

# **The 2009-2010 National Survey of Art Therapists in Canada**

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## **Abstract**

It has been five years since our first national survey for art therapists was conducted. Current and updated information is required for our profession. A census survey, using multiple choice questionnaires, was conducted via mail in early spring, 2010. All professional and registered art therapists across Canada, who are 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-therapeutes du Quebec, were invited to participate. Data regarding the art therapists' demographics, work status and other criteria were collected for analysis.

## **Introduction**

Current and updated demographic data within the profession of Art Therapy is vital to provide insights on how to further the development of the profession of Art Therapy in Canada. It has been five years since Dr. Helene Burt previously carried out a national survey in 2005 (Burt, 2005). Since then, the profession has experienced a significant growth as more training positions have become available. However, the growth and development might have been dampened by the recent downturn of the economy. In order to provide insight and guidance on how we can further the aims of our profession, an updated survey on our current work force is warranted.

The main goal of this national survey was to collect updated information regarding art therapists' demographics, work status and other criteria in Canada. The key objectives undertaken were: 1) to fill in the literature and information gap for the past 5 years, 2) to look for longitudinal trends in the art therapy profession,

3) to investigate current job markets trends and the demand for art therapists.

### **Editor's Note**

Angela Lee is a retired medical doctor.

She is currently working as a counsellor and art therapist in Hamilton, ON. Her major interest is working with emotionally disturbed children and youths with aggressive behaviours from high conflict families. This census survey was conducted as her graduation project at the Toronto Art Therapy Institution.

## **Methodology**

A national census survey was conducted in early spring, 2010. The design of this national census was by mail survey using questionnaires. Mail survey remains a cost effective method for gathering information. It is ideal for large sample sizes or when the sample comes from a wide geographic area. Because there is no interviewer, there is no possibility of interviewer bias. The main disadvantage is the inability to probe respondents for more detailed information. However, participants were given the option of adding free comments at the end of the questionnaires. Multiple choice questions were used in the questionnaire which simplified the response process for participants.

Data collected was tabulated into charts and tables and analysed by using appropriate statistical tools such as frequency, medians, modes and means, as well as non-parametric tests such as the Wilcoxon Mann-Whitney Test (also known as WMW test or Mann-Whitney U test) (Wilcoxon, 1945) where appropriate.

As this was a census study, ideally, the entire art therapist population in Canada would be included. All professional and registered art therapists across Canada, who are 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), were invited to participate. However, some art therapists might not have been recruited into the survey such as those who did not join any of the provincial or national associations, or those who had not yet fulfilled the membership requirements of the above professional associations. Some art therapists might have been registered both with the provincial and national art therapy associations. In order to avoid duplication of sample data, participants were instructed to only reply once if they belonged to more than one association. In addition, the final sample size was adjusted statistically if the participants indicated on their response they had dual memberships. This would make certain each art therapist was only entered once as a subject.

The survey questionnaire was in English. Members of the AATQ also received a French translated copy in addition to the English version.

To ensure confidentiality, all questionnaires were sent in stamped envelopes with blank address labels to each provincial association's membership chairperson who then addressed the envelopes with names of their members. In this way, no private information was divulged to CATA by any provincial associations. Returned questionnaires were collected by the principal investigator.

Six hundred and nine questionnaires were sent out in total. Eleven were returned to sender due to wrong address. There were 9 international art therapist members (USA (3), England, Ireland, Switzerland, Hong Kong, Pakistan, and Bermuda). Information of these 9 members was not included in our current survey for Canadian demographics. One response from a student art therapist was also excluded.

The total number of questionnaires collected was 281. After adjustment to our survey's inclusion criteria and numbers corrected for members with dual memberships ( $n = 18$ ), corrected numbers of questionnaires sent versus received were 570 and 278 respectively. This gave a response rate of 48.77%. The typical response rate to surveys is between 20 and 40% (Frankfort-Nachmias and Nachmias, 1992). Two hundred and eighteen (78.4%) respondents replied in English while 60 (21.6%) answered in French. This high response rate demonstrated the degree of connectedness amongst the art therapy community and their concern about the development of the profession.

## Results

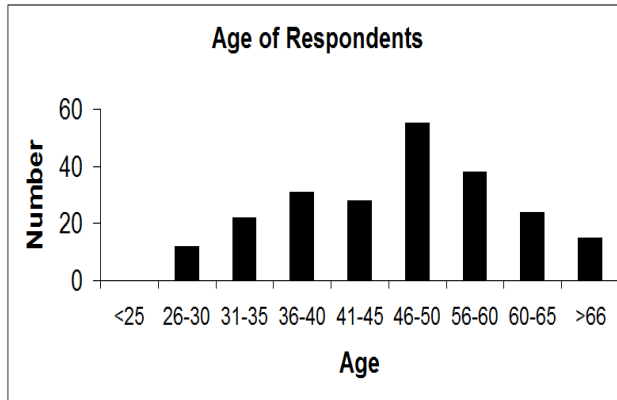
### Demographic Variables

**Gender.** (N=278; Respondents= 270; Non-respondents= 8)

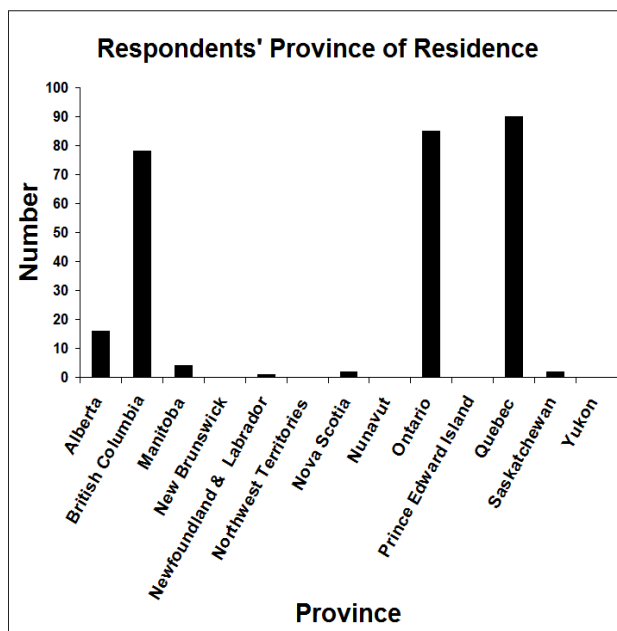
In terms of gender, 94.8% (256) of respondents were female and 5.8 % (14) male.

**Age.** (N=278; Respondents=275; Non-respondents=3)

Ages of respondents are indicated in Fig. 1. The mode of respondents' age range was between 46-50 (20%), followed by 56-60 (18.2%)



**Fig. 1 Age of Respondents**



**Fig. 2 Respondents' Province of Residence**

**Respondents' Province of Residence.** (N= 278; Respondents=278; Non-respondents= 0)

Fig. 2 shows the number of participants located in each province. Not surprising, the largest clusters of art therapists were in the three provinces which offer training programs: Quebec 32.4% (n= 90); Ontario 30.6% (n=85); British Columbia 28.1% (n=78). New Brunswick, Northwest Territories, Nunavut, Prince Edward Island and Yukon were provinces not represented by at least one art therapist.

**Respondents' City of Residence.** (N= 278; Respondents=262; Non-respondents= 16)

Of the 262 respondents located in Canada, the majority lived in communities in which there were at least 5 or more other art therapists (Table 1). Most of the respondents resided in Montreal (14.5%, n=38), Toronto and Greater Toronto Area (9.9%, n=26), London, Vancouver and Victoria (tied third 6.1%, n= 16 for each city). However, a significant number of our respondents (29.4%, n=78) lived in communities in which he or she was the only art therapist.

