

Prototype: The Globalized Future of Art Therapy Credentialing

Janice Hoshino, PhD, ATR-BC, ATCS, Chair, International Credentialing Committee

In recent years, the globalization of goods, services, labor, capital, and knowledge has increased rapidly. The drive behind globalization is to establish and promote economic and social linkages and connections. This concept applies to the field of mental health as well and calls for two areas of

action: collecting information for practice in a globalized context and responding institutionally to facilitate the exchange of mental health counseling services.

Art therapy, due to its uniqueness, segues effortlessly within a global context. Since art transcends language, the historical use of art in healing and ritual connects our ancestors and communities. More recently, art therapy, like other counseling professions, has also gained momentum globally. As an educator, I'm excited to witness the remarkable art therapy work my students have

done with marginalized populations in Peru, Nicaragua, India, Nepal, and Guatemala, to name a few. Additionally, several students have connected with other art therapy programs and joined with their international work, in furthering global efforts in art therapy.

While ATCB credentialed art therapists are already making efforts as individuals to connect internationally, we must also recognize the need for the ATCB itself to reach out to the global community. Art therapy has already found a home within many countries. Much of the work is not necessarily visible, yet the work continues, often without

the privilege of a professional organization outlining detailed standards of practice. As such, the Art Therapy Credentials Board is thinking on a global scale. Several international art therapy organizations have approached the ATCB and suggested the development of an international credentialing

relationship. Indeed, art therapists have perceived the need for global connection that recognizes and embraces the uniqueness of individualized countries' credentials. For example, in 2002, art therapist Bobbi Stoll, ATR, HLM, founder of the International Networking Committee, wrote to the ATCB, urging for a venue to consider an international credential.

The need to address international inquiries has not diminished. In an effort to be responsive and develop a more expansive lens, the ATCB recently established the International Credentialing Committee (ICC). The

committee is charged with working with interested countries to develop a framework for competent and ethical practice of art therapy. Dr. Tom Clawson, President and CEO of the National Board for Certified Counselors (NBCC), has generously consulted with the ICC, offering his expertise in globalizing professional counseling. The committee members include myself, Dr. Deborah Good, ATR-BC as assistant Chair, (continued on page 10)



Every choice we make sends out ripples.

Frances Moore Lappé



The
ATR-BC is
NCCA-
accredited!
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ATCB Review

Contact the Art Therapy Credentials Board by mail: 3 Terrace Way, Greensboro, NC 27403; by phone at 877-213-2822; by fax at 336-482-2852; by e-mail at atcb@nbcc.org; or internet www.atcb.org.

ATCB Review is published three times annually. Submission deadline for publication is January 15 for the Spring issue, April 15 for the Summer issue, and September 15 for the Fall issue. Information should be sent to atcb@nbcc.org.

MISSION

The mission of the Art Therapy Credentials Board is to protect the public by promoting the competent and ethical practice of art therapy through the credentialing of art therapy professionals.

A Message from the ATCB President



Penelope Orr
ATCB President

Welcome to the spring 2012 edition of the *ATCB Review*! As we begin 2012 we would like to thank the 4,815 art therapy professionals who have met the requirements for credentialing through ATCB. At this time, 2,314 are credentialed as ATRs and 2501 hold the ATR-BC. Of those, 34 ATR-BCs also hold the ATCS.

The ATCB is sad to say goodbye to two people who have contributed greatly to our work over the past six years. We would like to give a heartfelt thank you

to Past President Deborah Good and Past Secretary Bill More for their tireless work, particularly on our application to the National Commission for Certifying Agencies (NCCA) for accreditation of the ATR-BC. We have heard from the NCCA, and the ATR-BC is accredited! Please see Bill More's article on page 5.

We also would like to welcome our two new ATCB Board of Directors members, Barbara Mescher and Carolyn Brown Treadon. They bring diverse interests, talents and expertise to the ATCB. We welcome them and want to thank our continuing board members for their tireless work and continued dedication to the projects and committees they oversee.

The new 2012 ATCB Board of Directors are diligently working in their areas of interest and expertise. We are very fortunate to have an incredibly well-balanced, talented group of Board members engaged in the various ATCB projects. Many of our current projects are included in reports in this newsletter to keep you updated on how the Board is working to enhance your art therapy credentials.

