



## Conceptualizing international art therapy education standards<sup>☆</sup>

Jordan S. Potash, PhD, ATR-BC, LCAT<sup>a,b,\*</sup>, Heidi Bardot, MA, ATR-BC<sup>b,1</sup>, Rainbow T.H. Ho, PhD, DMT-BC<sup>a,c</sup>

<sup>a</sup> Centre on Behavioral Health, University of Hong Kong, Hong Kong

<sup>b</sup> Graduate Art Therapy Program, The George Washington University, Washington, DC, United States

<sup>c</sup> Department of Social Work and Social Administration, University of Hong Kong, Hong Kong

### ARTICLE INFO

#### Keywords:

Art therapy  
Education  
Standards  
International  
Globalization

### ABSTRACT

Art therapy programs developing around the world need an educational framework to ensure that graduates have a knowledge base and set of skills consistent with peers in other countries. Currently there are many independent education standards offered by art therapy associations in the United Kingdom, United States, Canada, Australia and New Zealand, as well as two international associations. Synthesizing these requirements reveals 12 content areas that may constitute the core of art therapy education. Even within these standards, programs developing around the world need to consider local values related to health, art, therapy and education in order to establish globally relevant and locally meaningful art therapy training programs—Hong Kong and India are offered as examples of how to adapt education standards to cultural expectations.

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Art therapy education has taken on different forms throughout history and in various parts of the world. Early art therapist pioneers in the 1960s such as Adrian Hill, Edith Kramer, and many other artists, therapists, and art teachers discovered through experience the benefit of offering art materials to those in need of emotional healing and psychological growth (Hogan, 2001; Rubin, 1999). They were self taught, bringing together their previous experiences and skill sets for a new purpose. As others learned of their work, they began offering trainings where professionals would gather to discuss this new way of combining the arts and therapy. As art therapy evolved from a discovery to a profession, the training became more standardized. To ensure that those who call themselves art therapists had a common foundation, workshops became formal programs often hosted at universities and accredited by national organizations.

This progression that has been documented in the United Kingdom and the United States has also been noticed throughout the world. In Thailand, for example, Somjit Kraisiri has been working

with mentally ill and mentally challenged individuals for over 20 years and calls herself an art therapist. She has no formal training in art therapy nor has she read any art therapy books. Reflecting on her art practice, Kraisiri discovered ways of working and in the process developed theories that resonate with those of Hill and Kramer. For some with excellent intuitive skills to enhance the healing aspects of art and with no access to training there are no other options. However, she now trains others to work alongside her.

Even though there are independent examples of individuals using art for therapy and healing around the globe, interconnectivity and globalization demand that we carefully examine our terminology. Training programs around the world have a common need to respond to the challenge of how to provide knowledge in a way that is accessible, adheres to professional standards, and promotes the field. Given that there is a profession called art therapy, practitioners need to be sensitive to what it means to call themselves art therapists or to call their practice art therapy. At this point in history, when the term art therapy is used, it is branded with an expectation of a certain educational background, theoretical paradigm, and ethical stance. For that reason, formal trainings and education standards are more than a way to consolidate knowledge and ensure its appropriate distribution; it is a way to mark oneself as a profession.

We were prompted to write this article when trying to conceptualize what format art therapy education should take in Hong Kong and India. In the United States, United Kingdom, Canada, Australia and New Zealand, educators can rely on the educational standards set by their national professional associations. In this process we asked ourselves many questions that perhaps others struggle with,

<sup>☆</sup> This article is based on a paper presented by Potash at the 2011 Conference of the American Art Therapy Association in Washington DC under the title "Building a Sustainable Art Therapy Program in Hong Kong".

\* Corresponding author. Present address: Centre on Behavioral Health, 2/F Hong Kong Jockey Club Building for Interdisciplinary Research, 5 Sassoon Road, Pokfulam, Hong Kong. Tel.: +852 2831 5158; fax: +852 2816 6710.

E-mail address: [jordan@jordanpotash.com](mailto:jordan@jordanpotash.com) (J.S. Potash).

<sup>1</sup> Present address: Graduate Art Therapy Program, The George Washington University, 1925 Ballenger Avenue, Suite 250, Alexandria, VA 22314, United States. Tel.: +1 703 299 4148.

as well. In parts of the world where there are no national associations or the ones that exist have not developed such standards, what course topics should be offered? Should we be beholden to standards set by associations beyond our borders? How do we integrate local cultural values?

A challenge to the global education of art therapists is to define standards to determine minimally expected content areas of knowledge. In addition to the standards, there is a need to create a curriculum that functions within these standards, but that is culturally applicable and relevant. In this paper, we define what seems to be an educational standard in art therapy and our recommendations for how to ensure its adoption in a manner that is culturally relevant. To illustrate our ideas, we offer case examples in Hong Kong and India.