City	Number of Respondents	City	Number of Respondents
Montreal	38	Sherbrooke	8
Toronto & Greater Toronto Area	26	Edmonton	6
London	16	Ottawa	6
Vancouver	16	Nanaimo	3
Victoria	16	Power River	3
Calgary	8	Winnipeg	3

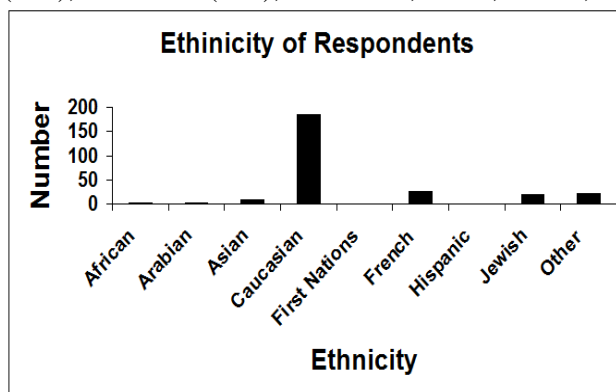
**Table 1** Cities with Largest Numbers of Respondents

It is obvious that most job opportunities lie in the big metro cities. Again, the numbers of highest respondents came from cities with art therapy training programs. The only exception seems to be Nelson, with only 2 art therapist respondents. Being the only art therapist in a community has its pros and cons. On one hand, there is lack of competition. On the other hand, the isolation and lack of peer support can lead to difficulties in maintaining one's professional identity. It makes supervision and peer supervision difficult. Also access to post-graduate continuing education may be limited.

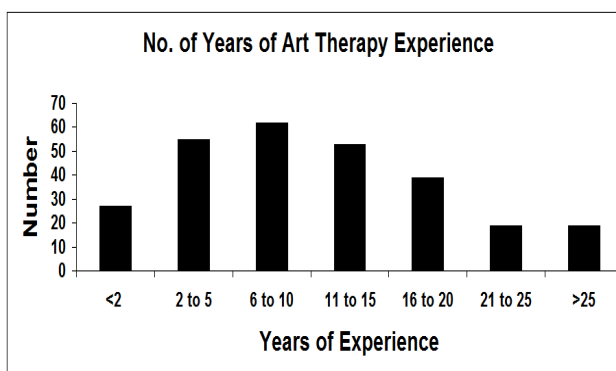
**Ethnicity.** (N=278; Respondents =264; Non-respondent=14)

The vast majority of the respondents identified themselves as Caucasian (69.7%, n=184) (Fig. 3). Other reported ethnic groups included: French (9.5%, n=25); Jewish (7.2%, n=19); Asian (3%, n= 8); African (1.1%, n=3); Arabic (0.8%, n=2); First Nations (0.4%, n=1) and others (9%, n=24).

Some respondents specified "Other" which included the following: Canadienne (n=4); Quebecoise (n=4); Ukrainian (n=2); Romanian; Métis; Italian; Sicilian; Armenian; Polish; and Slavic. See Fig. 3.



**Fig. 3** Respondents' Ethnicity

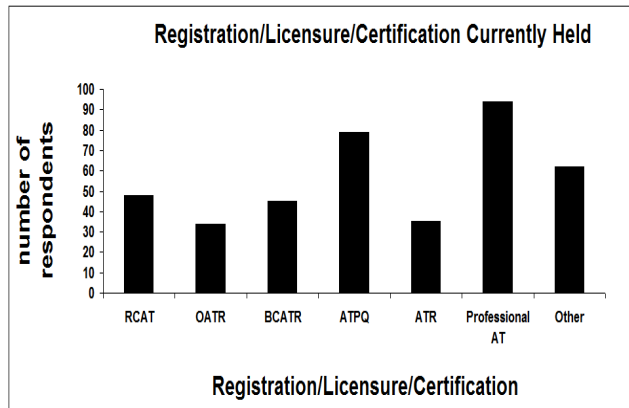


**Fig. 4** No. of Years of Art Therapy Experience

**Number of Years of Art Therapy Experience.** (N=278; Respondents =274; Non-respondents=4)

Twenty two point six percent of respondents (n= 62) reported having 6 to 10 years of working experience in art therapy. Twenty point one percent (n=55) had 2 to 5 years and 19.3% (n=53) had 11-15 years of experience (roughly one-fifths for each of the top three age categories). Seven point two percent (n=19) had been in the art therapy field for over 25 years. Please see Fig. 4.

**Registration/ Licensure/ Cert-ification Currently Held.** (N=278; Respondents =256; Non-respondents =22)



**Fig. 5 Registration/ Licensure/ Certification Currently Held by Respondents**

The percentages of the respondents registered with different art therapy associations were as follows (Figure 5): RCAT 18.8% (n=48), OATR 13.3% (n=34), BCATR 17.6% (n=45), ATPQ 30.9% (n=79), ATR 13.7% (n=35). 24.2% (n=62) held other non – art therapy related registrations, licensures, and certifications. (Fig. 5 & Table 2). Thirty six point one percent of the respondents were professional members (n=94).

**Registered Professional Mem-berships.** (N=256)

Of the 256 respondents, 18 had dual registered professional memberships belonging to both the Canadian Art Therapy Association and one of the provincial art therapy associations (OATA, BCATA, or AATQ). There were 35 respondents who were both Registered Canadian Art Therapists with CATA as well as Registered Art Therapists with the Art Therapy Credentials Board in the United States. (See Fig. 6)



**Fig. 6 Registered Professional Memberships of Respondents**

**Primary Art Therapy Education Qualifications of RCAT Members. (n=117)**

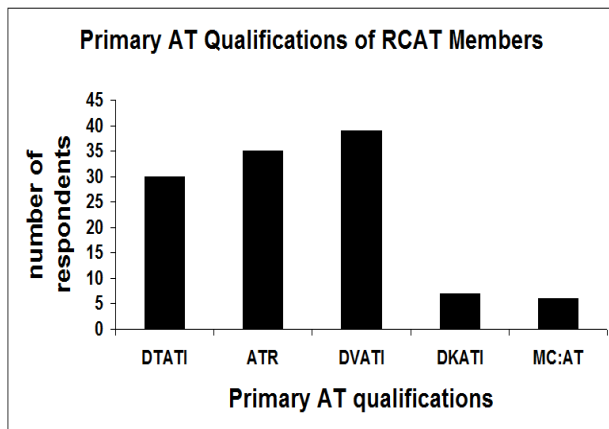
Out of the 117 RCAT members, 25.6% (n=30) held a graduate level diploma from Toronto Art Therapy Institute (DTATI), 6% (n=7) from Kutenai Art Therapy Institute (DKATI), and 33.3% (n=39) from Vancouver Art Therapy Institute (DVATI). 5.1% (n=6) indicated they possessed the Master of Counselling degree with specialization in Art Therapy (MC: AT) from the joint program of Athabasca University and Vancouver Art Therapy Institute. Thirty percent (n= 35) of our respondents had their art therapist training from the USA (Fig.7).

**Table 2 Other Types of Licensure/Registration/Certification Held**

**Employment and Job Information**

**Current Job Titles. (N= 278; Respondents =277; Non-respondents =1)**

Fig. 8 depicts the information of the current job titles amongst the respondents. One hundred (36%) of the respondents had only one current job title while 177 (63.4%) had 2 or more current job titles (Figs 9 & 10). One respondent was not currently working. Nine respondents had checked the current job title as “retired”.