The Art Therapy Credentials Board (ATCB) mission statement was recently updated and the new mission became effective January 1, 2012. The former mission statement was: "to protect the public by promoting the competent and ethical practice of art therapy." The new mission statement clarifies that we protect the public through credentialing, stating that we "protect the public by promoting the competent and ethical practice of art therapy through the credentialing of art therapy professionals."

In this Spring issue you will find information on changes to recertification standards, an NCCA accreditation update, a wonderful credential holder profile, and an article about our international efforts.

Don't forget that the deadline for re- (continued on page 9)

ATCB WELCOMES

The ATCB Board of Directors is pleased to announce two new appointments to the Board of Directors: Barbara Mescher and Carolyn Brown Treadon. Both joined the ATCB Board on January 1, 2012.



*Barbara Mescher
Director*

Barbara Mescher lives in Los Angeles, California. She holds a Master's Degree in Art Therapy from Loyola Marymount University in Los Angeles. She received her BA in psychology from Creighton University in Omaha, Nebraska, where she is from originally. She has been a Registered Art

Therapist since 1989, and is also Board Certified. Most recently, she earned the ATCS (Art Therapy Credentialed Supervisor). Barbara has been licensed in California since 1991 as a Marriage and Family Therapist. She is a past president of the Southern California Art Therapy Association. She is an Assistant Clinical Director at the Help Group Child and Family Center in Culver City, where she also supervises MFT Interns and ASW Associates working toward state licensure as well as other licensed clinicians. Barbara is on the faculty of Loyola Marymount University and supervises first and second year art therapy /MFT students. Her professional experience includes work as an art therapist on the psychiatric units of full service hospitals with adults, patients with eating disorders, as well as children and adolescents. She has worked with women at domestic violence shelters and with adolescents in residential treatment, and at a drop in shelter in Hollywood. She has also maintained a private practice.


Barbara is dedicated to the growth of the profession of art therapy and strongly believes in ongoing supervision and the art therapy credential for supervisors. She chose to become involved with the Art Therapy Credentials Board because of her

long-term interest in promoting the profession of art therapy, protecting clients, and educating the public through professional regulation and credentialing.



*Carolyn Brown Treadon
Director*

Carolyn Brown Treadon is a Visiting Assistant Professor at Florida State University in the art therapy program and is teaching as an adjunct for Thomas University. Additionally, Carolyn provides ATR supervision.

Carolyn received her PhD in art therapy from Florida State University in 2005 after receiving her Master's in Expressive Therapy from the University of Louisville and Bachelor's of Psychology and Fine Arts from Ohio University. Shortly after receiving her ATR in 2001, she became Board Certified. She was licensed in Florida as a Mental Health Counselor in 2002 (currently inactive) and was trained as an Infant Mental Health Specialist in 2004. Before moving into higher education, Carolyn worked in Community Mental Health for over 12 years where she specialized in working with children and families who were experiencing difficulties due to behavioral, mental health and physical/sexual abuse issues. She was the clinical director for an outpatient program and provided supervision to students and professionals. 



2012 DEADLINES

March 30 If you are an ATR-BC who is due to recertify in 2012, you should receive your recertification notice by March 30, 2012, via postal mail. Please contact the ATCB National Office if your renewal notice has not arrived by this date. If you are not sure whether you are due to recertify this year, please refer to the expiration date on your ATR-BC certificate or contact the ATCB National Office.

May 10 Early Application Deadline for BC. If you are an ATR and plan to take the ATCBE for Board Certification, you can save \$25 by submitting your application before this date. The application is available on our Web site or by contacting the ATCB National Office.

May 18 Recertification. If you are an ATR-BC who is due to recertify this year and who needs an extension of the time to obtain the required CECs, you must submit a written request with the extension fee by this date.

May 21 Final Application Deadline for BC. If you are an ATR and plan to take the ATCBE for Board Certification, your ATR-BC application must be postmarked by this date.

June 1 Recertification. If you are an ATR-BC who is recertifying this year, your completed application for recertification, must be received by the ATCB National Office by this date.

June 30 Annual Maintenance Fees. ATR/ATR-BC/ATCS annual maintenance fees are due by this date. Notices will be mailed by May 15. If you have not received a notice by June 1, please contact the ATCB National Office.

July 14 ATCB Examination. National administration of the Art Therapy Credentials Board Examination.

Change to Recertification Requirements

Libby Schmanke, ATR-BC, Secretary

This information has been emailed or mailed to the addresses on file for all Board Certified Art Therapists (ATR-BCs). If you are board-certified and did not receive a notice via e-mail or postal mail regarding this action, please contact the National Office. We may need to update your contact information.

