The 2004-2005 National Survey of Members of he National and Provincial Art Therapy Associations in Canada

Helene Burt, DA, RCAT, ATR

Abstract

In the Spring of 2005, the Canadian Art Therapy Association completed the first national survey of members of the Canadian Art Therapy Association, the British Columbia Art Therapy Association, the Ontario Art Therapy Association and the Association of Art Therapists of Quebec / l'Association des art-thérapeutes du Québec.

Introduction

In the Spring of 2005, the Canadian Art Therapy Association completed the first national survey of members of the Canadian Art Therapy Association (CATA), the British Columbia Art Therapy Association (BCATA), the Ontario Art Therapy Association (OATA) and the Association of Art Therapists of Quebec / l'Association des art-thérapeutes du Québec (AATQ). This initiative sprang from a meeting held the previous Spring 2004 of Deborah Broadhurst, President of BCATA, Membership Chair of BCATA, Jacqueline Fehlner, Past President of CATA and Helene Burt, President of CATA.This was a casual luncheon to briefly discuss how the provincial and national organizations could work more in partnership. Deborah Broadhurst suggested that a national survey of art therapists in Canada could be a venture we could all work together which would also be of great use to those involved in the profession in Canada. Deborah Broadhurst agreed to design the survey and Helene Burt agreed to undertake collection of the data. Contact was made with each of the presidents of OATA and AATQ who also agreed to support the initiative. The survey was translated into French and sent in both French and English to the AATQ members. Approximately 479 surveys were sent out and 139 (29 %) responded. The typical response rate to surveys is between 20 and 40 % (Frankfort-Nachmias and Nachmias, 1992).

Stamped and stuffed envelopes with blank address labels were sent to each provincial association's membership person who then addressed the envelopes with the names of their membership. In this way, no private information was divulged to CATA by any of the provincial associations.

I have made some comparisons with the most recent American Art Therapy Association (AATA) membership survey not because I feel statistics of the art therapy profession in Canada should be similar to those in the States but more to examine our uniqueness. As well, given this is the first survey completed in Canada of members of the all three provincial and the national associations, the ways in which future surveys can be improved will also be presented.

Demographic Variables

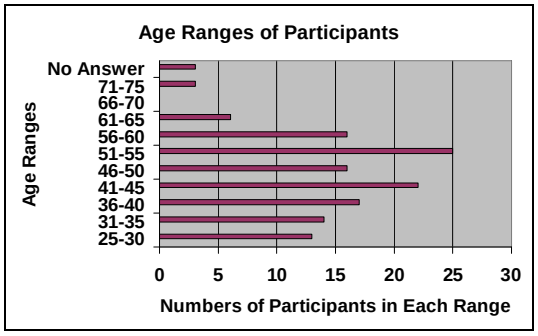
In terms of gender, 92 % of respondents were female and 8 % male. This is almost identical to the results of the last American Art Therapy Association Membership Survey which found 91.3 % were female, 6.2 % male and 2.5 % unspecified (Elkins, et al, 2003). Ages of respondents are indicated in Table 1.

The ethnic groups which respondents identified as are represented both in numerically and by percentage in Table 2. What is most striking is the large number of respondents who did not answer this question. In the AATA survey, only 1.19 % of respondents did not respond to this question. It doesn't seem to be a matter of the survey design, for example situating a question on the survey in such a way that it gets overlooked by the reader. The question seems to be as clearly indicated as the rest of the questions are. I can only assume that the question

---

Editor's Note: Helene Burt is the president of the Canadian Art Therapy Association. She received her Doctorate of Arts in Art Therapy from New York University in 1999 and has been a clinical art therapist for nineteen years.

Table 1



was confusing to many people and that, in future, providing a check-box list of possible answers could lead to a better response rate. The word "ethnic" may have been too vague when what we are interested in what groups are being attracted to the field of art therapy or are able to access the necessary training.

Table 2
Frequency of Ethnic Groups for Respondents

Ethnic Group	**Percentage and Numbers of Respondents**
Caucasian	65 = 46.76 %
No Answer	29 = 20.86 %
Canadian	17 = 12.23 %
French Canadian	8 = 5.76 %
European	6 = 4.32 %
Jewish Canadian	5 = 3.60 %
Multiple Ethnicity	4 = 2.88 %
Asian	3 = 2.16 %
First Nations	1 = .72 %
African Canadian	1 = .72 %

Figure 1 shows the numbers of respondents located in each province not including the international respondents (see table 3). Not surprising, the largest clusters of art therapists are in the three provinces which offer training programs.