**Fig. 7 Primary Art Therapy Qualifications of RCAT Members**

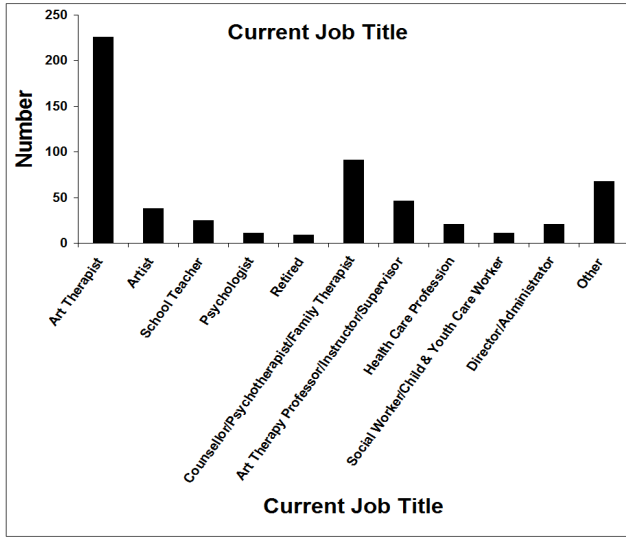


Fig. 8 Current Job Title

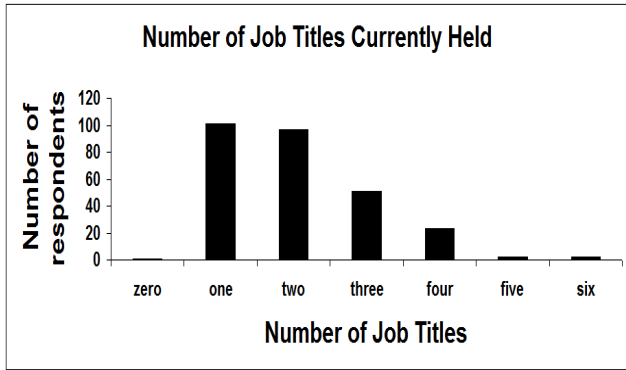


Fig. 10 Number of Job Titles Currently Held by Respondents

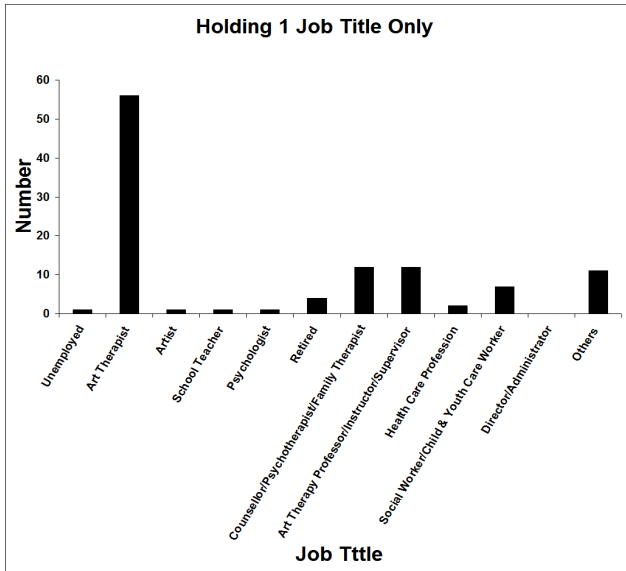


Fig. 9 Respondents Holding One Job Title Only

(N=101)

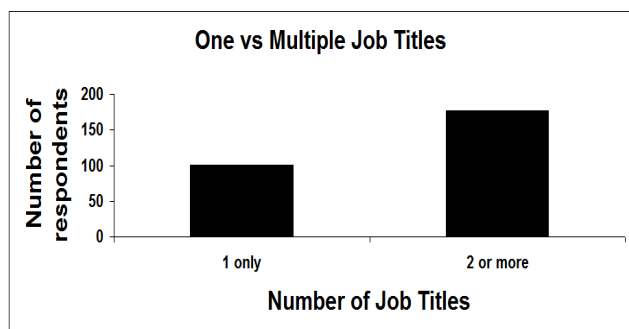


Fig. 11 Number of One vs. Multiple Job Titles Held

by Respondents

Eighty one point six percent (n=226) of respondents held the job title of art therapist; 32.9% (n=91) as counsellor/ psycho-therapist/family therapist; 16.6% (n=46) art therapy professor/instructor/supervisor; 13.7% (n=38) artist; 9% (n=25) school teacher; 7.6% (n=21) health care professionals (doctor, nurse (n=6), nurse care manager, occupational therapist (n=3), physiotherapist, pharmacist, mental health clinician (n=3), health care instructor); 7.6% (n=21) director /administrator; 3.9% (n=11) social worker/child and youth care worker; 3.9% (n=11) psychologist and 24.5% (n=68) claimed they held other job titles (See Table 3 for other job titles specified).

Job Titles	Number	Job Titles	Number
Recreation Assistant	1	Tai Chi Instructor	1
Child Life Specialist	1	Employee Assistance Provider Counsellor	2
Art Teacher/Instructor	1	Counsellor on Family Health Team	1
Sister	1	Shift Leader at Crisis Centre	1
Currently Masters Student	2	Insurance Assessments	1
Bereavement Coordinator	1	Spiritual Care Giver	1
Program Coordinator/Children Outreach Worker	1	Clinical Social Worker	1
Therapeutic Recreation Facilitator	1	Theraplay Practitioner, Focusing- Oriented Psychotherapist	1
Consultant Trainer	2	Sand Play Therapist	3
Manager of Counselling Services	1	Program Coordinator	1
Intake Worker	1	Massage Therapist	2
Body Work Therapist	1	Behavioural Interventionist	1
Neurofeedback Therapist	1	Retail/Promo Rep	1
Trauma Recovery Worker	1	School-based Counsellor	1
Philosopher of Conscious Studies, Mentor, Coach, Author	1	Weekend Teacher at Visual Art Studio	1
Human Relations Officer	1	Career Counsellor	1
Teacher in Early Childhood Education	1	Criminologist	1
Counsellor for Professionals in Training	1	Consultant on Emergencies	1
Programme & Research Planning Agent	1	Instructor: Roots of Empathy	1
Psychoeducator	3	Sharman Cranio-sacral Therapist	1
Worker at Women's Centre	1	Phone Counsellor	1
Art Workshops Organizer	1	Online Counsellor	1
Youth Director	1	Marriage and Family Therapy Instructor	1
Social worker in Sexology	1	French Teacher	1
Recreation Therapist	1	Psychoanalyst	1

**Table 3 Other Current Job Titles (not listed in the questionnaire)**

**Number of Job Titles Currently Held.** (n=277)

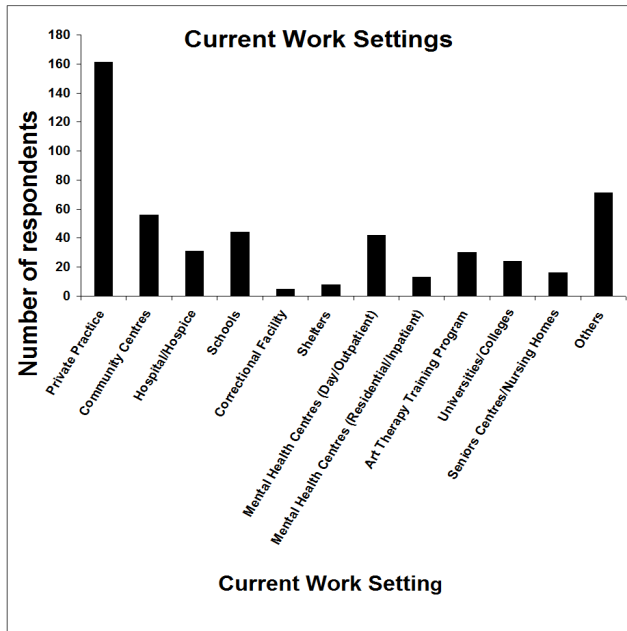
The number of job titles currently held ranged from zero (not currently working) to six (performing multiple jobs) (see Fig. 10). Almost twice the respondents held more than one job title (see Fig. 11). For those who had more than one job title, the most common job titles concurrently held were art therapist and counsellor/ psychotherapist/family therapist.

**Current Work Settings.** (N= 278; Respondents =267; Non-respondents =11) (See Figs 12 to 15).

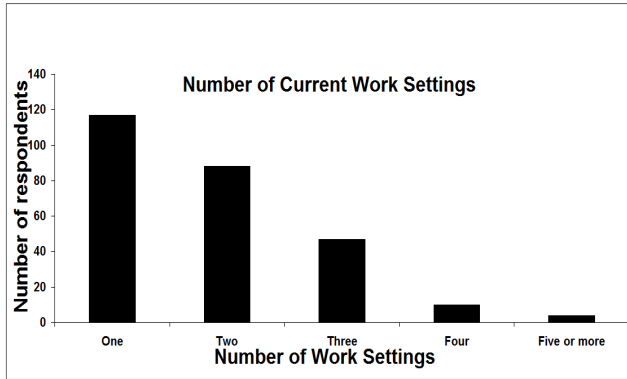
Again, our respondents listed they worked in a wide range of work settings (Figure 12). More than half of the respondents worked in multiple work settings (Figs 13 & 14). 60.3% (n=161) of the respondents worked in private practice.

**Number of Current Work Settings.** (n=267) (See Figs 13 to 15)

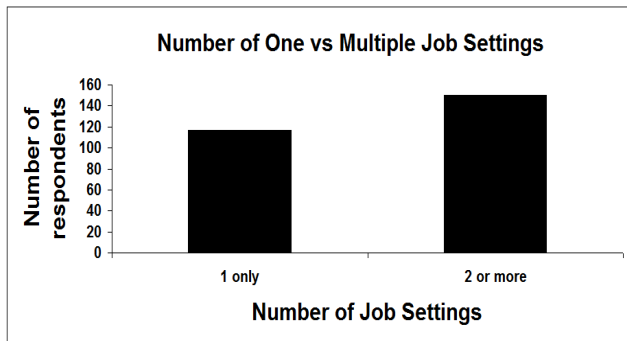
Amongst the 267 respondents to this question, 43.8% (n=117) reported they worked only at one work setting. 56.2% (n=150) worked at multiple work settings: 33% (n=88) at 2 settings, 17.6% (n=47) at 3 settings; 3.7% (n=10) at 4 settings and 1.5% (n=4) worked at 5 or more settings. The top two most common combinations of work settings were working in private practice and community centres, and working in private practice and hospital or hospice.