Last year, the ATCB sought to strengthen the BC credential by initiating a requirement that half (at least 50 of the 100) CECs required for each 5-year recertification cycle have content specific to art therapy. This change was recommended by a committee, discussed by the Board, and put into effect for certification cycles beginning on or after July 1, 2011. Prior to this change, there was no minimum given for specific art therapy content.

Following the announcement of this new requirement, the National Office and the Board received eloquent feedback from many credential-holders who were opposed to the change. Particularly in parts of the country where art therapy is not well-established, it is difficult or impossible to find in-person art therapy CEC opportunities. At this time, online art therapy CECs are relatively limited and expensive compared to other mental health CECs. The Board became concerned that in geographical areas where board-certified art therapists are most needed to help establish our profession, these professionals would be letting their board certification lapse rather than meeting the new requirement.

The Recertification Standards for Board Certification have always provided guidelines for suitable CEC content and a structure of seven content areas, some of which are art therapy-specific, and some are not. After further discussion at their recent meeting, the Board voted to rescind the requirement for any certain number of CECs to be art-therapy specific.

We encourage all art therapists to support any available art therapy CEC (*continued on page 9*)

NCCA Accreditation Update

Bill More, ATR-BC

Chairperson, ATCB Ad Hoc Committee on NCCA Accreditation

I am pleased and excited to announce that the National Commission for Certifying Agencies (NCCA) has accredited the ATCB board certification process. The ATCB had submitted its application to the NCCA by the September 30, 2011 deadline, but the work was not finished. The NCCA requested some clarifications in early December which were supplied to them before the end of the month. The commissioners sought information about the membership of the ATCB Certification Committee which is responsible for working with the ATCB testing consultants to develop the board certification examination, and about the committee's tasks. In addition, the commissioners expressed concern about where the ATCB published information about the purpose of recertification of the ATR-BC and the rationale for the recertification period being five years. The ATCB resolved these concerns by making the language about the purpose and the time frame for recertification in the published ATCB documents on certification/recertification the same as the language in the Policy and Procedures.

As I have stated previously, the major benefit of having board certification accredited is that the public and stakeholders will be assured that the ATR-BC has been deemed to meet the competency assurance needs of the profession and of agencies offering art therapy services by an independent organization whose purpose is to promote competency. Accreditation will mean that although the ATCB controls the content of the Art Therapy Credentials Board Examination, the examination and the certification process meet national standards for setting eligibility requirements for access to certification, an appropriate process for creating a psychometrically valid certification examination, and a process to assure the continued competency of certificants. The NCCA noted in their December 2011 letter that the Institute for Credentialing Excellence (ICE) is not, as we had thought, lobbying Congress to enact a law that would require all federal contracts that include the hiring of employees from professions covered by a certification process, be filled with employees certified through a process accredited by the NCCA. Thus accreditation will not *(continued on page 9)*

ATCB Board Certification Examination Date and Locations

SATURDAY, July 14, 2012

Las Vegas, NV

Manchester, NH

Minneapolis, MN

Nashville, TN

New York, NY

Rochester, NY

Savannah, GA
(AATA conference)

The early deadline to apply for Board Certification and take the exam on July 14, 2012 is May 10, and the final deadline to apply and take the exam on July 14, 2012 is May 21. ATRs applying for Board Certification by the May 10 deadline save \$25 off the regular fee of \$260. Unless you plan to test for licensure in New York or New Mexico, you must hold the Registered Art Therapist (ATR) credential before you can apply for the Board Certification and be registered to take the ATCBE. If you are not already an ATR, your complete ATR packet must be received in the ATCB national office no later than March 26, 2012, if you intend to apply for Board Certification by May 21, 2012 and take the ATCBE on July 14. Individuals planning to test for state licensure must be approved to test by the state licensure board. The New Mexico and Kentucky licensure boards approve and register qualifying state examinees. The New York Office of the Professions oversees the approval process and the licensure applicants register to test through ATCB. All applications are on the ATCB Web site at www.atcb.org.

CREDENTIAL HOLDER PROFILE

YASMINE AWAIS, ATR-BC, ATCS

I have been living and working in Saudi Arabia for the past two years, where I can count the number of properly trained art therapists on one hand, with a few fingers to spare. Saudis who are interested in pursuing education in art therapy must travel a good distance, as the only program in the Middle East is in Israel, which is not accessible to all.



