AGENDA
BOARD OF COUNSELING
REGULATORY COMMITTEE
Thursday, October 29, 2015 at 2:00 p.m.
Hearing Room 2

2:00 p.m. Call to Order – Charles Gressard, Committee Chairperson

I. Public Comment

II. Review of Guidance Documents
- A. 115-1.1 – Continuing Education Non-Compliance
- B. 115-1.4 – Guidance on Technology-Assisted Counseling/Supervision
- C. 115-2 – Impact of Criminal Convictions, etc. on Licensure or Certification
- D. 115-2.2 – Guidance on Planned Intervention Process
- E. 115-7 – Supervised Experience Requirements
- F. Discussion of guidance regarding supervision

III. Discussion of need for graduate level/resident license

IV. Discussion of need for additional licenses/certificates
- A. Art Therapy license
- B. Mental Health Provider certification

V. Discussion of Portability/Endorsement

VI. Discussion of issues/concerns for future Committee consideration

5:00 p.m. Adjourn

II. REVIEW OF GUIDANCE DOCUMENTS

Virginia Board of Counseling

Possible Disciplinary or Alternative Actions For Non-Compliance with Continuing Education Requirements

February 17, 2006

At its November 4, 2005* meeting the Board adopted the following guidelines for resolution of cases of non-compliance with continuing education requirements:

CAUSE	POSSIBLE ACTION
Short due to unacceptable hours	Confidential Consent Agreement; 30 day make up
Short 1 - 10 hours	Confidential Consent Agreement; 30 day make up
Short 11 - 15 hours	Consent Order; Monetary penalty of $300; 30 day make up
Short 16 - 20 hours	Consent Order; Monetary penalty of $500; 30 day make up
Did not respond to audit request	Informal Fact-Finding Conference

NOTE: In all cases the licensee will be audited the following renewal cycle.

Virginia Board of Counseling

Guidance on Technology-Assisted Counseling and Technology-Assisted Supervision

The Board's regulations for Standards of Practice (18VAC115-20-130) are prefaced by the following:

The protection of the public health, safety, and welfare and the best interest of the public shall be the primary guide in determining the appropriate professional conduct of all persons whose activities are regulated by the board. ***Regardless of the delivery method, whether in person, by phone or electronically, these standards shall apply to the practice of counseling.***

Therefore, the standards of practice set forth in section 130 of the regulations and in the Code of Virginia apply regardless of the method of delivery. The Board of Counseling recommends the following when a licensee uses technology-assisted counseling as the delivery method:

1. Counseling is best in the traditional sense, in person in a face-to-face relationship, in the same room. Counseling may be continued using technology-assisted means after *it* is initiated in a traditional setting. *Counseling that from the outset is delivered in a technology-assisted manner is less than desirable in that issues of the counseling relationship, client identity and other issues may be compromised.*

2. *The counselor must take steps to protect* client confidentiality and security.

3. The counselor *should seek training or otherwise demonstrate* expertise in the use of technology-assisted devices, especially in the matter of protecting confidentiality and security.

4. *When working with a client who is not in Virginia*, counselors are advised to check the regulations of the state board in which the client is located. It is important to be mindful that certain states prohibit counseling by an individual who is unlicensed by that state.

5. Counselors must follow the same code of ethics for technology-assisted counseling as they do in a traditional counseling setting.

Guidance for Technology-assisted Supervision

The Board of Counseling recommends the following when a licensee uses technology-assisted supervision:

1. Supervision of counseling is best in the traditional sense, in person in a face-to-face relationship, in the same room. Supervision may be continued using technology-assisted means after *it* is initiated in a traditional setting. *Supervision that from the outset is delivered in a*

technology-assisted manner is less than desirable in that issues of the supervisory relationship, client identity and other issues may be compromised.

2. *The counselor must take steps to protect supervisee* confidentiality and security.

3. The counselor *should seek training or otherwise demonstrate* expertise in the use of technology-assisted devices, especially in the matter of protecting supervisee confidentiality and security.

