

**The Business of Art Therapy:
Exploring Art Therapists' Professional Sustainability in Canada**

by

Sharona Bookbinder

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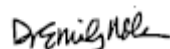
Approved by



9/2/2020

Lynn Kapitan, PhD, ATR-BC (Chair of Committee)

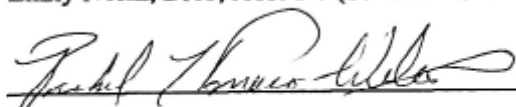
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9/1/20

Emily Nolan, DAT, ATR-BC (Second Core Faculty)

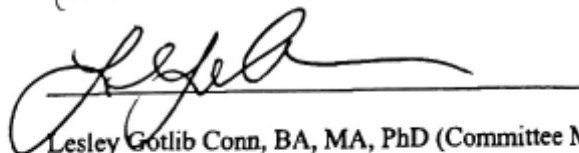
Date



9/1/2020

Rachel Monaco-Wilcox, JD (Third Core Faculty)

Date



09/01/2020

Lesley Gottlieb Conn, BA, MA, PhD (Committee Member)

Date

Abstract

This study explores and examines difficulties of finding and maintaining sustainable employment for art therapists in Canada. Research was undertaken to address capacity building for art therapists (e.g., use new knowledge combined with experience to leverage opportunities for growth and advancement) using a mixed methods explanatory design in two phases, with an informal needs assessment followed by a national survey of Canadian art therapists. Qualitative data from the needs assessment were gathered from three small convenience samples of art therapists who attended workshops. Their responses suggested that art therapists may be undervaluing their annual salaried worth and face obstacles to receiving recognition, funding, credentials, and self-esteem. Their perceptions of the word “business” were a mix of negative, positive, hopeful, and neutral. Quantitative results of data from the national survey ($N = 277$) indicated that many Canadian art therapists may be underemployed or have difficulty finding sustainable employment. Identified obstacles aligned with the qualitative needs assessment. A comparative analysis of the survey data from art therapists who identified themselves as practicing and also underemployed indicated that there were significant relationships between underemployment and five variables: active practice, years of experience, difficulty finding art therapy work, perceived need for business skills development, and a desire to learn business skills. These results support the literature on the intrinsic and extrinsic systems of influence on art therapy in Canada, including gender, social action, feminism, psychology, socialized health care, and the Canadian economy as all contributing to experiences and perceptions of Canadian art therapists.

Keywords: art therapy, business, worth, perceptions, value, business skills capacity, underemployment

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Dedication

I dedicate this work to my three amazing children (young men), Aryeh, Ephraim, and Akiva, for allowing me the space and time to pursue advanced degrees over the last 8 years, during a time of many changes and growth. You have each inspired me to be better, more compassionate, and more curious, and I hope, in turn, that I have inspired you to pursue your dreams no matter what age you are; it's never too late. Thank you all for being my constant companions, and for showing me what's important in life.

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CHAPTER 1: INTRODUCTION

I am a professional art therapist who has had more than 20 years of successful practice in Canada, despite some major challenges mixed in with my accomplishments along the way. To accomplish my career goals, I founded my own art therapy business and developed it from a sole proprietorship to a corporation that has employed six to 10 art therapists over the years. During this same time, for the last 17 years I have been employed full time as an art therapist at a Toronto area hospital. I also have taught art therapy, have clinically supervised many students and practitioners, and have had the pleasure of working, alongside and online, with many art therapists. However, it is also the case that early in my career I was unable to find art therapy work during the 2 years that followed financially unsupported maternity leaves and had to scrounge to find any work at all. Consequently, it was and continues to be very hard for me to say no to work opportunities. One of my business goals has been to legitimize art therapy under the auspices of the government so that art therapists can qualify for Canada Pension Plan and Employment Insurance, which includes parental leave benefits. I can proudly say that, as a result, I have had two art therapy employees take a legitimately funded leave.

