

**Marywood University Graduate
Art Therapy Program
Practicum Student & Supervisor
Guidelines
2021-2022**



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Art Therapy Practicum Experience

Our Master of Arts degree in Art Therapy trains professionals in the mental health field to use art as a catalyst for healing and self-actualization. Art therapy aids human development through self-discovery, self-awareness, and personal growth.

Our program will expose students to a variety of theories and approaches related to the practice of art therapy and the field of psychology. Our Master's degree in Art Therapy is approved by the **American Art Therapy Association**. Currently *we are in the application process* for Accreditation through **ACATE**. It prepares you for:

- ³⁵/₁₇ Registration (ATR) and provisional status (ATR-P)
- ³⁵/₁₇ Board certification (BC) with the Art Therapy Certification Board (ATCB)
- ³⁵/₁₇ Pennsylvania licensure as a Licensed Professional Counselor (LPC)*

The practicum training in the graduate art therapy program will provide hands-on experience for students to apply knowledge and skills from course work. Practicum includes clinical and supervised experiences for students in various mental health and community-based agencies in NE Pennsylvania and the NE Region of the United States. Students will complete four separate Practicum courses: Practicum A, Practicum B, Practicum C, and Practicum D. Students will work with a university supervisor who maintains art therapy knowledge and credentials as well as an on-site supervisor that meets the requirements for licensure of the particular agency.

*Students are responsible for finding out if there are additional educational requirements for licensure application.

Practicum Guidelines

All practicum students must meet with the Internship/Practicum Co-Ordinator to discuss appropriate placement opportunities before reaching out to sites.

Marywood University requires a minimum of eight hundred (800) hours of art therapy practicum experience. Students are encouraged to spend more time in practicum experiences than the minimum 800 hours. Students in the graduate art therapy program at Marywood are required to register for a total of four sections of AT 540 – Practicum/Group Supervision in Art Therapy. AT 601R Internship Seminar may substitute for a C or D level clinical experience. Students must complete a minimum of 200 hours per practicum site. It is expected that students spend no fewer than 200 hours in each of the four-practicum sites. Additional hours may be arranged but must be approved by the Director of Art Therapy.

Placements will include various experiences with a wide range of populations, ages, and client demographics. The agencies will include both short-term and long-term clients as well as individual and group experiences.

The student and supervisor should discuss the student's competencies, successes, and areas for growth during scheduled supervision times. In addition, students will attend and participate in academic group supervision at the University. Supervision is also a time to discuss the written evaluation of the student as prepared by the site supervisor.

A minimum of 50% of each practicum experience must be spent in patient/client contact. The documentation requirements for the particular practicum site should be explained to students by site supervisors. Students must complete all documentation in accordance with practicum site

norms. Students are expected to adhere to the AATA Code of Ethics. A copy of the Code of Ethics should be on file at the practicum site.

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

Here is a list of the standards that encompass the accreditation process for Art Therapy Educational Programs. The responsibilities and qualifications for supervisors are outlined below.

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.

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.

Supervision

Students must have both individual and group supervision and must receive one hour of clinical supervision at the site placement per every ten hours of practicum experience. In addition, students must also participate in group supervision sessions with a Marywood University faculty member either on campus or virtually each week of the semester.

On-Site Supervision

Students must have both individual and group supervision and must receive one hour of clinical supervision at the site placement per every ten hours of practicum experience.

Practicum students will be at a site under the direct supervision of a registered (ATR), a board credentialed art therapist (ATR-BC) **or a licensed professional in a related field** (e.g., creative arts therapy, social work, psychology, marriage and family therapy, psychiatry, or counseling).

Although it is preferred that students receive supervision on-site from an ATR or ATR-BC professional, they may receive supervision from any approved master level credentialed/licensed professional in the community-based and mental health fields. We must have copies of the site supervisors' credentials and licenses on file with our program. All documentation must be current.

Practicum Course Instructor

The faculty supervisor and instructor of the student's practicum course during a particular semester will decide on the grade that is earned for the course based on the evaluations submitted by the site(s), class participation, and other course requirements. Art therapy faculty supervisors must have an ATR-BC. This course grading is S/U (satisfactory or unsatisfactory).

Practicum Placement

All students placed in practicum will be expected to interview on-site and receive prior acceptance to the site. The on-site supervisor may confirm agreement to accept the student via email directly to the Practicum Coordinator or sign and have the student return the Initial Practicum Internship Agreement form.

(This process may be adjusted for COVID. Also, we are in the process of changing over to an online tracking system so there may be changes based upon that as well. We will give everyone ample time to adjust to the new protocols).

INSURANCE:

A copy of our Liability Insurance will be provided upon request.

First Practicum/Internship - AT 540a

Guidelines (200 hours)

During the first practicum experience students are expected to observe and participate in individual and group art therapy sessions. They are to learn about the role the art therapist plays in the setting. During the first practicum it is expected that students will be at a site under the direct supervision of a **board certified / registered art therapist (ATR-BC) or a licensed professional in a related field (e.g., creative arts therapy, social work, psychology, marriage and family therapy, psychiatry, or counseling.)** Students will be expected to observe and/or co-lead art therapy sessions during at least 50% of the practicum experience.

- Each student is expected to read charts and other resources, attend staff meetings and clinical in-services, and have at least one hour of clinical site supervision for every ten hours of practicum experience.
- Each student is to document their work in accordance with practicum site norms. The practicum site supervisor will review the documentation.
- Each student must obtain signed releases from all those individuals whose artworks may be the focus of group supervision experiences, or who may be the subject of a written case study.
- Each student is to maintain the confidentiality of patients/clients at their site and only discuss the clinical experience with their site supervisor, appropriate staff at the site, the faculty supervisor and members of the academic supervision group. Identity of a client may be released only when the client is in immediate danger of causing harm to themselves or others and then the student must give appropriate information to the site supervisor who will demonstrate ethical responsiveness.

Particular experiences in the clinical setting should not be discussed with classmates unless the student has been given permission to do so by the placement supervisor and the faculty supervisor.

Students must receive one hour of clinical supervision at the site placement per every ten hours of practicum experience. In addition students must also participate in group supervision sessions with a Marywood University faculty member on campus each week of the semester.

Midterm and final evaluations are part of the learning process and help in professional development. They are intended to help students become effective practitioners as art therapists. It is expected that site supervisors will go over their comments and grading with their supervisees.



**Marywood University
Practicum A
Midterm Evaluation
100 Hours**

Student's Name

Hours Completed

Placement Site

On-Site Supervisor's Name &
Credentials

On-Site Supervisor's Contact
Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adherence to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA
Punctuality	1	2	3	4	NA
Initiative	1	2	3	4	NA
Contacts supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Complies to dress code expectations	1	2	3	4	NA
Understands site policy on confidentiality	1	2	3	4	NA
Understands site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understands site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understands role of art therapy in practicum setting	1	2	3	4	NA
Understands role as student within setting	1	2	3	4	NA
Understands rights and responsibilities as a supervisee	1	2	3	4	NA
Engages with practicum site staff in a professional manner	1	2	3	4	NA
General investment in & reflection on learning experience	1	2	3	4	NA

Based upon the above criteria what recommendations for growth and development do you have for the student?

How would you describe the student’s initial response & relationship to this program population?

Please include your general perception of the student’s response to clients both individually and in groups, and any specifics as to how the student supports the existing routines of the art therapy program and placement at large.

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is

unsatisfactory or needs improvement in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Demonstrates accurate observation skills	1	2	3	4	NA
Communicates understanding of demonstrated art interventions	1	2	3	4	NA
Demonstrates facility with a variety of art materials	1	2	3	4	NA
Able to teach art techniques and skills as needed	1	2	3	4	NA
Demonstrates sensitive and appropriate interactions with participants	1	2	3	4	NA
Demonstrates understanding of the characteristics and needs of population served	1	2	3	4	NA
Able to conceptualize art therapy treatment goals and interventions with population	1	2	3	4	NA

What 3 recommendations and/or goals will address the student's clinical growth and development for the final evaluation period?

1.

2.

3.

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively seeks supervision	1	2	3	4	NA
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Utilizes supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Keeps an art journal and shares journal as a tool within supervision	1	2	3	4	NA
Identifies their own personal supervision needs	1	2	3	4	NA
Integrates feedback into clinical behavior from weekly supervision meetings	1	2	3	4	NA

List the major successes and challenges the student has identified in clinical supervision:

Documentation Skills

What documentation skills have been taught at this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Familiar with site documentation system	1	2	3	4	NA
Documentation accurately reflects patient status	1	2	3	4	NA
Documentation concise and clear	1	2	3	4	NA

What recommendations and/or goals will address the student's documentation skill for the final evaluation period?

Any additional comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date

Student Signature / Date

Student's Name

Hours Completed

Placement Site

On-Site Supervisor's Name &
Credentials

On-Site Supervisor's Contact
Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adhered to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA
Punctuality	1	2	3	4	NA
Overall initiative as a professional	1	2	3	4	NA
Contacted supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Complied to dress code expectations	1	2	3	4	NA
Understood site policy on confidentiality	1	2	3	4	NA
Understood site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understood site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understood role of art therapy in practicum setting	1	2	3	4	NA
Understood role as student within setting	1	2	3	4	NA
Understood rights and responsibilities as a supervisee	1	2	3	4	NA
Engaged with practicum site staff in a professional manner	1	2	3	4	NA
Overall investment in and reflection on learning experience	1	2	3	4	NA

What recommendations for growth and development do you have for the student's overall professionalism?

How would you describe the student's overall effectiveness in working with this population?

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Demonstrated accurate observation skills	1	2	3	4	NA
Communicated understanding of demonstrated art interventions	1	2	3	4	NA
Demonstrated facility with a variety of art materials	1	2	3	4	NA
Able to teach art techniques and skills as needed	1	2	3	4	NA
Ability to set up the art therapy room/space and utilize it effectively	1	2	3	4	NA
Demonstrated understanding of the characteristics and needs of population served	1	2	3	4	NA
Demonstrated sensitive and appropriate interactions with participants	1	2	3	4	NA
Ability to pace the appropriate length and level of art activities	1	2	3	4	NA
Able to conceptualize art therapy treatment goals and interventions with population	1	2	3	4	NA

What is your overall impression of the student's clinical growth and development?

What recommendations do you have for the student's future clinical growth & development?

1.

2.

3.

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively seeks supervision	1	2	3	4	NA
Utilizes supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Keeps an art journal and shares journal as a tool within supervision	1	2	3	4	NA
Integrates feedback from weekly supervision meetings	1	2	3	4	NA

What readings, experiences, conferences and/or lectures do you recommend for the student to enhance his/her clinical knowledge of this population?

Documentation Skills

Please list the types of documentation the student has learned this semester:

What additional documentation skills does this student need to learn?

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Familiar with site documentation system	1	2	3	4	NA
Documentation accurately reflects patient status	1	2	3	4	NA
Documentation concise and clear	1	2	3	4	NA

Please describe your overall impression of the student's ability to effectively document clinical experiences:

Any final comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date

Student Signature / Date

Second Practicum/Internship - AT 540b

Guidelines (200 hours)

During the second practicum it is expected that students will be at a site under the direct supervision of a **board certified / registered art therapist (ATR-BC) or a licensed professional in a related field (e.g., creative arts therapy, social work, psychology, marriage and family therapy, psychiatry, or counseling.)** During the second practicum students will be expected to be in direct contact with clients at least 50% of the time at these sites.

Students are to be given responsibility to lead art therapy groups and conduct individual sessions at the discretion of the placement supervisor. Students are also expected to administer and document art therapy assessments during this practicum at the discretion of the placement supervisor.

- Each student is expected to read charts and other resources, attend staff meetings and clinical in-services, and have at least one hour of clinical site supervision for every ten hours of practicum experience.
- Each student is to document their work in accordance with practicum site norms. The practicum site supervisor will review the documentation.
- Each student must obtain signed releases from all those individuals whose artworks may be the focus of group supervision experiences, or who may be the subject of a written case study.
- Each student is to maintain the confidentiality of patients/clients at their site and only discuss the clinical experience with their site supervisor, appropriate staff at the site, the faculty supervisor and members of the academic supervision group. Identity of a client may be released only when the client is in immediate danger of causing harm to themselves or others and then the student must give appropriate information to the site supervisor who will demonstrate ethical responsiveness.

Particular experiences in the clinical setting should not be discussed with classmates unless the student has been given permission to do so by the placement supervisor and the faculty supervisor.

Students must receive one hour of clinical supervision at the site placement per every ten hours of practicum experience. In addition, students must also participate in group supervision sessions with a Marywood University faculty member on campus each week of the semester.

Midterm and Final evaluations are part of the learning process and help in professional development. They are intended to help students become effective practitioners as art therapists. It is expected that site supervisors will go over their comments and grading with their supervisees.



**Marywood University
Practicum B
Midterm Evaluation
100 Hours**

Student's Name

Hours Completed

Placement Site

On-Site Supervisor's Name & Credentials

On-Site Supervisor's Contact Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adherence to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA
Punctuality	1	2	3	4	NA
Initiative	1	2	3	4	NA
Contacts supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Complies to dress code expectations	1	2	3	4	NA
Demonstrates appropriate time management	1	2	3	4	NA
Understands site policy on confidentiality	1	2	3	4	NA
Understands site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understands site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understands role of art therapy in practicum setting	1	2	3	4	NA
Understands role as student within setting	1	2	3	4	NA
Understands rights and responsibilities as a supervisee	1	2	3	4	NA
Engages with practicum site staff in a professional manner	1	2	3	4	NA
General investment in & reflection on learning experience	1	2	3	4	NA

Based upon the above criteria what recommendations for growth and development do you have for the student?

How would you describe the student's initial response & relationship to this program and population?

Please include your general perception of the student's response to clients both individually and in groups, and any specifics as to how the student supports the existing routines of the art therapy program and placement at large.

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Reports/documents accurate observations of participant engagement	1	2	3	4	NA
Demonstrates effective art interventions	1	2	3	4	NA
Communicates rationale of art interventions	1	2	3	4	NA
Demonstrates facility with a variety of art materials	1	2	3	4	NA
Able to teach art techniques and skills as needed	1	2	3	4	NA
Able to set-up the art therapy room/space and utilizes it effectively	1	2	3	4	NA
Demonstrates sensitive and appropriate interactions with participants	1	2	3	4	NA
Demonstrates understanding of the characteristics and needs of population served	1	2	3	4	NA
Able to implement art therapy treatment goals and interventions with population	1	2	3	4	NA
Demonstrates leaderships skills in group treatment	1	2	3	4	NA

What 3 recommendations and/or goals will address the student’s clinical growth and development towards the final evaluation period?

1.

2.

3.

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively seeks supervision	1	2	3	4	NA
Utilizes supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Keeps an art journal and shares journal as a tool within supervision	1	2	3	4	NA
Identifies their own personal supervision needs	1	2	3	4	NA
Ability to identify transference issues and discusses in supervision	1	2	3	4	NA
Ability to identify counter-transference issues and discusses in supervision	1	2	3	4	NA
Integrates feedback into clinical behavior from weekly supervision meetings	1	2	3	4	NA

Please describe how the student integrates feedback from weekly supervision meetings into clinical behavior:

Documentation Skills

What assessment tools have been taught at this site?

What documentation skills have been taught at this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Familiar with site documentation system	1	2	3	4	NA
Documentation accurately reflects patient status	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA

Please provide two (2) recommendations which will address the student's documentation skills for the final evaluation period?

1.

2.

Any additional comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date

Student Signature / Date



Marywood University
Practicum B
Final Evaluation
200 Hours

Student's Name

Hours Completed

Placement Site

On-Site Supervisor's Name & Credentials

On-Site Supervisor's Contact Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is unsatisfactory or needs improvement in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adherence to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA
Punctuality	1	2	3	4	NA
Initiative	1	2	3	4	NA
Contacted supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Demonstrated appropriate time management	1	2	3	4	NA
Complied to dress code expectations	1	2	3	4	NA
Understood site policy on confidentiality	1	2	3	4	NA
Understood site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understood site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understood role of art therapy in practicum setting	1	2	3	4	NA
Understood role as student within setting	1	2	3	4	NA
Understood rights and responsibilities as a supervisee	1	2	3	4	NA
Engaged with practicum site staff in a professional manner	1	2	3	4	NA
Overall investment in & reflection on learning experience	1	2	3	4	NA

What recommendations for growth and development do you have for the student's overall professionalism?

