Welcome to the Spring 2014 edition of the ATCB Review. I am very pleased to be introducing this issue as the new President of the Art Therapy Credentials Board. I am grateful to those who have served on this board before me – those developers of the ATCBE, authors of the Policy and Procedures Manual, compilers of the Code of Professional Practice, and all the leaders in the profession of art therapy credentialing whose place at this table has defined the ATCB and refined its mission. It is because of these art therapy leaders that the ATCB celebrated its 20th Anniversary last year. In this issue we hear from Antioch University Seattle Art Therapy Department graduate students and their Department Chair and professor, Janice Hoshino, Ph.D., ATR-BC, who interviewed current and past board members and art therapy visionaries at a celebration of ATCB’s 20th Anniversary during the AATA Conference in Seattle. The themes of “passion for art therapy” and “dedication to serving the profession” are woven throughout the data presented. I am humbled to be counted among these professionals who volunteer for the betterment of art therapy credentials.

This past summer the ATCB surveyed all credential holders for input into our strategic plan. Responses included 1,062 paper surveys and 53 online submissions. Responses came from 419 ATRs and 664 ATR-BCs, while 32 blank forms were returned. The results indicated three major concerns for art therapists: (1) promotion of, and educating the public about, the field of art therapy; (2) licensure for art therapy; and (3) third party reimbursement for art therapy services. Other concerns were named in the areas of title protection, protecting the profession from untrained people offering “art therapy” services, advances in technology with its ethical and legal ramifications, and continuing education offerings, especially in the area of ethics. While the purpose of ATCB is to “protect the public by promoting the competent and ethical practice of Art Therapy through the credentialing of Art Therapy Professionals” and these concerns (continued on page 7)
This article summarizes the themes, thoughts, and topics that arose during interviews with 16 former and current Art Therapy Credentials Board (ATCB) directors and committee members. In an effort to collect an oral history of the development of the board and the credentials, interviewees were asked about their entry into the field of art therapy and about how they landed in leadership positions. The challenges and opportunities for the future of art therapy and the ATCB were explored. Themes emerged from the interviews including across-the-board passion for the field and crystal clear recollections of the “aha! moment”—knowing that the field of art therapy was their destiny.

Many interviewees discussed feeling a sense of obligation and privilege as they work in and serve the field of art therapy. Leaders in the profession discussed challenges and opportunities regarding international credentialing and state licensure for art therapists, and the ever present need to define that which differentiates our field among therapists. Finally, participants spoke eloquently about the need to have an independent credentialing board in order to protect the public, and ensure that practitioners are ethical, skilled, and knowledgeable.

On June 27, 2013, a celebration of the ATCB’s 20th anniversary was held at Antioch University Seattle. Many former and current Board members attended the celebration which was concurrent with the American Art Therapy Association’s (AATA’s) 44th annual conference. Colleagues new and old came together to reflect on and celebrate accomplishments and to plan the work that lies ahead.

Three of the authors, Antioch graduate art therapy students, conducted the interviews in order to capture an oral history of the ATCB. The interviews lasted approximately 30 minutes, and the following questions were asked:

1. How did you become aware of art therapy?
2. How did you decide to make this your profession?
3. How did your transition into leadership occur within the field?
4. What was your role on the ATCB Board?
5. What does being credentialed by ATCB mean to you?
6. What do you feel credentialing will mean to the next generation of art therapists?
7. Where do you see future opportunities and challenges within the ATCB and the profession of art therapy over the next twenty years?

The following is a selection of themes and stories that emerged from the interviews. They offer a glimpse into professional lives of significant art therapists as well as the development and evolution of the credential.

**Becoming an Art Therapist**

Interviewees came from a variety of backgrounds, but a number of trends appeared in the responses. All of the interviewees fell into at least one of the categories found in Table 1.