Yasmine Awais
Photo by Jim Korpi

As a result of the lack of recognition from the local certifying body, anyone can call themselves an art therapist in the Kingdom of Saudi Arabia. Unfortunately, we are all too familiar with the fact that art therapy is not an internationally recognized profession in terms of credentialing or as a field of study. An art therapist in Saudi Arabia can take a workshop or two from a nearby clinic, get presented a certificate of attendance, and use that as proof that he or she is qualified. Because of these factors, possessing art therapy credentials are essential to my practice in Saudi Arabia. Holding the ATR-BC allows others to see that I hold the highest credentials provided by the Art Therapy Credentials Board in the United States—that I am properly trained as an art therapist. In other words, my credential elevates the legitimacy of art therapy. Not only does maintaining the ATR-BC bolster the profession in the eyes of others, it reveals potential for advanced education and status in the field. As the senior art therapist of the unit, I can further demonstrate that I am qualified to lead by having the ATCS credential.

My credentials also serve a purpose on a cultural level. I grew up in a multicultural household of first generation American parents in a monocultural, upper-middle class neighborhood where being asked about my name, skin color, accent (or lack of accent), and parents was typical. Address-

ing cultural issues is something I am used to navigating personally and professionally. Yet, having parents originally from Pakistan and the Philippines while being born in the United States has been hard for people in Saudi Arabia to comprehend and complicates perceptions of me. Power and privilege is often seen as an all or nothing status, and the combination of being born in America of immigrant parents (who, incidentally in Saudi Arabia, often hold the lowest level labor jobs in the country), having an Arabic name, and being Western educated and licensed places me on many different social levels in Saudi society. Thus, the legitimacy given by credentials extends not only to my professional person, but it also extends to gender, race, and class on a wider scale.

As expected, I have experienced many new cultural work situations during my tenure at a rehabilitation hospital in the capital of Riyadh. The most frequent reason for admission here is for motor vehicle accidents, not gunshot or stab wounds as is the case in my home town of New York City. In our meetings, the men sit on one side of the room and the women on the other. All women are required to cover their hair and many women conceal their faces with a *niquab*. Seeing men in traditional long, white *thobes* with *gutras* and *schmags* wrapped on their heads is common. There is no clear-cut line between patients and clinicians concerning personal information. Common first questions that I am asked consist of “Are you Muslim?” or “Are you Christian?” These come in the introductory package that also includes inquiries about my nationality, marital status, and number of children. “Did you know your name is Arabic?”, “Are you Saudi?”, and “Why is your name Arabic?” are also frequent questions presented to me. I naively did not realize that my name would cause so much of a fuss with colleagues and patients.

Despite the aforementioned cultural nuances, the core issues of art therapy are similar on both sides of the ocean. Many patients are hesitant to enter the art therapy studio at first. Some have never made art before or *(continued on next page)*

CREDENTIAL HOLDER PROFILE (*continued*)

have not made art since they were children. They do not initially understand how the process can help them achieve their rehabilitation goals, as they rightfully concentrate on therapies that obviously improve their physical status like physical and occupational therapies. As a result, patients create artwork that we art therapists label as defensive: a typical drawing of mountains and the desert often occurs before a patient feels more comfortable in the studio. Furthermore, and as we see in the States, patients' religious and personal beliefs dictate what they are willing to create. In Saudi Arabia, some patients freely draw people, some feel that it is against Islam, and others navigate this dilemma by drawing a line between the head and the body.

No matter the continent, art therapists must advocate for themselves, prove that they indeed are educated professionals who can positively contribute to a treatment team. Fortunately, prior to coming to Saudi Arabia, I have had the privilege to work in settings where art therapists are respected, integral parts of the team. In Tokyo, Japan, New York City and surrounding suburbs I have provided clinical, supervision, and management services in non-profits and public schools. Additionally, I have been fortunate enough to share my experiences while teaching at the graduate level and providing private supervision and consulting services.

The art therapy unit that I inherited in Riyadh was established approximately five years prior to my start. Artworks created by patients have always been proudly displayed on the walls and art therapy prominently featured in promotional media such as the hospital website and brochures. But how seriously was art therapy being taken? I soon learned that art therapists were not present at the case conferences or documenting their work in the charts. Since my two years leading the unit, we have become more respected. Now, all art therapists attend the case conferences to present their treatment goals and observations. I actually got reprimanded by the lead psychiatrist for an art

therapist not being at a meeting! He said that the patients are in need of art therapy, that he has referrals for us, and that all members of the treatment team, including the art therapists, must be present. While being lectured about art therapy's importance by a doctor isn't a great way to start the work day, I do see this as an accomplishment.

