art Therapists in Minnesota, and 6,235 credentialed within the USA (per the ATCB's 2021 Annual Report).

As a credentialing body, ATCB does not have a formal policy agenda. The following is their stated purpose:

- As advocates, practitioners, and educators of art therapy, our vision is to be recognized for its safe, ethical, and inclusive practice. We aim to uphold our responsibilities as the only credentialing board for art therapy and support the roles of art therapists.
- Our mission is to protect the public by setting and maintaining high standards for competent practice through credentialing. ATCB is a member of the Institute for Credentialing Excellence. Since 2012, the National Commission for Certifying Agencies has fully accredited the Board-Certified Art Therapist (ATR-BC) program. It is the only certifying board for art therapy and conducts rigorous competency testing. The accreditation ensures compliance with stringent testing and measurement standards.
- The ATCB is a 501-(c)(6) Non-Profit Business League incorporated in North Carolina.

F. Regulatory Framework

59. Identify any existing governmental agencies that can protect consumers that utilize the services of the occupation.

Currently consumers utilizing art therapy are not protected by a government entity. Once licensed the occupation would be subject to review from the Board of Behavioral Health and Therapy (BBHT) with LCAT representation as proposed by the proposed legislation.

60. Describe why existing remedies are inadequate to prevent or address the kinds of harm that could result from non-regulation.

The ATCB only regulates a national credential for those who hold the credential. There is no current process or place for addressing the unethical use of art therapy by non-art therapists who are practicing out of scope. The proposed legislation helps to define scope of practice for clinical art therapy which would be regulated by a state licensing board to allow for effective review of non-licensed holders to be held accountable.

61. In which of the ways described below should the occupation be regulated? Explain the rationale.

By a new independent board? N/A

By an existing board where the board is renamed and reorganized to include a significant number of board members representing the newly credentialed occupation? N/A

By an existing board where the board membership is changed to include one or more board members representing the newly credentialed occupation?

Yes. This legislation proposes the regulation of Clinical Art Therapists under the Minnesota Board of Behavioral Health and Therapy (BBHT). It adds 5 professional members representing the Art Therapy profession to the Board.

The licensure exam requirement is already established through the ATCB which therefore does not need to be created from scratch. For the exam requirements, the ATCB and BBHT will agree upon the division of responsibilities for administering the license through a formal contract process (for example, the collection of exam fees and scheduling of the exam).

Utilizing this structure provides minimal financial burden on clients, professionals, the board, and the state due to the use of the already existing BBHT board structure and staff, the lateral shift of new licensee applications from LPCC to LCAT (though many current LPCCs and LMFTs will keep those licenses active and add LCAT), and similar application fees as other licensed allied mental health professions.

This proposal has been reviewed by Samantha Strehlo, Executive Director for the MN Board of Behavioral Health and Therapy, and Briana Colton, Chair of the Minnesota Art Therapy Licensure Coalition. The most recent conversation occurred on March 4, 2025, when they also met with a representative from the Council of Health Boards (Lindsey Franklin).

By an existing board where the board forms a separate advisory committee with members from the newly credentialed occupation, as well as public members, to advise the board? N/A

By the Department of Health, using an advisory committee comprised of members of the public and the newly credentialed occupation? N/A

Appendix 2a: Definitions

2. What does the occupation do and how does it provide care? How does the occupation describe itself in terms of the types of care it provides, and the types of care that are beyond its professional scope?

Art therapy. "Art therapy" is an evidenced-based clinical practice that is an integrative application of psychotherapeutic principles, techniques, and methods with specialized training in art therapy theory, art media, the neurobiological implications of art-making, the creative process, and art-based assessment models to assist an individual, family, or group to alleviate mental and emotional disorders and psychopathologies, improve cognitive and sensory-motor functions, increase self-awareness and self-esteem, cope with grief and traumatic experience(s), resolve conflicts and distress, and enhance daily functioning in a professional relationship.

Art therapy services. "Art therapy services" means the provision of services to accomplish art therapy goals, which includes using art media, creative techniques, nonverbal communication, psychotherapy, art-based assessment models, and the creative process in a therapeutic relationship between a Licensed Clinical Art Therapist or a provisional Licensed Clinical Art Therapist and their client(s). "Art therapy services" also includes, but is not limited to: utilization of evaluation and assessment to define and implement goals to address developmental, rehabilitative, habilitative, mental health, preventive, wellness care, or educational needs of the client(s)

Certified art therapist. "Certified art therapist" means a person who holds the registered art therapist with board certification (ATR-BC) credential in good standing with the Art Therapy Credentials Board or a substantially similar successor credentialing organization.

Clinical art therapy. "Clinical art therapy" means the application of art therapy services and clinical decision-making skills in the evaluation, assessment, diagnosis, prevention, treatment, and amelioration of mental, developmental, behavioral, and emotional disorders and conditions in children, adolescents, and adults. "Clinical art therapy" also includes the utilization of appropriate knowledge and specialized training in art therapy to inform and determine the appropriate course of action within the clinician's scope of art therapy practice while tailored to the context of each specific clinical setting.

The practice of clinical art therapy includes:

The implementation of art therapy services, including evaluation, assessment, diagnosis, treatment planning, intervention, and referral; the development of an individualized art therapy treatment plan to address the cognitive, developmental, behavioral, and emotional disorders of a client; systematically evaluating and comparing the individual's response to the individualized art therapy treatment plan and suggesting modifications, as appropriate; use of therapeutic interventions to facilitate alternative modes of receptive and expressive communication; therapeutic interventions that can circumvent the limitations of verbal articulation; use of treatment interventions that include psychotherapy or counseling integrated with art therapy theory, the creative process, or art media to facilitate human development and to identify and remediate mental, emotional, or behavioral disorders and associated distresses that interfere with daily functioning; use of art media, the creative process, and the resulting artwork to assist

clients in coping with and reducing psychiatric symptoms and posttraumatic stress, enhancing neurological, cognitive and verbal abilities, and promoting appropriate skills development; crisis intervention; and art-based treatments that effectively respond to multicultural and diverse populations.