4. Counselors must follow the same code of ethics for technology assisted supervision as they do in a traditional counseling/supervision setting.

5. The Board of Counseling governs the practice of counseling in Virginia. Counselors who are working with a client *who is not in Virginia* are advised to check the regulations of the state board in which a *supervisee is located*. It is important to be mindful that certain states *may regulate or prohibit supervision* by an individual who is unlicensed by that state.

VIRGINIA BOARD OF COUNSELING

Impact of Criminal Convictions, Impairment, and Past History on Licensure or Certification by the Virginia Board of Counseling

INTRODUCTION

This document provides information for persons interested in becoming a licensed professional counselor, marriage and family therapist, licensed substance abuse treatment practitioner, certified substance abuse counselor, certified substance abuse counseling assistant or certified rehabilitation provider. It clarifies how convictions, impairment, and other past history may affect the application process and subsequent licensure or certification by the Board of Counseling.

Until an individual applies for licensure or certification, the Board of Counseling is unable to review, or consider for approval, an individual with a criminal conviction, history of action taken in another jurisdiction, or history of possible impairment. The Board has no jurisdiction until an application has been filed.

GUIDELINES FOR PROCESSING APPLICATIONS FOR LICENSURE OR CERTIFICATION: EXAMINATION, ENDORSEMENT, AND REINSTATEMENT

Applicants for licensure or certification by examination, endorsement and reinstatement who meet the qualifications as set forth in the law and regulations may be issued a license or certificate pursuant to authority delegated to the Executive Director of the Board in accordance with the Board of Counseling Regulations.

An applicant whose license has been revoked or suspended in another jurisdiction is not eligible for licensure or certification in Virginia unless the credential has been reinstated by the jurisdiction which revoked or suspended it.

Affirmative responses to any questions on applications related to grounds for the Board to refuse to admit a candidate to an examination, refuse to issue a license or certificate or impose sanction shall be referred to the Executive Director to determine how to proceed. The Executive Director, or designee, may approve the application without referral to the Credentials Committee in the following cases:

1. The applicant presents a history of substance use disorder with evidence of continued abstinence and recovery. The Executive Director cannot approve applicants for reinstatement if the license or certificate was revoked or suspended by the Board or if it lapsed while an investigation was pending.
2. The applicant has a history of criminal conviction(s) which does not constitute grounds for denial or Board action or the applicant's criminal conviction history meets the following criteria:
    - The applicant's conviction history consists solely of misdemeanor convictions that are greater than 10 years old.

- The applicant's conviction history consists of one misdemeanor conviction greater than 5 years old and all court requirements have been met.
- The applicant's conviction history consists of one misdemeanor conviction less than 5 years old, the applicant is in full compliance or has met all court requirements, and the applicant has accepted a pre-hearing consent order to approve the application with a reprimand.
- The applicant's conviction history consists of one non-violent felony conviction greater than 10 years old and all court/probationary/parole requirements have been met.

BASIS FOR DENIAL OF LICENSURE OR CERTIFICATION

The Board of Counseling may refuse to admit a candidate to any examination or refuse to issue a license or certificate to any applicant with a conviction of a felony or a misdemeanor involving moral turpitude. The Board may also refuse licensure as a professional counselor, marriage and family therapist, and substance abuse treatment practitioner, and certification as a substance abuse counselor to an applicant unable to practice with reasonable skill and safety to clients by reason of illness, abusive use of alcohol, drugs, narcotics, chemicals, or other type of material or as the result of any mental or physical condition. Similarly, the Board may also refuse certification as a rehabilitation provider to an applicant who provides services without reasonable skill and safety to clients by virtue of physical or emotional illness or substance abuse.

Misdemeanor convictions involving moral turpitude mean convictions related to lying, cheating or stealing. Examples include, but are not limited to: reporting false information to the police, shoplifting or concealment of merchandise, petit larceny, welfare fraud, embezzlement, and writing worthless checks. While information must be gathered regarding all convictions, misdemeanor convictions other than those involving moral turpitude will not prevent an applicant from becoming licensed or certified. However, if the misdemeanor conviction information also suggests a possible impairment issue, such as DUI and illegal drug possession convictions, then there still may be a basis for denial during the application process.