**Table 1:** Themes from Questions 1 & 2

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest in both art and psychology</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>Learned about AT and liked it</td>
<td>5</td>
<td>31%</td>
</tr>
<tr>
<td>Was an artist or art therapist first</td>
<td>7</td>
<td>44%</td>
</tr>
<tr>
<td>Observed the healing power of art</td>
<td>3</td>
<td>19%</td>
</tr>
</tbody>
</table>

(continued on Page 8)
**DEADLINES**

**March 30 Recertification.** ATR-BCs due to recertify in 2014 should receive a recertification notice by March 30, via postal mail. Please contact the ATCB National Office if a recertification notice has not arrived by this date. If you are unsure whether you are due to recertify this year, please refer to the expiration date on your certificate or contact the Office.

**April 30 Early Application Deadline for BC.** ATRs who plan to take the ATCBE for Board Certification during the national paper-pencil administration, can save $25 by applying before this date.

**May 15 Recertification.** ATR-BCs due to recertify this year who need an extension of the time to obtain the required CECs, must submit a written request with the extension fee by this date.

**May 28 Final Application Deadline for BC.** ATRs planning to take the ATCBE for Board Certification, via the national paper-pencil administration must submit a completed ATR-BC application by this date.

**June 1 Recertification.** For ATR-BC's recertifying this year, the completed application for recertification must be received by the ATCB National Office by this date.

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

**July 12 ATCB Examination.** National paper-pencil administration of the Art Therapy Credentials Board Examination.

**August 8 Final Application Deadline for Computer-Based Testing Applications.** If you are an ATR and plan to take the ATCBE via computer-based testing of the ATCBE, your ATR-BC application must be postmarked by this date.

**September 8-20 ATCB Examination via Computer-Based Testing.** Last testing window to take the examination for Board Certification in 2014 (via computer-based testing).

**Art Therapy Credentials Board**

**Board Certification**

**(paper-pencil)**

**Examination Date and Locations**

**SATURDAY, JULY 12, 2014**

- Albuquerque, NM
- Baltimore, MD
- Los Angeles, CA
- Louisville, KY
- New York, NY
- Rochester, NY
- San Antonio, TX
  
  *(AATA conference)*

April 30 is the early deadline to apply for Board Certification and take the paper-pencil administration of the exam on July 12, 2014. The final deadline is May 28. ATRs applying for Board Certification by the April 30 deadline save $25 off the regular fee of $260. Unless you are approved to test for licensure in New York, New Mexico, Maryland or Kentucky, the only way to test is by first obtaining the Registered Art Therapist (ATR) credential. If you are not already an ATR, your complete ATR application packet must be received in the ATCB National Office no later than March 10, 2014, if you intend to apply for Board Certification by May 26, 2014 and take the ATCBE on July 12. Individuals planning to test for state licensure must be approved to test by their state’s licensure board. The Maryland board approves and provides the examination application and the applicant then registers through ATCB. The New York Office of the Professions oversees the approval process, and the applicants register to test through ATCB. Please see the Examinations page of www.atcb.org for more information or contact the ATCB National Office.
My people arrived in the United States from across the Pacific Ocean. They settled in Southern California, where my Philippine-born parents encountered a community rich in cultural diversity and chose to raise their four children among the local native, transplant and immigrant populace. I grew up in a household and neighborhood that, while abounding in values and tradition, did not have much in the way of material wealth. My father was a US Naval Barber and my mother a homemaker and sometime garment worker. Both parents arrived in this country with no more than a high school education, a meager military salary and a barely passable grasp of the English language. While my parents were short of affluence and material possessions, they were equally generous with drawing on their skills, their form of art and how they applied it to their daily work and as constant reminders of the functionality of the creative spirit. Both parents relied on their hands, keen eyes and methodical approach to the employment they found in this country and established a foundation on which they raised their family. My siblings and I discovered that precision, expression, form and function, were made manifest in the educational paths and careers we each chose. I was the youngest of the four children in my family and through the transparency of memories I now see that my parents were the sculptors that shaped and carved out my way toward art therapy.

Like many art therapists who were attracted to the field, art therapy seemed both an obvious mode of practice (for creatively-empathic types) but one that didn’t seem a viable career path. In college, I was stunned when my art education professor who was intrigued by my creative projects questioned my reason for being a child development major when a degree in art would open the door to something called Art Therapy. Amazingly, this instructor knew more about what lured me to creative expression than I did at the time! Still, once I attained an undergraduate degree, I again attempted to deflect my innate artistic spirit and try my hand at gaining an elementary school teaching credential.