How would you describe the student's overall effectiveness in working with this population?

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is unsatisfactory or needs improvement in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Reported/document accurate observations of participant engagement	1	2	3	4	NA
Demonstrated effective art interventions	1	2	3	4	NA
Communicated rationale of art interventions	1	2	3	4	NA
Demonstrated facility with a variety of art materials	1	2	3	4	NA
Taught art techniques and skills as needed	1	2	3	4	NA
Set-up the art therapy room/space and utilized it effectively	1	2	3	4	NA
Demonstrated sensitive and appropriate interactions with participants	1	2	3	4	NA
Demonstrated understanding of the characteristics and needs of population served	1	2	3	4	NA
Implemented art therapy treatment goals and interventions with population	1	2	3	4	NA
Demonstrated leaderships skills in group treatment	1	2	3	4	NA

What is your overall impression of the student’s clinical growth and development?

What recommendations do you have for the student’s future clinical growth and development?

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively sought supervision	1	2	3	4	NA
Utilized supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Kept an art journal and shared journal as a tool within supervision	1	2	3	4	NA
Identified their own personal supervision needs	1	2	3	4	NA
Identified transference issues and discusses in supervision	1	2	3	4	NA
Identified counter-transference issues and discusses in supervision	1	2	3	4	NA
Integrated feedback into clinical behavior from weekly supervision meetings	1	2	3	4	NA

What readings, experiences, conferences and/or lectures do you recommend for the student to enhance his/her clinical knowledge of this population?

Documentation Skills

How would you characterize the student’s ability to handle the assessment tool(s) utilized this semester?

Please describe the effectiveness of the student’s documentation skills

Any additional comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date

Student Signature / Date

Third Practicum/Internship – AT 540c

Guidelines (200 hours)

During the third practicum it is expected that students will be at a site under the direct supervision of a **board certified / registered art therapist (ATR-BC) or a licensed professional in a related field (e.g., creative arts therapy, social work, psychology, marriage and family therapy, psychiatry, or counseling.)** At least 50% of the student's time must be spent in direct contact with clients. During the third practicum it is expected that students will provide leadership in group art therapy sessions, conduct individual art therapy sessions, and administer and document art therapy assessments.

Students should be given those responsibilities that will offer an opportunity to demonstrate that they will be sufficiently skilled to work independently as an art therapist when they complete this practicum.

It is required that the student provides an in-service training for some segment of the staff on site. Please refer to the In-service Evaluation Form below. You are to distribute these evaluation forms to all individuals who attend the in-service, and collect the completed forms upon completion.

- Each student is expected to read charts and other resources, attend staff meetings and clinical in-services, and have at least one hour of clinical site supervision for every ten hours of practicum experience.
- Each student is to document their work in accordance with practicum site norms. The practicum site supervisor will review the documentation.
- Each student must obtain signed releases from all those individuals whose artworks may be the focus of group supervision experiences, or who may be the subject of a written case study.
- Each student is to maintain the confidentiality of patients/clients at their site and only discuss the clinical experience with their site supervisor, appropriate staff at the site, the faculty supervisor and members of the academic supervision group. Identity of a client may be released only when the client is in immediate danger of causing harm to themselves or others and then the student must give appropriate information to the site supervisor who will demonstrate ethical responsiveness.

Particular experiences in the clinical setting should not be discussed with classmates unless the student has been given permission to do so by the placement supervisor and the faculty supervisor.

Students must receive one hour of clinical supervision at the site placement per every ten hours of practicum experience. In addition, students must also participate in group supervision sessions with a Marywood University faculty member on campus each week of the semester.

Written evaluations will be provided by the student in accordance with the practicum section to be turned in to the faculty supervisor.



Marywood University
Practicum C
Midterm Evaluation
100 Hours

Student's Name

Hours Completed

Placement Site

On-Site Supervisor's Name & Credentials

On-Site Supervisor's Contact Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adherence to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA
Punctuality	1	2	3	4	NA
Takes initiative and works independently in the full capacity of providing art therapy in practicum setting	1	2	3	4	NA
Contacts supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Complies to dress code expectations	1	2	3	4	NA
Demonstrates appropriate time management	1	2	3	4	NA
Understands site policy on confidentiality	1	2	3	4	NA
Understands site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understands site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understands role as student within setting	1	2	3	4	NA
Understands rights and responsibilities as a supervisee	1	2	3	4	NA
Engages with practicum site staff in a professional manner	1	2	3	4	NA
Ability to analyze situations and arrive at an appropriate decision	1	2	3	4	NA
Sense of professional identity	1	2	3	4	NA
Demonstrates ability to take responsibility for own professional and psychological growth	1	2	3	4	NA
General investment in & reflection on learning experience	1	2	3	4	NA

Based upon the above criteria what recommendations for the development of professional identity do you have for the student?

How would you describe the student's working knowledge of this program and population?

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

	1	2	3	4	NA
Overall Therapy Skills					
Reports/documents accurate observations of participant engagement	1	2	3	4	NA
Demonstrates effective art interventions	1	2	3	4	NA
Communicates rationale of art interventions	1	2	3	4	NA
Demonstrates facility with a variety of art materials	1	2	3	4	NA
Successfully teaches art techniques and skills as needed	1	2	3	4	NA
Initiates set-up in the art therapy room/space and utilized it effectively	1	2	3	4	NA
Demonstrates appropriate design of art activities for the clients with regard to ability, skill, pathology and potential	1	2	3	4	NA
Establishes appropriate boundaries with the clients	1	2	3	4	NA
Skills in Individual (1:1) Art Therapy					
Opens 1:1 sessions with appropriate clinical decisions	1	2	3	4	NA
Demonstrates sensitive and appropriate interactions with participants	1	2	3	4	NA
Formulates art therapy treatment goals and appropriate therapeutic interventions with population	1	2	3	4	NA
Demonstrates skill to bring closure to 1:1 sessions	1	2	3	4	NA
Skills in Art Therapy Groups					
Successfully opens groups with appropriate clinical decisions	1	2	3	4	NA
Demonstrates leaderships skills in group treatment	1	2	3	4	NA
Formulates appropriate group art therapy interventions for this population	1	2	3	4	NA
Facilitates closure of group sessions with sensitivity to participants concerns and ability	1	2	3	4	NA

What 3 recommendations and/or goals will address the student’s clinical growth and development towards the final evaluation period?

1.

2.

3.

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively seeks supervision	1	2	3	4	NA
Utilizes supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Identifies their own personal supervision needs	1	2	3	4	NA
Ability to identify transference issues and discusses in supervision	1	2	3	4	NA
Ability to identify counter-transference issues and discusses in supervision	1	2	3	4	NA
Integrates feedback into clinical behavior from weekly supervision meetings	1	2	3	4	NA

Please describe how the student integrates feedback from weekly supervision meetings into clinical behavior:

In-Service Presentation

Please indicate the (planned or implemented) date of the In-Service Presentation: _____

If the In-Service Presentation was completed in the first half of the semester, please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

The In-Service Presentation was appropriate to the needs of the setting	1	2	3	4	NA
The student demonstrated initiative and worked independently in planning the art therapy In-Service Presentation	1	2	3	4	NA
Successfully advocated for the art therapy profession through presentation	1	2	3	4	NA
General investment in & reflection on the learning experience	1	2	3	4	NA

Please provide specific feedback from the In-Service Presentation:

Art Therapy Assessment Skills

What are the facilities and programmatic structures that are in place to make this site appropriate for art therapy assessments?

What (art or non-art based) assessment tools have been taught at this site?

What additional art therapy assessment tools are appropriate for this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Use “Not Applicable” (NA) as your answer if the practicum site DOES NOT utilize art therapy assessments. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Comprehends art based assessment tools	1	2	3	4	NA
Understands site policies and procedures for reporting	1	2	3	4	NA
Demonstrates clinically appropriate timing for assessment in treatment	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrates what is revealed through the art therapy assessment into clinical terms	1	2	3	4	NA

Comments:

Documentation Skills

What documentation skills have been taught at this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Use “Not Applicable” (NA) as your answer if the practicum site DOES NOT utilize any clinical documentation. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Familiar with site documentation system	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrates what is revealed through the art making process and product into clinical terms	1	2	3	4	NA
Able to articulate goals and appropriate therapeutic interventions for treatment plan	1	2	3	4	NA
Identifies therapeutic need to	1	2	3	4	NA

Please provide two (2) recommendations which will address the student’s documentation skills for the final evaluation period?

- 1.

- 2.

Any additional comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date

Student Signature / Date



Marywood University
Practicum C
Final Evaluation
200 Hours

Student's Name

Hours Completed

Placement Site

On-Site Supervisor's Name & Credentials

On-Site Supervisor's Contact Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adherence to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA
Punctuality	1	2	3	4	NA
Takes initiative and works independently in the full capacity of providing art therapy in practicum setting	1	2	3	4	NA
Contacts supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Complies to dress code expectations	1	2	3	4	NA
Demonstrates appropriate time management	1	2	3	4	NA
Understands site policy on confidentiality	1	2	3	4	NA
Understands site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understands site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understands role as student within setting	1	2	3	4	NA
Understands rights and responsibilities as a supervisee	1	2	3	4	NA
Engages with practicum site staff in a professional manner	1	2	3	4	NA
Ability to analyze situations and arrive at an appropriate decision	1	2	3	4	NA
Sense of professional identity	1	2	3	4	NA
Demonstrates ability to take responsibility for own professional and psychological growth	1	2	3	4	NA
General investment in & reflection on learning experience	1	2	3	4	NA

Based upon the above criteria what recommendations for the development of professional identity do you have for the student?

How would you describe the student's working knowledge of this program and population?

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Overall Therapy Skills					
Reported/documented accurate observations of participant engagement	1	2	3	4	NA
Demonstrated effective art interventions	1	2	3	4	NA
Communicated rationale of art interventions	1	2	3	4	NA
Demonstrated facility with a variety of art materials	1	2	3	4	NA
Successfully taught art techniques and skills as needed	1	2	3	4	NA
Initiated set-up in the art therapy room/space and utilized it effectively	1	2	3	4	NA
Demonstrated appropriate design of art activities for the clients with regard to ability, skill, pathology and potential	1	2	3	4	NA
Established appropriate boundaries with the clients	1	2	3	4	NA
Skills in Individual (1:1) Art Therapy					
Opened 1:1 sessions with appropriate clinical decisions	1	2	3	4	NA
Demonstrated sensitive and appropriate interactions with participants	1	2	3	4	NA
Formulated art therapy treatment goals and appropriate therapeutic interventions with population	1	2	3	4	NA
Demonstrated skill to bring closure to 1:1 sessions	1	2	3	4	NA
Competently terminated client relationship in a therapeutically appropriate manner	1	2	3	4	NA
Skills in Art Therapy Groups					
Successfully opened groups with appropriate clinical decisions	1	2	3	4	NA
Demonstrated leaderships skills in group treatment	1	2	3	4	NA
Formulated appropriate group art therapy interventions for this population	1	2	3	4	NA
Facilitated closure of group sessions with sensitivity to participants concerns and ability	1	2	3	4	NA
Competently terminated client relationship in a therapeutically appropriate manner	1	2	3	4	NA

What is your overall impression of the student’s clinical growth and development?

What recommendations do you have for the student’s future clinical growth and development?

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively sought supervision	1	2	3	4	NA
Utilized supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Identified their own personal supervision needs	1	2	3	4	NA
Ability to identify transference issues and discussed in supervision	1	2	3	4	NA
Ability to identify counter-transference issues and discussed in supervision	1	2	3	4	NA
Integrated feedback into clinical behavior from weekly supervision meetings	1	2	3	4	NA

What readings, experiences, conferences and/or lectures do you recommend for the student to enhance his/her clinical knowledge of this population?

In-Service Presentation

Please indicate the (planned or implemented) date of the In-Service Presentation: _____

If the In-Service Presentation was completed in the first half of the semester, please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

The In-Service Presentation was appropriate to the needs of the setting	1	2	3	4	NA
The student demonstrated initiative and worked independently in planning the art therapy In-Service Presentation	1	2	3	4	NA
Successfully advocated for the art therapy profession through presentation	1	2	3	4	NA
General investment in & reflection on the learning experience	1	2	3	4	NA

Please provide specific feedback from the In-Service Presentation:

Art Therapy Assessment Skills

What (art or non-art based) assessment tools were taught at this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Use "Not Applicable" (NA) as your answer if the practicum site DOES NOT utilize art therapy assessments. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Demonstrated comprehension of art based assessment tools	1	2	3	4	NA
Understands site policies and procedures for reporting	1	2	3	4	NA
Demonstrated clinically appropriate timing for assessment in treatment	1	2	3	4	NA
Documentation of patient status was appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrated what is revealed through the art therapy assessment into clinical terms	1	2	3	4	NA

How would you characterize the student's ability to handle the assessment tool(s) utilized this semester?

Documentation Skills

Please describe the effectiveness of the student's documentation skills:

Please rate the student 1-4 in each of the following categories and comment as needed. Use “Not Applicable” (NA) as your answer if the practicum site DOES NOT utilize any clinical documentation. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Familiar with site documentation system	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrates what is revealed through the art making process and product into clinical terms	1	2	3	4	NA
Able to articulate goals and appropriate therapeutic interventions for treatment plan	1	2	3	4	NA
Identifies therapeutic need to	1	2	3	4	NA

Please provide two (2) recommendations which will address the student’s documentation skills as a future clinician:

Final comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date

Student Signature / Date

Fourth Practicum/Internship - AT 540d

Guidelines (200 hours)

All scores must be “3” or better to receive a “Satisfactory” Grade.

During the fourth practicum it is expected that students will be at a site under the direct supervision of a **board certified / registered art therapist (ATR-BC) or a licensed professional in a related field (e.g., creative arts therapy, social work, psychology, marriage and family therapy, psychiatry, or counseling.)** At least 50% of the student’s time must be spent in direct contact with clients. During the fourth practicum students will be expected to co-lead and/or lead art therapy group sessions, conduct individual art therapy sessions, and administer and document art therapy assessments.

Students should be given those responsibilities that will offer an opportunity to demonstrate that they will be sufficiently skilled to work independently as an art therapist when they complete this practicum.

It is required that the student provides an in-service training for some segment of the staff on site. Please refer to the Inservice Evaluation Form below. You are to distribute these evaluation forms to all individuals who attend the in-service, and collect the completed forms upon completion

- Each student is expected to read charts and other resources, attend staff meetings and clinical in-services, and have at least one hour of clinical site supervision for every ten hours of practicum experience.
- Each student is to document their work in accordance with practicum site norms. The practicum site supervisor will review the documentation.
- Each student must obtain signed releases from all those individuals whose artworks may be the focus of group supervision experiences, or who may be the subject of a written case study.
- Each student is to maintain the confidentiality of patients/clients at their site and only discuss the clinical experience with their site supervisor, appropriate staff at the site, the faculty supervisor and members of the academic supervision group. Identity of a client may be released only when the client is in immediate danger of causing harm to themselves or others and then the student must give appropriate information to the site supervisor who will demonstrate ethical responsiveness.

Particular experiences in the clinical setting should not be discussed with classmates unless the student has been given permission to do so by the placement supervisor and the faculty supervisor.

Students must receive one hour of clinical supervision at the site placement per every ten hours of practicum experience. In addition, students must also participate in group supervision sessions with a Marywood University faculty member on campus each week of the semester.

Written evaluations will be provided by the student in accordance with the practicum section to be turned in to the faculty supervisor. The placement supervisor will evaluate the student with the understanding that the student should be demonstrating skills that are necessary to work independently as an art therapist.



Marywood University
Practicum D
Midterm Evaluation
100 Hours

All scores must be “3” or better to receive a “Satisfactory” Grade.

