



Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines for the Accreditation of Educational Programs in Art Therapy

Standards initially adopted in 2016

Adopted by the
American Art Therapy Association
Accreditation Council for Art Therapy Education
and
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Council for Art Therapy Education (ACATE).

These accreditation **Standards and Guidelines** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Art Therapy profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required, but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines* are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the American Art Therapy Association cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Art Therapy and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines**. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of Art Therapy programs. On-site review teams assist in the evaluation of a program's relative compliance with the accreditation Standards.

Description of the Profession:

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

the brain and the body in ways that verbal language does not. Art Therapy provides a means of communicating for those who cannot find the words to express anxiety, pain or emotions as a result of trauma, combat, physical abuse, loss of brain function, depression, and other debilitating health conditions.

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

Art Therapists work with individuals, couples, families and groups in diverse settings, including hospitals, schools, psychiatric and rehabilitation facilities, community mental health clinics, wellness centers, forensic institutions, crisis centers, senior communities, veteran's clinics, juvenile facilities, correctional institutions and other community facilities. Art Therapy is integrated in comprehensive treatment plans administered by Art Therapists who can function independently or as part of interdisciplinary teams where Art Therapists complement and inform the work of other medical, mental health, and allied health professionals.

I. Sponsorship

A. Sponsoring Educational Institution

A sponsoring institution must be a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program.

B. Consortium Sponsor

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.
2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor

The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

II. Program Goals

A. Program Goals and Outcomes

There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted

standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

B. Appropriateness of Goals and Learning Domains

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

Advisory committee meetings may include participation by synchronous electronic means

C. Minimum Expectations

The program must have the following goal defining minimum expectations: "To prepare competent entry-level Art Therapists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the basic competencies prior to entry into the field.

Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

Laboratory should include art studios.

Continuing education may consist of professional development which may involve programs attended; continuing education credits earned; in-service programs; academic coursework pursued; creative pursuits; papers published; research conducted and/or other activities identified as scholarship activities by the sponsoring institution.

Programs should also provide continuing education opportunities for practicum/internship site supervisors.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

The sponsor should be able to document that faculty and staff have sufficient time from other responsibilities to accomplish the day-to-day teaching, education, and administrative duties of their positions. That time may be documented through detailed job descriptions, mutual agreements written and signed by program officials, or other comparable documents.

1. Program Director

a. Responsibilities

The Program Director must:

- 1) ensure program effectiveness, including outcomes, organization, administration, continuous review, and curriculum planning and development;

Attention should be given to the number of practicum/internship students in each supervision group assigned to Art Therapy faculty to assure that each student receives sufficient guidance and support to attain mastery of the competencies needed for entry-level clinical proficiency.

- 2) develop criteria for selection of and evaluate appropriate clinical and/or experiential settings to provide practicum/internship experience for students;
- 3) advise students; and
- 4) ensure achievement of the program's goals and outcomes.

Administrative and coordination responsibilities of the Program Director should be recognized as a department assignment.

b. Qualifications

The Program Director must:

- 1) possess a minimum of a master's degree; and

A doctoral degree is preferred.

- 2) possess national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA).

2. Art Therapy Faculty

a. Responsibilities

Art Therapy faculty must:

- 1) provide instruction in Art Therapy curriculum content and competencies as described in Appendix B;
- 2) supervise and make timely assessments of students' progress in achieving acceptable program requirements;
- 3) evaluate and develop program curriculum, policies and procedures; and
- 4) when providing supervision of students during practicum/internship experiences, document and assess student performance and competency throughout any internship experience and upon completion of the practicum/internship experience.

b. Qualifications

Art Therapy faculty must:

- 1) possess a minimum of a master's degree;

- 2) be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned; and
- 3) possess national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA).

Art therapy doctoral students who possess national certification in the field of Art Therapy and who are under supervision by Art Therapy Faculty may provide supervision of students during Practicum/Internship.

At least half of Art Therapy faculty should have engaged in professional practice of Art Therapy within the most recent five (5) year period.

Art Therapy Faculty should have competency in the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) learning domains of the content areas taught, as described in Appendix B.

3. Related Professions Faculty

a. Responsibilities

Related professions faculty must:

- 1) provide instruction in curriculum content and competencies as described in Appendix B; and
- 2) supervise and make timely assessments of students' progress in achieving acceptable program requirements.

b. Qualifications

Related professions faculty must:

- 1) possess a minimum of a master's degree in a field related or complementary to Art Therapy; and

A field related or complementary to Art Therapy may include Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work, and Marriage and Family Therapy.