Licensed Clinical Art Therapist. "Licensed Clinical Art Therapist" means a person who is licensed by the board and meets the requirements of section 148B.77 (of the proposed bill).

Provisional Licensed Clinical Art Therapist. "Provisional Licensed Clinical Art Therapist" means a person who has been issued a provisional license by the board and meets the requirements of section 148B.78 (of the proposed bill).

Appendix 8a: History of the Occupation

In the United States, the pioneers of art therapy include educator Margaret Naumburg and artist Edith Kramer. Naumburg linked art to the expression of the unconscious through free association after working with students in the Walden School and collaborating with psychoanalyst Florence Cane. Naumburg first published art therapy research in 1947, *Studies of the "Free" Art Expression of Behavior Problem Children and Adolescents as a Means of Diagnosis and Therapy*. Afterward, she joined the faculty of New York University and began teaching undergraduate courses in art therapy.

In Britain, the term "art therapy" is attributed to British artist Adrian Hill in 1942. At a time where thousands suffered in sanatoriums from tuberculosis, it was observed that drawing and painting was a creative outlet for patients that provided them the freedom their confines did not. The practice of art therapy soon spread to mental hospitals through the work of Edward Adamson, who observed and further studied the connection between artistic expression and emotional release.

The British Association of Art Therapists was founded in 1964. The American Art Therapy Association (AATA) was founded in 1969. More organizations around the world modelled themselves after these associations, including the Professional Association for Art Therapy in Australia, New Zealand and Singapore which has evolved in practice and its geographic scope since its inception in 1987.

Appendix 9a: International status

Art Therapy Associations Across the Globe

AFRICA

- **SOUTH AFRICA:** [South African Network of Arts Therapies Organizations](#) is an umbrella body that provides a continuing education link between the arts therapies in South Africa.

ASIA

- **HONG KONG:** [Hong Kong Association of Art Therapists](#) (HKAAT): Based upon the belief of the healing power of art in therapy, The Hong Kong Association of Art Therapists was established in 2002 to promote and enhance the continued development of art therapy practice, guided by ethical and professional standards.
- **TAIWAN:** [Taiwan Art Therapy Association](#) (TATA): Art Therapy Association of Taiwan, Republic of China was founded in 2004. The Society was founded to focus on the combination of art in three areas: medical psychology, art psychotherapy, and the creation of that treatment (art as therapy) extended to mental health, psychological growth, education activities, creative development and other fields.
- **SINGAPORE:** [Art Therapists' Association Singapore](#) promotes the profession of art therapy and art therapy practitioners in Singapore.
- **KOREA:** [Korean Art Therapy Association](#) is the professional organization for art therapists in Korea.
- **INDIA:** [Art Therapy India](#): This group on LinkedIn created by Sangeeta Prasad will help art therapists and others interested in art as a form of therapy to network and become aware of the developments in art therapy in India and other countries. Members can share information on where they work, how they work and the population they are working with. Through this form members can they establish the field of art therapy and art education in India.

MIDDLE EAST

- **ISRAEL:** [Israeli Association of Creative & Expressive Therapies](#) promotes and represents the field of art therapy in Israel.

NORTH AMERICA

- **USA:** [American Art Therapy Association](#) (AATA): An organization of art therapy professionals in the United States dedicated to the belief that making art is healing and life enhancing. AATA's mission is to serve its members and the general public by providing standards of professional competence, and developing and promoting knowledge in, and of, the field of art therapy.
- **USA:** [National Coalition of Creative Arts Therapies Associations](#) (NCCATA) is an alliance of United States membership associations dedicated to the advancement of the creative arts therapies professions.

- **CANADA: Canadian Art Therapy Association** (CATA) was founded in 1977 by Dr. Martin A. Fischer, a psychotherapist practicing Art Therapy, as a non-profit organization to unite and promote the emerging profession of Art Therapy in Canada.
- **CANADA (QUEBEC): Association of Art Therapists of Québec** (AATQ): The Association des art-thérapeutes du Québec is one of four professional associations for art therapists in Canada. It is a bilingual organization, distributing information and services in both French and English.
- **CANADA (ONTARIO): Ontario Art Therapy Association** (OATA): The Association is mandated to provide for the development, the promotion and the maintenance of the profession of Art Therapy in Ontario. In addition, the OATA grants Registered status to Professional members upon successful conclusion of a rigorous process, which includes the documentation of education, and post-graduate supervised experience.
- **CANADA (BRITISH COLUMBIA): British Columbia Art Therapy Association** (BCAT): The British Columbia Art Therapy Association (BCATA) was founded in 1978 to foster the professional development of art therapy in British Columbia. The Association acts as a provincial voice governing the standards and practice of the profession and its practitioners. The BCATA provides professional registration for art therapists in British Columbia which entitles them to use BCATR after their name. The Association also upholds the BCATA Code of Ethics and encourages research with respect to art therapy.

SOUTH AMERICA

- **BRAZIL:** Associação de Arteterapia do Rio de Janeiro (AARJ): [Art Therapy Association of Rio de Janeiro](#) ; Associação de Arteterapia do Rio Grande do Sul (AATERGS): [Art Therapy Association of Rio Grande do Sul](#) ; Associação de Arteterapia do Estado de São Paulo (AATESP): [Art Therapy Association of the State of São Paulo](#)
- **COLOMBIA: Colombian Art Therapy Association** Ar.Te was founded to congregate responsible and committed people to the constructive development of Art therapy in Colombia. Ar.Te promotes high standards in all processes involving professional training, research and practice of Art Therapy in Colombia. Ar.Te is working towards the legalization of the Art Therapy discipline in the country and for the Educational and Health National Departments to recognize it as such.