Criminal convictions for ANY felony may cause an applicant to be denied licensure or certification. *Each applicant is considered on an individual basis. There are NO criminal convictions or impairments that are an absolute bar to licensure or certification by the Board of Counseling.*

ADDITIONAL INFORMATION NEEDED REGARDING CRIMINAL CONVICTIONS, PAST ACTIONS, OR POSSIBLE IMPAIRMENTS

Applications for licensure or certification include questions about the applicant’s history, specifically:

1. Any and all criminal convictions ever received;
2. Any past action taken against the applicant in another state or jurisdiction, including denial of licensure or certification in another state or jurisdiction; and

3. Any mental or physical illness, or chemical dependency condition that could interfere with the applicant's ability to practice.

Indicating "yes" to any questions about convictions, past actions, or possible impairment does not mean the application will be denied. It means more information must be gathered and considered before a decision can be made, which delays the usual application and testing process. Sometimes an administrative proceeding is required before a decision regarding the application can be made. The Board of Counseling has the ultimate authority to approve an applicant for testing and subsequent licensure or certification, or to deny approval.

The following information will be requested from an applicant with a criminal conviction:

- A certified copy of all conviction orders (obtained from the courthouse of record);
- Evidence that all court ordered requirements were met (i.e., letter from the probation officer if on supervised probation, paid fines and restitution, etc.);
- A letter from the applicant explaining the factual circumstances leading to the criminal offense(s); and
- Letters from employers concerning work performance (specifically from Counseling-related employers, if possible).

The following information will be requested from the applicant with past disciplinary action or licensure/certification denial in another state:

- A certified copy of the Order for disciplinary action or denial from the other state licensing entity; and certified copy of any subsequent actions (i.e. reinstatement), if applicable;
- A letter from the applicant explaining the factual circumstances leading to the action or denial; and
- Letters from employers concerning work performance (Counseling-related preferred) since action.

The following information may be requested from applicants with a possible impairment:

- Evidence of any past treatment (i.e., discharge summary from outpatient treatment and inpatient hospitalizations);
- A letter from the applicant's current treating healthcare provider(s) indicating diagnosis, treatment regimen, compliance with treatment, and ability to practice safely;
- A letter from the applicant explaining the factual circumstances of condition or impairment and addressing ongoing efforts to function safely (including efforts to remain compliant with treatment, maintain sobriety, attendance at AA/NA meetings, etc.); and
- Letters from employers concerning work performance (specifically from counseling-related employers, if possible).

NOTE: Some applicants may be eligible for the Health Practitioner's Monitoring Program (HPMP), which is a monitoring program for persons with impairments due to chemical dependency, mental illness, or physical disabilities. Willingness to participate in the HPMP is information the Board of Counseling will consider during the review process for applicants with a history of impairment or a criminal conviction history related to impairment. Information about the Virginia HPMP may be obtained directly from the DHP homepage at www.dhp.virginia.gov.

Once the Board of Counseling has received the necessary and relevant additional information, the application will be considered. Some applicants may be approved based on review of the documentation provided. Other applicants may be required to meet with Board of Counseling members for an informal fact finding conference to consider the application. After the informal fact-finding conference, the application may be: i) approved, ii) approved with conditions or terms, or iii) denied.

NOTE: Failure to reveal criminal convictions, past disciplinary actions, and/or possible impairment issues on any application for licensure or certification is grounds for disciplinary action by the Board of Counseling, even after the license or certification has been issued. It is considered to be "procurement of license by fraud or misrepresentation," and a basis for disciplinary action that is separate from the underlying conviction, past action, or impairment issue once discovered. Possible disciplinary actions that may be taken range from reprimand to revocation of a license or certificate.