**Fig. 12 Current Work Settings**



**Fig. 13 Number of Current Work Settings**

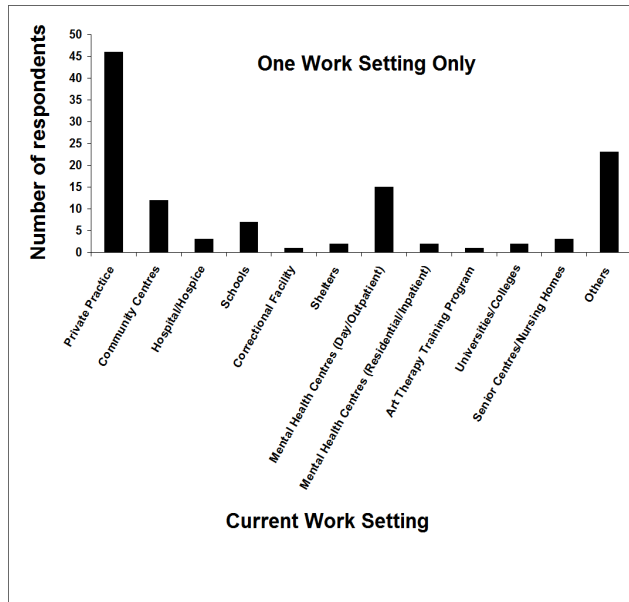


**Fig. 14 Number of One vs. Multiple Work Settings**

Since there were a wide variety of work settings, Table 4 depicts the other work settings not listed in the questionnaires.

Current Work Settings	Number	Current Work Settings	Number
Aboriginal Women's Support Centre	1	Day Centre for Developmental Disabilities	1
Adult Education Centres	1	Detoxification Rehab Centre	2
Art School	1	Day Health Program for AIDS	1
CLSC (Local Community Service Centre) Clinics	1	Developmental Service Centres & Residence	1
Cancer Foundation of Quebec	1	Drop-in Art Studio	1
Cancer Support Centre	2	EAP	1
Catholic College	2	EAP-online	1
Child Care Centre	1	Early Childhood Centre	1
Child & Family Services	1	Family Crisis Centre w Residence	1
Child Welfare	1	Family Services Agency	2
Clients' Homes	2	First Nations Band Mental Health	4
Canadian Cancer Society	1	Foster Care/Home	2
Community Health Clinic, Fed. Govt	1	Group Homes	2
Community Health Centre	1	Group Workshops on Demand	1
Community Mental Health Clinic	1	Health Canada	1
Complex Care Facility	1	Health Centre	1
Counselling Agency/Clinic	3	Home-based Office	1
Consultant to Health Care Services & Private Industry	1	International Presentations & Workshops	1
Marital & Family Therapy Training Program	1	Long Term Care	3
Ministry of Children & Family Development Services	1	Residential Addiction Treatment Centre	1
Mobile Art Therapy	1	Retreat Houses	1
Natural Health Consultant Institute	1	School for Creative Journaling	1
Non-profit Agency	2	Self Health Support Centre	1
Non-profit Counselling Agency	1	Social Service Agency	1
Non-profit Mental Health Agency	3	Specialised Child Abuse Service	1
Other Countries (on contracts)	1	3rd Stage Housing	1
Physical Rehabilitation Institute	1	Wellness Centre	1
Psychology Practice & Psych. Ass	1	Women's Centre	1
Rehabilitation Centre	1	Women's Resource Centre	1
Religious Community	1	Youth Centre	1

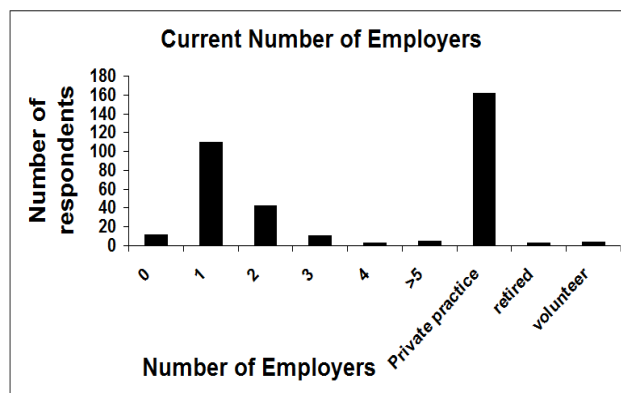
**Table 4 Other Work Settings (Not listed in the questionnaire) (n=71)**



**Fig. 15 Respondents with One Current Work Setting**

**Number of Current Employers.** (N = 278; Respondents = 273; Non-respondents = 5)

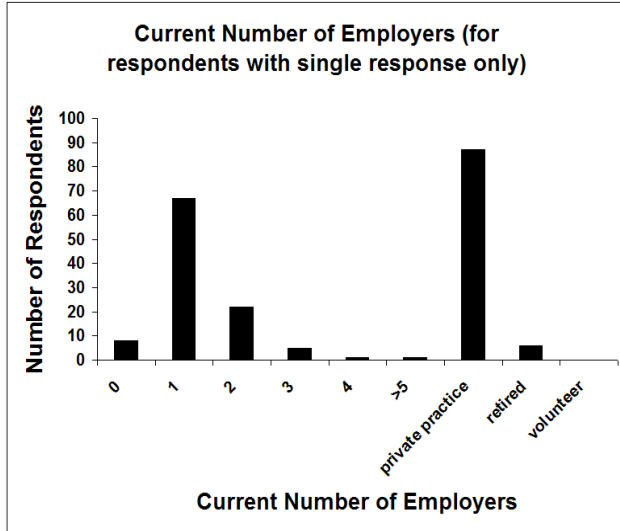
Twelve respondents had check marked the option of zero employers (i.e. not currently working or unemployed). Three indicated they were retired and 4 were volunteering. By far, about 60% of respondents (n=162) were in private practice. For those private practitioners, some indicated they were employed by other agencies or organizations as well. For the overall response for number of current employers, see Fig. 16.



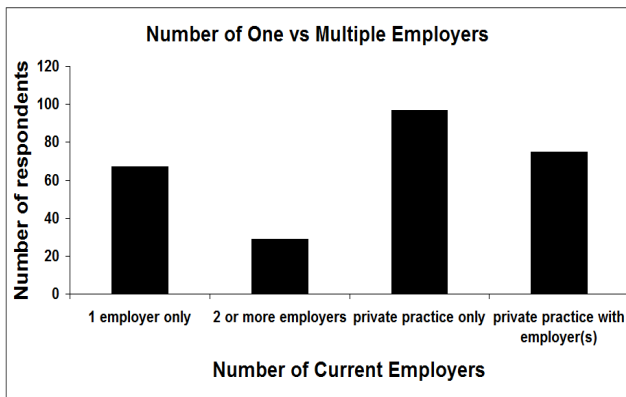
**Fig. 16 Number of Current Employers**

For those who had check-marked one response only to the question of number of employers, the results were as follows:

The frequency distribution of the current number of employers for respondents with single response showed a similar pattern to the overall data (Fig. 17). The majority of respondents were in private practice followed by being employed by one employer. 29 respondents worked for 2 or more employers (14.3%). (See Figs 17 & 18) This also supported the phenomenon that many of the jobs were part-time and some art therapists had to work at several jobs to earn a substantial income for a living. Many art therapists had several one-day contracts at various different agencies.



**Fig. 17 Current Number of Employers (For respondents with single response)**



**Fig. 18 Number of One vs. Multiple Current Employers**

Seventy five respondents in private practice were also employed by employers. The numbers of current employers in this sub-group are shown in Fig. 19. Forty per cent (30 out of 75 respondents in private practice had two or more employers. This demonstrates the difficulty of earning a sufficient income in private practice and the need for additional employment to supplement the income source. Many of the written comments from the respondents also substantiated this fact.