EUROPE

- **European Consortium for Arts Therapies Educators** (ECArTE): ECArTE is a consortium of Universities. Its primary purpose is to represent and encourage the development of the Arts Therapies at a European level, in particular the courses offering nationally validated and professionally recognised training for arts therapists. (The Arts Therapies include art therapy, dance therapy, drama therapy and music therapy).
- **European Federation of Art Therapy** (EFAT) aims to unite art therapists and professional art therapy associations in Europe.

- **BRITAIN: British Association of Art Therapists (BAAT):** The British Association of Art Therapists (BAAT) is the professional organization for art therapists in the United Kingdom. Comprising of 20 regional groups, a European and an international section, it maintains a comprehensive directory of qualified art therapists and works to promote art therapy in the UK.
- **FRANCE: French Federation of Art Therapists (FFAT):** The FFAT represents a group of art professionals involved in art therapy. It consists of active members, supporters, and accredited members who reflect and build this profession.
- **ITALY: Art Therapy Italiana Association:** The Italian Art Therapy Association was founded in order to promote the practice of art therapy and dance movement therapy through opportunities for exchange, meeting and training of professional figures involved the use of visual art and movement as a means of preventive and therapeutic.
- **IRELAND: Irish Association of Creative Arts Therapists (IACAT):** IACAT is the national registration body for creative arts therapists in Ireland. As a professional reference body, it promotes, regulates and upholds the work of creative arts therapists, including Art Therapy, Dance-Movement Therapy, Dramatherapy and Music Therapy.
- **ICELAND: Icelandic Art Therapy Association's** mission is to promote professionalism, follow innovations in the field of art therapy, develop and improve treatment options and educate about art therapy in Iceland.
- **GERMANY: Germany Association of Art Therapy:** The DGKT was founded in 1981 as a professional association committed to professional and job-related questions of art therapists.
- **POLAND: Polish Association of Art Therapists** upholds and promotes quality standards for art therapy in Poland.
- **ROMANIA: Romanian Association for Expressive Therapies**
- **SWEDEN: Swedish National Association for Art Therapists (SBRT):** SBRT is a non-profit organization for Art Therapists founded in 2006. The goals of this organization are to join together Art Therapist throughout Sweden, to further develop Art Therapy as a profession, and to maintain a high standard of quality and ethics within the field.
- **NETHERLANDS: Federation Vaktherapeutische Occupations: (FVB)** is the umbrella organization of Dutch Associations for Art Therapy, Dance Therapy, Drama Therapy, Music Therapy, Psychomotor Therapy and Psychomotor Child Therapy.

AUSTRALIA & NEW ZEALAND

- **Australian and New Zealand National Art Therapy Association (ANZATA):** Supporting and advancing arts therapy in Australia, New Zealand and Singapore.

Appendix 12a: Scope of Practice

12. How is the occupation different from or similar to other health occupations, systems and modalities?

AATA's Scope of Practice for Art Therapists

AATA SCOPE:

Art therapy is a specialized form of psychotherapy conducted by a professionally trained art therapist.

(a) It is an evidence-based clinical practice that includes, but is not limited to the integration of psychological theories, art therapy theory, art-based assessment models, traditional verbal counseling techniques, and the creative process to assist individuals, families, organizations, or groups in:

- (1) Increasing awareness of self and others;
- (2) Coping with symptoms, stress, and traumatic experiences;
- (3) Enhancing optimal cognitive, mental, and emotional health and development;
- (4) Improving sensory-motor functions;
- (5) Addressing and alleviating mental and emotional disorders;
- (6) Resolving internal and external conflicts;
- (7) Supporting general wellness; and
- (8) 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 enhance optimal cognitive, mental, and emotional health and development, support general wellness, and 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
- (4) The employment of art media, the creative process and the resulting artwork to assist clients to:
 - a) Reduce psychiatric symptoms of depression, anxiety, post-traumatic stress, and attachment disorders;
 - b) Enhance neurological, cognitive, and verbal abilities, develop social skills, aid sensory impairments, and move developmental capabilities forward in specific areas;
 - c) Cope with symptoms of stress, anxiety, traumatic experiences and grief;
 - d) Explore feelings, gain insight into behaviors, and reconcile emotional conflicts;
 - e) Improve or restore functioning and a sense of personal well-being;
 - f) Increase coping skills, self-esteem, awareness of self and empathy for others;
 - g) Healthy channeling of anger and guilt; and
 - h) Improve school performance, family functioning and parent/child relationship

Appendix 12b

National Coalition of Creative Arts Therapies Associations (NCCATA) 2017, revised 8-26-2023

Creative Arts Therapies Training and Certification Requirements Overview 2023 National Coalition of Creative Arts Therapies Associations, Inc. (NCCATA)

	Art Therapy	Music Therapy	Dance/Movement Therapy	Drama Therapy	Poetry Therapy
National Professional Association	American Art Therapy Association (AATA)	American Music Therapy Association (AMTA)	American Dance Therapy Association (ADTA)	North American Drama Therapy Association (NADTA)	National Association for Poetry Therapy (NAPT)
Minimum Education Level Required to Practice	Master's	Bachelor's	Master's	Master's in Drama Therapy or Related Profession	Bachelor's + Master's
Education Levels Offered	Bachelor's, Master's, Doctorate	Bachelor's, Master's, Doctorate	Master's, Doctorate	Master's, Doctorate	N/A
Education Program Accreditation	CAAHEP-Accreditation Council for Art Therapy Education (ACATE) (and institution-specific)	National Association of Schools of Music (NASM) accreditation required		Program accreditation issued by the NADTA	N/A
Education Program Approval		AMTA program approval	Issued by ADTA Committee on Approval		
Minimum Credentials or Certification Required to Practice	Provisional Registered Art Therapist (ATR-P) Registered Art Therapist (ATR)	Music Therapist – Board Certified (MT-BC) Exam required	Registered Dance/Movement Therapist (R-DMT)	Registered Drama Therapist (RDT)	Certified Applied Poetry Facilitator (CAPF) Bachelor's level
Professional Credentialing Agency	Art Therapy Credentials Board, Inc. (ATCB)	The Certification Board for Music Therapists (CBMT)	Dance/Movement Therapy Certification Board (DMTCB)	NADTA	The Int'l Federation for Biblio-Poetry Therapy (IFB/PT)
Training Required for Credentials	700 (minimum) hrs supervised practicum during Master's, minimum 1000 paid clinical hrs post-graduate w/ 100 hrs supervision	1200 hrs supervised clinical training, includes practicum during coursework and internship	200 hrs supervised fieldwork, 700 hr practicum w/ 70 hr supervision during Master's	800 hr supervised practicum during Master's, 1500 paid clinical hrs post-graduate	CAPF + CPT 440 hrs training/supervision, PTR 975 hrs training/supervision