FOLLOWING LICENSURE OR CERTIFICATION

Criminal convictions and other actions can also affect an individual already licensed or certified by the Board of Counseling. Any felony conviction, court adjudication of incompetence, or suspension or revocation of a license or certificate held in another state will result in a "mandatory suspension" of the individual's license or certificate to practice in Virginia. This is a nondiscretionary action taken by the Director of DHP, rather than the Board of Counseling, according to § 54.1-2409 of the Code of Virginia. The mandatory suspension remains in effect until the individual applies for reinstatement and appears at a formal hearing before the Board of Counseling and demonstrates sufficient evidence that he or she is safe and competent to return to practice. At the formal hearing, three fourths of the Board members present must agree to reinstate the individual's license or certificate to practice in order for it to be restored.

GETTING A CRIMINAL RECORD EXPUNGED

Having been granted a pardon, clemency, or having civil rights restored following a felony conviction does not change the fact that a person has a criminal conviction. That conviction remains on the individual's licensure or certification record. Therefore, any criminal conviction *must* be revealed on any application for licensure or certification, unless it has been expunged.

Chapter 23.1 of Title 19.2 of the Code of Virginia describes the process for expunging criminal records. If a person wants a conviction to be removed from their record, the individual must seek expungment pursuant to §19.2-392.2 of the Code of Virginia. Individuals should seek legal counsel to pursue this course, which involves specific petitions to the court, State Police procedures, and hearings in court.

Guidance document: 115-2.2 Published in June 1990 Newsletter
Revised: June 5, 2009

Virginia Board of Counseling

Guidance on Planned Intervention Process

Facilitation or participation in "planned interventions" by Certified Substance Abuse Counselors is within the scope of their practice as long as they are practicing in settings as allowed by statute and regulation.

Board of Counseling

Supervised Experience Requirements for the Delivery of Clinical Services for Professional Counselor Licensure

The Virginia Board of Counseling requires that an individual who proposes to obtain supervised experience in Virginia, in any setting, shall submit a supervisory contract stating the proposed plans for the resident to provide clinical services using recognized counseling and counseling treatment interventions while under the supervision of a qualified licensed practitioner as listed in the *Regulations Governing the Practice of Professional Counseling*. The supervisory contract, submitted on a board approved form, completed by the supervisor and the resident, must receive board approval prior to the beginning of the supervised experience.

The supervisor is currently required to assume full responsibility for the counseling activities of the resident and must verify and document the resident's experience in the delivery of 2000 hours of face to face clinical counseling services utilizing counseling treatment interventions as defined in the **Code of Virginia** as follows:

"Counseling" means the therapeutic process of: (i) conducting assessments and diagnoses for the purpose of establishing treatment goals and objectives and (ii) planning, implementing, and evaluating treatment plans using treatment interventions to facilitate human development and to identify and remediate mental, emotional or behavioral disorders and associated distresses which interfere with mental health.

"Counseling treatment intervention" means those cognitive, affective, behavioral and systemic counseling strategies, techniques and methods common to the behavioral sciences that are specifically implemented in the context of a therapeutic relationship.

If the Board's designated credentials reviewers are unable to determine, based on the registered supervision contract submitted, that the resident will be providing clinical services utilizing counseling treatment interventions while under supervision, the resident and supervisor shall, upon request by the Board, submit additional information to document that the proposed supervised experience meets the requirements of the *Regulations Governing the Practice of Counseling 18VAC115-20-52.*

Until the resident receives Board approval for the supervision contract, no supervised experience will be permitted to count towards licensure.

IV. CONSIDERATION OF ADDITIONAL LICENSES/ CERTIFICATES

October 27, 2015

Jaime Hoyle
Acting Executive Director
Virginia Board of Counseling
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233

Re: Letter of support for Art Therapy License for the Virginia Board of Counseling Regulatory Committee Meeting, October 29, 2015

Dear Jaime Hoyle,

I am providing this letter of support for the establishment of an Art Therapy License in the state of Virginia in my capacities as a Virginia resident; a Registered and Board Certified art therapist and assistant professor of Art Therapy at the George Washington University, Alexandria, VA; and as President of the American Art Therapy Association.