For those in private practice, respondents were also asked the number of current contracts they had. (Fig. 20)

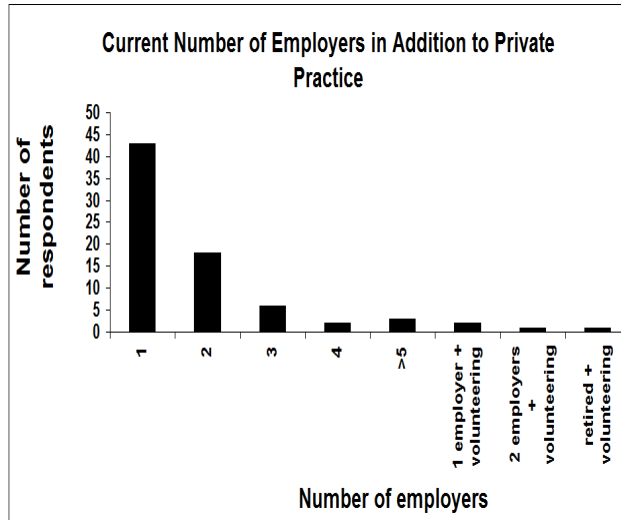


Fig. 19 Current Number of Employers in Addition to Private Practice

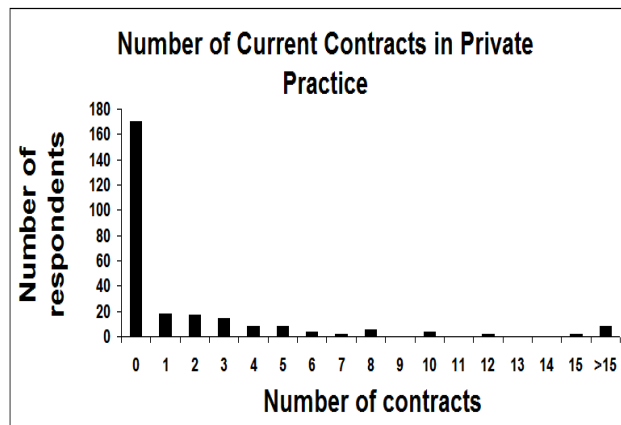
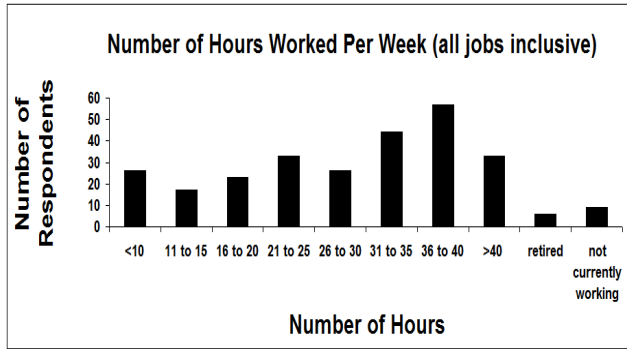


Fig. 20 (Number of Current Contracts in Private Practice)

Majority of the private practice respondents reported not having contracts (i.e. seeing private clients only). For those who had contracts, most reported the number ranging from 1 to 3. For those who reported number of contracts greater than 15, there might be a possibility that the respondents had misinterpreted the question as asking for the number of individual clients seen in their practice.

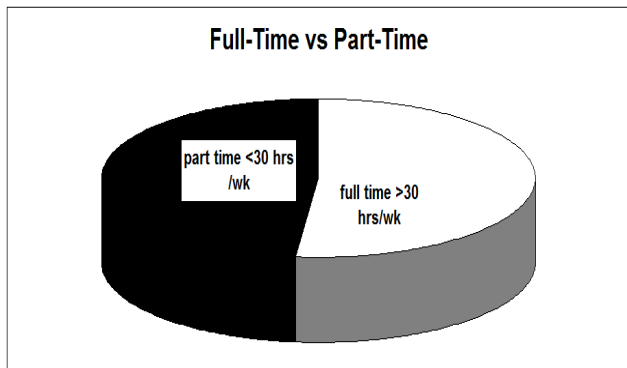
**Number of Hours Worked Per Week –All Jobs Inclusive.** (N= 278; Respondents =274; Non-respondents =4)

In Canada, part-time workers are those who usually work fewer than 30 hours per week at their main or only job (Marshall, 2001). Those who work more than 30 hours per week are considered full time at their career. When asked about the number of hours worked per week, 48.9% (n=134) of respondents reported working full-time; 45.6% (n=125) working part-time; 2.2% (n=6) retired and 3.3% (n=9) were not currently working. The mode of hours worked per week was between 36-40 hours (20.8% n=57) while 12% (n=33) had to work more than 40 hours per week. Details see Fig. 21.



**Fig. 21 Number of Hours Worked Per Week (All Jobs Inclusive)**

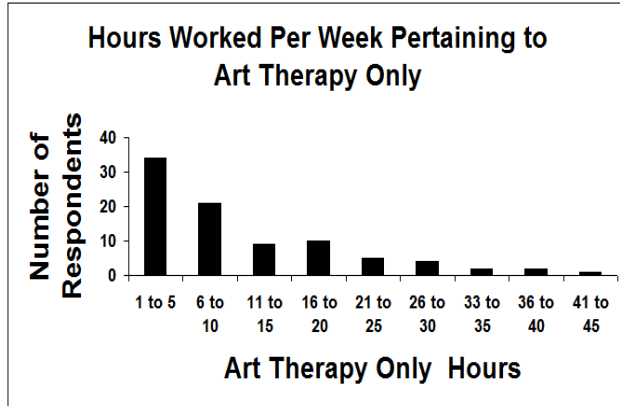
It is worth noting that a substantial percentage of art therapists (close to half) were working part-time. As part-time workers, they likely do not receive the same benefits as their full-time counterparts. See Fig. 22.



**Fig. 22 Number of Working Full-Time vs. Part-Time**

**Number of Hours Worked Per Week – Pertaining to Art Therapy Only.** (N= 278; Respondents=88; Non-respondents =190)

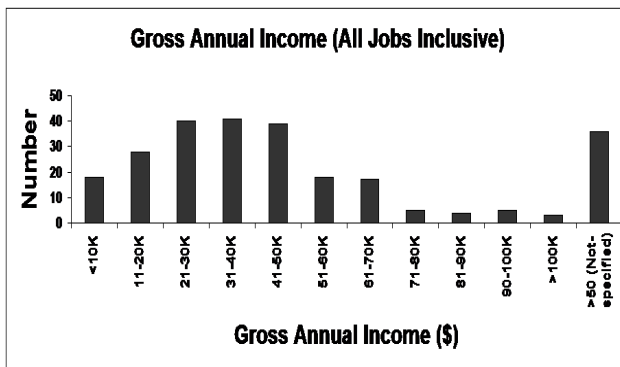
For those with more than one job unrelated to art therapy, the respondents were asked to specify the number of hours they worked per week pertaining to art therapy only. 88 responded to this question. 94.3% (n=83) of respondents claimed using art therapy as a part-time (i.e. working less than 30 hours per week) adjunct to their main career while 5.7% (n=5) worked full time (more than 30 hours per week) as art therapists with another specialty/ treatment modality in addition to their art therapy services. 38.6% (n=34) of the respondents to this question worked less than 5 hours a week pertaining to art therapy only. See Fig. 23.



**Fig. 23 Hours Worked Per Week Pertaining to Art Therapy Only For Those Respondents with More than One Job Unrelated to Art Therapy**

**Gross Annual Income.** (N= 278; Respondents =254; Non-respondents =24)

Fig. 24 showed the gross annual incomes (all jobs inclusive) of the respondents. Close to half (47.2% n=120) had gross annual incomes between \$21,000-\$50,000 with peak mode income between \$31,000-\$35,000 (10.2% n=26)



**Fig. 24 Gross Annual Income (All Jobs Inclusive)**

**Gross Annual Income – Pertaining to Art Therapy Only.** (N= 278; Respondent =80; Non-respondents =198)

As for the number of working hours, those respondents with more than one job unrelated to art therapy were asked to specify their gross annual income pertaining to art therapy only. 80 responded to this question. 56.2% of the respondents (n=45) reported earning less than \$10,000 per year for their art therapy services. Of course, the income was proportional to the number of hours worked per week for their work in art therapy. One participant reported a gross annual income of \$100,000 and this respondent worked 43 hours per week in art therapy. See Fig. 25.

In Fig. 26, the median annual income and the median weekly work hours for art therapists were shown according to their province of residence. Art therapists in Alberta and Manitoba worked the most hours and full time, 31-35 hours/week. Those in Ontario, Quebec and British Columbia worked mostly part-time between 26-30 hours/week. Art therapists in Nova Scotia and Saskatchewan worked 21-25 hours/week.