Of the 135 respondents located in Canada, the majority lived in communities in which there were at least 5 or more other art therapists but a significant number lived in communities in which they were the only art therapist. Thirty-three respondents lived in communities in which they were the only art therapist; sixteen respondents lived in communities in which they

were one of two art therapists; eight respondents lived in communities in which they were one of four art therapist while seventy respondents lived in communities in which they were one of five or more art therapists. Eight respondents did not answer the question. Being the only art therapist in a community has it's pros and cons, with the positive aspects being uniqueness and lack of competition. On the other hand, the isolation and lack of peers can

Figure 1
Respondents' Province of Residence

Table 3
Location and Numbers of International Respondents

Location	**Numbers**
Johannesburg, South Africa	1
Colorado, USA	1
California, USA	1
Arizona, USA	1

lead to difficulties maintaining one's professional identity. It makes it very difficult to receive supervision and peer supervision is not an option. Also, an art therapist who is isolated may find themselves working with larger numbers of psychologists or social workers, for example, and therefore being more influenced by the paradigms of those professions.

Table 4 shows the communities in which the numbers of respondents were the highest. Again the outcomes are to be expected as these are the communities which have or have had art therapy training programs. However, it is interesting to note that the one community in

which there is a training program but not many art therapists according to the server, is Nelson. This may indicate that a community may have a training program but has to be of a certain size in order to accommodate a larger number of art therapy practitioners.

Table 4

Communities with Largest Numbers of Respondents

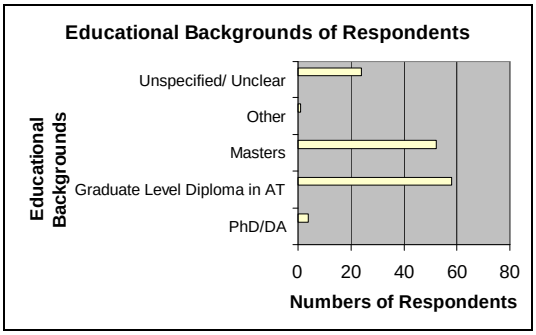
Community	**Number of Respondents**
Montreal	25
Vancouver	16
Toronto	15
London	9
Victoria	5

Educational Variables

This question**,** asking for, "Relevant training designations", seemed to have confused some respondents. Some understood this to mean their professional status as art therapists, for example, Registered or Professional with an art therapy association. (A question about the respondents' professional status was not included in the survey but should have been.) Others understood this to mean all training they had received rather than just the training specific to art therapy. Some included their undergraduate degrees and diplomas, others did not. Therefore, he focus here will be what we can learn with regards to the post graduate level training respondents have which allowed them to become art therapists. Table 5 shows the responses of all respondents. Table 6 shows a comparison between the responses of members of the Association of Art Therapists of Quebec / l'Association des art-thérapeutes du Québec and responses from the rest of the country.

Given that there are currently 4 graduate level diploma training programs in Canada (there were five prior to 2003 when the University of Western Ontario was still offering their program) and only one Masters degree program, it stands to reason that there are more respondents with graduate level diplomas than Masters degrees. Exactly twice as many respondents who are members of CATA, OATA, and BCATA hold graduate level diplomas than A Masters degree. From Table 6 we can see that there is a much larger number of art therapists holding Masters degrees than graduate level diplomas who are members of the AATQ. This appears to indicate that respondents tended to enrol in a program depending on the vicinity of the program to the respondent. Or this could indicate that some respondents chose a program, for whatever reason, and then remained in the vicinity of that program.

Table 5



While 10 respondents from CATA, OATA, and BCATA (19 %) indicated that they had both a graduate level diploma in art therapy and a Masters degree (in various related fields), none of the respondents who were members of the AATQ indicated that they had both a graduate level diploma in art therapy and a Masters degree. Also, 2 respondents who were members of CATA, OATA, and BCATA indicated that they had completed graduate level diploma programs and were now enrolled in a Masters degree program in a related field. Also of note, of the 4 respondents who held doctoral degrees, 2 were members of the AATQ and of the 2 doctoral degree candidates, both were members of the AATQ. These differences between respondents who are members of CATA, OATA, and BCATA and respondents who are members of the AATQ may indicate that art therapists in Canada who had completed graduate level who had completed a Masters degree were more likely to then go on to do doctoral studies. There are pros and cons to the diploma and masters programs in Canada and this is not a comparison of the training programs, only an attempt to understand the different outcomes for some respondents' with regards to their educational developmentdiploma programs were more likely to feel that they needed to also complete a Masters degree while art therapists.