As has been established by statute or licensing boards in nine states, art therapy is a distinct mental health profession that should be licensed as such. A number of factors support the need for an independent license in VA: Art therapy has a scope of practice, ethical guidelines, a code of professional practice, a credentialing and certification process, scholarly research, education program approval (and pending independent accreditation process), and a professional journal, to name a few.

The American Art Therapy Association, the professional association for art therapists in the US, endeavors to ensure that individuals who receive art therapy services are protected from harm. One way to achieve this is to define a precise scope of practice and licensure requirements in state law and regulation to assure that only appropriately trained professionals qualify to practice art therapy.Hammond and Gantt (1998) addressed this issue, and cited three professional ethical codes stressing that no mental health professional should provide services beyond his or her scope of practice. Furthermore, the authors cited the likely lack of preparedness of non-art therapists for powerful reactions often evoked by art and art materials, and uncertainty about how to use artistic processes to bring such affect under control. Hammond and Gantt cautioned that “other therapists challenge ethical and legal boundaries when they attempt to make an interpretation to the client or to make a generalization about the meaning of the art to others” (p. 275).

Artwork should be conceptualized as equivalent to verbal communication (Hammond & Gantt, 1998). From this perspective, a variety of ethical issues surface, relating to confidentiality, ownership, documentation, research, publication, and display of artwork. For more information on the ethical dimensions of non-art therapists introducing art into client sessions, and when to refer a client to an art therapist, I respectfully refer you to the American Art Therapy Association (www.arttherapy.org) and the Art Therapy Credentials Board (www.atcb.org).

Lacking a distinct Virginia license, many art therapists have sought licensure as professional counselors and, to my knowledge, no licensed counselor/art therapist has ever had an action brought by the Board of Counseling for improper practice or unethical conduct. Graduates of art therapy programs at George Washington University in Alexandria, Eastern Virginia Medical School in Norfolk, and thirty-seven specialized art therapy programs across the nation have dual academic training in both theories and techniques of counseling and psychotherapy and the theory, methods and clinical practice of art therapy. The Board has long recognized this training as meeting or exceeding the academic and experience requirements for counseling licenses. However, licensure as professional counselors has denied art therapists a distinct professional identity, with defined qualifications and scope of practice that accurately reflects their specialized training, and it has failed to adequately protect the public from potential harm by individuals claiming to practice art therapy without appropriate professional training.

The Board's continued movement toward adoption of rule changes that require graduation from CACREP accredited counselor preparation programs to qualify for licensure now threatens to deprive future art therapy master's graduates of their most relevant Virginia licensure option and further weaken available protections against improper and unethical practice.Recent advancements in understanding the brain and its functions, especially its implications for social, emotions and behavioral development, have increased public awareness of how the process of art-making can influence neural pathways and lead to improved mental and physical health. It has also created new interest and demand for art therapy services. Without separate licensure of art therapists, there will be fewer qualified and licensed practitioners to meet the public's growing need for mental health services, less diversity and innovation in mental health counseling, and no assurance that people in need of art therapy services will receive them from appropriately trained and qualified professional art therapists.

Virginia faces a critical shortage of qualified mental health professionals to serve the diverse needs of growing numbers of children, adolescents, adults, military personnel, and seniors with serious physical, mental and emotional conditions and disabilities. The public should be provided with greater access to competent practitioners who have proper training and supervision, are academically prepared, and are governed accordingly by state and national regulatory bodies.

Thank you for considering the facts as stated in this letter. For all of the reasons described, it is my hope that the Virginia Board of Counseling will support the need for establishment of an Art Therapy License.

Please let me know if I can be of any further assistance.

Yours sincerely,

Donna Betts, PhD, ATR-BC
President, American Art Therapy Association
dbetts@gwu.edu; 703-299-4141

Reference:

Hammond, L. C. & Gantt, L. (1998, Summer). Using art in counseling: Ethical considerations. *Journal of Counseling & Development, 76,* 271-276.

What is Art Therapy?