### Standards for art therapy education

Perhaps a necessary starting place is to identify the necessity of an art therapy education standard. Lusebrink (1989) condensed the essential components of art therapy education into “(a) the methods and skills of counseling and psychotherapy, and (b) the applications of the creative arts in the different aspects of therapy” (p. 6). Within this broad conceptualization, Levick (1989) was concerned how the lack of a standardized approach to art therapy education would produce graduates with an inconsistent “sound basis” of what it means to be an art therapist (p. 59). This inconsistency can be problematic within a profession, as professionals may not be able to assume that others by the same name have the same knowledge, but it may also impact the perception of a field. In researching such perceptions of art therapy in Korea, Park and Hong (2010) found that the profession could gain more credibility if, among other factors, it had a unified curriculum.

#### *Review of current educational standards*

Currently, there are four art therapy organizations—British Association of Art Therapists (BAAT), American Art Therapy Association (AATA), Canadian Art Therapy Association (CATA) and Australia/New Zealand Arts Therapy Association (ANZATA)—that provide either accreditation or recommendations for what should be included in an art therapy training program. Graduates from programs that follow these standards are guaranteed to meet the educational requirements for registration as art therapists in these countries. Additionally, the International Expressive Arts Therapy Association (IEATA) and European Consortium for Arts Therapies Education (ECArTE) also detail educational standards that are more generally applicable than only visual art therapy. These two associations do not accredit programs. The commonalities among these standards provide some guidance for what constitutes the core of art therapy education. The results are summarized in Table 1.

The reviewed standards place a great deal of importance in combining theoretical, experiential (class activities) and practical (internships) learning in art therapy. There is a strong emphasis on ensuring that students learn art therapy specific skills, while also gaining training in the more general areas of psychotherapy and counseling. On this point, AATA (2007), CATA (2009) and IEATA (2008–2011) specifically make distinctions between courses that are central to art therapy and those that are more generally related to mental health. These associations therefore allow non-art therapists to teach these courses. While there seems to be general consensus on what constitutes areas related to general mental health, ANZATA (2009) does not specify coursework in human development or psychopathology, but these two areas are implied in the description of “Applied Clinical Theory.” Although most of the standards stipulate studio art requirements within the

educational curriculum, BAAT (2009) does not. However, students seeking art therapy education in the United Kingdom are expected to have a strong arts foundation prior to entering the program, which is similar to required prerequisites as specified by other associations.

Most of the standards mandate that programs should be part of a postgraduate training in order to qualify as an art therapist (or a Registered Expressive Arts Therapist in the case of IEATA, which accepts a masters in art therapy in combination with additional training to meet its educational requirements). BAAT and ANZATA require masters degrees, whereas CATA allows for both masters degrees and post-graduate diplomas, although the expected curriculum content and program duration are the same. As of current the two degrees are seen as equals; however, some employers and regulatory bodies display a preference for a masters degree (Esther Zeller, personal communication, 19 July 2011). AATA and IEATA allow for a post-masters training option to qualify as an art therapist for those students who already have a masters degree in a related field (such as counseling, social work, psychology, and in some cases special education or fine arts in the case of IEATA). For AATA the training must be part of a degree program, whereas for IEATA it can be a series of courses and workshops. In the case of AATA, the guidelines are also structured to ensure that students meet the minimum qualification to be an art therapist, but also possibly obtain licensure in a related health profession, such as counseling or marriage and family therapy. ECArTE (n.d.) allows for either postgraduate or a 4-year undergraduate program as the terminal degree.

There are some differences that are interesting to note. Of all the associations, AATA has the most specific guidelines on course content and also the broadest range of applications (including areas such as family therapy and career counseling). It also includes the greatest number of course requirements. While BAAT has educational standards, the art therapy training programs in the United Kingdom are regulated by the Health Professions Council (HPC) (2009), which is a regulatory body responsible for registering a number of professions including physical therapists, occupational therapists, psychologists, speech therapists, and others. As a result, BAAT provides suggested course content, although since they do not accredit programs, they are only recommendations (Val Huet, personal communication, 2 September 2010). Of the four national associations, ANZATA is the only one to recognize the range of creative and expressive art forms.

#### *Specific educational foci*

In addition to the specified standards, there are three areas in particular that have been the focus of art therapy educators which deserve to be addressed. The first one relates to professional identity. All of the standards place importance on ensuring a strong professional identity as an art therapist through mandating coursework on history and specifying who is qualified to teach. To this end, BAAT, CATA and ECArTE stipulate standards to ensure that graduates receive degrees which identify them as art (or arts) therapists, as opposed to another mental health profession with a specialization in art therapy. In the United Kingdom in particular, the HPC includes a provision on professional identity.

For AATA and IEATA, the matter of professional identity is more complex. Under these guidelines, art therapists may have to navigate the boundaries of several professional identities. Given both AATA's and IEATA's allowance of degrees that do not specifically reference art therapy and also to post-masters training, some practitioners may either view their art therapy as a modality or as only part of their identity that has to be reconciled with another one (Dulicai, Hays, & Nolan, 1989; Lachman-Chapin, 2000).

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