Student’s Name

Hours Completed

Placement Site

On-Site Supervisor’s Name & Credentials

On-Site Supervisor’s Contact Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adherence to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA

Punctuality	1	2	3	4	NA
Takes initiative and works independently in the full capacity of providing art therapy in practicum setting	1	2	3	4	NA
Contacts supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Complies to dress code expectations	1	2	3	4	NA
Demonstrates appropriate time management	1	2	3	4	NA
Understands site policy on confidentiality	1	2	3	4	NA
Understands site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understands site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understands role as student within setting	1	2	3	4	NA
Understands rights and responsibilities as a supervisee	1	2	3	4	NA
Engages with practicum site staff in a professional manner	1	2	3	4	NA
Ability to analyze situations and arrive at an appropriate decision	1	2	3	4	NA
Sense of professional identity	1	2	3	4	NA
Demonstrates ability to take responsibility for own professional and psychological growth	1	2	3	4	NA
General investment in & reflection on learning experience	1	2	3	4	NA

Based upon the above criteria what recommendations for the development of professional identity do you have for the student?

How would you describe the student's working knowledge of this program and population?

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Overall Therapy Skills					
Reports/documents accurate observations of participant engagement	1	2	3	4	NA
Demonstrates effective art interventions	1	2	3	4	NA
Communicates rationale of art interventions	1	2	3	4	NA
Demonstrates facility with a variety of art materials	1	2	3	4	NA
Successfully teaches art techniques and skills as needed	1	2	3	4	NA
Initiates set-up in the art therapy room/space and utilized it effectively	1	2	3	4	NA
Demonstrates appropriate design of art activities for the clients with regard to ability, skill, pathology and potential	1	2	3	4	NA
Establishes appropriate boundaries with the clients	1	2	3	4	NA
Skills in Individual (1:1) Art Therapy					
Opens 1:1 sessions with appropriate clinical decisions	1	2	3	4	NA
Demonstrates sensitive and appropriate interactions with participants	1	2	3	4	NA
Formulates art therapy treatment goals and appropriate therapeutic interventions with population	1	2	3	4	NA
Demonstrates skill to bring closure to 1:1 sessions	1	2	3	4	NA
Skills in Art Therapy Groups					
Successfully opens groups with appropriate clinical decisions	1	2	3	4	NA
Demonstrates leaderships skills in group treatment	1	2	3	4	NA
Formulates appropriate group art therapy interventions for this population	1	2	3	4	NA
Facilitates closure of group sessions with sensitivity to participants concerns and ability	1	2	3	4	NA

What 3 recommendations and/or goals will address the student's clinical growth and development towards the final evaluation period?

1.

2.

3.

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively seeks supervision	1	2	3	4	NA
Utilizes supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Identifies their own personal supervision needs	1	2	3	4	NA
Ability to identify transference issues and discusses in supervision	1	2	3	4	NA
Ability to identify counter-transference issues and discusses in supervision	1	2	3	4	NA
Demonstrates appropriate level of self-confidence as a clinician	1	2	3	4	NA
Integrates feedback into clinical behavior from weekly supervision meetings	1	2	3	4	NA

What is your observation of this person's self-confidence?

Please describe how the student integrates feedback from weekly supervision meetings into clinical behavior:

Ethical Issues in Clinical Practice

Supervisors are requested to identify specific ethical issues related to the population at this setting, and encourage the student to research as well as proactively discuss these issues in supervision.

What ethical issues/topics have been identified as most appropriate to this population?

What resources would you recommend the student independently explore to prepare for this ongoing discussion?

In-Service PRESENTATION

Please indicate the (planned or implemented) date of the In-Service Presentation: _____

If the In-Service Presentation was completed in the first half of the semester, please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

The In-Service Presentation was appropriate to the needs of the setting	1	2	3	4	NA
The student demonstrated initiative and worked independently in planning the art therapy In-Service Presentation	1	2	3	4	NA
Successfully advocated for the art therapy profession through presentation	1	2	3	4	NA
General investment in & reflection on the learning experience	1	2	3	4	NA

Please provide specific feedback from the In-Service Presentation:

Art Therapy Assessment Skills

What are the facilities and programmatic structures that are in place to make this site appropriate for art therapy assessments?

What (art or non-art based) assessment tools have been taught at this site?

What additional art therapy assessment tools are appropriate for this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Use “Not Applicable” (NA) as your answer if the practicum site DOES NOT utilize art therapy assessments. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Comprehends art based assessment tools	1	2	3	4	NA
Understands site policies and procedures for reporting	1	2	3	4	NA

Demonstrates clinically appropriate timing for assessment in treatment	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrates what is revealed through the art therapy assessment into clinical terms	1	2	3	4	NA

Comments:

Documentation Skills

What documentation skills have been taught at this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Use “Not Applicable” (NA) as your answer if the practicum site DOES NOT utilize any clinical documentation. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Familiar with site documentation system	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrates what is revealed through the art making process and product into clinical terms	1	2	3	4	NA
Able to articulate goals and appropriate therapeutic interventions for treatment plan	1	2	3	4	NA
Identifies therapeutic need to	1	2	3	4	NA

Please provide two (2) recommendations which will address the student's documentation skills for the final evaluation period?

1.

2.

Any additional comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date

Student Signature / Date

All scores must be “3” or better to receive a “Satisfactory” Grade.

Student’s Name

Hours Completed

Placement Site

On-Site Supervisor’s Name & Credentials

On-Site Supervisor’s Contact Information

Email

Phone

Date

Course Supervisor

Overall Professionalism

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Adherence to practicum site policies	1	2	3	4	NA
Reliability	1	2	3	4	NA
Attendance	1	2	3	4	NA
Punctuality	1	2	3	4	NA
Takes initiative and works independently in the full capacity of providing art therapy in practicum setting	1	2	3	4	NA
Contacts supervisor in a timely manner if schedule challenges arise	1	2	3	4	NA
Complies to dress code expectations	1	2	3	4	NA
Demonstrates appropriate time management	1	2	3	4	NA
Understands site policy on confidentiality	1	2	3	4	NA
Understands site policy on the boundaries of the professional relationship	1	2	3	4	NA
Understands site policy and protocol on reporting client safety concerns	1	2	3	4	NA
Understands role as student within setting	1	2	3	4	NA
Understands rights and responsibilities as a supervisee	1	2	3	4	NA
Engages with practicum site staff in a professional manner	1	2	3	4	NA
Ability to analyze situations and arrive at an appropriate decision	1	2	3	4	NA
Sense of professional identity	1	2	3	4	NA
Demonstrates ability to take responsibility for own professional and psychological growth	1	2	3	4	NA
General investment in & reflection on learning experience	1	2	3	4	NA

Based upon the above criteria what recommendations for the development of professional identity do you have for the student?

How would you describe the student's working knowledge of this program and population?

Clinical Skills

Please rate the student 1-4 in each of the following categories and comment as needed. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Overall Therapy Skills					
Reports/documents accurate observations of participant engagement	1	2	3	4	NA
Demonstrates effective art interventions	1	2	3	4	NA
Communicates rationale of art interventions	1	2	3	4	NA
Demonstrates facility with a variety of art materials	1	2	3	4	NA
Successfully teaches art techniques and skills as needed	1	2	3	4	NA
Initiates set-up in the art therapy room/space and utilized it effectively	1	2	3	4	NA
Demonstrates appropriate design of art activities for the clients with regard to ability, skill, pathology and potential	1	2	3	4	NA
Establishes appropriate boundaries with the clients	1	2	3	4	NA
Skills in Individual (1:1) Art Therapy					
Opens 1:1 sessions with appropriate clinical decisions	1	2	3	4	NA
Demonstrates sensitive and appropriate interactions with participants	1	2	3	4	NA
Formulates art therapy treatment goals and appropriate therapeutic interventions with population	1	2	3	4	NA
Demonstrates skill to bring closure to 1:1 sessions	1	2	3	4	NA
Skills in Art Therapy Groups					
Successfully opens groups with appropriate clinical decisions	1	2	3	4	NA
Demonstrates leaderships skills in group treatment	1	2	3	4	NA
Formulates appropriate group art therapy interventions for this population	1	2	3	4	NA
Facilitates closure of group sessions with sensitivity to participants concerns and ability	1	2	3	4	NA

What 3 recommendations and/or goals will address the student's clinical growth and development towards the final evaluation period?

1.

2.

3.

Supervision Skills

Please rate the student 1-4 in each of the following categories and comment as needed.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Assertively seeks supervision	1	2	3	4	NA
Utilizes supervision time to ask challenging therapy questions and concerns	1	2	3	4	NA
Identifies their own personal supervision needs	1	2	3	4	NA
Ability to identify transference issues and discusses in supervision	1	2	3	4	NA
Ability to identify counter-transference issues and discusses in supervision	1	2	3	4	NA
Demonstrates appropriate level of self-confidence as a clinician	1	2	3	4	NA
Integrates feedback into clinical behavior from weekly supervision meetings	1	2	3	4	NA

What is your observation of this person's self-confidence?

Please describe how the student integrates feedback from weekly supervision meetings into clinical behavior:

Ethical Issues in Clinical Practice

Supervisors are requested to identify specific ethical issues related to the population at this setting, and encourage the student to research as well as proactively discuss these issues in supervision.

What ethical issues/topics have been identified as most appropriate to this population?

What resources would you recommend the student independently explore to prepare for this ongoing discussion?

In-Service Presentation

Please indicate the (planned or implemented) date of the In-Service Presentation: _____

If the In-Service Presentation was completed in the first half of the semester, please rate the student 1-4 in each of the following categories and comment as needed. Supervisors are encouraged to identify the strengths of students in their comments; however, please provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

The In-Service Presentation was appropriate to the needs of the setting	1	2	3	4	NA
The student demonstrated initiative and worked independently in planning the art therapy In-Service Presentation	1	2	3	4	NA
Successfully advocated for the art therapy profession through presentation	1	2	3	4	NA
General investment in & reflection on the learning experience	1	2	3	4	NA

Please provide specific feedback from the In-Service Presentation:

Art Therapy Assessment Skills

What are the facilities and programmatic structures that are in place to make this site appropriate for art therapy assessments?

What (art or non-art based) assessment tools have been taught at this site?

What additional art therapy assessment tools are appropriate for this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Use “Not Applicable” (NA) as your answer if the practicum site DOES NOT utilize art therapy assessments. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Comprehends art based assessment tools	1	2	3	4	NA
Understands site policies and procedures for reporting	1	2	3	4	NA
Demonstrates clinically appropriate timing for assessment in treatment	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrates what is revealed through the art therapy assessment into clinical terms	1	2	3	4	NA

Comments:

Documentation Skills

What documentation skills have been taught at this site?

Please rate the student 1-4 in each of the following categories and comment as needed. Use “Not Applicable” (NA) as your answer if the practicum site DOES NOT utilize any clinical documentation. Supervisors will provide specific recommendations when the student performance is *unsatisfactory* or *needs improvement* in the boxes below.

1 = Unsatisfactory 2 = Needs Improvement 3 = Appropriate 4 = Exceptional

Familiar with site documentation system	1	2	3	4	NA
Documentation of patient status is appropriate, accurate and professional	1	2	3	4	NA
Successfully demonstrates what is revealed through the art making process and product into clinical terms	1	2	3	4	NA
Able to articulate goals and appropriate therapeutic interventions for treatment plan	1	2	3	4	NA
Identifies therapeutic need to	1	2	3	4	NA

Please provide two (2) recommendations which will address the student's documentation skills for the final evaluation period?

1.

2.

Any additional comments:

Evaluation Acknowledgement

This evaluation has been reviewed by:

Supervisor Signature / Date



Student Signature / Date

Student Name _____

Anticipated Audience:

Identified Need:

Specific GOAL (what)

Objective (how)

Time Available:

Resources Available /Requested

Space

Art materials

Art Examples

Audio-Visual Resources

Preparation Checklist	Ready
1. Outline of activities with times	
2. Hand-Out/ Reading List	
3. Visual Examples	
4. Materials	
5. Evaluation Sheet	

IN-SERVICE EVALUATION

Student Name _____

Date of In-Service _____

In-Service Location _____

Please rate the presentation in the following areas from 1 – lowest to 5 – highest

I. Student clearly identified goal of presentation

1 2 3 4 5

II. Presentation was organized and professional

1 2 3 4 5

III. Presentation clearly related to goal

1 2 3 4 5

IV. Materials/Visuals/Activities aided understanding of topic

1 2 3 4 5

V. In-Service increased my understanding of Art Therapy

1 2 3 4 5

VI. Topic related to work site needs and concerns

1 2 3 4 5

Comments:

PRACTICUM

FORMS

Marywood University Graduate Art Therapy Program
Initial Practicum Internship Agreement

I, _____, have met with
_____, a Marywood University Graduate
Art Therapy student, and I agreed to have him/her serve as an intern at my agency,
_____. I am willing to serve as his/her
supervisor for the ___ semester(s) of the year _____.

Signature _____

Date _____

MARYWOOD UNIVERSITY
Graduate Art Therapy Program
INTERNSHIP TIME SHEET

Student Intern _____

Practicum Site _____

Practicum Supervisor _____

Week Ending: _____

	Date	Time In	Time Out	On-Site Supervision Hours	Total Internship Hours
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					

Total On-Site Supervision Hours for This Week _____

Total Practicum Hours for This Week _____

Total Practicum Hours for the Term _____

Student Intern's Signature _____ Date _____

On-Site Supervisors' Signature _____ Date _____

Time is to be calculated in 15 minute increments (0.0, 0.25, 0.5, 0.75), please make sure dates, times, and hours are documented accurately and completely prior to submitting.

Submit this form to the faculty supervisor in class EVERY WEEK.

Marywood University
Graduate Art Therapy Program
Client Release of Artwork Form
Authorization to Release Information

I give permission to _____, art therapy student, for my art products and comments about these products to be used for educational and scientific purposes and shared with a consulting professional.

I understand that my art products will provide information for assessment, individual, and/or group art therapy.

Yes / No (please circle your choice)

I have been assured that strict adherence to professionalism and confidentiality will be observed by anyone using the art products or comments about the products for the purpose of research, scientific, or educational study.

Yes / No (please circle your choice)

I understand that I may verbally and/or in written form revoke this permission at any time.

Yes / No (please circle your choice)

Name _____

Signature _____

Legal Guardian _____

Date _____

Marywood University
Graduate Art Therapy Program
Client Release of Information Form
Authorization to Release Information

I hereby grant permission for the release of information relating to my psychological and physical history and status to _____, art therapy student.

This information may include test results, diagnostic evaluations, and any information specifically relating to perceptual and visual problems.

I grant permission to _____ to contact my physician or therapist for consultation purposes before and during my participation in art therapy. I have been assured that strict adherence to professionalism and confidentiality will be observed.

I understand that I may verbally and/or in written form revoke this permission at any time.
Yes / No (please circle your choice)

Name _____

Signature _____

Legal Guardian _____

Date _____

MARYWOOD UNIVERSITY
Graduate Art Therapy Program
PRACTICUM SITE EVALUATION

Student _____ Entry Date _____ End _____ Date _____
Practicum _____ Site _____
_____ Practicum Supervisor _____

Please comment on the following:

Availability of patients/clients

Quality of supervision that you received

Was one hour of supervision provided for every 10 hours of clinical contact? _____

Was supervision scheduled at a regular time each week? _____

How would you rate the availability of art materials? _____

Did this practicum site contribute to your competency regarding the practice of art therapy?

What are the strengths of this practicum site?

How could this site improve?

Additional Comments

IN-SERVICE PLANNING SHEET

Student Name: _____

Anticipated Audience:

Identified Need:

Specific GOAL (what)

Objective (how)

Time Available:

Resources Available /Requested

Space

Art materials

Art Examples

Audio-Visual Resources

Preparation Checklist	Ready
1. Outline of activities with times	
2. Hand-Out/ Reading List	
3. Visual Examples	
4. Materials	
5. Evaluation Sheet	

Date: _____

F rgh#ri#Iwk lfv/#F rggxfw/#bqg#
G lflsdqdu|#Surfhgxuhv#

Hihfwyh#D sulq#4/#34;#

CODE OF ETHICS, CONDUCT, AND DISCIPLINARY PROCEDURES

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PREAMBLE

The Art Therapy Credentials Board (ATCB) is a nonprofit organization that seeks to protect the public by issuing registration, board certification, and clinical supervisor credentials to practitioners in the field of art therapy who meet certain established standards. The Board is national in scope and includes academicians, practitioners, supervisors, and a public member who work to establish rigorous standards that have a basis in real world practice.

The ATCB art therapy registration, board certification, and clinical supervisor credentials, hereinafter sometimes referred to as credentials, are offered to art therapists from a wide variety of practice disciplines, who meet specific professional standards for the practice of art therapy.