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

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

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

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

> Art therapists use drawings and other art/media forms to assess, treat, and rehabilitate patients with mental, emotional, physical, and/or developmental disorders. Art therapists use and facilitate the art process, providing materials, instruction, and structuring of tasks tailored either to individuals or groups. Using their skills of

assessment and interpretation, they understand and plan the appropriateness of materials applicable to the client's therapeutic needs. With the growing acceptance of alternative therapies and increased scientific understanding of the link between mind, body, and spirit, art therapy is becoming more prevalent as a parallel and supportive therapy for almost any medical condition.

Where is Art Therapy practiced?

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

- In medical or clinical settings art therapists use art in the assessment and treatment of a broad range of emotional, behavioral or mental health problems, learning or physical disabilities, brain-injury or neurological conditions, and physical illness. Art therapy is integrated in comprehensive treatment plans administered by individual art therapists, or by art therapists as part of interdisciplinary teams where art therapy complements and informs the work of other medical, mental health and allied health professionals.
- Art therapy programs with cancer patients seek to reduce emotional distress, helping patients regain an identity outside of being a cancer patient, ease the emotional pain of their on-going fight with cancer, and give them hope for the future.
- The role of art therapy in children's hospitals is to address thephysical and emotional needs of pediatric patients through a variety of educational and healing art experiences that help to build trust and allow children to see themselvesas active partners in the work of getting well. Children often find non-verbal expression to be the only outlet to their intense feelings of fear, isolation, sadness, and loss. Those unable to find words to express their emotions or behaviors typically discover a freer world of expression through art therapy.
- Art therapists working with veterans and service members who suffer traumatic brain injuries, post-traumatic stress and psychological health conditionsseek to empower their clients to express their experiences through a wide variety of art forms and materials that allow them to control the pace and process of their treatment and to gradually transform cognitions, emotions, and recollections of combat experiences. Art therapy avoids the stigma of traditional mental health counseling for many veterans and allows them to work through their trauma, anger or depression in a supportive and non-judgmental environment.
- Art therapy in educational settings can be tailored to support academic and social or emotional needs or requirements. Art therapy has long been recognized as an integral part of special education services available for children with physical, mental or behavioral disabilities, especially children who fear talking with adults, who don't speak English or have limited vocabularies. A student's individualized art therapy treatment plan may address goals and objectives related to improving cognitive growth, emotional control, mastery of sensory-motor skills, reducing anxiety, increasing self-esteem, or positive adjustment to the classroom experience.

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

What are the requirements to practice Art Therapy?

National requirements for professional entry into the practice of art therapy include, at minimum, a master's degree and extensive post-graduate clinical experience under the supervision of credentialed art therapists—a process which typically requires a minimum of four years. Some art therapists also have a doctorate degree. Because of the uniqueness of the study and practice of art therapy, practitioners must be trained within approved art therapy master's degree programs recognized by the American Art Therapy Association (AATA). The Association has approved thirty-nine art therapy master's degree programs at thirty-five accredited colleges and universities in twenty states and the District of Columbia. A program for external accreditation of art therapy master's degree programs by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) will begin operation in 2016.

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

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

How does professional training in Art Therapy differ from other mental health professions?

While the practice of art therapy shares many common elements with traditional mental health professions, it is the combining of psychological knowledge and therapeutic skills with understanding of art media, the neurobiological implications of art-making, and the creative process that distinguishes art therapy from these professions. Like mental health counseling and marriage and family therapy, art therapy shares a common foundation in human psychological

development, theories of personality, group and family therapy, appraisal and evaluation, and therapeutic knowledge and skills. All three professions require a minimum of a master's degree for entry into the profession and engage in practice that focuses on assessing and treating adults and children experiencing developmental, medical, educational, social or psychological impairments.

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

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

Why is a separate Art Therapy license needed?