Arriving at this crossroad became a more complicated narrative as a strained relationship with my stroke-affected, partially paralyzed father ended in his death. A year later a close intimate friend dying while on the job as a nurse (a career he was so proud of working in). His death left me desolate and depressed. I questioned my purpose and what I was meant to do with my life. These two deaths were a crushing blow to my emotional wellbeing and urged in me for the first time to seek individual counseling and join a support group. Finally, bolstered by encouraging siblings, my mother, friends, and mentors who challenged me to express this tumultuous period through my art, I applied to graduate programs in Art Therapy. Once I accepted the offer to attend the School of the Art Institute of Chicago (SAIC), (continued on page 5)
I thought I was never going to look back at my California roots again and hoped that the Midwest or the eastern states would pull me toward my next creative passage. But life has a curious way of turning the tables on best laid plans. After an incredible two years of being immersed in the field of Art Therapy and marrying a man who followed me to Chicago and who wanted to go back to live in rural Northern California where his parents and siblings lived, I returned to the coastal state of my birth. I came back hopeful that I would complete my postgraduate supervised hours as an art therapist and art educator to eventually achieve licensure in California as a clinician.

From 1994 (the year I graduated from SAIC) to the present, I have applied my expertise as an art therapist in some capacity through each position I was offered. Early in my art therapy career, I found an art therapist willing to supervise my postgraduate hours while she lived in Oregon and I lived a couple of hours just south of the Oregon border in Arcata, CA. After receiving my ATR, I quietly practiced art therapy as an assistant counselor in a small school district, grieved deaths and celebrated new lives in my immediate circle of family, friends and in-laws, directed a thriving art school for youth that was housed on a local university campus and gave birth to my son.

During this time, Humboldt State University colleagues who knew of my art therapy training and background approached me to teach undergraduate courses: an Introduction to Art Therapy class and a second course entitled the Psychology of Creativity. Five years after attaining my ATR, I sat for the Board Certification Exam and received my Board Certification in 2003.

Recently, my professional path has taken me away from regularly teaching courses at an institute of higher learning or creating opportunities to earn a living as an art therapist. Instead, I chose to pursue a second master’s degree, this time in Social Work (MSW) and accepted a graduate stipend that required me to work for social services as part of payback for funding my degree. Since I graduated with my MSW in 2007, I became exclusively involved in health and human services agencies, have passed the California Board of Behavioral Sciences exams for licensure as a Clinical Social Worker and now provide clinical supervision to MFT interns and Associate Social Workers preparing for their licensure exams. As I have mentioned earlier, I have applied my art therapy training and experience in some capacity to all positions that I have been offered: as a Child Welfare Social Worker in the Permanency Planning Unit and as an Independent Living Skills Coordinator, as an Adoptions Specialist for the California Department of Social Services and finally as a Licensed Clinical Social Worker for United Indian Health Services, Behavioral Health Section.
It is my current position as a Board Certified Art Therapist and Licensed Clinical Social Worker where I believe I am fulfilling my life purpose. These days you will find me still joyously raising my now 18-year-old son in a thriving relationship and marriage of 22 years while living on the rural north coast of California. Practically every weekday morning, I arrive at my office early to prepare my emotional space for the sessions ahead by focusing on a painting or drawing I’ve created and mounted on my wall. I am reminded of those who have been here before me, their roots established a foundation on which I am able to bear witness, reach out and become the therapeutic sounding board for the community I now serve.

The art speaks with the voices of people silenced by historical trauma and marginalized for being native to these lands, where disease of the mind, body and spirit, is refracted through addictions, violent, disruptive behavior and internalized oppression. The images that have found their way into the counseling sessions in my practice emulate what it means to be mindfully present, that as an observer of the immense pain and profound suffering I remain consciously aware, unflinching and not avert my gaze. Instead with deference, I lean into the void between what is being expressed to acceptance and at last released through a gesture of graphite, a stroke of paint, an infusion of color or a deep impression in the yielding clay.