The Code of Ethics, Conduct, and Disciplinary Procedures is designed to provide art therapists and credential applicants with a set of Ethical Standards (Part I, Section 1) to guide them in the practice of art therapy, as well as Standards of Conduct (Part I, Section 2) to which every credentialed art therapist and credential applicant must adhere. The ATCB may decline to grant, withhold, suspend, or revoke the credentials of any person who fails to adhere to the Standards of Ethics and Conduct (Part I, Section 3). Credentialed art therapists and credential applicants are expected to comply with ATCB Standards of Ethics and Conduct.

The ATCB does not guarantee the job performance of any credential holder or applicant. The ATCB does not express an opinion regarding the competence of any registered or board certified art therapist or art therapy certified supervisor. Rather, registration, board certification or supervisor certification offered through an ATCB program constitutes recognition by the ATCB that, to its best knowledge, an art therapist or applicant meets and adheres to minimum academic preparation, professional experience, continuing education, and professional standards set by the ATCB.

The ATCB Code of Ethics, Conduct, and Disciplinary Procedures applies to all those credentialed by the ATCB and all ATCB applicants regardless of any other professional affiliation. The ATCB can bring actions to discipline or sanction ATCB credential holders and/or decline credentialing to applicants only if the provisions of the ATCB Code of Ethics, Conduct, and Disciplinary Procedures (but not any other ethical code) are found, after due process, to have been violated (Part II, Sections 4 and 5).

I. CODE OF ETHICS AND CONDUCT

1. General Ethical Standards

The Art Therapy Credentials Board endorses the following general ethical principles, which shall guide the conduct of all art therapists who seek to obtain or maintain credentials under the authority of the ATCB.

1.1 Responsibility to Clients

1.1.1 Art therapists shall advance the welfare of all clients, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1.2 Art therapists will not discriminate against or refuse professional services to individuals or groups based on age, gender, gender identity, gender expression, sexual orientation, ethnicity, race, national origin, culture, marital/partnership status, language preference, socioeconomic status, citizenship or immigration status, ability, religion/spirituality, or any other basis.

1.1.3 At the outset of the client-therapist relationship, art therapists must discuss and explain to clients the rights, roles, expectations, and limitations of the art therapy process.

1.1.4 Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions. Art therapists advise their clients that decisions on whether to follow treatment recommendations are the responsibility of the client. It is the professional responsibility of the art therapist to avoid ambiguity in the therapeutic relationship and to ensure clarity of roles at all times.

1.1.5 Art therapists continue a therapeutic relationship only so long as they believe that the client is benefiting from the relationship. It is unethical to maintain a professional or therapeutic relationship for the sole purpose of financial remuneration to the art therapist or when it becomes reasonably clear that the relationship or therapy is not in the best interest of the client.

1.1.6 Art therapists must not engage in therapy practices or procedures that are beyond their scope of practice, experience, training, and education.

1.1.7 Art therapists must not abandon or neglect clients receiving services. If art therapists are unable to continue to provide professional help, they must assist the client in making reasonable alternative arrangements for continuation of services.

1.1.8 Art therapists shall ensure regular contact with clients and prompt rescheduling of missed sessions.

1.1.9 Art therapists shall make all attempts to ensure there are procedures in place or follow recommendations for a “professional will” that suggests the handling of client documentation and art, if applicable, in the event of their unexpected death or inability to continue practice. Art therapists shall recognize the harm it may cause if clients are unable to access services in such a situation and identify individuals who can assist clients with obtaining services and with appropriate transfer of records. These written procedures shall be provided to the client.

1.1.10 Art therapists shall provide clients with contact information for the Art Therapy Credentials Board.

1.1.11 Art therapists are familiar with state requirements and limitations for consent for treatment. When providing services to minors or persons unable to give voluntary consent, art therapists seek the assent of clients and/or guardians to services, and include them in decision making as much as possible. Art therapists recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

1.1.12 Art therapists should obtain qualified medical or psychological consultation for cases when such evaluation and/or administration of medication is required. Art therapists must not provide services other than art therapy unless certified or licensed to provide such other services.

1.1.13 Practitioners of art therapy must conform to relevant federal, provincial, state, and local statutes and ordinances that pertain to the provision of independent mental health practice. Laws vary based upon the location of the practice. It is the sole responsibility of the independent practitioner to conform to these laws. Art therapists shall be knowledgeable about statutes and/or laws that pertain to art therapy and mental health practice in any jurisdiction (state, province, country) in which they practice.

1.1.14 Art therapists must seek to provide a safe, private, and functional environment in which to offer art therapy services. This includes, but is not limited to: proper ventilation, adequate lighting, access to water supply, knowledge of hazards or toxicity of art materials and the effort needed to safeguard the health of clients, storage space for client artworks and secured areas for hazardous materials, monitored use of sharps, allowance for privacy and confidentiality, and compliance with any other health and safety requirements according to state and federal agencies that regulate

comparable businesses.

1.2 Professional Competence and Integrity

1.2.1 Art therapists must maintain high standards of professional competence and integrity.

1.2.2 Art therapists must keep informed and updated with regard to developments in the field which relate to their practice by engaging in educational activities and clinical experiences. Additionally, art therapists shall seek regular consultation and/or supervision with fellow qualified professionals.

1.2.3 Art therapists shall assess, treat, or advise only in those cases in which they are competent as determined by their education, training, and experience.

1.2.4 Art therapists shall develop and improve multicultural competence through ongoing education and training. Art therapists shall use practices in accordance with the client’s or group’s age, gender, gender identity, gender expression, sexual orientation, ethnicity, race, national origin, culture, marital/partnership status, language preference, socioeconomic status, immigration/citizenship status, ability, religion/spirituality, or any other identity factor.

1.2.5 Art therapists shall communicate in ways that are both developmentally and culturally sensitive and appropriate. When clients and/or art therapists have difficulty understanding each other’s language, art therapists shall attempt to locate necessary translation/interpretation services.

1.2.6 Art therapists will obtain client’s written consent to communicate with other health care providers for the purpose of collaborating on client treatment.

1.2.7 Art therapists, because of their potential to influence and alter the lives of others, must exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

1.2.8 Art therapists must seek appropriate professional consultation or assistance for their personal problems or conflicts that may impair or affect work performance or clinical judgment.

1.2.9 Art therapists must not distort or misuse their clinical and research findings.

1.2.10 Art therapists shall file a complaint with the ATCB when they have reason to believe that another art therapist is or has been engaged in conduct that violates the law or the Standards of Ethics and Conduct contained in this Code. This does not apply when the belief is based upon information obtained in the course of a therapeutic relationship with a client and voluntary, written

authorization for disclosure of the information has not been obtained; however, this does not relieve an art therapist from the duty to file any reports required by law.

1.2.11 Art therapists shall notify the ATCB of any disciplinary sanctions imposed upon themselves or another art therapist by another professional credentialing agency or organization, when such sanctions come to their attention.

1.2.12 Art therapists shall not knowingly make false, improper, or frivolous ethics or legal complaints against colleagues or other art therapists.

1.3 Responsibility to Students and Supervisees

1.3.1 Art therapists must instruct their students using accurate, current, and scholarly information and at all times foster the professional growth of students and advisees.

1.3.2 Art therapists as teachers, supervisors, and researchers must maintain high standards of scholarship and present accurate information.

1.3.3 Art therapists must not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their education, training, experience, or competence, including multicultural and diversity competence.

1.3.4 Art therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.

1.3.5 Art therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Art therapists, therefore, shall not engage in a therapeutic relationship with their students or supervisees.

1.3.6 Art therapists do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.

1.3.7 Art therapists who offer and/or provide supervision must:

1.3.7.1 Ensure that they have proper training and supervised experience, contemporary continuing education and/or graduate training in clinical supervision;

1.3.7.2 Ensure that supervisees are informed of the supervisor's credentials and professional status as well as all conditions of supervision as defined/outlined by the supervisor's practice, agency, group, or organization;

1.3.7.3 Ensure that supervisees are aware

of the current ethical standards related to their professional practice, including the ATCB Code of Ethics, Conduct, and Disciplinary Procedures;

1.3.7.4 Ensure regular contact with supervisees and prompt rescheduling of missed supervision sessions;

1.3.7.5 Provide supervisees with adequate feedback and evaluation throughout the supervision process;

1.3.7.6 Ensure that supervisees inform their clients of their professional status, the name and contact information of their supervisors, and obtain informed consent from their clients for sharing disguised client information and artwork or reproductions as necessary with their supervisors;

1.3.7.7 Ensure that supervisees obtain client consent to share client artwork or reproductions in supervision;

1.3.7.8 Establish procedures with their supervisees for handling crisis situations.

1.3.9 Art therapy supervisors shall provide supervisees with a professional disclosure statement that advises supervisees of the supervisor's affirmation of adherence to this Code of Ethics, Conduct, and Disciplinary Procedures, and instructions regarding how the supervisee should address any dissatisfaction with the supervision process including how to file a complaint with the ATCB, the ATCB's address, telephone number, and email address.

1.4 Responsibility to Research Participants

1.4.1 Art therapists who are researchers must respect the dignity and protect the welfare of participants in research.

1.4.2 Researchers must be aware of and comply with federal, provincial, state, and local laws and regulations, agency regulations, institutional review boards, and professional standards governing the conduct of research.

1.4.3 Researchers must make careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators must seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

1.4.4 Researchers requesting potential participants' involvement in research must inform them of all risks and aspects of the research that might reasonably be expected to influence willingness to participate, and must obtain a written acknowl-

edgment of informed consent, reflecting an understanding of the said risks and aspects of the research, signed by the participant or, where appropriate, by the participant's parent or legal guardian. Researchers must be especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.

1.4.5 Researchers must respect participants' freedom to decline participation in or to withdraw from a research study at any time. This principle requires thoughtful consideration when investigators or other members of the research team are in positions of authority or influence over participants. Art therapists, therefore, must avoid relationships with research participants outside the scope of the research.

1.4.6 Art therapists must treat information obtained about research participants during the course of the research protocol as confidential unless the participants have previously and reasonably authorized in writing that their confidential information may be used. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, must be explained to the participants as part of the above stated procedure for obtaining a written informed consent.

1.5 Responsibility to the Profession

1.5.1 Art therapists must respect the rights and responsibilities of professional colleagues and should participate in activities that advance the goals of art therapy.

1.5.2 Art therapists must adhere to the ATCB standards of the profession when acting as members or employees of third-party organizations.

1.5.3 Art therapists must attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

1.5.4 Art therapists who author books or other materials that are published or distributed must cite persons to whom credit for original ideas is due.

1.5.5 Art therapists who author books or other materials published or distributed by a third party must take reasonable precautions to ensure that the third party promotes and advertises the materials accurately and factually.

1.5.6 Art therapists are encouraged, whenever possible, to recognize a responsibility to partici-

pate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

1.5.7 Art therapists are encouraged, whenever possible, to assist and be involved in developing laws and regulations pertaining to the field of art therapy that serve the public interest and in changing such laws and regulations that are not in the public interest.

1.5.8 Art therapists are encouraged, whenever possible, to promote public understanding of the principles and the profession of art therapy through presentations to general audiences, mental health professionals, and students. In making such presentations, art therapists shall accurately convey to the audience members or students the expected competence and qualifications that will result from the presentations, as well as, the differences between the presentation and formal studies in art therapy.

1.5.9 Art therapists must cooperate with any ethics investigation by any professional organization or government agency and must truthfully represent and disclose facts to such organizations or agencies when requested or when necessary to preserve the integrity of the art therapy profession.

1.5.10 Art therapists should endeavor to ensure that the benefits and limitations are correctly conveyed by any institution or agency of which they are employees.

1.5.11 Art therapists are accountable at all times for their behavior. They must be aware that all actions and behaviors of the art therapist reflect on professional integrity and, when inappropriate, can damage the public trust in the art therapy profession. To protect public confidence in the art therapy profession, art therapists avoid behavior that is clearly in violation of accepted moral and legal standards.

2. **Standards of Conduct**

The Art Therapy Credentials Board prescribes the following standards of conduct, which shall guide the conduct of all art therapists who seek to obtain or maintain credentials under the authority of the ATCB.

2.1 Confidentiality

2.1.1 Art therapists shall inform clients of the purpose and limitations of confidentiality.

2.1.2 Art therapists shall respect and protect confidential information obtained from clients, including, but not limited to, all verbal and/or artistic expression occurring within the client-

therapist relationship.

2.1.3 Art therapists shall protect the confidentiality of the client-therapist relationship in all matters.

2.1.4 Art therapists shall not disclose confidential information without the client's explicit written consent unless mandated by law or a court order. In these cases, confidences may be disclosed only as legally and reasonably necessary in the course of that action. All disclosures of information shall be documented in the client's file, including the identity of the recipient, the basis upon which the information was disclosed, and a description of the information disclosed.

2.1.5 If there is reason to believe that the client or others are in immediate, serious danger to health or life, any such disclosure shall be made consistent with state and federal laws that pertain to the protection and welfare of the client or others. Art therapists strive to disclose information in a way that ensures respect for the client and integrity for the therapeutic relationship.

2.1.6 In the event that art therapists believe it is in the interest of a client to disclose confidential information, they shall seek and obtain written authorization from the client or the client's legal guardian, before making any disclosures, unless such disclosure is required by law.

2.1.7 For the purpose of collecting information on harm caused to clients or possible violations of ATCB rules and its Code of Ethics, Conduct, and Disciplinary Procedures by art therapists or those falsely claiming to have an ATCB credential, art therapists may disclose such information without the client's explicit written consent if the information is disguised so that the identity of the client is fully protected.

2.1.8 Art therapists shall maintain client treatment records for a reasonable period of time consistent with federal and state laws, agency regulations and sound clinical practice. Records shall be stored or disposed of in ways that maintain client confidentiality.

2.1.9 Whenever possible, a photographic representation should be maintained, in accordance with the provisions set forth in 2.2.2 of this document on consent to photograph, for all work created by the client that is relevant to document the therapy if maintaining the original artwork would be difficult.

2.1.10 When the client is a minor, any and all disclosure or consent shall be made to or obtained from the parent or legal guardian of the client, except where otherwise provided by state law. Care shall be taken to preserve confidentiality with the minor client and to refrain from disclo-

sure of information to the parent or guardian that might adversely affect the treatment of the client, except where otherwise provided by state law or when necessary to protect the health, welfare, or safety of the minor client.

2.1.11 Client confidentiality must be maintained when clients are involved in research, according to Part I, Section 1.4 of this code of practice.

2.1.12 Independent practitioners of art therapy must sign and issue a written professional disclosure statement to a client upon the establishment of a professional relationship. Such disclosure statement must include, but need not be limited to, the following information: education, training, experience, professional affiliations, credentials, fee structure, payment schedule, session scheduling arrangements, information pertaining to the limits of confidentiality and the duty to report. The name, address, and telephone number of the ATCB should be written in this document along with the following statement, "The ATCB oversees the ethical practice of art therapists and may be contacted with client concerns." It is suggested that a copy of the statement be retained in the client's file.

2.2 Use and Reproduction of Client Art Expression and Therapy Sessions

2.2.1 Art therapists shall take into consideration the benefits and potential negative impact of photographing, videotaping, using other means to duplicate, and/or display and/or broadcast client artwork with the client's best interest in mind. Art therapists shall provide to the client and/or parent or legal guardian clear warnings about the art therapist's inability to protect against the use, misuse, and republication of the art product and/or session by others once it is displayed or posted.

2.2.2 Art therapists shall not make or permit any public use or reproduction of a client's art therapy sessions, including verbalization and art expression, without express written consent of the client or the client's parent or legal guardian.

2.2.3 Art therapists shall obtain written informed consent from a client, or when applicable, a parent or legal guardian, before photographing the client's art expressions, making video or audio recordings, otherwise duplicating, or permitting third-party observation of art therapy sessions.

2.2.4 Art therapists shall use clinical materials in teaching, writing, electronic formats and public presentations only if a written authorization has been previously obtained from the client, client's parent, or legal guardian.

2.2.5 Art therapists shall obtain written, in-

formed consent from a client or, when appropriate, the client's parent or legal guardian, before displaying the client's art in galleries, healthcare facilities, schools, the Internet or other places.