	Art Therapy	Music Therapy	Dance/Movement Therapy	Drama Therapy	Poetry Therapy
Additional Credentials Available	Provisional Registered Art Therapist (ATR-P) Registered Art Therapist – Board Certified (ATR-BC) Exam required Art Therapy Certified Supervisor. (ATCS) Requires maintaining ATR-BC credential	Professional Designations, MT-BC REQUIRED: Hospice and Palliative Care Music Therapy Neonatal Intensive Care Unit Music Therapist Nordoff-Robbins Music Therapist Professional Designations, MT-BC NOT required Fellow-Guided Imagery and Music Neurologic Music Therapist	Board Certified Dance/Movement Therapist (BC-DMT) 2400 paid hrs + Exam required	Registered Drama Therapist/Board Certified Trainer (RDT/BCT) 5 yrs experience as RDT + Exam required	Certified Poetry Therapist (CPT), Registered Poetry Therapist (PTR) Master's + Licensure in a mental health field required
Legally Defensible Scope of Practice	Yes	Yes	Yes	Yes	Yes
Code of Professional Practice/Ethics	Yes	Yes	Yes	Yes	Yes
Continuing Education Required	100 CEUs every 5 years ATR-BC only	100 CEUs every 5 years	100 CEUs every 5 years BC-DMT only	30 CEUs every 2 yrs for RDT/Attendance at a BCT training 1x during 2 yr cycle	20 CEUs every 2 yrs
State License / Recognition Established	In several states (contact info@arttherapy.org)	17 states as of 8-2023 (contact info@musictherapy.org)	In several states (contact info@adta.org)	In NY	N/A

Appendix 17a: Safety and efficacy of services

Ethical codes:

For additional information on the codes of practice according to this board, please review this link: <https://atcb.org/ethics-appeals-lp/code-of-ethics-conduct-and-disciplinary-procedures/>

Credentials for the Field

There are 4 levels of credentialing provided by the Art Therapy Credentials Board: provisional registered art therapist, registered art therapist, board certified art therapist, and art therapy certified supervisor. Below are the requirements applicants must meet to demonstrate safety and efficacy of services provided.

Registered Art Therapist-Provisional (ATR-P):

To become a provisional registered art therapist (ATR-Provisional), the applicant must complete graduate level education in art therapy and be practicing under an approved supervisor. Educational requirements for graduate level education in art therapy must include an overall grade point average of 3.0 in all areas:

1. 18 Semester credit hours (27 quarter credit hours) in studio-based art courses, and must have courses in two and three dimensional work.
2. Master's level 60 credit hours in Mental Health Content to include psychopathology/abnormal psychology, psychological assessment, human growth and development, counseling/psychological theories, and research
3. Take a structured art therapy practicum/internship course by a current ATR-BC or ATCS for a minimum of 700 hours, with 350 hours of direct client content and 1 hour of supervision for every 10 hours. Minimum of 70 individual or 105 group supervision hours are required.
 - a. Minimum of 30 semester (36 quarter credits) in art therapy core curriculum including the history of art therapy, theories of art therapy, techniques of practice in art therapy, application of art therapy with people in different treatment settings; art therapy assessment, ethical and legal issues of art therapy practice, matters of cultural and social diversity bearing on the practice of art therapy; standards of good art therapy practice, group art therapy, and systems in art therapy.

Registered Art Therapist (ATR)

As of July 1, 2024, an provisional art therapist is required before anyone can become a registered art therapist. To obtain Registered Art Therapist status, the applicant must complete the following requirements:

1. Post-Education Supervised Art Therapy Experience Requirements: a minimum of 1000 post education direct client contact hours using art therapy if completed by an ATR-BC or an ATCS approved supervisor, and a current ATR-BC or ATCS supervisor must complete 50 of the 100 hours of supervision. If not an approved ATR-BC or ATCS, then a minimum of 1,500 hours of direct client contact using art therapy must be completed, and 150 hours of supervision must be conducted within 75 hours by a current ATR-BC or ATCS.
2. Private Practice Hours. Any applicants planning to use post-education art therapy experience in their private practice must be licensed/certified practitioners in another psychotherapeutic

discipline. A current ATR-BC/ATCS MUST supervise ALL post-education art therapy experiences hours completed in an applicant's private practice.