Editorial Note: Juanita continues to write poetry, sing, play guitar, create art and exhibit her work through local art shows. She also offers workshops and presents as a panelist at conferences and other events. Juanita has served on credential oversight committees and regularly attends online or travels to trainings and courses that fulfill licensing and certification requirements for her ATR-BC credential and LCSW licensure.

I know now that no matter how much I plan, digress, and prepare for or time I take, art therapy continues to filter through my existence and is woven into all that I do.
President’s Message (continued from cover)

are outside this purpose, we must clearly include initiatives that support the concerns of art therapists within service of our mission. Providing the ATCBE to all states that license art therapy currently and in the future is just one way we accomplish this.

The highest scores for a time when an art therapist felt proud of their registration or credential was “When I received it/passed the test/always,” followed by “when I am talking with/presenting to other professionals,” and “when it is valued or required for a job or school.” Increased professional capacity evidenced by teaching, supervising, and the outcome for clients also scored high. As we welcome our newest ATRs and ATR-BCs to the ranks, let us keep in mind how we might address these concerns and secure a future for them that is solidly founded in ethical and professional standards.

In her profile, Juanita Duran-Wilson reminds us of the ways that art-making informs and directs our professional, emotional, and personal lives in profound ways. Juanita exemplifies the importance of self-expression as well as giving back to the profession by volunteering services where needed.

With the recent change of ATCB structure to be a self-perpetuating board, we have increased our need for volunteers, both to serve as candidates for board appointment, and to serve on committees. We might do well to heed Juanita Duran-Wilson’s example and give back to our profession through service. As I take the leadership role of ATCB, I recognize the importance of the areas named in the survey by art therapists, and I also want to focus on inclusiveness by reaching out to creative arts therapists everywhere. There is room at the table for us all.

Ed Oechslie, ATR-BC, ATCS, ATCB President

ATCB Approves New Option for Earning CECs toward Recertification of Art Therapy Certified Supervisors (ATCS)

Susan Anand ATR-BC, ATCS, ATCB Treasurer

A new option for earning CECs toward maintenance of the ATCS was approved by the ATCB. This option allows for ATCSs to fulfill some of the continuing education requirements through supervision of supervision by a credentialed or licensed supervisor.

Recertification for ATCS is required every five years and coincides with the ATR-BC recertification cycle. ATCSs can now meet this requirement by submitting documentation of 10 hours of continuing education based upon the theory and techniques of clinical supervision or combine clinical supervision education and up to five hours of supervision of supervision documentation from a licensed or credentialed mental health professional who holds the supervisory credential in his or her field in lieu of five hours of continuing education in clinical supervision. The approved supervisor who provides supervision to the ATCS is required to complete and sign a Verification of Supervision Form that has been developed for this purpose. This form should be included with ATCS recertification materials.

Please contact the ATCB National Office with questions about this new option or if you would like to confirm approval of a supervisor. Verification of Supervision Forms can be downloaded from the atcb.org website.

Ed Oechslie, ATR-BC, ATCS, ATCB President

Penobscot Mountain
Oil on Canvas
By: Ed Oechslie

ATCB 2013 Annual Board Meeting

Back row: Kip Purcell, Mary Ellen McAlevey, Barbara Mescher, Carolyn Brown Treadon, Janice Hoshino, Rita Maloy, Robin Colburn, Front row: Libby Schmanke, Penny Orr, Ed Oechslie, Susan Anand
Doris Arrington got into art therapy because she had to quit her job as an art teacher when she was 4 months pregnant. “Women were not allowed to teach in public schools if they were pregnant; it couldn’t show.” Her plan was to go back to school for art administration, but then Viktor Lowenfeld, who she had taken classes from, told her about art therapy and several years later she became an art therapist.