- 2) be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

Related Professions Faculty should have competency in the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) learning domains of the content areas taught, as described in Appendix B.

4. Practicum/Internship Coordinator

a. Responsibilities

The practicum/internship coordinator must:

- 1) provide oversight of the practicum/internship experience;
- 2) establish practicum/internship affiliations with appropriate clinical and/or experiential settings;
- 3) assure that supervision agreements are prepared for each student to define the roles and responsibilities of on-site supervisors, individual and group supervisors, and students during the practicum/internship; and

- 4) facilitate student placements for practicum/internship experiences.

b. Qualifications

The practicum/Internship coordinator must possess knowledge of the program's expectations, requirements and evaluation procedures for students.

The practicum/internship coordinator position may be fulfilled by the program director, faculty member(s) or other qualified designee.

5. Practicum/Internship Site Supervisors

a. Responsibilities

Practicum/Internship site supervisors must:

- 1) supervise and make timely assessments of students' progress in meeting program requirements and outcomes in cooperation and regular consultation with a program faculty member; and
- 2) provide for individual and/or two student (triadic) supervision.

b. Qualifications

Practicum/internship site supervisors must:

- 1) possess knowledge of the program's expectations, requirements, and evaluation procedures for students, and have received training in supervision; and
- 2) possess registration or national certification in the field of Art Therapy by an organization accredited by the National Commission for Certifying Agencies (NCCA) or possess a master's level professional license or certification in a related mental health field.

A related mental health field may include Creative Arts Therapy, Counseling, Psychology, Psychiatry, Social Work, and Marriage and Family Therapy

C. Curriculum

1. The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

Laboratory should include art studios

2. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competencies of the Curriculum Competency Requirements for Educational Programs in Art Therapy (Appendix B).

Program length and number of credits should be sufficient to ensure achievement of the cognitive (knowledge), psychomotor (skills), and affective (attitudes and behaviors) competencies described in Appendix B.

CAAHEP is committed to the inclusion of emergency preparedness (EP) content in the curriculum as appropriate to the profession. See relevant curriculum competency requirements relating to emergency management, risk assessment, crisis intervention, trauma-focused care, community wellness, inter-organizational collaboration, and cultural and social diversity in Appendix B for guidance on how the curriculum should address this content.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and Purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments must include, but are not limited to: programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

“Positive placement” means that the graduate is employed full or part-time in Art Therapy or in a related field; or continuing his/her education; or serving in the military. A related field is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

2. Outcomes Reporting

The program must periodically submit to the Accreditation Council for Art Therapy Education (ACATE) the program goal(s), learning domains, evaluation systems (including type, cut score, and appropriateness), outcomes, its analysis of the outcomes, and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the Accreditation Council for Art Therapy Education (ACATE) to develop an appropriate plan of action to respond to the identified shortcomings.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor's institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical

standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and for graduation, and policies and processes by which students may perform clinical work while enrolled in the program.
4. The sponsor must maintain, and make available to the public current and consistent summary information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

The sponsor should develop a suitable means of communicating to the communities of interest the achievement of students/graduates (e.g. through a website or electronic or printed documents).

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients, clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records

Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Change

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/ACATE in a timely manner. Additional substantive changes to be reported to ACATE within the time limits prescribed include:

1. educational institution's mission or objectives, if these will affect the program;
2. degree awarded upon completion of the program; and
3. addition or deletion of courses that represent a significant departure in curriculum content or method of delivery.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the sponsor and that entity.

APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

- a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

The Accreditation Council for Art Therapy Education

c/o 25400 US Highway 19 N, Suite 158
Clearwater, FL 33763

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

- b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the Accreditation Council for Art Therapy Education. The on-site review will be scheduled in cooperation with the program and the Accreditation Council for Art Therapy Education once the self-study report has been completed, submitted, and accepted by the Accreditation Council for Art Therapy Education.

2. Applying for Continuing Accreditation

- a. Upon written notice from the Accreditation Council for Art Therapy Education, the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

The Accreditation Council for Art Therapy Education

c/o 25400 US Highway 19 N, Suite 158
Clearwater, FL 33763

The "Request for Accreditation Services" form can be obtained from the CAAHEP website at <http://ras.caahep.org/>.