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

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

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

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

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

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

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

Art therapy recognizes the power of art and art-making to stimulate memories and reveal emotions. Understanding how art interacts with a client's psychological disposition, and how to safely manage and interpret the reactions different art processes may evoke, are competencies

that must be gained through substantial experiential learning that is unique to art therapy master's degree training. The use of art as therapy thus carries risk of harm if applied beyond the competence of the practitioner.

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

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

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

Potentially more serious is the threat of public harm presented by growing numbers of university-based and online programs claiming to provide certificate training, and even master's degrees, in areas that appear very much like art therapy. These programs typically require minimal on-sight coursework, and often only online self-instruction, that do not include anything approaching the extensive coursework, clinical training, supervised practice and national credentials required of professional art therapists. Individuals with this limited training are opening clinics and advertising therapeutic services and workshops in states across the country. These programs and practitioners add to the public's misunderstanding of art therapy and the level of specialized education and clinical training required for safe, effective, and ethical practice of art therapy. Recent examples of these programs include:

- Brandman University (part of the California based- Chapman University System) offers an **Art4Healing certificate** program directed to "counselors, teachers, therapists, medical professionals, artists and others interested in learning the Art4Healing method and using the exercises in their own work with children and adults suffering from abuse, illness, grief and stress." The certificate program requires only 45 hours of on-site workshops at the University's Art & Creativity for Healing studio.

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

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

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

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*Hammond, L.C. & Gantt, L. (1998, Summer). Using Art in Counseling: Ethical Considerations.*Journal of Counseling& Development*, 76, 271-276.

V. DISCUSSION OF PORTABILITY/ENDORSEMENT

Reciprocity Agreement Between Tennessee and Kentucky

I. Definitions: The parties agree that the following terms will have the following specific definitions, when used in this agreement:

a. Reciprocating state – The party state in which an individual is applying for a reciprocal license.

b. Home state – The party state in which an individual holds an active license.

c. Licensed Professional Clinical Counselor (LPCC) – As defined under Kentucky Revised Statutes 335.500(3), an LPCC is *"a credential holder who has been determined by the Kentucky Board to have met all qualifications set forth in Kentucky Revised Statutes 335.525(1) to engage in the independent practice of professional counseling."* Professional counseling is defined under Kentucky Revised Statutes 335.500(5) as *"professional counseling services that involve the application of mental health counseling and developmental principles, methods, and procedures, including assessment, evaluation, treatment planning, amelioration, and remediation of adjustment problems and emotional disorders, to assist individuals or groups to achieve more effective personal, social, educational, or career development and adjustment."*

d. Licensed Professional Counselor (LPC) – As defined under Tennessee Code Annotated § 63-22-150(3), an LPC is *"a person licensed under the provisions of this part who is professionally trained in counseling and guidance services designed to facilitate normal human growth and development through individual, family or group counseling, educational procedures, assessment, consultation and research and who assists individuals by the practice of counseling with their personal, social, career or educational development as they pass through life stages."*

e. Licensed Professional Counselor with Mental Health Provider (LPC/MHSP) – An LPC/MHSP is an LPC who has been qualified under Tennessee Code Annotated § 63-22-120 to practice counseling as a Mental Health Service Provider. The practice of counseling as a Mental Health Service Provider is defined under Tennessee Code Annotated § 63-22-150(5) as *"the application of mental health and human development principles in order to: (A) Facilitate human development and adjustment throughout the life span; (B) Prevent, diagnose, and treat mental, emotional or behavioral disorders and associated disorders that interfere with mental health; (C) Conduct assessments and diagnoses for the purpose of establishing treatment goals and objectives within the limitations prescribed in subdivision (1); and (D) Plan, implement and evaluate treatment plans using counseling treatment interventions. 'Counseling treatment interventions' means*

the application of cognitive, affective, behavioral and systemic counseling strategies that include principles of development, wellness and pathology that reflect a pluralistic society. Nothing in this definition shall be construed to permit the performance of any act that licensed professional counselors designated as mental health service providers are not educated and trained to perform, nor shall it be construed to permit the designation of testing reports as 'psychological.'"

f. Original License – The license held by an individual in the home state. The license upon which an individual bases his or her qualification for a reciprocal license in the reciprocating state.

g. Party – A state licensing board with the authority to grant professional counseling licenses in their respective jurisdiction, which has agreed to be bound by this Reciprocal Agreement.

h. Reciprocal License – A license granted to an individual in reliance on this Reciprocal Agreement, based upon information that the individual holds an appropriately issued original license in the home state.