2.2.6 Only the client, parent or legal guardian may give signed consent for use of client's art or information from sessions and treatment, and only for the specific uses, and in the specific communication formats, designated in the consent. Once consent has been granted, art therapists shall ensure that appropriate steps are taken to protect client identity and disguise any part of the notes, art expression or audio or video recording that reveals client identity unless the client, parent or legal guardian specifically designates in the signed consent that the client's identity may be revealed. The signed consent form shall include conspicuous language that explains the potential that imagery and information displayed or used in any form may not be able to be permanently removed if consent is later revoked.

2.3 Professional Relationships

2.3.1 Art therapists shall not engage in any relationship, including through social media, with current or former clients, students, interns, trainees, supervisees, employees, or colleagues that is exploitative by its nature or effect.

2.3.2 Art therapists shall make their best efforts to avoid, if it is reasonably possible to do so, entering into non-therapeutic or non-professional relationships with current or former clients, students, interns, trainees, supervisees, employees, or colleagues or any family members or other persons known to have a close personal relationship with such individuals such as spouses, children, or close friends.

2.3.3 In the event that the nature of any such relationship is questioned, the burden of proof shall be on the art therapist to prove that a non-therapeutic or non-professional relationship with current or former clients, students, interns, trainees, supervisees, employees, or colleagues is not exploitative or harmful to any such individuals.

2.3.4 Exploitative relationships with clients include, but are not limited to, borrowing money from or loaning money to a client, hiring a client, engaging in a business venture with a client, engaging in a romantic relationship with a client, or engaging in sexual intimacy with a client.

2.3.5 Art therapists shall take appropriate professional precautions to ensure that their judgment is not impaired, that no exploitation occurs, and that all conduct is undertaken solely in the client's best interest.

2.3.6 Art therapists shall not use their profes-

sional relationships with clients to further their own interests.

2.3.7 Art therapists shall be aware of their influential position with respect to students and supervisees, and they shall avoid exploiting the trust and dependency of such persons. Art therapists, therefore, shall not provide therapy to students or supervisees contemporaneously with the student/supervisee relationship.

2.3.8 Art therapists must not knowingly misuse, or allow others to misuse, their influence when engaging in personal, social, organizational, electioneering or lobbying activities.

2.3.9 Art therapists do not condone or engage in sexual harassment, which is defined as unwelcome comments, gestures, or physical contact of a sexual nature.

2.3.10 Art therapists shall be aware of and take into account the traditions and practices of other professions with which they work and cooperate fully with them.

2.3.11 Art therapists who have a private practice, but who are also employed in an agency or group practice must abide by and inform clients of the agency's or group practice's policies regarding self-referral.

2.3.12 Any data derived from a client relationship and subsequently used in training or research shall be so disguised in such a way that the client's identity is fully protected. Any data which cannot be so disguised may be used only as expressly authorized by the client's informed and voluntary consent.

2.4 Financial Arrangements

2.4.1 Independent practitioners of art therapy shall seek to ensure that financial arrangements with clients, third party payers, and supervisees are understandable and conform to accepted professional practices.

2.4.2 If a client wishes to access insurance coverage for art therapy services out of state, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.

2.4.3 Art therapists must not offer or accept payment for referrals.

2.4.4 Art therapists must not exploit their clients financially.

2.4.5 Art therapists must represent facts truthfully to clients, third party payers, and supervisees regarding services rendered and the charges thereof.

2.4.6 Art therapists who intend to use collection agencies or take legal measure to collect fees from clients who do not pay for services as

agreed upon must first inform clients in writing of such intended actions and offer clients the opportunity to make payment.

2.4.7 Art therapists may barter only if the relationship is not exploitive or harmful and does not place the art therapist in an unfair advantage, if the client requests it, and if such arrangements are an accepted practice among professionals within the community. Art therapists should consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

2.4.8 Art therapists shall not accept gifts from clients except in cases when it is culturally appropriate or therapeutically relevant to the specific client. Prior to acceptance, art therapists shall consider the value of the gift and discuss the gift-giving with the client. The art therapist shall document the matter, including all consideration and the client discussion in the client's record.

2.5 Advertising

2.5.1 Art therapists shall provide sufficient and appropriate information about their professional services to help the layperson make an informed decision about contracting for those services.

2.5.2 Art therapists must accurately represent their competence, education, earned credentials, training, and experience relevant to their professional practice.

2.5.3 Art therapists must ensure that all advertisements and publications, whether in print, directories, announcement cards, newspapers, radio, television, electronic format such as the Internet, or any other media, are formulated to accurately convey, in a professional manner, information that is necessary for the public to make an informed, knowledgeable decision.

2.5.4 Art therapists must not use names or designations for their practices that are likely to confuse and/or mislead the public concerning the identity, responsibility, source, and status of those under whom they are practicing, and must not hold themselves out as being partners or associates of a firm if they are not.

2.5.5 Art therapists must not use any professional identification (such as a business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading or deceptive. A statement is false, fraudulent, misleading or deceptive if it: fails to state any material fact necessary to keep the statement from being misleading; is intended to, or likely to, create an unjustified expectation; or contains a material misrepresentation of fact.

2.5.6 Art therapists must correct, whenever possible, false, misleading, or inaccurate information and representations made by others concerning the art therapist's qualifications, services, or products.

2.5.7 Art therapists must make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.

2.5.8 Art therapists may represent themselves as specializing within a limited area of art therapy only if they have the education, training, and experience that meet recognized professional standards to practice in that specialty area.

2.6 Measurement and Evaluation

2.6.1 Art therapists shall use or interpret only the specific assessment instruments for which they have the required education and supervised experience.

2.6.2 Art therapists must provide instrument specific orientation or information to an examinee prior to and following the administration of assessment instruments or techniques so that the results may be placed in proper perspective with other relevant factors. The purpose of testing and the explicit use of the results must be made known to an examinee prior to testing.

2.6.3 In selecting assessment instruments or techniques for use in a given situation or with a particular client, art therapists must carefully evaluate the specific theoretical bases and characteristics, validity, reliability and appropriateness of each instrument.

2.6.4 When making statements to the public about assessment instruments or techniques, art therapists must provide accurate information and avoid false claims or misconceptions concerning the instrument's reliability and validity.

2.6.5 Art therapists must follow all directions and researched procedures for selection, administration and interpretation of all evaluation instruments and use them only within proper contexts.

2.6.6 Art therapists must be cautious when interpreting the results of instruments that possess insufficient technical data, and must explicitly state to examinees the specific limitations and purposes for the use of such instruments.

2.6.7 Art therapists must proceed with caution when attempting to evaluate and interpret performance of any person who cannot be appropriately compared to the norms for the instrument.

2.6.8 Because prior coaching or dissemination of assessment instruments can invalidate test results, art therapists are professionally obligated to

maintain test security.

2.6.9 Art therapists must consider psychometric limitations when selecting and using an instrument, and must be cognizant of the limitations when interpreting the results. When tests are used to classify clients, art therapists must ensure that periodic review and/or retesting are conducted to prevent client stereotyping.

2.6.10 Art therapists recognize that test results may become obsolete, and avoid the misuse of obsolete data.

2.6.11 Art therapists must not appropriate, reproduce, or modify published assessment instruments or parts thereof without acknowledgement and permission from the publisher, except as permitted by the fair educational use provisions of the U.S. copyright law.

2.6.12 Art therapists who develop assessment instruments for the purpose of measuring personal characteristics, diagnosing, or other clinical uses shall provide test users with a description of the benefits and limitations of the instrument, appropriate use, interpretation, and information on the importance of basing decisions on multiple sources rather than a single source.

2.7 Documentation

Art therapists must maintain records that:

2.7.1 Are in compliance with federal, provincial, state, and local regulations and any licensure requirements governing the provision of art therapy services for the location in which the art therapy services are provided.

2.7.2 Are in compliance with the standards, policies and requirements at the art therapist's place of employment.

2.7.3 Include essential content from communication with/by the client via electronic means.

2.8 Termination of Services

2.8.1 Art therapists shall terminate art therapy when the client has attained stated goals and objectives or fails to benefit from art therapy services.

2.8.2 Art therapists must communicate the termination of art therapy services to the client, client's parent or legal guardian.

2.9 Electronic Means

2.9.1 Art therapists must inform clients of the benefits, risks, and limitations of using information technology applications in the therapeutic process and in business/billing procedures. Such technologies include but are not limited to computer hardware and software, faxing, telephones, the Internet, online assessment instruments, and

other technological procedures and devices. Art therapists shall utilize encryption standards within Internet communications and/or take such precautions to reasonably ensure the confidentiality of information transmitted, as in 2.9.5.6.

2.9.2 When art therapists are providing technology-assisted distance art therapy services, the art therapist shall make a reasonable effort to determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

2.9.3 Art therapists must ensure that the use of technology in the therapeutic relationship does not violate the laws of any federal, provincial, state, local, or international entity and observe all relevant statutes.

2.9.4 Art therapists shall seek business, legal, and technical assistance when using technology applications for the purpose of providing art therapy services, particularly when the use of such applications crosses provincial, state lines or international boundaries.

2.9.5 As part of the process of establishing informed consent, art therapists shall do the following:

2.9.5.1 Inform clients of issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications, and the difficulty in removing any information or imagery that has been posted electronically if consent is later revoked.

2.9.5.2 Inform clients of all colleagues, supervisors, and employees (including Information Technology [IT] administrators) who might have authorized access to electronic transmissions.

2.9.5.3 Inform clients that, due to the nature of technology assisted art therapy, unauthorized persons may have access to information/art products that clients may share in the therapeutic process.

2.9.5.4 Inform clients of pertinent legal rights and limitations governing the practice of a profession across state/provincial lines or international boundaries.

2.9.5.5 Inform clients that Internet sites and e-mail communications will be encrypted but that there are limitations to the ability of encryption software to help ensure confidentiality.

2.9.5.6 When the use of encryption is not possible, art therapists notify clients of this fact and limit electronic transmissions to general communications that are not

client specific.

2.9.5.7 Inform clients if and for how long archival storage of transaction records are maintained.

2.9.5.8 Discuss the possibility of technology failure and alternate methods of service delivery.

2.9.5.9 Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the art therapist is not available.

2.9.5.10 Discuss time zone differences, and cultural or language differences that might impact service delivery.

2.9.5.11 If a client wishes to access insurance coverage for technology-assisted distance art therapy services, art therapists shall advise clients that it is the client's responsibility to confirm coverage before beginning services.

2.9.5.12 Inform clients that communication will be included in client documentation as mentioned in 2.7.3.

2.9.6 Art therapists maintaining sites on the Internet shall do the following:

2.9.6.1 Regularly check that electronic links are working and professionally appropriate.

2.9.6.2 Provide electronic links to the ATCB and other relevant state, provincial, and or international licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.

2.9.6.3 Strive to provide a site that is accessible to persons with disabilities

2.10 Social Media

2.10.1 Art therapists who maintain social media sites shall clearly distinguish between their personal and professional profiles by tailoring information specific to those uses and modifying who can access each site.

2.10.2 In keeping with their duty to the profession, art therapists who respond to or post on social media shall ensure that their posts are reflective of the ethics and conduct outlined in this Code.

2.10.3 Art therapists do not disclose or display confidential information through social media.

3. Eligibility for Credentials

As a condition of eligibility for and continued maintenance or renewal of any ATCB credential, each applicant, registrant, certificant, or certified supervisor agrees to the following:

3.1 Compliance with ATCB Standards, Policies and Procedures

3.1.1 No person is eligible to apply for or maintain credentials unless in compliance with all ATCB eligibility criteria as stated in the ATR, ATR-BC, and ATCS applications, as well as all other ATCB rules and standards, policies and procedures, including, but not limited to, those stated herein, and including timely payment of fees and any other requirements for renewal of credentials.

3.1.2 Each applicant, registrant, or certificant bears the burden for showing and maintaining compliance at all times. The ATCB may deny, decline to renew, revoke, or otherwise act upon credentials when an applicant, registrant, or certificant is not in compliance with all ATCB standards, policies, and procedures.

3.2 Complete Application

3.2.1 The ATCB may make administrative requests for additional information to supplement or complete any application for credentials or for renewal of existing credentials. An applicant must truthfully complete and sign an application in the form provided by the ATCB, must provide the required fees, and must provide additional information as requested.

3.2.2 The applicant, registrant, or certificant must provide written notification to the ATCB at the time of submission of an initial application and thereafter within 60 days of occurrence of any change in name, address, telephone number, and any other facts bearing on eligibility for credentials, including but not limited to: filing of an indictment, charge or complaint, not including traffic offenses, with any court, regulatory authority, professional association, credentialing body, or governmental or private payer of benefits; any litigation involving allegations of professional negligence or misconduct and the final disposition of such charges, complaints, or cases including but not limited to, entry of a judgment, order of dismissal or deferred adjudication, conviction, plea of guilty, plea of nolo contendere, and imposition of disciplinary sanctions.

3.2.3 An applicant, registrant, or certificant will provide information requested by the Ethics Officer.

3.2.4 An applicant, registrant, or certificant must not make and must correct immediately any statement concerning his or her status that is or becomes inaccurate, untrue, or misleading.

3.2.5 All references to "days" in ATCB standards, policies and procedures shall mean calendar days. Communications required by the ATCB

shall be transmitted by certified mail, return receipt requested, or other verifiable method of delivery.

3.2.6 The applicant, registrant, or certificant shall provide the ATCB with documentation of compliance with ATCB requirements as requested by the ATCB through its President or Executive Director.

3.3 Property of ATCB and Eligibility Determination

3.3.1 All examinations, certificates, and registration or certification cards of the ATCB, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, are all the exclusive property of the ATCB and may not be used in any way without the express prior written consent of the ATCB.

3.3.2 ATCB applicants, registrants, or certifiants who share, use, or alter ATCB examinations, certificates, and registration or certification cards of the ATCB, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, are subject to disciplinary sanctions that may include but are not limited to denial, declined renewal, or revocation of ATCB credentials and may be subject to civil or criminal prosecution.

3.3.3 In case of suspension, limitation, relinquishment, or revocation of ATCB credentials, or as otherwise requested by the ATCB, a person previously holding an ATCB credential shall immediately relinquish, refrain from using, and correct at his or her expense any and all outdated or otherwise inaccurate business cards, stationery, advertisements, or other use of any certificate, logo, emblem, and the ATCB name and related abbreviations.

3.4 Pending Criminal or Administrative Proceedings

3.4.1 An applicant, registrant, or certificant shall provide written notification to the ATCB of the filing in any court of any information, complaint, or indictment charge of a felony or with a crime related to the practice of art therapy or the public health and safety, or the filing of any charge or action before a state or federal regulatory agency or judicial body directly relating to the practice of art therapy or related professions, or to a matter described in Part I, Section 4.1. Such notification shall be within 60 days of the filing of such charge or action and shall provide written documentation of the resolution of such

charge within 60 days of resolution.

3.5 Criminal Convictions

3.5.1 Applicants who meet all criteria as delineated in the current ATCB credential applications and who have not had sanctions imposed by the ATCB or other governmental authority, insurance carrier, professional organization, or credentialing board, or been convicted of a serious criminal offense, or been listed on a governmental abuse registry will be considered eligible for an ATCB credential upon submission of all application materials and fees. All other applicants will be subject to review by the ATCB and demonstration of their fitness to practice art therapy and that they do not pose a risk to the public.