3. Volunteer Experience: ATCB accepts supervised direct client contact experience providing art therapy services as a volunteer, in lieu of paid employment. Please be aware that in order to qualify, volunteer art therapy experience hours must be accrued through an organization or agency that provides supervised mental health services.
4. Reference Requirements: Three positive references from professionals who are familiar with the applicant's work performance and art therapy skills. At least one Reference Form must be completed by a current ATCB credential holder (ATR, ATR-BC or ATCS) who can support the applicant's competency for registration as an art therapist. Supervisors who complete the Verification of Post-education Experience Form may also submit a Reference Form on behalf of the applicant. Two additional Reference Forms may be completed by any of the following professionals who are familiar with the applicant's work performance and art therapy skills: A current ATCB credential holder (ATR, ATR-BC or ATCS) who did not supervise the applicant A supervisor who possesses a license or credential in a related mental health field

Board Certification: (ATR-BC)

To become a Board Certified Art Therapist (which will be required for proposed licensure), the applicant must:

1. Meet the requirements of provisional registered art therapist.
2. Meet the requirements of Registered Art Therapist
3. Must pass the Art Therapy Credentials Board Examination (ATCB). This exam was updated in 2025.

To *maintain this status*, must renew ATR credentialing annually and recertify every 5 years by completing 500 continuing education credits to ensure they remained informed about current art therapy practices and legal considerations. Renewing ATR needs to occur by June 30th of each year. Recertification process occurs July of every year (for those that need to recertify that year). Continuing education courses must include 50 credits specific to art therapy, 6 credits in ethics, and 6 credits in supervision. Audits are done at least 10% of recertifying ATR-BCs annually. All CE's must be entered into the formal recertification application.

Art Therapy Certified Supervisor (ATCS)

A Board Certified Art Therapist can obtain this status:

1. Board-Certified Art Therapist for 3 years
2. Supervision experience documentation of at least 500 hours of ATR-P or ATR prior to 2021 supervision with verification.
3. Professional disclosure statement
4. Letter of Endorsement to ATCS credential standards.

Additional information on this process, and the Professional Standards of Practice can be located at <https://atcb.org/>

Appendix 18a: Studies (US and international) on safety and risk of harm to patients/clients

1. Barnett, K. S., & Vasiu, F. (2024). How the arts heal: a review of the neural mechanisms behind the therapeutic effects of creative arts on mental and physical health. *Frontiers in Behavioral Neuroscience*, 18:1422361. doi: 10.3389/fnbeh.2024.1422361. PMID: 39416439; PMCID: PMC11480958.

This article examined the neuroanatomical basis of emotional regulation and creative engagement to determine whether they share common underlying neuronal mechanisms. These findings support the hypothesis that creative arts may engage similar neural networks as those used in emotional regulation, offering a neuroscientific basis for the observed benefits of creative therapies in enhancing emotional intelligence and facilitating emotional processing.

2. Bitonte, R. A., & De Santo, M. (2014). Art therapy: An underutilized, yet effective tool. *Mental Illness*, 6:5354.
https://www.researchgate.net/publication/269186093_Art_Therapy_An_Underutilized_yet_Effective_Tool

This article indicates that art therapy has been recognized as beneficial and effective since first described by Adrian Hill in 1942, and earlier in moral reinforcement and psychoanalysis. Populations discussed as benefiting include those with traumatic brain injury, schizophrenia, sexual abuse, epilepsy in children and adolescents, acute stress disorder, chronic illness, physical challenges, and cancer patients. The authors argue that art therapy is underutilized in many settings where it could be beneficial.

3. del Río Diéguez, M., Peral Jiménez, C., Sanz-Aránguez Ávila, B., & Bayón Pérez, C. (2024). Art therapy as a therapeutic resource integrated into mental health programmes: Components, effects and integration pathways. *The Arts in Psychotherapy*, 91, 102215.
<https://doi.org/10.1016/j.aip.2024.102215>

This study investigated the integration of art therapy within Mental Health Day Hospitals in Madrid. The study identified therapeutic factors making art therapy effective, particularly for narrative regulation and elaboration, and concluded that art therapy is a practical and helpful treatment.

4. Hu, J., Zhang, J., Hu, L., Yu, H., & Xu, J. (2021). Art therapy: A complementary treatment for mental disorders. *Frontiers in Psychology*, 12:686005. doi: 10.3389/fpsyg.2021.686005

A PubMed search identified 413 articles on art therapy. Findings showed art therapy is being successfully applied with mental disorders including depression, anxiety, dementia, Alzheimer's disease, schizophrenia, and autism. Outcomes included reduced symptoms and improved emotional expression. The study suggests art therapy holds strong potential as a complementary clinical method.

5. King, J. L., & Kaimal, G. (2019). Approaches to research in art therapy using imaging technologies. *Frontiers in Human Neuroscience*, 13:159. doi: 10.3389/fnhum.2019.00159

This article examined art therapy effectiveness through neuroscience-based approaches such as EEG, fNIRS, and MoBI. Art-making was shown to activate the brain differently than rote motor tasks, highlighting unique neural activation patterns in creative processes.

6. Shukla, A., Choudhari, S. G., Gaidhane, A. M., & Quazi Syed, Z. (2022). Role of art therapy in the promotion of mental health: A critical review. *Cureus*, 14(8):e28026. doi: 10.7759/cureus.28026. PMID: 36134083; PMCID: PMC9472646.

This critical review examined art therapy research, finding it effective in adult mental health rehabilitation. Visual art therapy in particular demonstrated benefits in reducing variability across creative arts and improving mental health outcomes as an adjunct treatment.

7. Van Lith, T., Schofield, M., & Fenner, P. (2013). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35(6), 1309–1323. <https://pubmed.ncbi.nlm.nih.gov/23116320/>

This critical review examined qualitative, quantitative, and mixed-methods studies of art-based practices in mental health. The findings suggest art therapy plays a substantial role in clinical, occupational, and contextual aspects of recovery.

8. Vick, R. M. (2003). A brief history of art therapy. In C. A. Malchiodi (Ed.), *Handbook of Art Therapy* (pp. 5–15).

This article provides historical context for the development of art therapy, tracing its roots and evolution as a recognized therapeutic discipline.