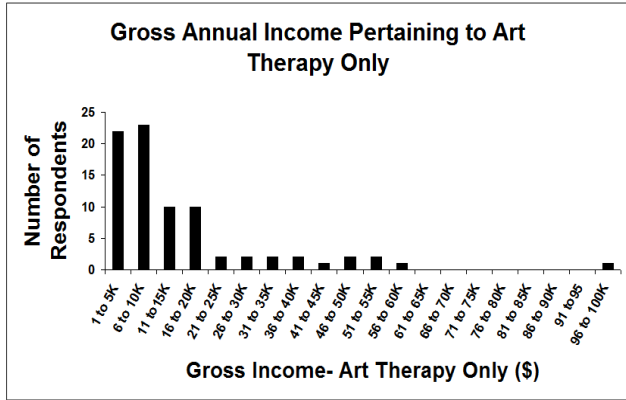


Fig. 25 Gross Annual Incomes Pertaining to Art Therapy Only

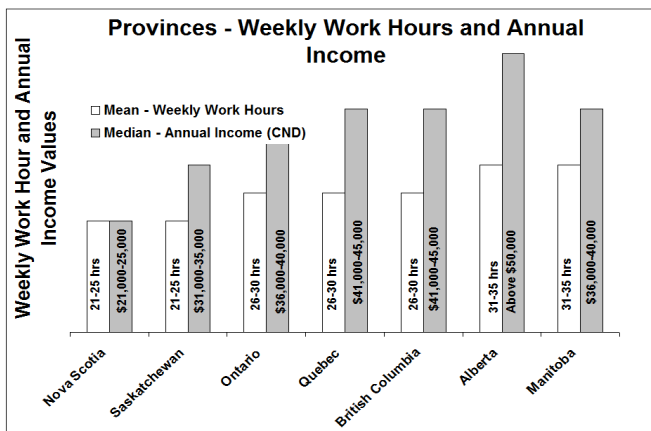
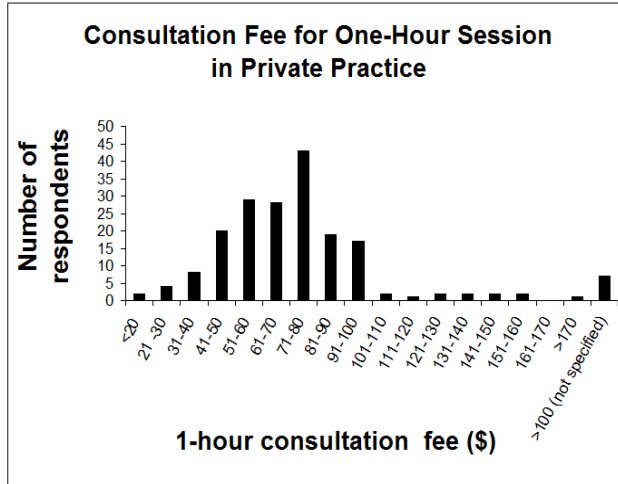


Fig. 26 Provinces –Weekly Work Hours and Annual Income

With the same number of working hours, the income in Ontario was less than Quebec and British Columbia (\$35,000-\$40,000 vs. \$41,000-\$45,000).

**Consultation Fee for One-Hour Session in Private Practice.** (N=278; Respondents = 187; Non-respondents = 91)

One-hour consultation fees in private practice ranged from less than \$20 to \$175 (Fig. 27). The mode was \$71-80 (23% n=43). Nine of our respondents used sliding scales ranging from \$50 to \$100. Miscellaneous written comments included: charging more than \$100 per hour for organization clients; family art therapy consultation fee per hour was \$100; more than \$100 for family play therapy; more than \$100 for family art therapy for 1.5- hour session and \$150 when working together with a psychologist.



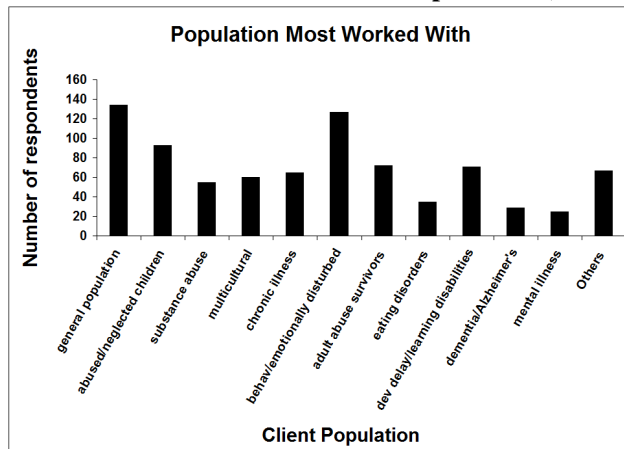
**Fig. 27 Consultation Fee for One-Hour Session in Private Practice**

**Client Population Most Worked With.** (N=278; Respondents = 267; Non-respondents =11) (Figs 28 to 30, Table 5)

Respondents were asked with which client population they worked most often. The most commonly worked with client populations were: general population (50.2%, n=134), behaviourally/emotionally disturbed (48.6%, n=127) and abused or neglected children (34.8%, n=93). See Fig. 28.

Population	Number	Population	Number
Aboriginals	9	Street Population	5
Adoption and Foster Care	4	Bereavement & Loss	9
Autism	5	Children of Divorce	3
Oncology & Palliative Care	5	Miscellaneous Health Problems	6
Professionals, Health Care and Social Workers	7	Wellness, Spirituality & Personal Growth	5
Trauma & Abuse	5	Marital & Relationship Problems	3
Prisoners	2	Miscellaneous	13

**Table 5 Others Most Worked with Populations (Not listed in the questionnaire) (n=74)**



**Fig. 28 Population Most Worked With**



Fig. 29 Respondents Who Worked With Only One Client Population (n=52)

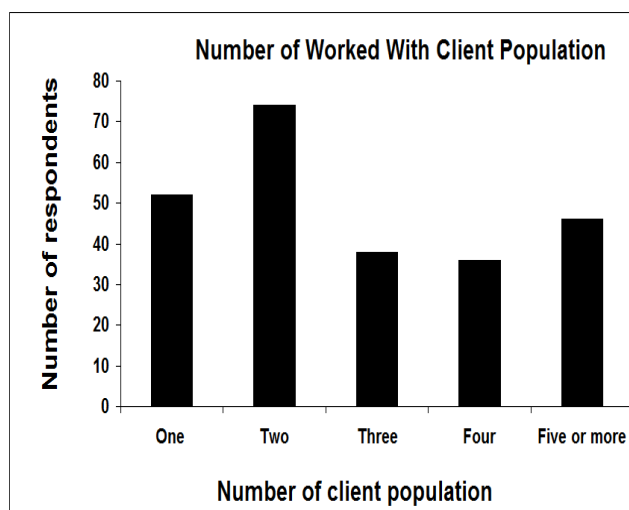


Fig. 30 Number of Worked With Client Population

Most respondents worked with 2 or more client populations (80.5%, n=215). Only 19.5% (n=52) worked with a single client population (see Figs 29 & 30). The general population was the most often worked with client population. Frequently, the respondents worked with 2 client populations, the most frequent combination being behaviourally/ emotionally disturbed and the general population; and behaviourally/ emotionally disturbed and abused/ neglected children. Table 5 depicts the other client populations worked with but not listed in the questionnaire.

**Client Age Group.** (N=278; Respondents =278; Non-respondents =0)

Of the 278 respondents, 207 (74.5%) reported working with adults; 141 (50.7%) worked with children; 114 (41%) with adolescents and 54 (19.2%) with seniors (Fig. 31).

As to the number of different age groups each art therapist worked with, 37.8% (n=105) worked with one age group (mode: adults); 33.1% (n=92) worked with two age groups (mode combination: children and adolescents); 19.4% (n=54) worked with three age groups (children, adolescents and adults) and 5.8% (n=16) worked with all age groups.