Although it took time to acculturate to the professional and cultural environment, I eventually began a study that investigates the perception of art therapy by health care professionals. While this study is ongoing, I have been able to present preliminary findings at two local conferences here in the Kingdom. In addition to my proposal, my CV was required for submission to both conferences. I believe that having my education and ATCB certifications on the first page positively impacted the scientific committees that reviewed and ultimately accepted my proposals.

Not only am I proud to be an art therapist, but I am pleased that my colleagues recognize the level of education and certification that occurs when art therapy is a recognized profession. Actually, as I type this, an occupational therapist came into my studio asking about further education and how to become a "proper art therapist, like you." *✍*



Untitled by Yasmine Awais, Photograph

Congratulations to Our New Credential Holders

September 15, 2011 to January 15, 2012

New ATCSs

Heather J. Denning
Laurie Mowry-Hesler
Ed Oechsle

New ATR-BCs

Jeanne S. Barry
Jessica Benston
Lenora M. Bordeau
Gladys O. Cortez-Feliciano
Alison M. Cunningham-Goldberg
Michelle Dantes
Jonathan F. Ehinger
Catherine A. Gallagher
Ilana R. Greenspan
Suzanne M. Hoisington
Annie D. King
Marissa A. Krause
Catherine Lacour
Tara N. Liberi
Ahimsa Luciano
Gabriela M. Ortiz
Tara M. Pasciucco
Shannon Pearce
Claudia A. Raphael
Sharon Sarig
Aichen S. Tsai
Sarah R. Valeri
Sarah Dalby Whitmire

New ATRs

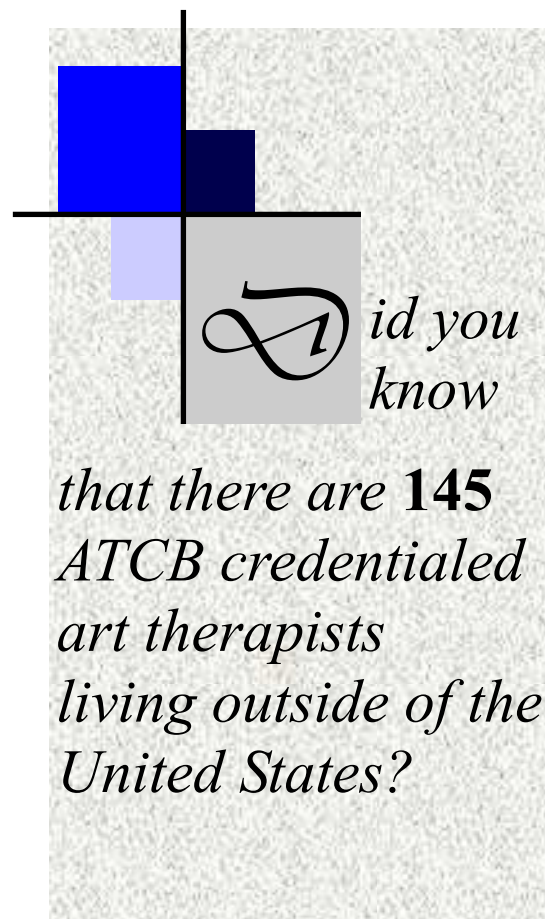
Emmy Akiyama
Randi Becker
Johnna Suzette Butler
Anne-Marie J. Collins
Carrie A. Cottone
Emily M. Daingerfield
Maria Lynn D'Amico
Justin Davis
Lauren W. Delany
Erin R. Dolan

New ATRs (continued)

Mary Evans
Cheryl Feldman
Jocelyn Fitzgerald
Cristina Maria Fort
Kelsey A. Frohman
Karen K. Futral
Christine Giardina
Lynne H. Harris
Allison M. Heneghan
Beth J. Henson
Kimberly O. Hills
Annah E. Jordan
Eunkyong Kim
Kate King
Jenifer C. Korotko
Bara Michele Langbaum
Katie L. Lineweber
Mary Gaynor Luce
Amanda Lynch
Kimberly Anne Manrique
Sally Markley
Julia A. Martinez
Lori D. McEachern
Meg McGrew
Mandee L. McKelvey
Danielle C. Moss
Katelin A. Murphy
Sherman D. Murphy
Deborah Nathan
Natalie N. Nauert
Jihye Park
Deborah L. Peavey
Kim M. Perrier
DyShunda L. Peterson
Katharine F. Phlegar
Monique Proto
Annora Radell
Beth Reilly
Kathryn M. Reiser
Julie A. Riley
Maggie M. Ritnour