Appendix 21a: Studies (US and international) on efficacy and effectiveness

Systematic reviews / meta-analyses

- A 2015 systematic review and economic evaluation concluded that art therapy was associated with positive effects compared with controls for a range of non-psychotic mental health problems, and that it was generally acceptable to service users — but most included trials were small and of limited quality (risk of bias). The reviewers recommended more robust trials. [PubMed](#)
- A 2024–2025 wave of systematic reviews / meta-analyses (including a large synthesis of randomized trials of “active visual art therapy”) similarly found therapeutic benefits for some outcomes (symptoms, wellbeing) but emphasized that most studies are low quality, heterogeneous (different populations, dosages, modalities), and at risk of bias, limiting confidence in pooled effect sizes. Authors call for better-designed RCTs and standardized outcome measures. [JAMA Network+1](#)

High-quality individual RCTs and representative trials

- Mindfulness-Based Art Therapy (MBAT) in cancer populations (Monti et al.) — an RCT with ~111 women with cancer showed MBAT improved mood and markers of emotional well-being versus wait-list, supporting art-based groups as helpful adjunctive psychosocial care in oncology. [PubMed+1](#)
- MATISSE / Group art therapy for schizophrenia (Crawford et al.) — a large, pragmatic randomized trial found no improvement in global functioning or mental health from referral to group art therapy versus standard care in people with established schizophrenia; qualitative data however showed patients valued the experience even when symptom measures did not improve. This trial is often cited as evidence that art therapy is not a universal panacea and may have condition- and delivery-specific effects. [PubMed+1](#)
- Trauma / childhood sexual abuse and combined approaches (Pifalo and others) — smaller controlled and quasi-experimental studies suggest art-therapy-informed groups (often combined with CBT elements) reduce trauma symptoms in children and adolescents. These are promising but tend to be small or nonrandomized. [ERIC+1](#)

By clinical domain

- Depression & anxiety (general mental health): Multiple trials and meta-analyses report reductions in depressive and anxiety symptoms compared with wait-list or treatment-as-usual in various populations — but effect sizes vary and study quality is often low/moderate. [PubMed+1](#)
 - Trauma / PTSD: Mixed but promising. Several studies and a recent trauma-specific meta-analysis find decreased PTSD symptoms after arts therapies, though heterogeneity of methods reduces certainty. Trauma-informed adaptations and careful clinical handling are emphasized. [Wiley Online Library+1](#)
 - Cancer / medical populations (quality of life, distress): Group MBAT and other art-based psychosocial interventions show improved mood, decreased distress, and better quality-of-life indicators in multiple trials (e.g., Monti et al.), supporting adjunctive use in oncology supportive care. [PubMed+1](#)
 - Severe mental illness (schizophrenia/psychosis): The best-known large RCT (MATISSE) did not find clinical benefit on global functioning. Qualitative benefits (engagement,

meaning-making) were reported, suggesting art therapy may help some subjective outcomes even when symptom change is absent. [PubMed+1](#)

- Children & adolescents: Several smaller studies show benefit for behavioral/emotional problems and trauma symptoms, but many are quasi-experimental or pilot trials. [ERIC+1](#)

Clinical implications & where the evidence is strongest

- Best-supported uses (current evidence): adjunctive psychosocial care in cancer for reducing distress/ improving quality of life; reduction in depressive/anxiety symptoms in some clinical populations; supportive trauma-informed work in children when combined with other evidence-based trauma approaches (CBT components). [PubMed+1](#)
- Areas needing caution / more research: routine use as a standalone treatment for severe psychosis (evidence mixed), exact dosing/fidelity standards, and standardized adverse-event monitoring. [PubMed+1](#)

Appendix 25a: How the Occupation is Regulated in Other States

State Licenses & Their Corresponding Legislation and Laws

Connecticut (2019)

- Clinical Licensed Art Therapist (CLAT)
- Connecticut General Statutes: Title 20– Professional and Occupational Licensing, Certification, Title Protection and Registration. Examining Boards; Chapter 383g- Art Therapists
- HB7424, Sec. 176. (Section 20-195mmm)– An Act Concerning the State Budget for the Biennium Ending June 30, 2021, and Making Appropriations Therefor, and Provisions Related to Revenue and Other Items to Implement the State Budget

Delaware (2017)

- Licensed Professional Art Therapist (LPAT) and Licensed Associate Art Therapist (LAAT)
- Delaware Code: Title 24– Professions and Occupations; Chapter 30– Mental Health and Chemical Dependency Professionals; Subchapter V– Professional Art Therapists
- SB43– An Act to Amend Title 24 of the Delaware Code Relating to the Licensure of Art Therapists.

Kentucky (2009)

- Professional Art Therapy License (LPAT)
- Kentucky Revised Statutes– KRS 309.130 to 309.1399
- Kentucky Administrative Regulations– 201 KAR 34:010 to 34:060
- HB73– An Act Relating to Art Therapy

Maryland (2012)

- Professional Clinical Art Therapy License (LPCAT)
- Code of Maryland Regulations– Chapter 10.58.17.00 to 10.58.17.09 Art Therapists
- HB1207– An Act concerning State Board of Professional Counselors and Therapists Licensure of Clinical Professional Art Therapists
- SB969– An Act concerning State Board of Professional Counselors and Therapists Licensure of Clinical Professional Art Therapists

Mississippi (2000)

- Professional Art Therapy License (LPAT)
- Mississippi Code § 73-65-1 to § 73-65-17
- HB2428– An Act to Extend the Automatic Repealer on the Professional Art Therapist Certification Law and for Related Purposes

New Jersey (2016)

- Professional Art Therapy License (LPAT)
- New Jersey Administrative Code: Title 13– Law and Public Safety; Chapter 34D Art Therapist Advisory Committee
- A1783– Art Therapist Licensing Act
- S2020– Art Therapist Licensing Act

New Mexico (2001)

- Professional Art Therapist License (LPAT)
- New Mexico Administrative Code: Title 16– Occupational and Professional Licensing, Chapter 27– Counselors and Therapists; Part 7– Requirements for Licensure as a Professional Art Therapist (LPAT)