Patricia Isis was misty-eyed as she described how she became interested in becoming an art therapist at a very early age. Her story follows:

“I took art classes from the age of 4 to the age of 11 every Saturday morning from a hunchbacked man with big horn-rimmed glasses and his name was Rudolph Valentino Adams. He introduced us to all sorts of media and techniques and he was like a second father to me. And then one day he didn’t come to art class, which was … impossible and it was because he had been hit and killed in an automobile accident. And because I was white and he was black, and it was the ‘60s, I couldn’t go to his funeral because it wasn’t what you did then. So I decided in my 11-year-old brain that I would find a way to honor him and help other people through art. ... I looked around for a book for many years because I was a big reader and found Creative Art Therapy, that book by Linda Beth Sibley and Arthur Robbins, when I was about 14. And I read it and said, ‘That’s what I’m gonna do.’”

Making art and working with and helping people through the healing powers of art was a powerful theme, and often repeated. Charles Marshall commented that it was “kind of a dream to do it” when he recalled entering the field. Faces of the interviewees lit up as they recalled their “aha moments” and their enthusiasm for having made the choice to enter the field of art therapy. One interviewee, Terry Towne, spent the day with an art therapist while she was an undergraduate, and said she thought afterwards, “This is absolutely what I want to do,” and that her path was clear from that point on.

**Transitioning to Leadership**

Interviewees were all leaders and continue the tradition of pioneering in the field. Their passion for their work was evident and several themes emerged when analyzing the interviews. Table 2 presents the themes discovered in what led the interviewees to leadership positions in the field.

### Table 2: Themes from question 3

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asked to help by a friend/mentor</td>
<td>5</td>
<td>31%</td>
</tr>
<tr>
<td>Professional duty</td>
<td>7</td>
<td>44%</td>
</tr>
<tr>
<td>To facilitate change</td>
<td>7</td>
<td>44%</td>
</tr>
</tbody>
</table>

Across the board, it was clear that interviewees put their passion for the field to work in the form of service. Joan Phillips described it as a “natural impulse to want to start to serve your profession.” Patricia Isis became a leader in the field because she felt as though “we’re all pioneers [in the field].” She described her motivation as “propelling our field into the mainstream.” Ed Oechslie described it as simply “giving back.” David Gussak stated, “Once you get started you can’t stop!”

Susan Ainlay Anand became interested in leadership through her work with the governmental affairs committee of AATA. She recalled developing legislation for licensure in her home state of Mississippi. She would like to see more states obtain licensure for art therapists.

Penny Orr described being mentored by Marcia Rosal and David Gussak, stating that she believes “mentoring is a big part of [developing leaders].” Barbara Fish stressed that mentoring and supervisory relationship are “so important in art therapy”, and “set the tone” for the future work of art therapists.

**Developing the ATCB credentials**

Interviewees were asked to reflect on their roles with the ATCB and in developing the credentials. While many of the participants have been involved in numerous roles and numerous committees, common themes emerged, illustrated in Table 3.

(continued on page 9)
Several interviewees recalled the formation of the ATCB as a challenging time. Joan Phillips was an integral part of the process and recalled that it was a “rocky road” but necessary as a move “toward other professions.” She reported that some colleagues felt that having the exam was “giving in,” but the majority felt that it was “more pragmatic.” David Gussak explained that the profession needed “to have the credential separate from the membership organization.” He said that creating a “firewall” between the ATCB and AATA was the “smartest thing [ATCB and AATA have] done.” Joan Phillips added that it was important for “lobbying and legal reasons.” Deborah Good described it as a “really great beginning.”

Several interviewees described taking the first exam or working to develop the exam. Joan Phillips and Charles Marshall both took the first exam, while Gwendolyn McFalls Short “read the first exam on tape for a special needs person.” Because of this reading she was unable to sit for the first exam and therefore sat for the second exam. Charles recounted being involved in improving and developing the exam, after taking the first one. He recalled his 9 years on the exam committee, “writing and rewriting and examining the test” in order to make it better.