New ATRs (continued)

Tania Isabelle Sabljic
Jeri A. Sato
Elizabeth M. D. Scarborough
Lauren B. Schmidt
Robin D. Sheldon
Kimberly A. Stiller
Kathleen M. Sullivan
Yesenia Tayeras
Kacie M. Thacker
Lynette April Thick
Kathy M. Thompson
Elisabeth P. Tomas
Maureen E. Vita
Heather S. Weinberg
Katherine V. Williams
Jingxian Xie



President's Message

(continued from page 2)

certification applications is June 1st. For ATR-BC's with a 2011 expiration, please make sure that all of your continuing education credits match the categorical standards set by the ATCB. Remember, 100 continuing education credits hours within the past five years are required to renew your board certification. Information on recertification is posted on the ATCB Web site at www.atcb.org.

Penelope Orr, Ph.D., ATR-BC, ATCS
ATCB President

Recertification Requirements

(continued from page 4)

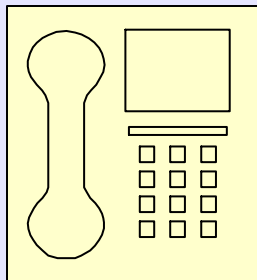
opportunities, and hope that in the near future this will not be the geographical and financial burden that it is now for many in our profession.

As always, the most current Recertification Standards are available on the ATCB website at http://www.atcb.org/export/sites/atcb/_resources/author_files/Updated-Recertification-Standards-FINAL.pdf. Please let us know if you have any questions, and thanks to those of you who took time to call or write with your concerns about this issue. We value your feedback. ☞

The Board Hears You

The National Office receives inquiries from credential holders who are experiencing financial difficulties during these austere times. In an effort to work with art therapists experiencing financial hardship, the ATCB offers temporary inactive and retired statuses. Requirements to file for either status differ, and your situation might dictate the best route for you. PLEASE contact the National Office to inquire about your situation

BEFORE you allow your credential to lapse. The National Office of the ATCB can be reached at 3 Terrace Way, Greensboro, NC 27403, or fax at 336-482-2852, or e-mail atcb@nbcc.org.



NCCA Accreditation Update

(continued from page 5)

be of special importance to art therapists who are federal employees as we originally believed.

I am gratified that our hard work over the past four years has resulted in accreditation of the ATR-BC. In my last message as chairperson of the Ad hoc Committee, I want to thank the members of the 2008 thru 2011 Boards of Directors for their support and note the work of the directors who served on the Ad hoc Committee and the Bylaws and Policy and Procedures Committee over that period. I also want to thank Shawn O'Brien and Gabby Welch, our partners at the Center for Credentialing and Education for their advice and their assistance in creating the application, and ATCB Executive Director, Rita Maloy for her exhaustive efforts. Finally I want to thank David Gussak and Libby Schmanke who served as liaisons to the Certification Committee and to past presidents Terry Towne and Deborah Good who guided the ATCB while we were actively seeking accreditation. ☞

VISIT

www.atcb.org

TO FIND

- A listing of current ATRs and ATR-BCs by state
- Information about ATCB's Board of Directors
- Guide for Students
- *Code of Professional Practice*
- Complete applications for the ATR, ATR-BC, and ATCS
- Recertification Standards
- ATCBE Preparation Guide
- Continuing Education Tracking Form
- Archive of *ATCB Review* newsletters

Globalized Future of Art Therapy

(continued from cover)

Dr. Jordan Potash, ATR-BC, ATCB Treasurer
Susan Anand, ATR-BC, ATCS, and ATCB Director
Mary Ellen McAlevey, ATR-BC, ATCS.

The ATCB-ICC is committed to ensuring cultural competence within art therapy practice. Being culturally competent therapists is imperative to the future of our profession as cultural exchange increases. To best serve culturally diverse clients, art therapists must be willing to “becom[e] aware of his or her own assumptions,” “actively attempt to understand the worldview of his or her culturally different client,” and engage in the “process of actively developing and practicing appropriate, relevant, and sensitive intervention strategies and skills in working with his or her culturally different client” (Sue & Sue, 2008, p.44).