- b. The program may undergo a comprehensive review in accordance with the policies and procedures of the Accreditation Council for Art Therapy Education.

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the Accreditation Council for Art Therapy Education forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

- a. The program must inform the Accreditation Council for Art Therapy Education and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).
- b. The sponsor must inform CAAHEP and the Accreditation Council for Art Therapy Education of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the Accreditation Council for Art Therapy Education that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The Accreditation Council for Art Therapy Education has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.
- c. The sponsor must promptly inform CAAHEP and the Accreditation Council for Art Therapy Education of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).
- d. Comprehensive reviews are scheduled by the Accreditation Council for Art Therapy Education in accordance with its policies and procedures. The time between comprehensive reviews is determined by the Accreditation Council for Art Therapy Education and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.
- e. The program and the sponsor must pay the Accreditation Council for Art Therapy Education and CAAHEP fees within a reasonable period of time, as determined by the Accreditation Council for Art Therapy Education and CAAHEP respectively.
- f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with the Accreditation Council for Art Therapy Education policy.
- g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a the Accreditation Council for Art Therapy Education accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the Accreditation Council for Art Therapy Education.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the

program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the Accreditation Council for Art Therapy Education and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the Accreditation Council for Art Therapy Education. The sponsor will be notified by the Accreditation Council for Art Therapy Education of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the Accreditation Council for Art Therapy Education forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the Accreditation Council for Art Therapy Education forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The Accreditation Council for Art Therapy Education’s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the Accreditation Council for Art Therapy Education forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The Accreditation Council for Art Therapy Education’s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the Accreditation Council for Art Therapy Education arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B

Curriculum Competency Requirements for Educational Programs in Art Therapy

Preface:

The following learning outcomes, content areas and associated competency statements are adapted by the Accreditation Council for Art Therapy Education from the *American Art Therapy Association Master's Education Guidelines* developed by the Association's Education Standards Revision Task Force with input from art therapy educators, professionals, and students and approved by the AATA Board of Directors in 2015.

1. Student Learning Outcomes

Student learning outcomes highlight knowledge, skills and affective/behaviors critical to successful entry-level job performance of an Art Therapy program graduate. Achievement of learning outcomes upon completion of the program is demonstrated by a graduate's knowledge and ability to:

- a. Understand the historical development of Art Therapy as a profession, Art Therapy theories and techniques, as a foundation for contemporary Art Therapy professional practice.
- b. Distinguish among the therapeutic benefits of a variety of art processes and media, strategies and interventions, and their applicability to the treatment process for individuals, groups, and families.
- c. Recognize that Art Therapy, from a multicultural perspective, takes into consideration the specific values, beliefs, and actions influenced by a client's race, ethnicity, nationality, gender, religion, socioeconomic status, political views, sexual orientation, geographic region, physical capacity or disability, and historical or current experiences within the dominant culture.
- d. Select culturally and developmentally appropriate assessment and evaluation methods and administer and interpret results to identify challenges, strengths, resilience, and resources for Art Therapy treatment planning.
- e. Develop culturally appropriate, collaborative, and productive therapeutic relationships with clients.
- f. Know federal and state laws and professional ethics as they apply to the practice of Art Therapy.
- g. Recognize and respond appropriately to ethical and legal dilemmas using ethical decision-making models, supervision, and professional and legal consultation when necessary.
- h. Recognize clients' use of imagery, creativity, symbolism, and metaphor as a valuable means for communicating challenges and strengths and support clients' use of art-making for promoting growth and well-being.
- i. Recognize the legal, ethical, and cultural considerations necessary when conducting Art Therapy research.
- j. Apply principles of human development, artistic and creative development, human sexuality, gender identity development, family life cycle, and psychopathology, to the assessment and treatment of clients.

- k. Understand professional role and responsibility to engage in advocacy endeavors as they relate to involvement in professional organizations and advancement of the profession.
- l. Continuously deepen self-understanding through personal growth experiences, reflective practice, and personal art-making to strengthen a personal connection to the creative process, assist in self-awareness, promote well-being, and guide professional practice.
- m. Pursue professional development through supervision, accessing current Art Therapy literature, research, best practices, and continuing educational activities to inform clinical practice.
- n. Recognize the impact of oppression, prejudice, discrimination, and privilege on access to mental health care, and develop responsive practices that include collaboration, empowerment, advocacy, and social justice action.
- o. Understand the basic diagnostic process and the major categories and criteria of mental disorders, corresponding treatments, and commonly prescribed psychopharmacological medications.