Those considering studying art therapy, as well as current art therapists, often ask me as a business professional about job prospects and advice on how to become successful, well-compensated, and able to sustain full-time employment. I have witnessed their struggles and have long considered how I can best help. After completing my master's degree in business administration (MBA), I realized that I could contribute by helping them develop their business skills. It was for these reasons that I sought, through research, to identify needs and opportunities for learning business skills, which I feel the art therapy field is lacking. The research described in this doctoral dissertation emerged from discussions with art therapy peers and leaders about the

best way to bring business and art therapy together. One result was my involvement in the 2019 national Canadian Art Therapy Association (CATA) membership survey that included questions designed to assess art therapists' receptivity and needs related to business skills. The survey provided a key opportunity to learn how art therapists feel about their employment, their worth, and their perceptions of business.

Research Problem

My study is focused on the population of art therapists in Canada and the difficulties they face with finding and maintaining sustainable employment. I chose to centre my research on capacity building for art therapists (i.e., enhancing their ability to use new knowledge combined with experience to leverage opportunities for growth and advancement) and their business skills, in particular, as important to creating sustainable employment in the field. By sustainable employment I am referring to the extent to which people are able to access and remain working, now and in the future, which van Vuuren et al. (2012) identified as important to human well-being and the reduction of inequalities. For my study purposes, I have operationalized the concept of sustainable employment as consisting of secure and stable employment, decent working conditions, and equitable compensation commensurate with professional art therapist qualifications. My focus on these aspects reflects my own difficulties with employment over the last 25 years, as well as having seen qualified art therapy peers leave the profession because they could not find suitable work. Further, due to the current volatility of the Canadian governmental and health care systems in which the profession is situated, I have chosen to focus on building art therapists' business skills capacity rather than advocacy for public policy change, because I believe the former is a more feasible strategy for art therapist employability.

The problem of keeping art therapists working in the field might be analyzed with respect to experiences, expectations, and perceptions. In my conversations with peers, students, and colleagues in professional forums over the years, they have shared with me that they are floundering because they cannot find work, are underpaid, find themselves in precarious work situations, and are disenchanted with working in the field in general. In an informational online interview (Fiore, 2017), Har-Gil, a practicing Canadian art therapist, summed up the sentiments that I often have heard amongst art therapy peers by stating that art therapists do not think of their practice as business. She also recalled her own neglect to think about or be informed of what the work landscape would be like once she graduated with her art therapy degree.

From my own perspective, the problem seems to be inadequate business knowledge that art therapists could otherwise utilize to leverage greater success in their work as art therapists. By “success” I mean being gainfully employed enough to support oneself or help support a family. I arrived at this conjecture by seeing how my early career as an art therapist aligned with the expressed needs and frustrations of my peers and current graduates and observing how my own perspective and capacity changed when I incorporated business knowledge into my career goals. To explore this as a working theory, I situated my study in the following questions:

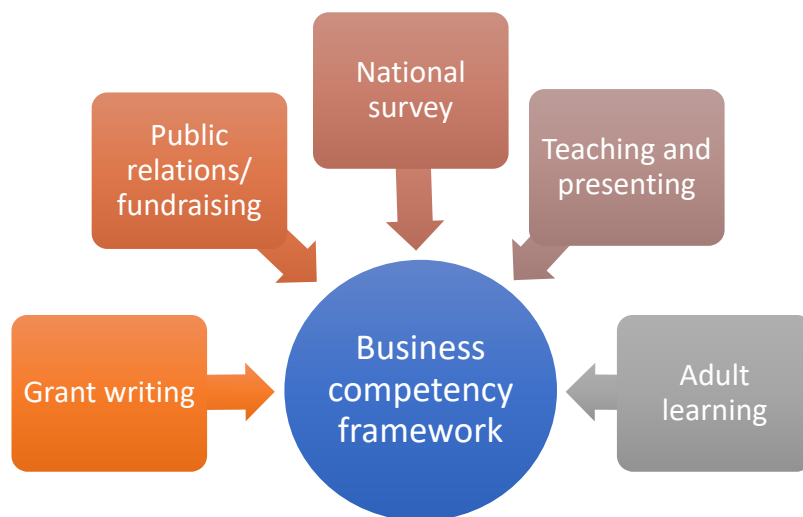
1. Do art therapists experience underemployment in Canada?
2. Do they lack the skills to gain sustainable employment?
3. If there is a lack of skills, can building business capacity skills help?
4. What might be the best way to deliver business skills training to art therapists?