Table 6

Comparison Between Educational Backgrounds of Respondents who are Members of AATQ and Respondents who are Members of CATA, OATA & BCATA

Educational Background	Respondents' Membership	Number of Respondents
PhD/ DA	AATQ	2
PhD/ DA	CATA, OATA, BCATA	2
PhD Candidates	AATQ	2
PhD Candidates	CATA, OATA, BCATA	0
Masters	AATQ	29
Masters	CATA, OATA, BCATA	23
Graduate Level Art Therapy Diplomas	AATQ	2
Graduate Level Art Therapy Diplomas	CATA, OATA, BCATA	56
Masters Degree and Graduate Level Art Therapy Diploma	AATQ	0
Masters Degree and Graduate Level Art Therapy Diploma	CATA, OATA, BCATA	10
Graduate Level Diploma and Masters Degree Candidate	AATQ	0
Graduate Level Diploma and Masters Degree Candidate	CATA, OATA, BCATA	2

While those respondents who only completed masters programs were more likely to go on to doctoral studies, they also had the added time to do so as they chose not to also do a graduate level diploma. On the other hand, those respondents who had both graduate level diplomas and Masters degrees may have a wider scope of education.

Employment Variables

When examining the number of different jobs respondents held, we can see in Table 7 that the majority (40 %) responded that they held one job. Almost as many, 36 %, responded that they had two different jobs, 12 % stated they held three, 5 % stated that they held four, and 1.44 % stated they held five different jobs. Three respondents were unemployed (two on maternity leave) and 7 respondents did not answer the question properly. In the survey, what was meant by "different jobs" was how many employers one had. Some respondents, although it is hard to know how many, may have counted all the contracts in their private practice as different jobs although a private practice was considered to be one job. But many specified that they had both a private practice and worked for another employer, for example a hospital or the local board of education. For greater clarity, the survey should have asked about the number of different employers as well as whether each position was full - time or part - time.

Table 7

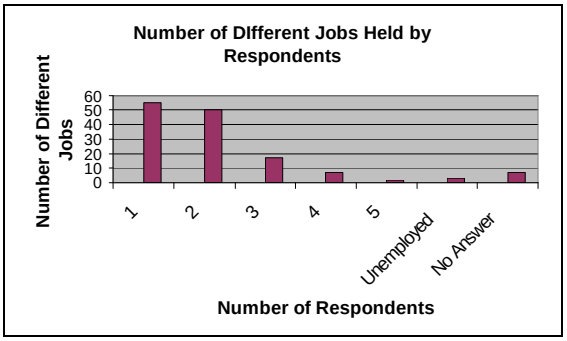


Table 8 shows the current job titles of the positions the respondents held. Some listed more than one job title. About 42 % referred to their job title as "Art Therapist" while 23 % described their job title in more generic terms like "Counsellor", "Psychotherapist" or

"Therapist". This question could be improved upon in future surveys by providing a check - list which would result in easier interpretation.

Table 8

Current Job Title	Number of Respondents
Art Therapist	58
Therapist/Counsellor/ Psychotherapist	31
No Answer	11
Unclear	10
Director	9
Educator/Study Coordinator	7
School Teacher	5
Child and Youth Care Worker	5
Art Therapy Professor	4
Artist	4
Clinical Supervisor	4
Social Worker	3
Other Type of Therapist	3
Family Therapist	2
Coordinator of Expressive Arts Program	2
Professor	2
Nurse	2
Psychologist	2
Author	2
Clerical	1

Table 9 shows the current work settings the respondents were in, again with more than one often listed. By far the greatest number of respondents, 52 %, identified "Private Practice" as at least one of their current work settings.
We can see that art therapists are working in a wide range of settings, primarily mental health centres, but also schools and universities although opportunities for teaching in our field appear to be minimal.

Respondents, for the most part, had malpractice insurance (see table 10). However, since the number of those respondents with personal professional malpractice insurance was greater than the number of respondents who claimed to be in private practice, we can assume that the number of respondents who are actually in private practice is greater than was recorded in Table 9.

Table 9

Current Work Settings	Numbers of Respondents
Private Practice	72
Various types of mental health centres	47
School Settings	17
Hospital/Hospice/Inpatient/Residential	25
Community Centres	11
University	10
No Answer	7
Art Therapy Training Program	4
Studio	1

Table 10

Malpractice Insurance	Number of Respondents
Yes	103
No	24
No Answer	7
Insured by Employer	5

Due to the design of the survey, the question regarding the amount of insurance respondents were insured for, was less than effective in gathering the correct information (Table 11). Some respondents thought this questioned pertained to the question above it rather than the question beside it and responded by indicating what rates they charged in their private practices. Others thought this question referred to the amount that they paid on a yearly basis for Malpractice insurance. Others indicated they were confused and some just left this blank.