Student preparation for the above learning outcomes should be incorporated throughout the program's coursework, practicum, internship, student advisement, and any programmatic summative measures.

2. Foundational Learning Content Areas

The following Foundational Learning content areas provide the basis for relevant learning outcomes in the core curriculum and must be met concurrently with the core curriculum or through prior coursework or demonstrated competency.

- a. Studio art proficiency in 2- and 3-dimensional art media techniques and processes; and

Equivalency in non-academic studio art experience may be accepted

- b. Foundational theories in psychology including developmental and abnormal psychology.

3. Core Curriculum Content Areas and Competencies

Student learning outcomes are supported by the following Core Curriculum areas which describe required curriculum content but do not refer to course titles or required courses. The Core Curriculum content areas are more specifically delineated into competencies that allow programs to have goal defining minimum expectations to prepare entry-level Art Therapists. The following curriculum areas describe cognitive (knowledge), psychomotor (skills), and affective (behavior) competencies that art therapy students must develop through their coursework and which lead to overall student learning outcomes.

Programs may combine content into a single course or distribute content over multiple courses as they develop curriculum to address program mission, goals, and outcomes. Attention to state licensing requirements also may assist in determining course structure and content.

Content Area a: History and Theory of Art Therapy

The curriculum must provide students with the opportunity to integrate an understanding of the historical antecedents and ongoing conceptual development of the field, an overview of approaches and theory from related fields, the continuum of art therapy practice, and the development of Art Therapy as a distinct therapeutic profession. The following knowledge, skills and behaviors must be developed for competency in the content area.

*Faculty members with instructional responsibility for this content should meet credentialing requirements as described in III.B.2. of these **Standards**.*

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify major contributors and contributions that shaped the field of Art Therapy 2) Identify the relationship between art therapy approaches and theories from psychology, counseling, and related fields 3) Compare and contrast approaches to Art Therapy unique to the field: a) Art psychotherapy b) art-as-therapy c) open studio and studio-based approaches d) art-based clinical theories e) community-based approaches	1) Demonstrate how theory informs art therapy assessment and treatment planning	1) Value the historical antecedents to current professional Art Therapy practice

Content Area b: Professional Orientation, Ethical, and Legal Issues

The curriculum must provide students with the opportunity to develop a professional identity as an art therapist which integrates understanding of ethical, professional, and legally principled practices while performing roles and responsibilities in mental health and community-based settings. Additional areas of coverage include the importance of supervision, benefits of professional organizations and credentialing, collaboration, advocacy for the profession and advocacy for clients and their access to mental health services.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III.B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<ol style="list-style-type: none"> 1) Define the professional role and function of an Art Therapist 2) Recognize the ethical principles for practice of the American Art Therapy Association and the Art Therapy Credentials Board, as well as those of related fields (e.g., American Counseling Association) 3) Describe the purpose and goals of supervision, including models, practices, and processes 4) Define the role and process of professional Art Therapists advocating on behalf of the profession 5) Identify professional organizations and membership benefits, activities, services to members, and current issues 6) Summarize roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams 	<ol style="list-style-type: none"> 1) Demonstrate how to apply decision-making models and legal principles to ethical dilemmas 2) Demonstrate how to complete professional documentation required in clinical mental health settings such as treatment plans and progress notes 3) Practice conducting a job search, resume writing and professional interviewing skills to prepare for the transition from student role to professional practice 	<ol style="list-style-type: none"> 1) Acknowledge the value of developing a strong professional Art Therapist identity founded in ethical practice 2) Recognize the importance and impact of professional credentialing (e.g., Registration, Board Certification, and Licensure) and the effects of public policy on these issues 3) Value advocacy processes necessary to address barriers that block access and equity to mental health and related services for patients/clients 4) Recognize the need for collaboration and consultation within and among organizations, including interagency and inter-organizational collaboration 5) Recognize the impact of personal and professional development through supervision, self-care

7) Describe how ethical principles guide the use of technology in professional practice (i.e., electronic records, professional and social networking, and distance therapy and supervision)		practices appropriate to the Art Therapist professional role, and continuing education
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Content Area c: Materials and Techniques of Art Therapy Practice