Because there is little to no art therapy literature available on this subject, primary research on the problem was required, the results of which may be used to build future strategies for sustainable art therapy employment. Research is the first step in creating a baseline for

understanding how art therapist employment is situated in the Canadian market and what opportunities may exist to build capacity and momentum. Once baseline information is available, art therapists may use it to shift and enhance their career strategies and goals. Therefore, drawing from prior knowledge gained from my MBA, I reasoned that my doctoral research study, described herein, could support the development of a framework of business competencies for art therapists. I do not believe that in order to be successful all art therapists need to pursue an MBA; however, there are many routes to obtaining knowledge about business competencies, whether through other life experiences or formal or informal learning. Figure 1 depicts several data sources that, prior to the start of my study, I identified as possibilities for informing such a business competency framework: (a) a preliminary needs assessment of art therapists' experiences, expectations, and perceptions; (b) a national survey of Canadian Art Therapy Association members that would include questions related to employment; and (c) professional development coursework that would include knowledge from adult learning, leadership, public relations/fundraising skills, and grant writing.

Figure 1

Possible Elements of a Business Competency Framework



My hope was that these potential data sources would lay some groundwork to first explore the terrain and identify gaps in knowledge, which could then inform a business competency framework. I believed that finding out art therapists' perceptions would be useful in demonstrating what they thought and felt about their relative success and openness to business information. Collecting data through a national Canadian survey would create a body of evidence and benchmarks for this point in time with participants' perceptions and real-life experiences. Learning about models of adult learning would contribute to understanding how to deliver the desired knowledge. From my own experience, understanding the intersection of business and art therapy are key components of the knowledge gap. I am sure there are many other elements that can and will contribute to building art therapist capacity for business, but these elements represent the delimited scope of this research. Likewise, although comparisons between the US and Canadian markets for art therapy practice are raised, the study is limited in scope to art therapy in Canada.

Conceptual Evolution of the Study

The thinking process that preceded my decision to use a needs assessment, a national survey, and skills development as components of my research had me drill down further into my perception that art therapists needed to learn business skills. To that end, I applied the process of concept mapping to distill the main concepts that informed the research problem and their propositional relationships to one another (Kapitan, 2018). Having posited that there was a gap in art therapists achieving sustainable employment, I wondered if other art therapists felt the same way and what contributing factors they would identify if asked. I reflected on whether the problem was primarily intrinsic (e.g., due to low self-esteem, inadequate training, etc.) or extrinsic (e.g., due to the current health care system's lack of awareness, intolerance, or

nonacceptance of art therapist credentials). As I explored the conceptual terrain, three questions came to mind that distilled my thoughts and spoke to something in art therapists' professional culture that remained unspoken—questions about their worth, obstacles, and perceptions of business.