Table 11

Amount Insured For	Numbers of Respondents
1,000,000.00	42
2,000,000.00	24
3,000,000.00	1
5,000,000.00	1
No Answer	18
Confused by Survey Design	23
Answer Unclear	6

Table 12 shows the numbers of years respondents recorded having been in practice as art therapists. As one can see, those respondents having practiced below the sixteen year mark make up the majority and at sixteen years a significant drop takes place. This trend is quite different to the American Art Therapy Association's (Ellis, et al, 2003). While only 7.2 % of the respondents in our study had been in practice between sixteen to twenty years, in the AATA's survey 14 % had been in practice between sixteen to twenty years. Even more striking is that 16 % of the AATA members continued to be in practice after the twenty year mark whereas only 7.9 % of the respondents in our study reported having been in practice for over twenty years. One explanation for these differences is the difference in the numbers of training programs in Canada and the States. In the States there are thirty-eight AATA approved training programs whereas in Canada we have only five programs. Clearly there are many more teaching positions in the States than in Canada. After many years of experience as a clinician, it is not unlikely that developmentally a practitioner is ready for, and perhaps more interested in, teaching and training opportunities. If those opportunities do not exist, what do those art therapists who need a new challenge and have been in the field for a considerable amount of time do?

Table 12

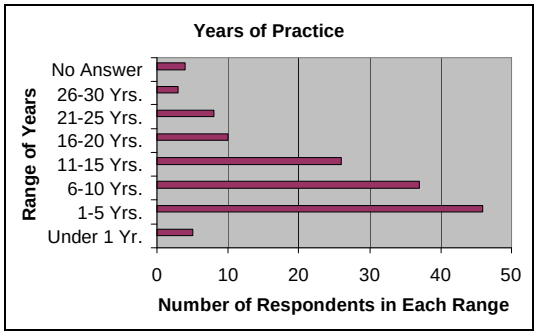


Table 13 shows the professional tasks that respondents engaged in on a regular basis, both in total numbers and percentages. These figures should come as no surprise to anyone familiar with the work and are very similar to those of the American Art Therapy Association's survey.

Table 13

Regular Professional Tasks	Numbers of Respondents	Percentage of Respondents
Individual Therapy	117	84.2 %
Administration, Paperwork, Case Notes	113	81.3 %
Workshops/Presentations	89	64 %
Group Therapy	86	61.9 %
Case Consulting, Team Meetings	85	61.2 %
Supervision	66	47.5 %
Assessment, Evaluation, Testing	57	41 %
Crisis Intervention	57	41 %
Family Therapy	55	39.6 %
Teaching Art Therapy	36	25.9 %
Other Teaching/Training	36	25.9 %
Couples Therapy	30	21.6 %
Research	27	19.4 %
Organizational Consulting	24	17.3 %
Other	23	16.5 %
Teaching Art	20	14.4 %

Table 14 shows the client populations the respondents indicated that they most often worked with. Although the number of respondents who checked "Other" was relatively high, it is important to note that only one respondent listed a population which did not clearly fit into one of the already specified headings ("Art Therapy Students"), although it could be argued that this population could have been included under "General Population". In other words, the "Other" category was not reliable in this case due to the fact that most populations listed as "Other" could have been included in an already existing category. Otherwise, the populations art therapists in Canada work with appear to be quite broad and the trends are very similar to those in the States.

Table 15 shows the numbers of hours worked per week by each respondent with the majority working full-time or more than part-time but less than full-time. Table 16 shows the gross annual salaries (represented in multiples of one thousand) of the respondents. In future these questions could be improved by asking that respondents clarify how many work hours are art therapy related hours and how many are not related to art therapy.