Nebraska (2024)

- Certified Art Therapist License
- LB605– Change provisions of the Mental Health Practice Act to include protections and requirements for certified art therapists

Ohio (2023)

- HB33– Establishes operating appropriations for fiscal years 2024-2025
- Ohio Rev. Code tit. 47, c. 4757.24 License as art therapist or music therapist

Oregon (2017)

- Licensed Art Therapist (LAT) and Licensed Certified Art Therapist (LCAT)
- Oregon Revised Statutes: Chapter 681– Hearing, Speech, Music Therapy and Art Therapy Professionals and Chapter 676– Health Professions Generally
- HB2432– AN ACT Relating to art therapy; creating new provisions; amending ORS 676.185, 676.580, 676.583, 676.586, 676.608, 676.610, 676.612, 676.613, 676.615, 676.622, 676.625 and 676.992; and declaring an emergency.

Tennessee (2021)

- Licensed Professional Art Therapist (LPAT)
- Tennessee Code: Title 63– Professions of the Healing Arts; Chapter 11 Psychologists; Part 4– Professional Art Therapy § 63-11-401 to § 63-11-411
- SB101– AN ACT to amend Tennessee Code Annotated, Title 4, Chapter 29, Part 2 and Title 63, relative to art therapy

Virginia (2020)

- Art Therapists and Art Therapist Associates
- SB 713– AN ACT to amend and reenact §§ 54.1-3500 and 54.1-3503 of the Code of Virginia and to amend the Code of Virginia by adding in Chapter 35 of Title 54.1 an article numbered 3, consisting of sections numbered 54.1-3516 and 54.1-3517, relating to Board of Counseling; licensure of art therapists and art therapy associates.

- Code of Virginia: Title 54.1.– Professions and Occupations; Subtitle III– Professions and Occupations Regulated by Boards within the Department of Health Professions; Chapter 35– Professional Counseling; Article 1. General Provision; § 54.1-3500 Definitions and § 54.1-3503 Board of Counseling

Washington D.C. (2020)

- Professional Art Therapist License (LPAT)
- Code of the District of Columbia: Chapter 12– Health Occupations Boards; Subchapter VIII-E– Qualifications for Licensure to Practice as a Professional Art Therapist
- B23-0250– Professional Art Therapist Licensure Amendment Act of 2019

States Licensing Art Therapist under Related Licenses

New York

- Creative Arts Therapist License (LCAT) Issued by the Office of the Professions of the New York State Education Department
- N.Y. Comp. Codes R. & Regs. tit. 8 § 52.34 and § 79-11.1-79-11.9– Creative Arts Therapy

Pennsylvania

- Art therapy defined in regulation as a qualifying “closely related field” for the professional counseling license
- Issued by the State Board of Social Work, Marriage and Family Therapists and Professional Counselors under the Pennsylvania State Secretary of State.
- 49 Pa. Code § 49.1.– Definitions.

Texas

- Professional Counselor with Specialization in Art Therapy License (LPC-AT)
- Issued by the Texas State Board of Examiners of Professional Counselors.
- 22 Tex. Admin. Code § 681.73– Application for Art Therapy Specialty Designation

Wisconsin

- Registered Art Therapist with License to Practice Psychotherapy
- Issued by the Wisconsin Department of Safety and Professional Services to qualifying art therapists with board certification by the Art Therapy Credentials Board (ATCB)
- CHAPTER 440: Department of Safety and Professional Services, § 440.03 General duties and powers of the department, subsection 14

States Recognizing Art Therapists for Purposes of State Hiring or Title Protection

Arizona

- State law authorizes the State Department of Health Services to contract for mental health and behavioral health services of Certified Art Therapists; defines Art Therapy for purposes of state law and provides title protection for credentialed art therapists.
- Arizona Revised Statutes Title 32. Professions and Occupations § 32-4601.– Art therapists; title; violation

Louisiana

- State Department of Education regulations require licenses based on ATCB credentials to qualify for hiring as art therapists in public schools.
- La. Admin. Code tit. 28, § CXXXI-725– Overview

New Hampshire

- Legislative act defining practice of professional art therapy and providing practice and title protection for practitioners holding master's or doctoral degrees in art therapy.
- SB 535-FN– AN ACT relative to licensure for the practice of professional art therapy and relative to certain revenues from the sale of commemorative liquor bottles of historic significance.

Appendix 37a: CAAHEP Accredited Master's Programs

These are the other 38 programs (MN Adler Graduate Program makes 39 total). These are listed in no particular order. **Indicates schools that also have a doctoral program.

**Dominican University of California, SAN RAFAEL, CA USA

<https://www.dominican.edu/academics/graduate-programs/master-arts-art-therapy-maat-maata>

Loyola Marymount University, LOS ANGELES, CA USA

<https://cfa.lmu.edu/programs/mft/>

Naropa University, BOULDER, CO USA

<https://www.naropa.edu/programs/graduate-academics/clinical-mental-health-counseling/transpersonal-art-therapy/>

Albertus Magnus College, NEW HAVEN, CT USA

<https://www.albertus.edu/art-therapy/ms/>

The George Washington University, ALEXANDRIA, VA USA

<https://arttherapy.columbian.gwu.edu/>

**Florida State University, TALLAHASSEE, FL USA

<https://arted.fsu.edu/>

**Adler University, CHICAGO, IL USA

<https://www.adler.edu/program/counseling-art-therapy-chicago/>

School of the Art Institute of Chicago, CHICAGO, IL USA

<https://www.saic.edu/art-therapy-counseling>

Southern Illinois University Edwardsville, EDWARDSVILLE, IL USA

<https://www.siue.edu/academics/graduate/degrees-and-programs/art-therapy/?section=all>

Indiana University Indianapolis, Herron School of Art and Design, INDIANAPOLIS, IN USA