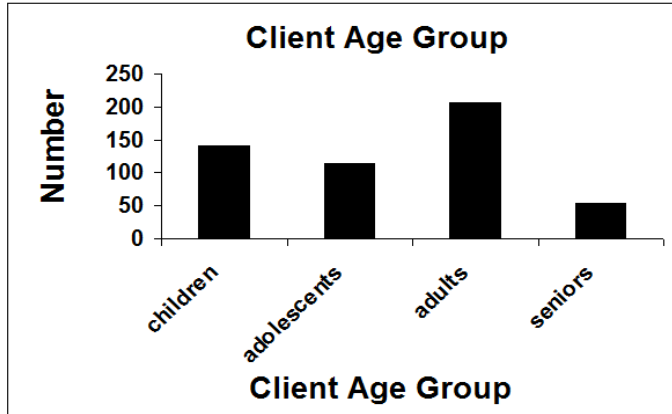


Fig. 31 Client Age Group

**Regular Professional Tasks.** (N=278; Respondents =257; Non-respondents =21)

The most frequent regular professional tasks of the art therapists included: individual therapy (83.7%, n=215), group therapy (51.8%, n=133), case notes and paperwork (43.6%, n=112), and workshops and presentations (35.8%, n=92). While the majority of the respondents conducted clinical work with clients, 17% (n=44) also had administrative responsibilities. 12% (n=31) were engaged with art therapy education while 11.3% (n=29) were involved in research (Fig. 32).

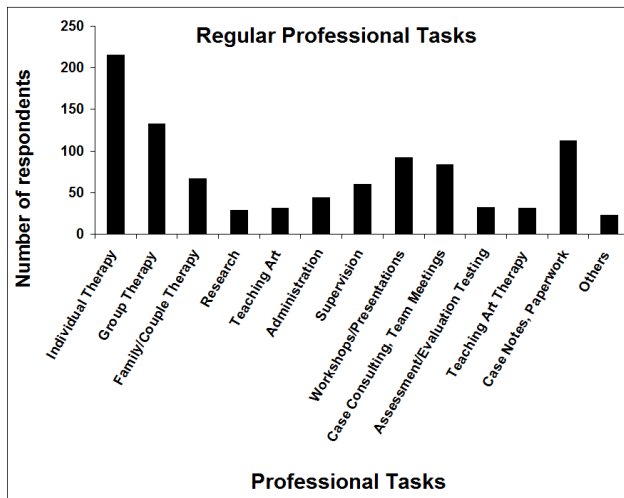


Fig. 32 Regular Professional Tasks

Eighteen respondents listed other tasks in their daily work schedules including phototherapy, phone therapy, writing articles and publications, creative journal training and writing (n=3), project planning and development (n=2), painting, conducting expressive art workshops, art therapy and spiritual retreats, teaching at university, teaching French to new immigrants, youth engagement, training and facilitating counsellors, intake and working with parents/caregivers of children with Fetal Alcohol Spectrum Disorder (FASD).

**Professional Liability/Malpractice Insurance Coverage.** (N=278; Respondents =260; Non-respondents=18)

The vast majority of the respondents had professional liability/malpractice insurance coverage, be it

paid by self, employer or both (94.6%, n= 246) (Fig. 33). However, 5.4% (n=14) had no insurance protection. Most (69.5%, n=171) of the respondents' insurance premium was paid by their employers.

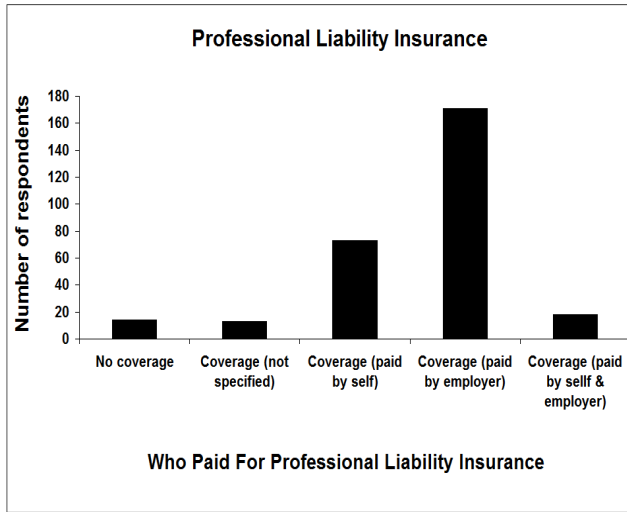


Fig. 33 Professional Liability Insurance

**Premium Paid Per Year for Malpractice Insurance.** (N=278; Respondents = 148; Non-respondents= 130)

There was a wide range of malpractice insurance premiums paid per year from \$100 to \$675 (Fig. 34a). This was affected by various factors such as number of years of experience, location and province of art therapy practice, client population, amount insured for malpractice and any previous claims, etc. Many of the respondents did not answer this question especially those whose premiums were paid by the employers.

**Amount Insured for Malpractice** (N=278; Respondents =199; Non-respondents =79)

About three-quarters of the respondents (76.4%, n=152) were insured for the amount for malpractice from \$1,000,000 to \$2,000,000 (Fig. 34b).

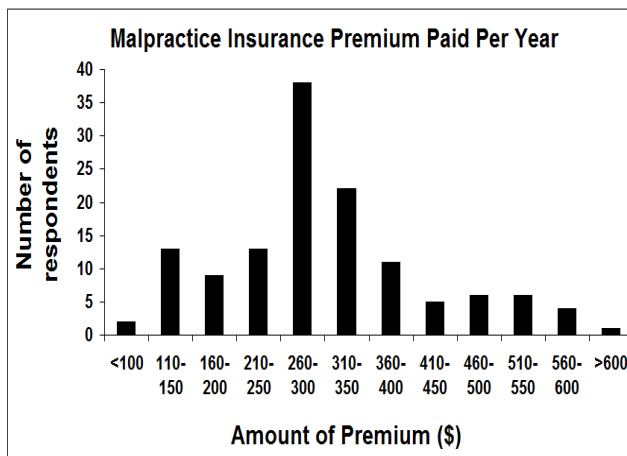


Fig. 34a Malpractice Insurance Premium Paid Per Year

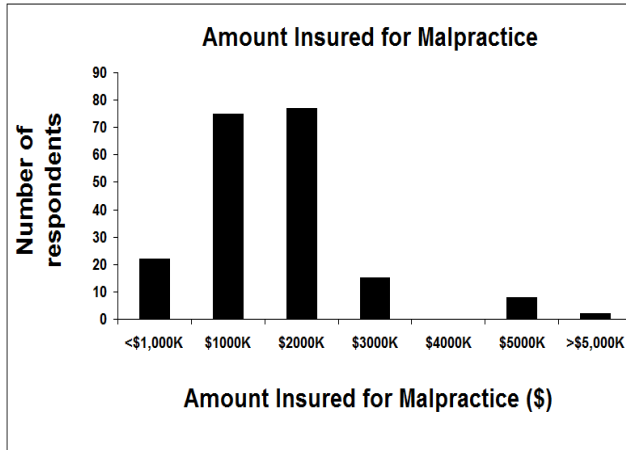


Fig. 34b Amount Insured for Malpractice

## Educational Background

**Primary Qualifications for Art Therapy.** (N=278; Respondents = 274; Non-respondents =4)

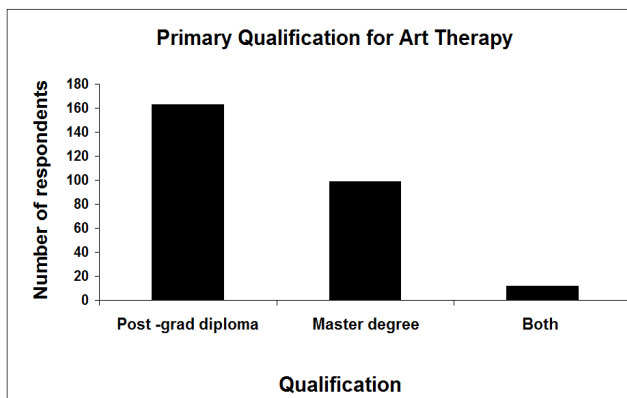


Fig. 35 Primary Qualifications for Art Therapy

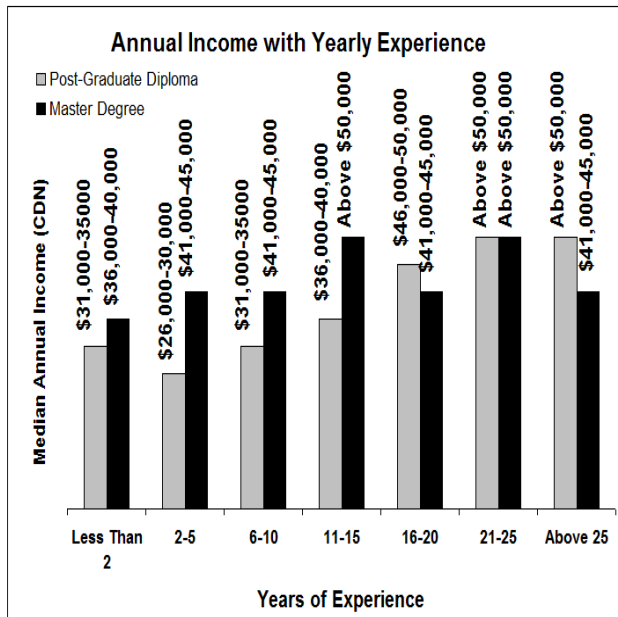
Fifty nine point five percent (n=163) had a graduate level diploma versus 36.1% (n=99) of the respondents who had a Master's Degree in art therapy. 4.4% (n=12) possessed both qualifications. Historically, with more training programs offering graduate level diplomas than Masters Degrees in Canada, it stands to reason that there were more respondents with graduate level diplomas than Masters Degrees with the approximate ratio of 3 to 2. See Fig. 35.