**Significance of Credentialing**

Interviewees were asked about the significance of credentialing. Two respondents stated, “It’s everything.” The work of the Board members of the ATCB is reflected in the thoughtful and heartfelt responses to the question:

**Table 3: Themes from question 4**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Separating exam from AATA/Involved in the formation of the ATCB</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>Developing the initial exam</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>Maintaining and assuring relevance of exam/credentialing</td>
<td>3</td>
<td>19%</td>
</tr>
<tr>
<td>Supporting and promoting ATCB</td>
<td>7</td>
<td>44%</td>
</tr>
</tbody>
</table>

“What does being credentialed by this Board mean to you?” Themes for this question are displayed in Table 4.

**Table 4: Themes from question 5**

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legitimates the field</td>
<td>10</td>
<td>63%</td>
</tr>
<tr>
<td>Protect the consumers</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>Professionalism/high standards of service</td>
<td>10</td>
<td>63%</td>
</tr>
<tr>
<td>Insurance reimbursement</td>
<td>2</td>
<td>13%</td>
</tr>
</tbody>
</table>

The art therapy credentials are seen by all of our interviewees as contributing to the legitimacy and professionalism of the field. Joan Phillip, Charles Marshall, Patricia Isis, Ed Oechslie, Barbara Mescher and Mary Ellen McAlevey attributed this to the exam and ongoing continuing education requirements that add validity to the profession and our credentials. Carolyn Brown Treadon and Susan Ainlay Anand both believed that the credential is “everything.” The credentials are, in the eyes of Patricia Isis, another step toward “mainstream, cultural acceptance.” To Barbara Mescher the credentials are about art therapists being on the “same level” as other mental health professionals and receiving the same insurance reimbursements. Penny Orr explained that it represents professional “maturity, understanding of ethics and professional practice.” The credentials are seen by most as a way to better serve and protect the public due to the emphasis on ethical practices.

For those from states with licensure for art therapists, the ATR-BC represents a way to obtain reimbursement from insurance panels. In order to become licensed in Mississippi (her home state), Susan Ainlay Anand explained, “You have to have your ATR-BC.” Hope that more and more states will recognize the licensure was a common sentiment.

(continued on page 10)
For the Next Generation

Interviewees can be described as cautiously optimistic with regards to the field for the next generation of art therapists. Their belief in the importance of the credentials to carry them into the future, however, was steadfast. Table 5 gives the main themes that arose when asked, “What will the credentials mean to the next generation of art therapists?”

Table 5: Themes from question 6

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition/State Licensure of art therapists</td>
<td>9</td>
<td>56%</td>
</tr>
<tr>
<td>Insurance reimbursement/managed care</td>
<td>4</td>
<td>25%</td>
</tr>
<tr>
<td>Keeping field relevant</td>
<td>4</td>
<td>25%</td>
</tr>
</tbody>
</table>

Joan Phillips explained “some states are using it for a template for licensure.” She believes insurance companies will someday tie that licensure to reimbursement. She discussed the challenges that lay ahead for the ATCB, including “making sure that the credentials stays current and valid in that world of insurance and licensure.”

Patricia Isis said that she believes the credentials will help the field address challenges ahead. She reported that she uses her status as an ATR-BC in private practice. “Without that credential,” she said, “I don’t think I could have the same kind of robust practice.”

Penny Orr reported that she also suspects that “the credential is going to be a gateway for licensing within states which then gives you access to third party payments.” Anna Hiscox said that “the world is waiting for art therapists to make a difference.” She has confidence that the ATCB is helping to make that happen. In terms of keeping the field relevant to the next generation, Terry Towne said that she hopes the credential will become “more and more important” and that future art therapists “believe that it is a part of their professional development, seek it out, and promote it.” Barbara Fish emphasized the importance of not “over legislating” or making the credentials too expensive and thereby “overburdening beginning art therapists in ways that put them off of being involved.”

Challenges and Opportunities

While none of the interviewees claimed to have a crystal ball, the following themes, listed in Table 6, arose in our interviews regarding possible challenges and opportunities for the field of Art Therapy.