II. The parties acknowledge that the Licensed Professional Clinical Counselor (LPCC) License issued by Kentucky and the Licensed Professional Counselor with Mental Health Service Provider designation (LPC/MHSP) license issued by Tennessee are substantially equivalent licenses, which allow the holder to diagnose and treat mental health disorders.

III. The parties acknowledge that the licensing and skill requirements necessary to become a LPCC in Kentucky, as listed in Kentucky Revised Statutes 335.525 and in 201 Kentucky Administrative Regulations 36:060 and 36:070, and the skills and requirements necessary to become a LPC/MHSP in Tennessee, as listed in Tennessee Code Annotated §§ 63-22-104 and 63-22-120 and in Tennessee Comprehensive Rules and Regulations 0450-01-.04(4), 0450-01-.08, and 0450-01-.10, are substantially the same.

IV. The parties acknowledge that their respective statutes, KRS 335.527 and T.C.A. § 63-22-116, allow them to grant a reciprocal license under certain conditions. The parties therefore agree to reciprocally recognize and accept a valid, unrestricted, undisciplined LPCC or LPC/MHSP license from the home state as grounds to grant a reciprocal license in the reciprocating state under the following conditions:

a. This agreement applies only to individuals eighteen (18) years of age or older who were properly licensed according to the statutes and rules of the home state and who can demonstrate five years of experience working as an LPCC or an LPC/MHSP.

b. The parties agree that individuals applying for a reciprocal license in accordance with this agreement will pay the fee for a reciprocal license specified in the reciprocating state's statutes or rules, or if there is no reciprocal license fee specified, will pay the same statutory fee that an applicant for an original license would pay in the reciprocating state.

c. The parties agree that receipt of a reciprocal license in a reciprocating state will have no effect on the status of the original license in the home state. Individuals may have both an active original license and an active reciprocal license.

d. Each party reserves the right to administer a jurisprudence or ethics exam on the statutes and rules of their state, and to deny, restrict, or condition a reciprocal license based on the results of that exam.

e. Each party reserves the right to request proof of good character, which may include a recent background check, letters of recommendation, and/or an interview before the party, and to deny, restrict, or condition a reciprocal license based on the results of the good character inquiry.

f. Each party reserves the right to require proof of an active, valid license or certificate from the other state, to practice as an LPCC or LPC/MHSP, and proof of good standing with the certifying or licensing board.

g. Each party reserves the right to reject an applicant for reciprocity or condition a reciprocal license on the basis of discovered or disclosed criminal history, fraud in the application, or other unprofessional conduct, as determined by the reciprocating party.

h. Each party reserves the right to discipline an individual holding either an original or reciprocal license in that party's state for a violation of that party's practice act or rules, regardless of where the violation of law or rule occurred.

V. The parties recognize that Tennessee Licensed Professional Counselor (LPC) License is not equivalent to the Kentucky LPCC License because the education and training is not substantially similar. Therefore the parties agree that the Tennessee LPC license cannot be considered an original license upon which a reciprocal license in Kentucky may be based.

VI. This agreement may be terminated by either party upon thirty (30) days written notice.

VII. This agreement may not be altered, amended or modified without the express written consent of both parties to an amended agreement or addendum to the agreement. Written consent shall mean execution by each party's respective chairpersons after authorization by board vote.

Adopted by the respective parties according to their respective statutes and rules on March 20, 2015.

Signed: _____
Chairperson of the Tennessee Board of Licensed Professional Counselors, Licensed Marriage and Family Therapists, and Licensed Pastoral Therapists

Date: _____

Signed: _____
Chairperson of the Kentucky Board of Licensed Professional Counselors

Date: _____