The curriculum must provide students with the opportunity to integrate understanding of the safety, psychological properties, and ethical and cultural implication of art-making processes and materials selections in order to design art therapy strategies which address therapeutic goals.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Describe theory of specific properties and effects of art processes and materials informed by current research such as Expressive Therapies Continuum 2) Identify toxic materials, safety issues with select populations, allergic reactions. 3) Identify requirements for studio set-up and maintenance 4) Identify resources and programs for using technology as it relates to creating artwork 5) Identify ethical and safe storage methods for client artwork	1) Develop therapeutic goals and art-based intervention strategies based on the therapeutic effect of art making, including benefits, limitations and contraindications of art materials 2) Develop strategies to effectively manage resistance to creative expression 3) Demonstrate understanding of therapeutic utility and psychological properties of a wide range of art processes and materials (i.e., traditional materials, recyclable materials, crafts) in the selection of processes and materials for delivery of art therapy services 4) Adapt tools and materials for clients with disabilities	1) Incorporate ethical and cultural considerations in materials selection and therapeutic applications 2) Formulate the potential value of and contraindications for public display of client artwork 3) Evaluate the potential appropriateness of various venues for display of artwork

Content Area d: Creativity, Symbolism, and Metaphor

The curriculum must provide students with the opportunity to apply knowledge of creativity, symbolism, metaphor, and artistic language to the practice of Art Therapy. Such applications include work with individuals, groups, families and/or communities of diverse cultures.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Describe theories and models of creativity 2) Describe theories and models for understanding symbolism, metaphor, and artistic language	1) Apply understanding of artistic language, symbolism, metaphoric properties of media and meaning across cultures and within a diverse society 2) Practice skills for developing awareness and insight into art processes and images	1) Demonstrate belief in the value of using art-making as a method for exploring personal symbolic language 2) Recognize the need for awareness of and sensitivity to cultural elements which may impact a client's participation, choice of materials and creation of imagery 3) Value the benefits of student/therapist reflective art-making to inform clinical practice

Content Area e: Group Work

The curriculum must provide students with the opportunity to integrate theory, processes, and dynamics of group work to form and facilitate ethically and culturally responsive art therapy groups that have been designed with a clear purpose and goals for the population served. Principles of group dynamics, therapeutic factors, member roles and behaviors, leadership styles and approaches, selection criteria, art-based communication and short- and long-term group process will be reviewed.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Describe the theoretical foundations of group work with an emphasis on group art therapy 2) Explain dynamics associated with group process and development 3) List therapeutic factors and how they influence group development and effectiveness 4) Identify types of groups and formats	1) Develop approaches to forming groups, including recruiting, screening, and selecting members 2) Demonstrate characteristics, skills, and functions of an effective group leader 3) Consider purpose, goals, population characteristics, when designing art therapy groups in a variety of settings 4) Facilitate ethical and culturally responsive group practices, including informed approaches for designing and facilitating diverse groups	1) Incorporate critical thinking skills and defend rationale of art processes and media selection for the group therapy context 2) Evaluate the experience of art-making on group development and effectiveness 3) Recognize the value of participating in a group and engaging in group process, group stages, and group dynamics

Content Area f: Art Therapy Assessments

The curriculum must provide students with the opportunity to become familiar with a variety of specific art therapy instruments and procedures used in appraisal and evaluation. Additional areas of coverage include the selection of assessments with clients/patients as the basis for treatment planning, establishing treatment effects, evaluating assessment validity and reliability, documentation of assessment results and ethical, cultural, and legal considerations in their use.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Discuss definitions and purpose of Art Therapy assessments 2) Describe historical development of Art Therapy assessments and current assessments and applications 3) Compare and contrast terminology used in Art Therapy assessments such as, but not limited to, tests and assessments that are standardized, non-standardized, norm-referenced, criterion-referenced, group and individual testing and assessment, behavioral observations, and symptom checklists	1) Differentiate between assessment and testing, and appropriate applications of each 2) Demonstrate the ability to administer and apply appropriate Art Therapy assessments 3) Present purposes of summative and formative assessment in art therapy practice and research 4) Assess purposes of Art Therapy assessments to establish treatment goals 5) Cite methods to determine validity and reliability of Art Therapy assessments 6) Execute methods to interpret data from Art Therapy assessments	1) Display ethical, cultural, and legal considerations when selecting, conducting, and interpreting art therapy and related mental health fields' assessments 2) Incorporate critical thinking skills when determining the role of assessment in diagnosis and diagnosing in the field of Art Therapy

Content Area g: Thesis or Culminating Project

The curriculum must provide student with the opportunity to integrate knowledge with regard to the profession of Art Therapy, including literature in the field, through a culminating project which may include, but is not limited to, thesis or other extensive, in-depth project. Use of established research methods (e.g., quantitative, qualitative, mixed methods, arts-based), innovative methods of inquiry, clinical practice, or a synthesis of clinically-based personal and professional growth (e.g., service learning, designing a program, designing a “tool kit” for Art Therapists) may be included in keeping with the program mission and goals, along with established education standards.