II. DISCIPLINARY PROCEDURES

4. Standards Of Conduct: Discipline Process

4.1 Grounds For Discipline

4.1.1 The ATCB may deny or revoke credentials or otherwise take action with regard to credentials or an application for credentials under the following circumstances:

- 4.1.1.1 Failure to observe and comply with the Standards of Ethics and Conduct stated herein;
- 4.1.1.2 Failure to meet and maintain eligibility for ATCB credentials;
- 4.1.1.3 Irregularity in connection with any ATCB examination;
- 4.1.1.4 Failure to pay fees required by the ATCB;
- 4.1.1.5 Unauthorized possession of, use of, or access to ATCB examinations, certificates, registration or certification cards, logos, the name Art Therapy Credentials Board, all marks and terms of credentials, and all abbreviations relating thereto, and any variations thereof, and any other ATCB documents and materials;
- 4.1.1.6 Obtaining, maintaining, or attempting to obtain or maintain credentials by a false or misleading statement, failure to make a required statement, fraud, or deceit in an application, reapplication, or any other communication to the ATCB;
- 4.1.1.7 Misrepresentation of status of ATCB credentials;
- 4.1.1.8 Failure to provide any written information required by the ATCB;
- 4.1.1.9 Failure to cooperate with the ATCB or any body established or convened by the ATCB at any point from the

complaint through the completion of all proceedings regarding that complaint;

4.1.1.10 Habitual use of alcohol, any drug or any substance, or any physical or mental condition, which impairs competent and objective professional performance;

4.1.1.11 Gross negligence in the practice of art therapy or other related professional work; including, but not limited to, sexual relationships with clients, and sexual, physical, social, or financial exploitation;

4.1.1.12 Limitation or sanction (including but not limited to discipline, revocation, or suspension by a regulatory board or professional organization) in a field relevant to the practice of art therapy;

4.1.1.13 The conviction of, or plea of guilty or plea of nolo contendere to, (i) any felony or (ii) any crime related to the practice of art therapy, the therapist's professional qualifications, or public health and safety. Convictions of this nature include but are not limited to those involving rape, sexual abuse of a patient or vulnerable person, actual or threatened use of a weapon or violence, and the prohibited sale, distribution or use of a controlled substance;

4.1.1.14 Failure to update information in a timely manner, including any violation referred to in this section, to the ATCB;

4.1.1.15 Failure to maintain confidentiality as required in the Standards of Ethics and Conduct, by any ATCB policy or procedure, or as otherwise required by law; or

4.1.1.16 Other violation of an ATCB standard, policy, or procedure stated herein or as stated in the ATCB candidate brochure or other material provided to applicants, registrants, or certificants.

4.2 Release of Information

4.2.1 Each applicant, registrant, and certificant agrees to cooperate promptly and fully in any review of eligibility or credential status, including submitting such documents and information deemed necessary to confirm the information in an application.

4.2.2 The individual applicant, registrant, or certificant agrees that the ATCB and its officers, directors, committee members, employees, ethics officers, and agents, may communicate any and all information relating to an ATCB application, registration or certification, and review thereof,

and any imposed public disciplinary sanctions to state and federal authorities, licensing boards, and employers, and may communicate any imposed public disciplinary sanctions and the status of a registrant's or certificant's credential to the public.

4.3 Waiver

4.3.1 An applicant, registrant, or certificant releases, discharges, exonerates, indemnifies, and holds harmless the ATCB, its officers, directors, committee members, employees, ethics officers, and agents, and any other persons from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, for actions of the ATCB arising out of applicant's application for or participation in the ATCB registration and/or certification programs and use of ATCB trademarks or other references to the ATCB registration and/or certification programs, including but not limited to the furnishing or inspection of documents, records, and other information and any investigation and review of applications or credentials by the ATCB.

4.4 Reconsideration of Eligibility and Reinstatement of Credentials

4.4.1 If eligibility or credentials are denied, revoked, or suspended for a violation of the Standards of Ethics and Conduct, eligibility for credentials may be reconsidered by the Board of Directors, upon application, on the following basis:

4.4.1.1 In the event of a felony conviction, no earlier than five years from and after the exhaustion of appeals, completion of sentence by final release from confinement, probationary or parole status, or satisfaction of fine imposed, whichever is later;

4.4.1.2 In any other event, at any time following imposition of sanctions, at the sole discretion of the Board of Directors.

4.4.2 In addition to other facts required by the ATCB, such an applicant must fully set forth the circumstances of the decision denying, revoking, or suspending eligibility or credentials as well as all relevant facts and circumstances since the decision.

4.4.3 The applicant bears the burden of demonstrating by clear and convincing evidence of rehabilitation and absence of danger to others.

4.5 Deadlines

4.5.1 The ATCB requires its applicants, registrants, and certificants to meet all deadlines imposed by the ATCB, especially in regard to

submission of fees, renewal or recertification applications, required evidence of continuing education, and sitting for its examinations. On rare occasions, circumstances beyond the control of the applicant, registrant or certificant, or other extraordinary conditions may render it difficult, if not impossible, to meet ATCB deadlines.

4.5.2 An applicant, registrant, or certificant who wishes to appeal a missed deadline must transmit a written explanation and make a request for a reasonable extension of the missed deadline along with the appropriate fees with full relevant supporting documentation, to the ATCB Executive Director, to the attention of the ATCB National Office.

4.5.3 The Board of Directors shall determine at the next meeting of the Board, in its sole discretion and on a case-by-case basis, what, if any, recourse will be afforded based on the circumstances described and the overall impact on the profession of art therapy. No other procedures shall be afforded for failure to meet ATCB deadlines.

4.5.4 The ATCB shall make every effort to follow the time requirements set forth in this document. However, the ATCB's failure to meet a time requirement shall not prohibit the final resolution of any ethics matter.

5. DISCIPLINARY PROCEDURES

5.1 Appointment of Disciplinary Hearing Panel

5.1.1 The ATCB Board of Directors may authorize an Ethics Officer and a Disciplinary Hearing Panel to investigate or consider alleged violations of the Standards of Ethics and Conduct contained in this Code or any other ATCB standard, policy or procedure. The ATCB Board of Directors shall appoint the chair of the Disciplinary Hearing Panel.

5.1.2 The Disciplinary Hearing Panel shall be composed of three members, including the chair. The membership of the Disciplinary Hearing Panel shall be drawn from ATCB registrants and certificants, except that one member of the Disciplinary Hearing Panel shall be a public member who shall not be an ATCB registrant or certificant.

5.1.3 The initial appointments to the Disciplinary Hearing Panel shall be for terms of three years as determined by the ATCB Board of Directors. Thereafter, a panel member's term of office on the panel shall run for three years and may be renewed. Once a member of the Disciplinary Hearing Panel begins to participate in the

main part of the Disciplinary Hearing Panel for that particular matter even if the review extends beyond the expiration of his or her term.

5.1.4 A Disciplinary Hearing Panel member may not serve simultaneously as Ethics Officer

and may not serve on any matter wherein an actual or apparent conflict of interest or the Panel Member's impartiality might reasonably be questioned.

5.1.5 When a party to a matter before the Disciplinary Hearing Panel requests that a member of the panel, other than the chair, self-recuse, a final decision on the issue of recusal shall be made by the chair, subject to review as hereinafter provided. In the event a request is made that the chair self-recuse, the decision shall be made by the ATCB President, subject to review as hereinafter provided.

5.1.6 Panel action shall be determined by majority vote.

5.1.7 When a Panel member is unavailable to serve by resignation, disqualification, or other circumstance, the President of the ATCB shall designate another registrant or certificant, or public member, if applicable, to serve as an interim member for a particular matter or for the duration of the panel member's unexpired term whichever is appropriate.

5.2 Submission of Allegations

5.2.1 Any person concerned about a possible violation of the ATCB Standards of Ethics and Conduct, or other ATCB standard, policy or procedure, may initiate a written grievance, in as much detail and specificity as possible, including identifying the person(s) alleged to be involved and the facts concerning the alleged conduct. The written grievance should be accompanied by all available documentation. The grievance should be addressed to the Executive Director. A person initiating a grievance shall be referred to as the complainant.

5.2.2 The written grievance should contain the name of the applicant, certificant, or registrant who is the subject of the grievance, the facts and circumstances concerning the conduct complained about, and the name, address, and telephone number of the complainant and others who may have knowledge of relevant facts. Anonymous written grievances may be accepted by the ATCB, but the inability to follow up with the complainant might preclude effective and thorough investigation of the allegations and the imposition of sanctions against the applicant, certificant, or registrant who is the subject of the grievance.

ance. The ATCB may provide for the submission

of grievances on forms to be supplied by the Executive Director.

5.2.3 The Executive Director shall forward the grievance to the Public Member of the ATCB Board of Directors (the "Public Member") for further action. The Public Member may initiate grievances that shall be handled in the manner provided hereinafter for the review and determination of all grievances.

5.2.4 The Public Member shall review the allegations and supporting information and make a determination of the merits of the allegations, after such further inquiry as the Public Member Director considers appropriate, and after consultation with ATCB legal counsel as needed. The Public Member Director may share a copy of the complaint and any complaint materials with the applicant, certificant, or registrant as deemed necessary to assist in the investigation of the grievance. Care should be taken to redact information and the identity of any person identified in a grievance who is not a complainant when appropriate to protect the privacy rights of such person.

5.2.5 The Public Member may direct the ATCB Executive Director to assist with factual investigations or with administrative matters related to the initial review of allegations.

5.2.6 If the Public Member determines that the allegations are frivolous or fail to state a violation of the Standards of Ethics and Conduct, or that the ATCB lacks jurisdiction over the grievance or the person(s) complained about, the ATCB shall not take further action and shall notify the complainant.

5.2.7 If the Public Member determines that probable cause may exist to deny eligibility for credential or that probable cause exists of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, the Public Member shall forward in writing all details of the allegations to one of the Ethics Officers.

5.2.8 The Ethics Officer shall review the allegations and supporting information provided and may make such further inquiry, as deemed appropriate.

5.2.9 The Ethics Officer may seek the assistance of the Executive Director to research precedents in the ATCB's files, as reasonably determined to be necessary in making a determination regarding probable cause of a violation of the Standards of Ethics and Conduct, any other ATCB policy or procedure, or other misconduct. The Ethics Officer may direct the ATCB Executive Director to assist with factual investigations or with administrative matters related to the

review of allegations.

5.2.10 If the Ethics Officer concurs that probable cause may exist to deny eligibility or that probable cause exists of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, the Ethics Officer shall transmit a copy of the grievance and written notification containing the allegations and findings to the full Disciplinary Hearing Panel, the complainant and the applicant, certificant or registrant who is the subject of the grievance and any attorneys representing them. Care should be taken to redact information and the identity of any person identified in a grievance who is not a complainant when appropriate to protect the privacy rights of such person. All written notices to the applicant, registrant or certificant shall be sent by certified mail, return receipt requested, to their addresses listed in the ATCB records. However if the Ethics Officer, in agreement with the Public Member, determines that the probable violation (s) are minor or technical in nature and have neither caused nor presented a danger of serious harm to a client or the public, the Ethics Officer may choose to resolve the complaint by the issuance of an advisory letter to the registrant or certificant setting out the identified probable violations and recommendations on corrective or preventative measures that should be implemented by the registrant or certificant in the future. All such advisory letters shall be maintained as part of the registrant's or certificant's file and may be taken into consideration of the sanctions to be assessed in connection with any future complaints brought against the registrant or certificant. Advisory letters shall not be made public.

5.2.11 If the Ethics Officer determines that probable cause does not exist to deny eligibility or that that probable cause does not exist of a failure to comply with the Standards of Ethics and Conduct or any other ATCB policy or procedure, or that the ATCB lacks jurisdiction over the complaint or the person(s) against whom the complaint was made, the Ethics Officer shall direct ATCB to take no further action and shall notify in writing the Board, the applicant, registrant, or certificant, and complainant, if any.

5.2.12 If upon referral of a grievance from the Public Member the Ethics Officer determines that reasonable cause exists that a registrant or certificant has had a license or certification revoked or suspended or has been charged, indicted, placed on deferred adjudication, community supervision, probation, or convicted of an offense listed below or determines that there is a serious concern for the protection and safety of the public, the Ethics

Officer shall present to the Disciplinary Hearing Panel a recommendation for summary suspension of the registrant's or certificant's registration or certification. If approved by a majority vote of the Disciplinary Hearing Panel, the Ethics Officer shall notify the registrant or certificant in writing by certified mail, return receipt requested, of the summary suspension at the registrant's or certificant's address listed in the ATCB records. The suspension shall be effective three (3) days after the date of mailing.

Summary suspension shall be considered for all serious offenses including but not limited to the following:

- (A) capital offenses;
- (B) sexual offenses involving a child victim;
- (C) felony sexual offenses involving an adult victim who is a client (one or more counts);
- (D) multiple counts of felony sexual offenses involving any adult victim;
- (E) homicide 1st degree;
- (F) kidnapping;
- (G) arson;
- (H) homicide of lesser degrees;
- (I) felony sexual offenses involving an adult victim who is not a client (single count);
- (J) attempting to commit listed crimes;
- (K) any felony or misdemeanor offenses potential physical harm to others and/or animals;
- (L) felony or misdemeanor alcohol and drug offenses;
- (M) all other felony offenses not listed.

A registration or certification summarily suspended shall remain suspended until final resolution of all criminal charges and a final decision of all complaints by the ATCB.

5.2.13 The ability of a complainant to withdraw a complaint shall be governed by the following standards:

- (A) The complaint may be withdrawn in the initial stage of the examination by the Public Member Director; however, the Public Member Director or the ATCB reserves the right to refile the complaint if, in his or her judgment, there is concern for the protection of the public.
- (B) Once the complaint has moved to an Ethics Officer for review, it cannot be withdrawn; however, the complainant cannot be forced to assist further.

5.3 Procedures of the Disciplinary Hearing Panel

5.3.1 Upon receipt of notice from the Ethics Officer containing a statement of the complaint allegations and the finding(s) that probable cause may exist to deny eligibility for credential or question compliance with the Standards of Conduct or any other ATCB policy or procedure, the applicant, registrant, or certificant shall have thirty (30) days after receipt of the notice to notify the Ethics Officer in writing that the applicant, registrant, or certificant disputes the allegations of the complaint and to request review by written submissions to the Disciplinary Hearing Panel, a telephone conference with the Disciplinary Hearing Panel, or an in-person hearing (held at a time and place to be determined by the panel), with the respondent bearing the respondent's own expenses for such hearing.

5.3.2 If the applicant, registrant, or certificant (respondent) does not contest the allegations of the complaint, the respondent may still request review by written submissions to the Disciplinary Hearing Panel, a telephone conference with the Disciplinary Hearing Panel, or an in-person hearing (held at a time and place to be determined by the panel), with the applicant, registrant, or certificant bearing the respondent's own expenses for such hearing, concerning the appropriate sanction(s) to be applied in the case.

5.3.3 If the applicant, registrant, or certificant does not submit a written statement contesting the allegations or notify the board of a request for review by written submission, telephone conference or in-person hearing as set forth in this paragraph, then the Disciplinary Hearing Panel shall render a decision based on the evidence available and apply sanctions as it deems appropriate.

5.3.4 If the applicant, registrant, or certificant requests a review, telephone conference, or hearing, the following procedures shall apply:

5.3.4.1 The Ethics Officer shall forward the allegations and any written statement from the applicant, registrant, or certificant to the Disciplinary Hearing Panel, and shall present the allegations and any substantiating evidence, examine and cross-examine witnesses, and otherwise present the matter during any hearing of the Disciplinary Hearing Panel.

5.3.4.2 The Disciplinary Hearing Panel shall then schedule a written review, or telephone or in-person hearing as requested by the applicant, registrant, or certificant, allowing for an adequate

period of time for preparation, and
shall

send by certified mail, return receipt requested, a notice to the applicant, registrant, or certificant and the complainant. The notice shall include a statement of the standards allegedly violated, the procedures to be followed, and the date for submission of materials for written review, or the time and place of any hearing, as determined by the Disciplinary Hearing Panel. The applicant, registrant, or certificant and the complainant may request a change in the date of any hearing for good cause, which shall not unreasonably be denied.

5.3.4.3 The Disciplinary Hearing Panel shall maintain a verbatim audio, video, or written transcript of any telephone or in-person hearing.

5.3.4.4 During any proceeding before the Disciplinary Hearing Panel, all parties may consult with and be represented by counsel at their own expense. At any hearing, all parties or their counsel may make opening statements, present relevant documents or other evidence and relevant testimony, examine and cross-examine witnesses under oath, make closing statements, and present written briefs as scheduled by the Disciplinary Hearing Panel.

5.3.4.5 The Disciplinary Hearing Panel shall determine all evidentiary and procedural matters relating to any hearing or written review. Formal rules of evidence shall not apply. Relevant evidence may be admitted. The chair, subject to the majority vote of the full panel, shall determine disputed questions regarding procedures or the admission of evidence. All decisions shall be made on the record.

5.3.4.6 The burden shall be upon the ATCB to demonstrate a violation by preponderance of the evidence.

5.3.4.7 Whenever there is a reasonable concern that the mental or behavioral abilities of the applicant, registrant, or certificant may be impaired, calling into question the ability to competently, safely and professionally provide art therapy services, the respondent may be required to undergo a mental or behavioral health examination at the respondent's own expense. The report of such an examination shall become part of the evidence considered.