Table 6: Themes from question 7

<table>
<thead>
<tr>
<th>Themes</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining relevance/awareness (outreach) keeping up with technology, differentiating ATs from other fields</td>
<td>12</td>
<td>75%</td>
</tr>
<tr>
<td>Insurance reimbursement/changing healthcare landscape</td>
<td>5</td>
<td>31%</td>
</tr>
<tr>
<td>International credentialing</td>
<td>6</td>
<td>38%</td>
</tr>
<tr>
<td>Research</td>
<td>2</td>
<td>13%</td>
</tr>
<tr>
<td>Jobs</td>
<td>2</td>
<td>13%</td>
</tr>
</tbody>
</table>

Interviewees work tirelessly to promote the unique and valuable skills art therapists have to offer through training and practice. All interviewees felt that this work needs to continue and this is a challenge for future Art Therapists. Comments reflected some tension between wanting to maintain “our identity as a separate and distinct profession” (Susan Ailney Anand) while also allowing the field to be accessible to others in the mental health profession. Various professionals approach this issue using their differing strengths and talents. For instance, Penny Orr told us that she focuses on accessibility by keeping up with technology and putting the face of Art Therapy out in the digital world.

Ed Oechslie reported that he uses his managerial skills for outreach and “to bring groups together and try to get as many people credentialed in the field as possible.” All the interviewees stated that they see their work on the ATCB Board as contributing to defining and promoting the professional identity of the field of art therapy. (continued on page 11)
International credentialing was a frequent point of discussion. Deborah Good mentioned “reaching out” on an international level and the current ATCB President, Penny Orr, said she is “seeing a lot of interest” in international art therapy. Susan Ainlay Anand mentioned her “connections with India” and the interest that they have in credentialing practitioners in order to “protect their consumers.” Mary Ellen McAlevey explained, “we really want to encourage other countries to develop their own credentials, and we hope to support them with regard to what they need rather than lead them to what we think they’re going to need.”

Several of the interviewees suggested art therapists conduct and promote research in the field. Charles Marshall stated that we are “just scratching the surface” on understanding the benefits and effects of “visual communication, visual expression, and the creative process” on the brain. Patricia Isis emphasized that “research is critical” for the field to grow.

Finally, the ever-important topic of “jobs” came up. Susan Ainlay Anand pointed to the connection between a clear professional identity and “future jobs for art therapists.” Joan Phillips reflected on the people she had talked to during the conference who were “working in art museums, prisons, international settings, and traditional clinical settings.” She recounted her work with athletes. “The sky’s the limit on creativity with people,” she said. “We’ve just begun to open up the markets. I think for many years art therapy was more of a mental health clinical, and I support that, but we can be clinical with a lot more people.”

Conclusion

Through this qualitative analysis of the responses, several additional trends emerged. Notably, all participants expressed passion for the field and felt honored to serve in the art therapy profession. They discussed feeling a sense of professional obligation to serve and advance the field of art therapy. This included meeting challenges and opportunities regarding state licensure for art therapists, international credentialing of art therapists, and the ever present need to define our field and differentiate it from other therapies.

Finally, participants spoke eloquently about the need to have an independent credentialing board in order to protect the public and ensure that practitioners are ethical, skilled, and knowledgeable.

Interestingly, the words “love” and “passion” appeared 20 times in the transcripts of the interviews. The words “create” and “creativity” appeared 13 times. The word “mission” appeared 6 times. The word “work” appeared 91 times. In analyzing the transcripts of these interviews it was clear to the authors that those involved were in love with creativity and their life’s work is to spread the word through lots of hard work and dedication to the high standards of our profession.
PERSONAL REFLECTIONS OF BOARD MEMBERS PAST AND PRESENT (continued from page 11)

We would like to thank the following people for participating in the interviews:

Susan Ainlay Anand, ATR-BC, ATCS, Current Board Member
Doris Arrington, Ed.D., ATR-BC, HLM, Former Board Member
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ATR-BC Recertification Update
ATR-BCs enjoyed a two-year reprieve from the prorated recertification fee of $20 per year. The Board of Directors recently voted to make this a permanent reprieve. ATRs and ATR-BCs will be billed the same amount each year, rather than having a higher fee charged to those who hold Board Certification.
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