Faculty members with instructional responsibility for this content must meet credentialing requirements as described in III. B.2.b of these **Standards**.

The following knowledge, skills and behaviors must be developed for competency in the content area

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Organize research on the literature in the field as the basis for an extensive thesis or culminating project	1) Create an in-depth study of one aspect of Art Therapy or an integration of knowledge and clinical skill in Art Therapy 2) Complete a thesis or culminating project based on established research methods (e.g., quantitative, qualitative, mixed methods, arts-based), innovative methods of inquiry, clinical practice, or a synthesis of clinically-based personal and professional growth (e.g., service learning, designing a program, designing a “tool kit” for art therapists)	1) Participate in opportunities and support for sharing thesis or culminating project outcomes in a public forum (e.g., thesis presentations, written article for publication, submission of grant application)

Content Area h: Human Growth and Development

The curriculum must provide students with the opportunity to integrate stages of human growth and development in assessment and treatment of typical and atypical client and patient populations. Additional areas of coverage include contextual/ecological factors that impact these groups, recognition that development exists along a continuum and the feasibility of health across the lifespan

Faculty members with instructional responsibility for content related to developmental stages in artwork must meet credentialing requirements as described in III.B.2.b of these **Standards**.

Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<p>1) Compare and contrast theories of individual and family development across the lifespan, including, but not limited to typical and atypical cognition, personality, human sexuality, moral and creative capacities</p> <p>2) Examine theoretical and biopsychosocial roots of developmental crises, trauma, disabilities, addictions, and exceptionality on development across the lifespan</p>	<p>1) Assess developmental stages in artwork, including typical, atypical, and exceptional characteristics for all age groups</p> <p>2) Integrate contextual/ecological factors bearing on human development such as cultural identities, spiritual, systemic within and outside family nucleus, physical, neurological, biological, and physiological</p>	<p>1) Justify methods of advancing wellness and actualization of potential, coping capacity, creativity, and optimal development throughout life</p>

Content Area i: Helping Relationships and Applications

The curriculum must provide students with the opportunity to review the therapeutic benefits of art processes and media, strategies and interventions, and culturally-appropriate, collaborative, and productive applications to the treatment process. Additional areas of coverage include the importance of and processes for the therapist's own responsive art-making to reflect on treatment, evaluate progress and build self-awareness.

Content related to art therapist's characteristics that promote the therapeutic process, utilization of art materials and processes within the context of building the therapeutic relationship, implications for incorporating one's own art making into session, trauma-focused art therapy approaches, sensory-based art therapy interventions and development of a personal approach to the practice of art therapy must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify evidence-based strategies and clinically-grounded approaches for assessment and treatment 2) Describe approaches to crisis intervention 3) Describe trauma-focused art therapy interventions 4) Describe theories, assessment, and treatment of addictive behaviors and disorders 5) Review therapeutic process (relationship building; mid-phase; termination) 6) Identify theories of effective programs in various settings including strategies for program development and evaluation 7) Understand a systems approach (family, community, political)	1) Utilize art materials and processes within the context of building the therapeutic relationship 2) Perform interviewing skills 3) Demonstrate case conceptualization skills 4) Formulate treatment planning/goal setting 5) Identify the steps of suicide risk assessment 6) Develop relevant sensory-based art therapy interventions 7) Integrate evaluation of treatment 8) Provide examples of referral processes and accessing community resources 9) Plan clinical interventions for the treatment of children, adolescents, adults, couples, and families in a variety of settings including inpatient, outpatient, partial treatment, aftercare	1) Recognize and display a professional commitment to Art Therapist characteristics that promote the therapeutic process 2) Respond to clinical and ethical implications for incorporating one's own art-making process in a session to develop therapeutic rapport, facilitate creative expression, and promote the therapeutic process 3) Value the development of a personal approach to the practice of Art Therapy 4) Acknowledge transference and counter-transference 5) Value consultation, collaboration and inter-professional teamwork

Content Area j: Psychopathology and Diagnosis

The curriculum must provide students with the opportunity to identify major categories of mental illness using the DSM and/or the ICD, engage in the diagnostic process, understand possible art-based indicators of mental disorders, review commonly prescribed psychopharmacological medications, and to recognize the effects that culture, society, and crisis have on individuals with mental illness. Additional areas of coverage include ongoing conceptual developments in neuroscience.