5.3.4.8 The Disciplinary Hearing Panel shall issue a written decision following

any telephone or in-person hearing or written review and any submission of briefs. The decision shall contain findings of fact, a finding as to the truth of the allegations, and any sanctions applied. It shall be mailed by certified mail, return receipt requested, to the applicant, registrant, or certificant and complainant.

5.3.4.9 If the Disciplinary Hearing Panel finds that the allegations have not been proven by a preponderance of the evidence, no further action shall be taken, and the applicant, registrant, or certificant, and the complainant, if any, shall be notified by certified mail.

5.3.4.10 If the Disciplinary Hearing Panel finds that the allegations have been proven by a preponderance of the evidence it shall assess one or more appropriate public sanctions as set forth below:

- (1) deny, refuse to issue, or refuse to renew a registration or certification;
- (2) revoke or suspend a registration or certification;
- (3) probate a suspension of a registration or certification;
- (4) issue a reprimand;
- (5) publish the rule violation and the sanction imposed;
- (6) require mandatory remediation through specific education, treatment, and/or supervision;
- (7) require that the registrant or certificant take appropriate corrective action(s);
- (8) provide referral or notice to governmental bodies of any final determination made by the ATCB; or
- (9) other corrective action.

The Disciplinary Hearing Panel will determine the length of the probation or suspension. If the Disciplinary Hearing Panel probates the suspension of a registration or certification, it may require the registrant or certificant to:

- (1) report regularly to the Ethics Officer on matters that are conditions of the probation;
- (2) limit practice to the areas prescribed by the Disciplinary Hearing Panel; or
- (3) complete additional educational requirements, as required by the Disciplinary Hearing Panel

to address the areas of concern that are the basis of the probation.

(4) provide periodic progress reports from the registrant's or certificant's health care providers.

(5) provide periodic supervision reports from the registrant's or certificant's supervisor.

All public sanctions shall be listed on the ATCB's website and accessible to the general public and/or published in the ATCB's official publication.

5.3.4.11 An individual whose registration or certification is revoked is not eligible to apply for a registration or certification for a minimum of three years after the date of revocation. The ATCB may consider the findings that resulted in revocation and any other relevant facts in determining whether to deny the application if an otherwise complete and sufficient application for a registration, or certification is submitted after three years have elapsed since revocation.

5.3.4.12 A voluntary surrender of a registration or certification accepted by the ATCB in response to a grievance or complaint shall be deemed to be an admission to the alleged violations and may be considered as such by the Disciplinary Hearing Panel in rendering its decision.

5.4 Appeal Procedures

5.4.1 If the decision rendered by the Disciplinary Hearing Panel is not favorable to the applicant, registrant, or certificant (respondent), the respondent may appeal the decision to the ATCB Board of Appeals by submitting to the Executive Director a written appeal statement within thirty (30) days following receipt of the decision of the Disciplinary Hearing Panel. The Disciplinary Hearing Panel shall grant any reasonable requests for extensions.

5.4.2 The Disciplinary Hearing Panel may file a written response to the appeal with the Executive Director.

5.4.3 The Executive Director shall immediately forward any appeal documents to the ATCB Board of Appeals.

5.4.4 The ATCB Board of Appeals by majority vote shall render a decision on the record without further hearing, although written briefs may be submitted on a schedule reasonably determined by the Board of Appeals. On matters on which the ATCB Public Member has initiated a complaint or performed the initial review, the Public Member shall not be part of the ATCB Board of Appeals.

5.4.5 The decision of the ATCB Board of

Appeals shall be rendered in writing following receipt and review of briefs. The decision shall contain findings of fact, findings as to the truth of the allegations, and any sanctions applied and the decision shall be final.

5.4.6 The decision of the ATCB Board of Appeals shall be communicated to the applicant, registrant, or certificant by certified mail, return receipt requested. The complainant, if any, shall be notified of the Board of Appeals' final decision.

5.5 Bias, Prejudice, Impartiality

5.5.1 At all times during the ATCB's handling of any matter, the ATCB shall extend impartial review. If at any time during the ATCB's review of a matter an applicant, registrant, certificant, or any other person identifies a situation where the judgment of a reviewer may be biased or prejudiced or impartiality may be compromised (including employment with a competing organization), such person shall immediately report such matter to the Executive Director or President of the ATCB.

5.5.2 In matters where impartiality may be compromised, the reviewer shall self-recuse.

ETHICAL PRINCIPLES FOR ART THERAPISTS
AMERICAN ART THERAPY ASSOCIATION, Inc.
Effective Date: REVISED Dec, 2013

INTRODUCTION

AMERICAN ART THERAPY ASSOCIATION MISSION STATEMENT

The American Art Therapy Association, Inc., is a not-for-profit, professional and educational organization dedicated to the growth and development of the art therapy profession. Its mission is to advocate for expansion of access to professional art therapists and lead the nation in the advancement of art therapy as a regulated mental health and human services profession.

PREAMBLE

The goals of the *Ethical Principles for Art Therapists* are to safeguard the welfare of the individuals, families, groups and communities with whom art therapists work and to promote the education of members, students, and the public. The principles put forth in this ethics document are intended to address many situations encountered by art therapists. In general, art therapists are guided in their decision-making by core values that affirm basic human rights. These values reflect aspirational ethical principles, which include:

Autonomy: Art therapists respect clients' right to make their own choices regarding life direction, treatment goals, and options. Art therapists assist clients by helping them to make informed choices, which further their life goals and affirm others rights to autonomy, as well.

Nonmaleficence: Art therapists strive to conduct themselves and their practice in such a way as to cause no harm to individuals, families, groups and communities.

Beneficence: Art therapists promote wellbeing by helping individuals, families, groups and communities to improve their circumstances. Art therapists enhance welfare by identifying practices that actively benefit others.

Fidelity: Art therapists accept their role and responsibility to act with integrity towards clients, colleagues and members of their community. Art therapists maintain honesty in their dealings, accuracy in their relationships, faithfulness to their promises and truthfulness in their work.

Justice: Art therapists commit to treating all persons with fairness. Art therapists ensure that clients have equal access to services.

Creativity: Art therapists cultivate imagination for furthering understanding of self, others and the world. Art therapists support creative processes for decision-making and problem solving, as well as, meaning-making and healing.

These *Ethical Principles for Art Therapists* apply to art therapists' professional activities across a wide variety of contexts, such as in person, postal, telephone, and Internet and other electronic transmissions. These activities are distinguished from the private conduct of art therapists, which is not within the purview of this document.

In this ethics document, the term *reasonable* means the prevailing professional judgment of art therapists engaged in similar activities in similar circumstances, given the knowledge the art therapist had or should have had at the time.

The development of a rigorous set of ethical principles for art therapists' work-related behavior requires: a personal commitment and constant effort to act ethically; encouraging ethical behavior by students, supervisees, employees, and colleagues; and consulting with others concerning ethical practice. This ethics document defines and establishes principles of ethical behavior for current and future members of this association and informs credentialing bodies, employers of art therapists, and the general public that the members of the American Art Therapy Association, Inc., are required to adhere to the *Ethical Principles for Art Therapists*. Art therapists are bound to follow all federal, state, and institutional laws and regulations in addition to the *Ethical Principles for Art Therapists*.

ETHICS COMMITTEE STATEMENT OF PURPOSE

The Ethics Committee is the committee charged by the American Art Therapy Association, Inc., to recommend changes to and endorse the *Ethical Principles for Art Therapists*. The Ethics Committee educates the membership of the American Art Therapy Association and the general public, and responds to inquiries regarding issues of ethical practice.

ETHICAL PRINCIPLES FOR ART THERAPISTS

The Board of Directors of the American Art Therapy Association, Inc., hereby promulgates, pursuant to Article XI, Sections 1 and 2 of the Association Bylaws, the *Ethical Principles for Art Therapists*. Members of the Association abide by these principles and by the applicable laws and regulations governing the conduct of art therapists and any additional license or certification that the art therapist holds.

ETHICAL PRINCIPLES FOR ART THERAPISTS
AMERICAN ART THERAPY ASSOCIATION, Inc.

PRINCIPLES

1.0 RESPONSIBILITY TO CLIENTS

Art therapists endeavor to advance the welfare of clients, respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used properly.

1.1 Art therapists respect the rights of clients to make decisions and assist them in understanding the consequences of these decisions.

1.2 In instances when clients lack the capacity to provide informed consent, art therapists protect clients' interests by seeking permission from an appropriate third party. In such instances art therapists seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Art therapists take reasonable steps to enhance such clients' ability to give informed consent consistent with the clients' level of understanding.

1.3 It is the professional responsibility of art therapists to avoid ambiguity in the therapeutic relationship and to maintain clarity about the different therapeutic roles that exist between client and therapist.

1.4 Art therapists refrain from entering into multiple relationships with clients if the multiple relationships could reasonably be expected to impair competence or effectiveness of the art therapist to perform his or her functions as an art therapist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists. Multiple relationships occur when an art therapist is in a professional role with a client and (a) is simultaneously in another role with the same client, (b) is simultaneously in a personal relationship with a client in the professional relationship, and/or (c) promises to enter into another relationship in the future with the client or a person closely associated with or related to the client.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

Art therapists recognize their influential position with respect to clients, and they do not exploit the trust and dependency of clients.

1.5 Art therapists refrain from engaging in an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

1.6 Art therapists refrain from taking on a professional role when (a) personal, professional, legal, financial, or other interests and relationships could reasonably be expected to impair their competence or effectiveness in performing their functions as art therapists, or (b) expose the person or organization with whom the professional relationship exists to harm or exploitation.

1.7 Art therapists seek supervision or consultation when feeling discomfort or encountering personal and client problems about which they have questions or about which they are confused or uncertain regarding their ability to understand and/or adequately cope.

1.8 Art therapists strive to provide a safe, functional environment in which to offer art therapy services.

This includes:

- a. proper ventilation;
- b. adequate lighting;
- c. access to water;
- d. knowledge of hazards or toxicity of art materials, and the effort needed to safeguard the health of clients;
- e. storage space for artwork and secured areas for any hazardous materials;
- f. allowance for privacy and confidentiality;
- g. compliance with any other health and safety requirements according to state and federal agencies that regulate comparable businesses.

1.9 Art therapists make information available to clients regarding ethical principles and guidelines, certification and state licensure requirements for practice, and state and federal privacy legislation so that clients are fully aware of their rights.

2.0 CONFIDENTIALITY

Art therapists protect confidential information obtained from clients, through art work and/or conversation, in the context of the professional relationship while clients are in treatment and post-treatment.

2.1 Art therapists treat clients in an environment that protects privacy and confidentiality.

2.2 Art therapists inform clients of the limitations of confidentiality.

2.3 Art therapists do not disclose confidential information for the purposes of consultation or supervision without clients' explicit consent unless there is reason to believe that those clients or others are in immediate, severe danger to health or life. Any such disclosure must be consistent with laws that pertain to the welfare of clients, their families, and the general public.

2.4 In the event that an art therapist believes it is in the interest of the client to disclose confidential information, he/she seeks and obtains written consent from the client or client's guardian(s) when possible before making any disclosures, unless there is reason to believe that the client or others are in immediate, severe danger to health or life.

2.5 Art therapists disclose confidential information when mandated by law in a civil, criminal, or disciplinary action arising from such art therapy services. In these cases client confidences may be disclosed only as reasonably necessary in the course of that action.

2.6 When the client is a minor any and all disclosure or consent required is obtained from the parent or legal guardian of the minor client except when otherwise mandated by law.

Care is taken to preserve confidentiality with the minor and to refrain from disclosure of information to the parent or guardian that might negatively affect the minor's treatment.

2.7 Art therapists maintain client treatment records for a reasonable amount of time consistent with federal, state, and institutional laws and regulations and sound clinical practice. Records are stored or disposed of in ways that maintain confidentiality.

3.0 ASSESSMENT METHODS

Art therapists develop and use assessment methods to better understand and serve the needs of their clients. They use assessment methods only within the context of a defined professional relationship.

3.1 Art therapists who use standardized assessment instruments are familiar with reliability, validity, standardization, error of measurement, and proper application of assessment methods used.

3.2 Art therapists use only those assessment methods in which they have acquired competence through appropriate training and supervised experience.

3.3 Art therapists who develop assessment instruments based on behavioral science research methods follow standard instrument development procedures. They specify in writing the training, education, and experience levels needed to use such instruments.

3.4 Art therapists obtain informed consent from clients regarding the nature and purpose of assessment methods to be used. When clients have difficulty understanding the language or procedural directives, art therapists arrange for a qualified interpreter.

3.5 In selecting assessment methods and reporting results, art therapists consider any factors that may influence outcomes, such as culture, race, gender, sexual orientation, age, religion, education, and disability. They take reasonable steps to ensure that others do not misuse the results of their assessments.

3.6 Art therapists take reasonable steps to ensure that all assessment artwork and related data are kept confidential according to the policies and procedures of the professional setting in which these assessments are administered.

4.0 CLIENT ARTWORK

Art therapists regard client artwork as a form of protected information and the property of the client. In some practice settings client artwork, or representations of artworks, may be considered a part of the clinical record retained by the therapist and/or agency for a reasonable amount of time consistent with state regulations and sound clinical practice.

4.1 Client artwork may be released to the client during the course of therapy and upon its termination, in accordance with therapeutic objectives and therapeutic benefit.

4.1.a The client is notified in instances when the art therapist and/or the clinical agency retain copies, photographic reproductions or digital images of the artwork in the client file as part of the clinical record.

4.1.b If termination occurs as a result of the death of the client, the original artwork is released to relatives if (a) the client signed a consent specifying to whom and under what circumstances the artwork should be released; (b) the client is a minor or under guardianship and the art therapist determines that the child's artwork does not violate the confidentiality the child entrusted to the art therapist; (c) the art therapist received and documented clear verbal indications from the client that the client wanted part or all of the artwork released to family members; or (d) mandated by a court of law.

4.2 Art therapists obtain written informed consent from clients or, when applicable, legal guardians, in order to keep client artwork, copies, slides, or photographs of artwork, for educational, research, or assessment purposes.

4.3 Art therapists do not make or permit any public use or reproduction of client art therapy sessions, including dialogue and artwork, without written consent of the clients.

4.4 Art therapists obtain written informed consent from clients or legal guardians (if applicable) before photographing clients' artwork or video-taping, audio recording, otherwise duplicating, or permitting third party observation of art therapy sessions.

4.5 Art therapists obtain written, informed consent from clients or legal guardians (if applicable) before using clinical materials and client artwork in any teaching, writing, and public presentations. Reasonable steps are taken to protect client identity and to disguise any part of the artwork or videotape that reveals client identity.

4.6 Art therapists disclose client artwork to third parties, members of interdisciplinary teams and supervisors with the consent of the client or legal guardians (if applicable).

4.7 Art therapists explain how client artwork will be stored while the client is receiving art therapy services and the duration of retention for the actual artwork, photographs or digital images.

5.0 EXHIBITION OF CLIENT ARTWORK

Exhibiting artwork created in art therapy provides an opportunity for clients to show their artwork to the general public or those in their agencies who would not normally see their artwork. Art therapists affirm that the artwork belongs to the clients, and an exhibition of client artwork has the potential to inform the public and empower the clients, while decreasing stigma and preconceptions. In preparation for an exhibition of client artwork, art therapists and clients or legal guardians (if applicable) weigh the benefits of exhibiting against the potential unintended consequences for the clients.

5.1 Art therapists engage clients who wish to exhibit their artwork in a thoughtful and intentional conversation regarding the rationales, benefits, and consequences of exhibiting artwork created in art therapy.

5.2 Art therapists ensure proper safeguards in exhibition to ensure that clients and their imagery are not exploited, misrepresented, or otherwise used in ways that are not approved by the clients.

5.3 In selecting artwork for exhibition, art therapists help clients make decisions based on several factors, including reason(s) for the display of the artwork, the therapeutic value of the artwork to the clients, the degree of self-disclosure, and the ability to tolerate audience reactions.

5.4 Art therapists discuss the merits and detriments of including artwork created outside of the art therapy session in the exhibition with clients or legal guardians (if applicable).