We were very honoured that two pioneers in art therapy in Canada participated in our census survey. One had her art therapy training before any formal university or institute training was established in Canada. Another pioneer was running an art therapy program in an adolescent in-patient psychiatric centre in the 1970s.

When comparing the annual income of art therapists with the same years of art therapy experience but with different academic qualifications, using the Wilcoxon Mann-Whitney Test, it was shown that the master's degree holders earned a higher income than the graduate level diploma holders in the group with 2-5 years experience. There was a statistical significance between these 2 groups with  $P = 0.038$ , using the two-tailed test. (The difference between any two groups is statistically significant when  $P < 0.05$ ). The

median income for the graduate level diploma holders in the 2-5 years of experience group was \$26,000-\$30,000 whereas income for master's degree holders was \$41,000-\$45,000. Despite not statistically significant, the other groups with other numbers of years of experience also showed a trend that the master's degree holders were earning a higher income as compared to graduate level diploma holders.

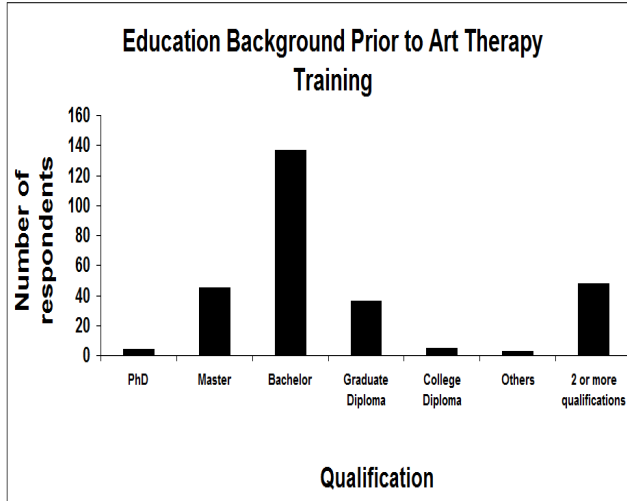
After 16 years, it appeared that work experience was more of an influential factor on income than academic qualifications. For those with above 25 years of experience, the median income of the graduate level diploma holders were higher (above \$50,000 versus \$41,000-\$45,000) (Fig. 36).



**Fig. 36 Annual Income with Yearly Experience for Graduate Level Diplomas vs. Masters Degrees**

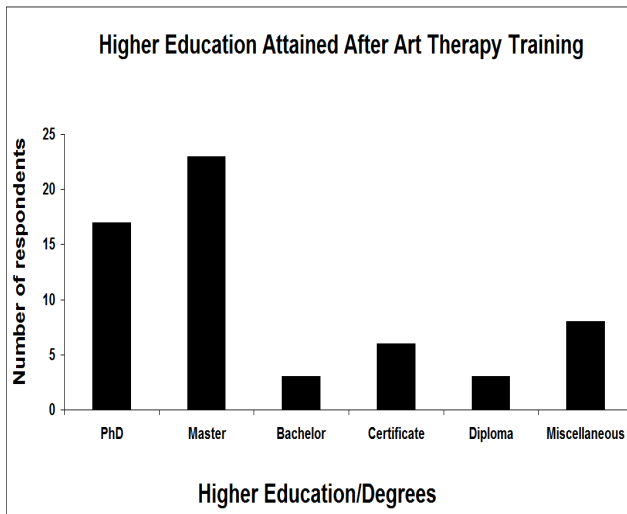
**Education Prior to Art Therapy Training.** (N=278; Respondents= 278; Non-respondents=0)

Two hundred and thirty (82.7%) respondents held university undergraduate degrees, graduate diplomas and college diplomas. 48 (17.3%) respondents held 2 or more qualifications. 49 (17.6%) of the respondents were post-graduates with 4 (1.4%) PhDs and 45 (16.2%) master degree holders (Fig. 37 and Table 6).



**Fig. 37 Education Prior to Art Therapy Training**

**Higher Education and Degrees after Art Therapy Training.** (N=278; Respondents =217; Non-respondents =60) (Fig. 38)



**Fig. 38 Higher Education Attained After Art Therapy Training**

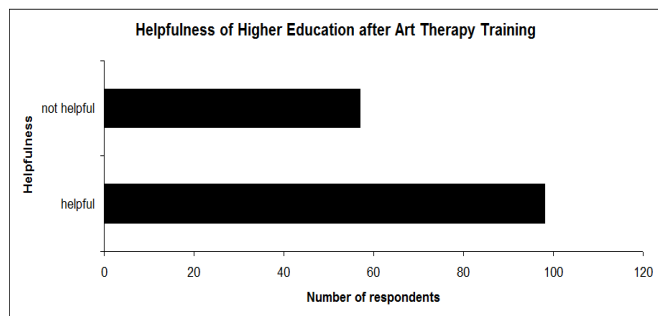
**Fields of Further Training.** (N=278; Respondents =184; Non-respondents = 94)

Respondents most often obtained their further training and certificates at conferences, symposiums and workshops. The most common areas of further training included: trauma and loss, sand play, play therapy, marital and family therapy, psychoanalytic psychotherapy and EDMR (Table 7).

**Table 7 Field of Further Training**

**Importance of Higher Education/ Further Training Attained After Primary Art Therapy Training.** (N=278; Respondents= 155; Non-respondents=123)

When participants were asked about whether they found that higher education or further training was helpful in obtaining their current job, 63.3% (n=98) responded it was definitely helpful and necessary. Thirty six point seven percent (n=57) replied no to the question (Fig. 39).



**Fig. 39 Helpfulness of Higher Education After Art Therapy Training**

### Survey Limitations

Although the current census survey was well designed and constructed, there were a number of limitations which restricted the interpretation of findings. Despite the healthy return rate of 48.8%, a higher return rate would increase the accuracy of the data and the representation of the art therapist population across Canada

Another limitation of the survey was that the overall number of art therapists across Canada was relatively small. This made further meaningful sub-analysis of different categories difficult.

Since some art therapists had more than one job unrelated to art therapy, it would be helpful in the next survey to have a specifying question about whether they had direct client contact using art therapy and the percentage of time spent doing so. This would further clarify this data.

The overall response rate to each question was very satisfactory. The higher non-response rate to some questions could be attributed to questions asked that were possibly not applicable to some respondents such as the consultation fee in private practice, hours and gross annual income pertaining to art therapy only, higher education and training, etc. In order to aid interpretation of results, it would be beneficial in the next survey to include the response option of “not applicable” instead of having the respondents leave questions unanswered.

### Conclusions

The present study has updated the information on the workforce within our profession. Most of the respondents are Caucasians, aged between 46 to 50, with 6 to 10 years of art therapy experience. The majority of the practising therapists are currently residing in British Columbia, Ontario and Quebec. Besides being an art therapist, most of the respondents in the surveyed cohort hold more than one job title. In Canada, art therapists work in a very wide variety of settings, ranging from private practice to non-profit agencies. There is a trend of higher initial income among new therapists with higher qualifications, but the influence dims with time in practice. Only slightly more than half of the current practising therapists are working at full time capacity. About one fifth of the respondents hold higher academic degrees such as Masters and PhD. Also more than half of the studied cohort agrees that obtaining higher qualifications after art therapy training have been helpful to their career.

Although the current study is not without limitations, it does provide insightful information on our work force at the present time and provides a valuable resource for future planning of education and development within our profession. CATA would benefit by conducting a national survey every four years.

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