“All human behavior is influenced by, and is a reflection of, the cultural context within which it is nurtured” (Hiscox & Calish, 1998, p.9). When working internationally, quality is context dependent; therefore, the standards must reflect local realities. Using the U.S. as an example, the ATR-BC requires a master’s degree in art therapy, supervised field experience, and a passing qualifying exam score. Globally, many art therapists are currently using certifications, thereby defining a locally relevant scope of practice and entry requirements. The challenge that the ATCB-ICC is faced with, for those countries that do not have and that request partnership, is simultaneously recognizing individual and unique local realities, while also providing a structure to ensure a foundation of standards of practice that are transferable across countries.

While recognition of individual differences across countries will be inherent, there will be specific areas that must be included to provide a common framework for global programs recognized as international ATCB partners. For counseling, the NBCC’s International division specifies the following components: training, assessment, code of conduct, supervision, and continuing education.

Once the ICC has worked with individual countries on how the aforementioned content areas are


met, an international designation may be assigned that is specific to that country. Details of how this would work are still being considered. The goal is to provide the recognition that the ATCB-ICC has worked collaboratively with countries to develop a country-specific international credential, while also recognizing that the partnering country’s credential is not an equivalent to the current granted ATR or ATR-BC.

We are excited about how the ICC can work globally to serve the world’s needs regarding training and credentialing. Consider this: the World Health Organization estimates that 450 million people live with unserved mental health needs. The ATCB-ICC recognizes the unique position art therapists and counselors are in to help fill this void. The globalization and credentialing of art therapy allows us to sculpt new prototypes that both evolve local realities and their specific scope of practice while simultaneously maintaining structured standards that are both ethical and transferable across countries. Keep in mind that “if we accept...that we exist in densely woven networks, then we must also accept that every choice we make sends out ripples, even if we are not consciously choosing. The choice we have is not whether, but only how, we change the world” (Lappe, 2011).

Hiscox, A.R. & Calish, A.C. (Eds.) (1998). *Tapestry of cultural issues in art therapy*. Bristol, PA: Jessica Kingsley.

Lappe, F.M. (2011). Every day we choose. In M. Keogh (Ed.), *Hope beneath our feet: Restoring our place in the natural world*. Berkeley, CA: North Atlantic Books.

Sue, D. W. & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice*. (5th Ed.). Hoboken, NJ: John Wiley & Sons.

(Editor’s Note: The author would like to thank Dr. Tom Clawson and Deborah Good for their visionary contributions in the exciting new initiative of international credentialing.) 

Board Meeting in Greensboro, North Carolina November 18-19, 2011



ATCB Board 2011-2012

Photo above, top row: Libby Schmanke, Secretary; Jennifer Stone, Public Member; Ed Oechsle, President-Elect; Janice Hoshino, Director; Barbara Mescher, Director; Rita Maloy, Executive Director; seated: Penny Orr, President; Bill More, Past Secretary; Deborah Good, Past President; Susan Anand, Treasurer; front: Mary Ellen McAlevey, Director; Carolyn Brown Treadon, Director.

Photo below: ATCB Past Secretary Bill More, CCE staff member Gabby Welch, CCE Vice President Shawn O'Brien, ATCB Past President Deborah Good, and ATCB Executive Director Rita Maloy—the NCCA “dream team.”

(Not in photo: Susan Ainlay Anand and Libby Schmanke)



**O*NET is
calling!**

ARE YOU READY?

The ATCB has been asked to assist with the process of debuting art therapy as a stand-alone occupational classification for the U.S. Department of Labor's O*NET (Occupational Information Network) program. Previously, art therapy has been considered under the classification of recreation therapy.

Research Triangle Institute (RTI) International will be telephoning art therapy occupation experts (OEs) in the near future. (Art therapy *credential holders* are viewed to be occupation experts.) Please be sure to participate in their telephone survey if you are contacted. Responses from YOU, the experts, will be combined to define the activities, tasks, knowledge, and other aspects of work in the field of art therapy.

**RTI staffers will begin
contacting ATR-BCs
on or about March 22nd!**

**Please make sure to participate
in this important survey!**

ATCB Board of Directors

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Fairview, PA

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