Content related to the applications of neuroscience theory and research to art therapy practice and also content related to art-based indicators of mental disorders/psychopathology in patient/client artwork must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify major categories and criteria of mental disorders according to the current Diagnostic and Statistical Manual (DSM) and/or the International Classification of Diseases (ICD) 2) Understand potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders 3) Describe basic classifications, indications and contraindications among commonly prescribed psychopharmacological medications for appropriate referral and consultation 4) Understand neuroscience theory as applied to art therapy interventions	1) Apply use of the diagnostic process in treatment planning 2) Exhibit a basic understanding of art-based indicators of mental disorders/psychopathology in patient/client artwork 3) Demonstrate understanding of basic diagnostic process, including differential diagnosis 4) Demonstrate use of behavioral observations as indicators of mental disorders 5) Describe applications of neuroscience theory and research to art therapy practice	1) Value cultural factors impacting the diagnostic process and concepts of health/illness 2) Critique use of diagnostic categories in treatment and intervention 3) Display sensitivity to the prevalence of mental illness and impact on individuals and society 4) Display sensitivity when considering the impact of crisis on individuals with mental health diagnoses

Content Area k: Psychological and Counseling Theories

The curriculum must provide students with the opportunity to understand major psychological and counseling theories and applications to practice.

This content may be fully taught by Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Describe basic tenets of psychotherapy and counseling theories (including psychodynamic, humanistic, cognitive-behavioral, systemic)	1) Apply theory to practice through case analysis or critique of clinical scenarios	1) Recognize the implications of applying theoretical foundations to therapeutic practice

Content Area l: Appraisal and Evaluation

The curriculum must provide students with the opportunity to select culturally and developmentally appropriate assessment and evaluation methods and administer and interpret results to identify individual or familial challenges, strengths, resilience, and resources for art therapy treatment planning.

This content may be fully taught by Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Understand historical perspectives of assessment procedures in treatment 2) Describe concepts of standardized and non-standardized testing and assessment throughout treatment process (intake, treatment planning, diagnoses, termination) 3) Demonstrate knowledge of rudimentary statistical concepts related to assessment and testing 4) Understand procedures for identifying/reporting suspected abuse	1) Apply risk assessment strategies and tools (danger to self, others) 2) Display skills for conducting bio-psychosocial assessment, mental status exam, and substance abuse disorder assessments 3) Recognize cultural, social, and co-occurring issues that affect assessment outcomes	1) Value culturally and developmentally appropriate assessment tools and applications to utilization and interpretation of results

Content Area m: Research

The curriculum must provide students with the opportunity to understand the purposes, methods, and ethical, legal, and cultural considerations of research and demonstrate the necessary skills to design and conduct a research study. Additional areas of coverage include the use of research to assess effectiveness of mental health and art therapy services by becoming an informed consumer of art therapy research.

Content specific to art-based research methodologies as related to art therapy must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Recognize foundational purposes of research with emphasis on applications to the field 2) Define research methodologies (e.g., quantitative, qualitative, mixed-methods) and research design formats used in the field 3) Describe art-based research methodologies as related to art therapy 4) Understand concepts of validity and reliability and applications to selection and application of assessments and tests	1) Apply methods used to conduct a review and critique of the literature on a topic of interest 2) Perform basic steps required to design and conduct a research study 3) Demonstrate basic statistical concepts such as scales of measurement, measures of central tendency, variability, distribution of data, and relationships among data as applied in research studies	1) Recognize ethical and legal considerations used to design, conduct, interpret, and report research 2) Recognize cultural considerations used when conducting, interpreting, and reporting research

Content Area n: Cultural and Social Issues

The curriculum must provide students with the opportunity to understand the relevance of cultural competence to strategies for working with diverse communities, understanding of privilege and oppression and reflective thinking in regards to the therapist's own attitudes and beliefs.