<https://herron.iupui.edu/academics/gdegrees/art-therapy/index.html>

Saint Mary-of-the-Woods College, ST. MARY OF THE WOODS, IN USA

<https://www.smwc.edu/departments/graduate-studies/master-arts-art-therapy/>

University of Indianapolis, INDIANAPOLIS, IN USA

<https://uindy.edu/cebs/pllsswc/counseling/master-of-arts-in-mental-health-counseling/art-therapy-track>

Emporia State University, EMPORIA, KS USA

<https://www.emporia.edu/applied-health-sciences/counselor-education-home/graduate-programs/art-therapy-home/>

University of Louisville, LOUISVILLE, KY USA

<https://catalog.louisville.edu/graduate/programs-study/master-of-education-in-counseling-and-personnel-services/>

**Lesley University, CAMBRIDGE, MA USA

<https://lesley.edu/my-education-goals/mental-health-well-being-programs/masters-programs/expressive-therapies>

Springfield College, SPRINGFIELD, MA USA

<https://springfield.edu/graduate-programs/art-therapy-counseling>

Notre Dame of Maryland University, BALTIMORE, MD USA

<https://www.ndm.edu/academics/school-arts-sciences-business/art-therapy-department/art-therapy-ma>

Wayne State University, DETROIT, MI USA

<https://education.wayne.edu/art-therapy>

Antioch University New England, KEENE, NH USA

<https://www.antioch.edu/academics/counseling-therapy/ma-art-therapy-clinical-mental-health-counseling/>

Caldwell University, CALDWELL, NJ USA

<https://www.caldwell.edu/programs/ma-cmhc-art-the/>

Southwestern College, SANTA FE, NM USA

<https://www.swc.edu/ma-in-art-therapycounseling/>

Hofstra University, HEMPSTEAD, NY USA

<https://www.hofstra.edu/creative-arts-therapy-counseling/>

Long Island University-Post Campus, BROOKVILLE, NY USA

<https://liu.edu/post/academics/school-of-visual-arts-and-digital-technologies/~/link.aspx? id=103CA1A5A1DB493CA91C0AB740FC6CB9& z=z>

Nazareth University, ROCHESTER, NY USA

<https://www2.naz.edu/academics/grad/art-therapy-degree-program/>

New York University, NEW YORK, NY USA

<https://steinhardt.nyu.edu/degree/ma-art-therapy>

Pratt Institute, BROOKLYN, NY USA

<https://www.pratt.edu/art/creative-arts-therapy/art-therapy-and-creativity-development-mps/>

School of Visual Arts, NEW YORK, NY USA

<https://sva.edu/academics/graduate/mps-art-therapy>

Syracuse University, SYRACUSE, NY USA

<https://vpa.syracuse.edu/academics/creative-arts-therapy/art-therapy-ms/>

Ursuline College, PEPPER PIKE, OH USA

<https://www.ursuline.edu/academics/programs/master-of-arts-in-counseling-and-art-therapy>

Lewis & Clark College, PORTLAND, OR USA

<https://graduate.lclark.edu/programs/art-therapy/program-details/>

Cedar Crest College, ALLENTOWN, PA USA

<https://www.cedarcrest.edu/program/art-therapy/master-art-therapy/>

**Drexel University, PHILADELPHIA, PA USA

<https://drexel.edu/cnhp/academics/graduate/ma-art-therapy-counseling/>

Marywood University, SCRANTON, PA USA

<https://www.marywood.edu/art-therapy-masters-degree>

Pennsylvania Western University, EDINBORO, PA USA

<https://online.pennwest.edu/programs/art-therapy/index.php>

Seton Hill University, GREENSBURG, PA USA

<https://www.setonhill.edu/academics/degrees-programs/graduate-programs/art-therapy-specialization-in-counseling-ma/index.html>

EVMS at Old Dominion University, NORFOLK, VA USA

https://www.evms.edu/education/masters_programs/counseling_art_therapy/

Antioch University Seattle, SEATTLE, WA USA

<https://www.antioch.edu/academics/counseling-therapy/clinical-mental-health-counseling-aus/art-therapy-with-cmhc/>

Mount Mary University, MILWAUKEE, WI USA

<https://mtmary.edu/majors-programs/graduate/art-therapy/>

Appendix 58a: AATA'A Membership Structure & Criteria

AATA's Membership structure and criteria:

PROFESSIONAL MEMBERSHIP

- **New Professional:** Individuals who have completed graduate-level training in art therapy within the last 12 months. Available for one year.
- **Professional:** Individuals who have completed graduate level training (Master's or Doctoral) in art therapy.
- **Credentialed Professional:** Individuals who have completed graduate level training (Master's or Doctoral) in art therapy and maintain current registration and/or certification through the ATCB).
- **For international professionals based outside of the United States working in the field of art therapy or interested in art therapy:**

STUDENT MEMBERSHIP

- **Art Therapy Student** (Individuals currently enrolled in a Master's art therapy program)
- **Doctoral Student** (Individuals currently enrolled in full-time Doctoral art therapy program)
- **Undergraduate and Other Student** (Individuals currently enrolled in an undergraduate program or other student program)
- ****Please note: Student ID or Student class schedule is required to sign up for the student membership.****

OTHER MEMBERSHIP OPTIONS

- **Associate:** Individuals who are interested in the field of art therapy but have not completed graduate-level training.
- **Retired Associate:** Associate members who have reached age 65 and are retired from their primary professional activities.
- **Retired Professional:** Individuals who have reached age 65, or who are eligible to retire with full benefits under the current Social Security regulations, and are retired from their primary professional activities.
- **Affiliate Membership:** For organizations or company-wide memberships

CHAPTER MEMBERSHIP

There are 32 state and local AATA chapters where you can connect with other art therapists and art therapy students and join in community events and advocacy campaigns. All AATA national association members are eligible to join a local chapter.