5.5 Art therapists discuss with clients or legal guardians (if applicable) the importance of confidentiality (e.g., personal history, diagnosis, and other clinical information) and anonymity (e.g., name, gender, age, culture) with regard to the display of clients' artwork. Art therapists respect the rights of clients who wish to be named in exhibits.

5.6 Art therapists obtain written informed consent from clients or, when applicable, parents or legal guardians, in order to exhibit client artwork. Art therapists discuss with clients, parents or legal guardians how the exhibition will be described and advertised to the public and viewing audience to ensure their consent in being associated with the exhibition.

5.7 In the event that exhibited artwork is for sale, the art therapist and client discuss the potential therapeutic impact before a sale of artwork is initiated. Art therapists ensure that clients and responsible parties (if applicable) are aware of and agreeable to how profits are used and who will specifically benefit from them (e.g., clients, agency[ies], social cause[s]).

5.8 Art therapists clearly state where and when exhibitions will take place to ensure that clients understand the range of possible audience members and degree of public exposure.

5.9 With regard to on-line exhibitions, art therapists make clients aware of the widespread availability of images, and therefore the enlarged viewing audience, as well as the potential for their images to be downloaded, forwarded or copied by on-line viewers.

6.0 PROFESSIONAL COMPETENCE AND INTEGRITY

Art therapists maintain high standards of professional competence and integrity.

6.1 Art therapists keep informed of developments in their field through educational activities and clinical experiences.

6.2 Art therapists refrain from using art materials, creative processes, equipment, technology or therapy practices that are beyond their scope of practice, experience, training, and education. Art therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling to provide professional help, or where the problem or treatment indicated is beyond the scope of practice of the art therapist.

6.3 Art therapists diagnose, treat, or advise on problems only in those cases in which they are competent, as determined by their education, training, and experience.

6.4 Art therapists cooperate with other professionals, when indicated and professionally appropriate, in order to serve their clients effectively.

6.5 Art therapists, because of their potential to influence and alter the lives of others, exercise reasonable care when making public their professional recommendations and opinions through testimony or other public statements.

6.6 Art therapists do not engage in any relationships with clients, students, interns, trainees, supervisees, employees, research participants, or colleagues that are exploitative by their nature.

6.7 Art therapists accurately represent research findings to avoid distortion or misuse.

6.8 Art therapists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact.

7.0 MULTICULTURAL AND DIVERSITY COMPETENCE

Multicultural and Diversity Competence in art therapy refers to the capacity of art therapists to continually acquire cultural and diversity awareness of and knowledge about cultural diversity with regard to self and others, and to successfully apply these skills in practice with clients. Art therapists maintain multicultural and diversity competence to provide treatment interventions and strategies that include awareness of and responsiveness to cultural issues.

7.1 Art therapists do not discriminate against or refuse professional service to anyone on the basis of age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

7.2 Art therapists take reasonable steps to ensure that they are sensitive to differences that exist among cultures. They strive in their attempts to learn about the belief systems of people in any given cultural group in order to provide culturally relevant interventions and treatment.

7.3 Art therapists are aware of their own values and beliefs and how these may affect cross-cultural therapy interventions.

7.4 Art therapists obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, gender,

gender identity, sexual orientation, class, age, marital status, political belief, religion, and mental or physical disability.

7.5 Art therapists acquire knowledge and information about the specific cultural group(s) with which they are working and the strengths inherent in those cultural groups. They are sensitive to individual differences that exist within cultural groups and understand that individuals may have varying responses to group norms.

7.6 When working with people from cultures different from their own, art therapists engage in culturally sensitive supervision or education, seek assistance from members of that culture, and make referrals to professionals who are knowledgeable about the cultures when it is in the best interest of the clients to do so.

7.7 Art therapists are guided by the American Art Therapy Association's Art Therapy Multicultural and Diversity Competencies.

8.0 RESPONSIBILITY TO ART THERAPY STUDENTS AND SUPERVISEES

Art therapists instruct students interested in learning about art therapy and art therapy supervisees by using accurate, current, and scholarly information to foster professional growth.

8.1 Art therapists as teachers, supervisors, and researchers maintain high standards of scholarship and present accurate information.

8.2 Art therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Art therapists, therefore, do not engage in a therapeutic relationship with their students or supervisees.

8.3 Art therapists take reasonable steps to ensure that students, employees, or supervisees do not perform or present themselves as competent to perform professional services beyond their education, training, and level of experience.

8.4 Art therapists who act, as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.

8.5 Art therapists do not require students or supervisees to disclose personal information in course or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, spouses, or significant others, except when (a) the program or training facility has clearly identified this requirement in its admissions and program materials, or (b) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training or professional related activities in a competent manner or whose personal problems could reasonably be judged to pose a threat to the students, their clients, or others.

8.6 When providing training and/or supervision to non-art therapists, art therapists take precautions to ensure that trainees understand the nature, objectives, expectations, limitations and resulting qualifications of the supervision and/or training as distinct from formal studies in art therapy.

9.0 RESPONSIBILITY TO RESEARCH PARTICIPANTS

Art therapy researchers respect the dignity and protect the welfare of participants in research.

9.1 Researchers are guided by laws, regulations, and professional standards governing the conduct of research. When institutional review and approval is required for the conduct of research with human subjects, art therapists provide accurate information about their proposed research, obtain approval from the relevant institutional review board (or equivalent) prior to initiating research activities, and adhere to the institutionally-approved protocol at every stage of the research.

9.2 To the extent that research participants may be compromised by participation in research, art therapist researchers seek the ethical advice of qualified professionals not directly involved in their investigations and observe safeguards to protect the rights of research participants.

9.3 Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers take all reasonable steps necessary to ensure that full and informed consent has been obtained from all participants. Particular attention is paid to the informed consent process with research participants who are also receiving clinical services, have limited understanding and/or communication, or are minors.

9.4 Researchers respect participants' freedom to decline participation in, or to withdraw from, a research study at any time with no negative consequences to their treatment.

9.5 Information obtained about research participants during the course of an investigation is confidential unless there is authorization previously obtained in writing. When there is a risk that others, including family members, may obtain access to such information, this risk, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

9.6 Artwork created by research participants as a part of a research study belongs to the research participants, unless otherwise specified through the research study informed consent document.

9.7 Art therapy researchers fulfill federal, state and institutional laws and regulations that pertain to the duration and location of retaining raw data. Original artwork and/or digital photographs of participant artwork are de-identified and securely stored. Audio or video recordings are stored according to compliant procedures in a password-protected electronic folder. Any artwork and/or photographs of artwork may be saved indefinitely

for potential use in future research, presentations, publications and related educational forums, as specified in the informed consent document.

10. RESPONSIBILITY TO THE PROFESSION

Art therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of art therapy.

10.1 Art therapists adhere to the ethical principles of the profession when acting as members or employees of organizations.

10.2 Art therapists attribute publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

10.3 Art therapists who author books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.

10.4 Art therapists who author books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

10.5 Art therapists value participation in activities that contribute to a better community and society.

10.6 Art therapists recognize the importance of developing laws and regulations pertaining to the field of art therapy that serve the public interest, and with changing such laws and regulations that are not in the public interest.

10.7 Art therapists cooperate with the Ethics Committee of the American Art Therapy Association, Inc., and truthfully represent and disclose facts to the Ethics Committee when requested.

10.8 Art therapists take reasonable steps to prevent distortion, misuse, or suppression of art therapy findings by any institution or agency of which they are employees.

11.0 FINANCIAL ARRANGEMENTS

Art therapists make financial arrangement with clients, third party payers, and supervisees that are understandable and conform to accepted professional practices.

11.1 When art therapists work in conjunction with other professionals (other than in an employer/employee relationship), the payment to each is based on the services provided and not based on who generated the referral.

11.2 Art therapists do not financially exploit their clients.

11.3 Art therapists disclose their fees at the beginning of therapy and give reasonable notice of any change in fees.

11.4 Art therapists represent facts truthfully to clients, third-party payers, and supervisees regarding services rendered and the charges for services.

11.5 Art therapists may barter only if it is (a) not clinically contraindicated, (b) not exploitative to the client, and (c) an acceptable community standard or practice where the client and art therapist reside. Bartering is an agreement entered by the client and the art therapist to exchange art therapy services for a type of non-monetary remuneration by the client, such as goods or services.

11.6 Art therapists aspire to offer equal access to art therapy services to those clients who are unable to pay full fee, and where possible, offer a sliding fee scale to accommodate such need.

12.0 ADVERTISING

Art therapists engage in appropriate publicity regarding professional activities in order to enable clients to choose professional services on an informed basis.

12.1 Art therapists accurately represent their professional competence, education, training, and experience.

12.2 Art therapists do not use a name that is likely to mislead the public concerning the identity, responsibility, source, and status of those with whom they are practicing, and do not represent themselves as being partners or associates of a firm if they are not.

12.3 Art therapists do not use any professional identification that includes a statement or claim that is false, fraudulent, misleading, or deceptive. Art therapists accurately represent their education and credential qualifications. Art therapists avoid titles or abbreviations, which may be misleading or imply a credential that they have not obtained.

12.4 Art therapists correct, whenever reasonable, false, misleading, or inaccurate information and representations made by others concerning the therapists' qualifications, services, or products.

12.5 Art therapists make certain that the qualifications of persons whom they employ are represented in a manner that is not false, misleading, or deceptive.

12.6 Art therapists may represent themselves as specializing within a limited area of art therapy only if they have the appropriate education, training, and experience to practice in that specialty area.

12.7 Members in good standing of the American Art Therapy Association may identify such membership in public information or advertising materials as long as they clearly and accurately represent the membership category to which they belong.

12.8 Art therapists use the ATR® and/or ATR-BC® designation only when they have been officially notified in writing by the Art Therapy Credentials Board, Inc., that they have successfully completed all applicable registration and certification procedures.

12.9 Art therapists refrain from using the “AATA” initials following their name as if it were an academic degree or the “AATA” initials or logo for any purpose without receiving written permission from the Association.

12.10 Art therapists using photos or videos of clients, their artwork and/or endorsements for any advertising purposes obtain explicit consent from clients for doing so. Such consent includes whether and how the client wants to be identified.

13.0 INDEPENDENT PRACTITIONER

An independent art therapy practitioner is someone who is responsible for the delivery of services to clients when clients pay the art therapist directly or through third-party payment sources for art therapy services rendered. Independent practitioners of art therapy must conform to state laws and regulations that pertain to the provision of independent mental health practice and to applicable art therapy credentialing and certification requirements. Independent practitioners of art therapy confine their practice within the limits of their training. Art therapists who are independent practitioners neither claim nor imply professional qualifications exceeding those actually earned and received. They are responsible for correcting any misrepresentation of these qualifications.

14.0 INITIAL AND ENDING PHASES IN ART THERAPY

Art therapists take care to orient clients to the nature of art therapy services and respectfully end art therapy services when appropriate.

14.1 Art therapists, upon acceptance of clients, provide informed consent that includes, but is not limited to: client rights, confidentiality and its restrictions, duty to report, roles of both client and art therapist, expectations and limitations of the art therapy process, fee structure, payment schedule, session scheduling arrangements, emergency procedures, complaint and grievance procedures and how client artwork will be documented and stored.

14.2 During the initial phase, art therapists and clients design treatment plans, goals, and objectives to assist the clients in attaining maintenance of maximum level of functioning and quality of life.

14.3 Either the art therapist or the client may initiate termination. Art therapists and clients terminate art therapy services by attending to appropriate termination indications when it becomes reasonably clear that the client has attained stated goals and objectives, is not likely to continue services, is not likely to benefit, or is being harmed by continuing the service.

14.4 Art therapists communicate the termination of art therapy services to clients by engaging and involving the clients appropriately in the termination process.

14.5 Art therapists ensure, to the extent that it is possible, a termination process of sufficient duration so as to promote a smooth transition for the clients to another mental health practitioner or to independent functioning.

14.6 Art therapists remain especially attentive to clients' behaviors when any danger of client regression or negative reaction to termination exists. Art therapists work to avert or assist in the management of such negative outcomes, to the extent possible, by use of appropriate therapeutic interventions and by taking steps to ensure continuity of care when appropriate.

15.0 PROFESSIONAL USE OF THE INTERNET, SOCIAL NETWORKING SITES AND OTHER ELECTRONIC OR DIGITAL TECHNOLOGY

Electronic technology includes, but is not limited to, computer hardware and software, fax machines, telephones, videos, and audio and video recording devices. It is possible that those for whom the communication is not intended can access communications through some of these devices. Therefore art therapists take steps to ensure the confidentiality of communication, including therapy or supervision sessions conducted at a distance.

15.1 Art therapists understand that personal and professional information on social networking sites, discussion groups, blogs, websites, and other electronic media may be readily available to the public. As such, it is advisable for art therapists to take precautions to protect information they do not want to be available to clients.

15.2 Before undertaking technology-assisted professional activities, art therapists make certain that the particular use of technology for treatment, consultation, or supervision is congruent with any relevant laws. Art therapists seek technical assistance when needed so that they are sufficiently knowledgeable and proficient in available technology to best meet their professional needs and the needs of their clients, supervisees, or students.

15.3 Art therapists should discuss with clients who are interested in digital electronic-assisted art therapy the benefits and limitations of such services, and also determine that the particular clients possess the necessary cognitive abilities to make the best use of this form of treatment.

15.4 Art therapists provide for communication that is accessible to persons with disabilities. In cases in which electronic communication is the most accessible, art therapists take steps to incorporate this type of communication and to use it in a manner that is as secure and confidential as possible.

Art therapists inform clients and supervisees of the limitations of confidentiality specific to electronic communication as well as other limits of confidentiality pertaining to the use of technology in art therapy services and supervision. Art therapists discuss the limitations of encryption, the permanent nature of posted messages on the Internet, and the public access to information or artwork that is posted digitally on electronic media sites and interfaces.

15.6 If encryption is not possible, art therapists notify clients of this fact and limit messages to general communications.

16.0 CONDUCTING ART THERAPY BY ELECTRONIC MEANS

Art therapy by electronic means is a continuously evolving application of art therapy. As such, it presents opportunities for service, as well as ethical dilemmas. Art therapists consider the ethical ramifications of providing art therapy services via the Internet, telephone, or other electronic means.

16.1 Art therapists who offer services or information via electronic transmission inform clients of the risks to privacy and the limits of confidentiality. Art therapists discuss the merits and detriments of recording or documenting the sessions.

16.2 Art therapists obtain informed consent from clients or legal guardians (if applicable) that describes the type of technology to be used when providing art therapy services by electronic means.

16.3 Art therapists take reasonable steps to ensure that any art therapy services provided through electronic means are in accordance with applicable laws, regulations, and the licensing requirements of the states in which they and their clients reside.

16.4 When providing art therapy services by electronic means, art therapists take reasonable precautions to determine the true identity of the clients.

17.0 ABIDING BY THE ETHICAL PRINCIPLES FOR ART THERAPISTS

By accepting membership in the American Art Therapy Association, Inc. (AATA), art therapists agree to abide by the Association's Ethical Principles for Art Therapists. It is the responsibility of each member to act in accordance with these principles and to comply with all applicable laws, regulations, and licensing requirements that govern the practice of therapy in each member's state. These principles are written to provide a basis for education and a foundation for ethical practice.

17.1 The American Art Therapy Association Bylaws, Article XI, Section 11.2, authorizes the Ethics Committee to be a standing committee of the Association. The committee educates the membership and the general public as to the *Ethical Principles for Art Therapists* and has the responsibility to recommend, make changes to, and implement these principles as adopted by the Board of Directors of the Association and as they may be amended from time to time.

17.2 Art therapists who have had their professional credentials revoked by the Art Therapy Credentials Board as a result of an ethics violation shall have their American Art Therapy Association membership terminated.

18.0 INQUIRIES AND COMPLAINTS

Conflicts and disagreements are inherent in human interactions. Situations may occur in which one or more individuals believe that one or more members of the Association may have violated the *Ethical Principles for Art Therapists*. The Ethics Committee can address any inquiries that fall within its scope of responsibility as stated in the Bylaws of the Association. Complaints of unethical conduct are beyond the scope of the Ethics Committee and will be addressed to the relevant credentialing or licensure bodies, which govern the art therapist in question. Inquiries to the Ethics Committee can be submitted to the Ethics Committee Chairperson by emailing: ethicschair@arttherapy.org