Content related to the role of the arts in social justice, advocacy and conflict resolution and also an overview of AATA's Multicultural and Diversity Competencies must be taught by faculty members who meet credentialing requirements as described in III.B.2.b of these **Standards**.

Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
<ol style="list-style-type: none"> 1) Identify research addressing characteristics of help-seeking behaviors of diverse cultural and social groups and implications for responsive practice 2) Demonstrate an understanding of current issues and trends in a multicultural society 3) Describe cultural and social diversity theories and competency models including AATA's Multicultural and Diversity Competencies 	<ol style="list-style-type: none"> 1) Plan strategies for identifying the impact of oppression and privilege on individuals and groups and eliminating barriers, prejudices, intentional and unintentional oppression, and discrimination 2) Make use of experiential learning activities (e.g., cultural genogram) designed to explore and develop student cultural and social self-awareness including self-assessment of attitudes, beliefs, and acculturative experiences 3) Apply cultural and social diversity theories and competency models to an understanding of identity development, empowerment, collaboration, advocacy, and social justice 	<ol style="list-style-type: none"> 1) Value strategies for collaborating with and advocating for wellness within diverse communities 2) Display a professional commitment to AATA's Multicultural and Diversity competencies 3) Justify the role of arts in social justice, advocacy, and conflict resolution 4) Contrast connections of student cultural and social self-awareness to their view of others, including their cultural assumptions and biases

Content Area o: Studio Art

The curriculum must provide students with the opportunity to maintain contact with the discipline of art making, to continuously engage in a personal creative process, and to expand knowledge and skills via ongoing explorations of media potentials. Additional areas of coverage include an understanding personal symbolic language and integrative thinking in regards to intellectual, emotional, artistic, and interpersonal knowledge.

This content may be fully taught by Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Identify methods and venues for displaying artwork	1) Incorporate knowledge and skills about art materials and processes 2) Demonstrate personal, hands-on contact with the discipline of art making 3) Recognize personal symbolic language (student recognition of their own imagery as opposed to client imagery)	1) Display connections to a personal creative process and artist identity

Content Area p: Specializations

The curriculum must provide students with the opportunity to apply one or more areas of treatment specialization with specific clinical populations, settings, and interventions that recognize their unique characteristics.

Content specific to art therapy theory and practice must be taught by faculty members who meet credentialing requirements as described in III. B.2.b of these **Standards**.

Content other than that specified above may be taught by Art Therapy Faculty or Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Demonstrate advanced knowledge of a well-defined, specialized area of clinical or community-based practice	1) Describe in-depth experience with specific patient/client populations, practice settings and methods of interventions	1) Display cultural competence in consideration of unique characteristics of specific populations and settings

Content Area q: Career Development

The curriculum should provide students with the opportunity to understand knowledge and skills considered essential in enabling individuals and organizations to positively affect career development and aptitude. Additional areas of coverage include methods of assessment and strategies to facilitate career development with diverse clients. The content is recommended if required for certification or state licensure, but is not required for all programs.

This content may be fully taught by Related Professions Faculty.

The following knowledge, skills and behaviors must be developed for competency in the content area.

Knowledge (K)	Skills (S)	Affective/Behavior (A)
1) Define theories and models of career planning and decision-making 2) Understand assessment tools and techniques, including art therapy assessments, relevant to career development	1) Apply information/resources available to support client choice 2) Use approaches for assessing the relationship between career development and client match in terms of lifestyle, life roles and mental health factors	1) Value multicultural and ethical strategies for facilitating career and educational planning and development with diverse clients

4. Clinical Education Experiences

- a. The curriculum must include clinical education experiences that provide students with opportunities to practice the cognitive, psychomotor, and affective/behavior competencies that Art Therapy students must develop through their coursework and which lead to overall student learning outcomes.

Clinical education experience should allow students opportunities to practice with varied client populations and practice settings.

- b. Clinical education experiences must include an Art Therapy practicum involving observation and clinical practice of Art Therapy in regular consultation with a site supervisor and faculty supervisor, and a clinical internship working with clients under direct supervision of a qualified site supervisor and faculty supervisor in an appropriate setting.
- c. Clinical education experiences must provide students with both individual and group supervision.
- d. The structure and duration of clinical education experiences must meet educational program clinical experience requirements for credentialing and entry level practice as an Art Therapist.