Table 14

Population(s) Most often Worked With	Number of Respondents	Percentage of Respondents
Behaviorally/ Emotionally Disturbed	98	70.5 %
General Population	90	64.7 %
Abused/ Neglected Children	75	54 %
Multicultural	59	42.4 %
Abuse Survivors (Adult)	59	42.4%
Domestic Violence	52	37.4 %
Developmentally Delayed	51	36.7 %
Learning Disabled	51	36.7 %
Medical /Chronic Illness	47	33.8 %
Sexuality Issues	45	32.4 %
Substance Users	38	27.3 %
Out- Patient Psychiatric	38	27.3 %
Eating Disorders	34	24.5 %
Other	31	22.3 %
Young Offenders	28	20.1 %
Geriatric	23	16.5 %
Physically/Sensory Impaired	21	15.1 %
Neurological Disease/Head Injury	16	11.5 %
Homelessness	15	10.8 %
Sex Offenders (Youth)	15	10.8 %
In-Patient Psychiatric	13	9.4 %
AIDS/HIV	11	7.9 %
Sex Offenders (Adult)	11	7.9 %
Adult Prisoners	6	4.3 %

Table 15

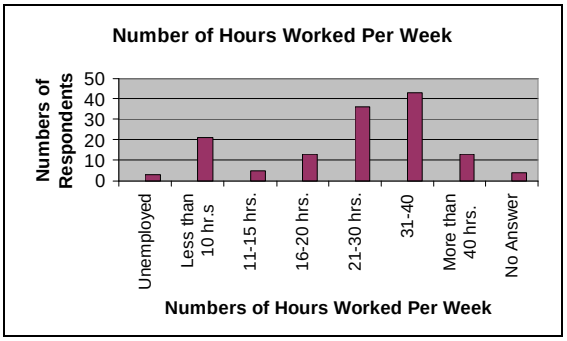


Table 16

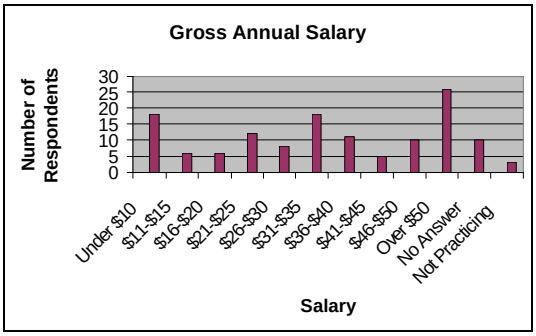


Table 17 shows the numbers of hours worked matched to the salary ranges. Generally higher numbers of hours correlated with higher salaries. 18 respondents did not respond in a way that their answers could be interpreted for the comparison and 4 were not working at the time of the survey. Many of these respondents actually did give responses but because they gave more than one answer to one or the other question, their responses could not be interpreted. The next survey should clearly specify that respondents give only one response to questions like these.

Qualitative Data

Of the 39 respondents who added comments to their surveys, most expressed concern about the job prospects for art therapists in Canada. 26 % commented that it is hard to find jobs and difficult to support oneself over time. 15.4 % felt that we need more advocates to promote the funding and hiring of art therapists. 10.3 % noted that they found it necessary to have a Masters degree as well as

their art therapy training in order to find work. 8.8 % commented that agencies claimed to have

Table 17
Number of Hours Worked Per Week

Gross Salary	< 10 Hrs.	11-15 Hrs.	16-20 Hrs.	21-30 Hrs.	31-40 Hrs.	> 40 Hrs.
< $10	16	1		1		
$11-$15	3	2	1	1		
$16-$20			1	4		
$21-$25	1		3	6	1	
$26-$30	1		1	4	1	
$31-$35		2	6	11		
$36-$40		1	1	6	2	
$41-$45					4	
$46-$50			1	1	7	1
>$50				3	10	11

a lack of funding and did not see art therapy as a necessity but an "extra". Therefore, contracts with those agencies depended on annual funding. 5 % noted that since art therapy was not included as an insured service in most client health benefit packages, yet another source of income was not available to art therapists. All the comments of the 39 respondents cannot be categorized here; instead I have made an attempt to categorize the most common comments.

Conclusion

I have provided suggests for improvement on the design of this survey throughout this article. Future researchers will likely have further ways in which to improve the survey design. While this survey had many flaws, it was the first of its kind to include as many Canadian art therapists as possible. As a starting point, we can learn from this survey and improve on the design of the next national survey. I would suggest that such a survey take place every four years so that we measure change and growth on a regular basis. Every second CATA Executive Board could take this on as a responsibility. Finally, I would like to

thank Deborah Broadhurst, BCATA president, Nicole Paquet, AATQ president, and Karen Nordin, OATA president, for their support to this project.

References

Ellis, D., Stovall, K., & Malchiodi, C. (2003)American art therapy association, inc: 2001-2002 membership survey report. *Art Therapy, Journal of the American Art Therapy Association, 20*(1), 28-34.

Frankfort-Nachmias, C. & Nachmias, D. (1992). Research methods in the social sciences. New York: St. Martin's Press, Inc.