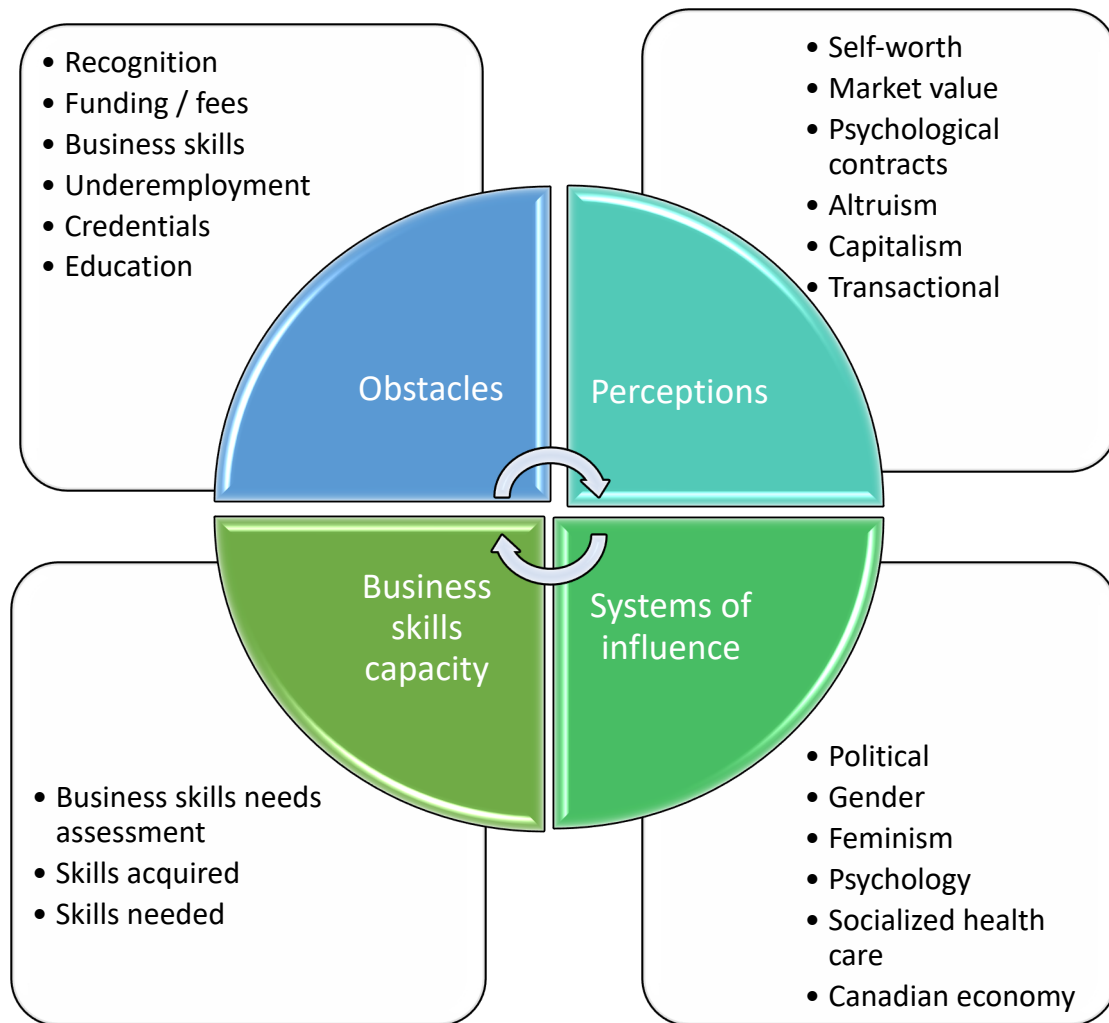
The first question surfaced the notion that “worth,” as it is understood in the context of employment, is measured by the salary these art therapists felt they deserved. Considerations such as how art therapists determine what an appropriate level of salary is and why learning how to negotiate one's worth may be necessary are conceptually tied to understanding the market tolerance and what currency their credentials and experience carry. The second question, which considered how an art therapist achieves worth, focused my attention on identifying the most frequent obstacles art therapists may feel are in the way of achieving success, and the third question surfaced the concept of attitudes—whether positive or negative—that art therapists may have toward business.

These questions informed an informal needs assessment (detailed in Chapter 3) that I conducted with attendees at workshops I presented at the Canadian Art Therapy Association's national conference, an Ontario Art Therapy Association (OATA) conference, and a Wisconsin Art Therapy Association (WATA) symposium. The most frequent obstacles to successful employment that attendees identified, in order of frequency, were: (a) lack of public recognition of the art therapy profession (e.g., what it is, credentials needed, and appropriate compensation); (b) funding/fees; and (c) lack of business skills. Two other obstacles, obtaining credentials and self-esteem, were tied for fourth place in order of frequency. Based on these results, I mapped the focal areas of the conceptual terrain surrounding the research problem that was implicated in

art therapists' stated needs for attaining worthy employment and being successful. Figure 2 represents the four domains and subdomains related to each.

Figure 2

Concept Map of elements considered influential to art therapist success



Art therapists' perceptions of worth, the obstacles they face, the systems of influence, and the role of business in advancing their careers offer areas of analysis that shed light on the research problem; that is, whether art therapists have inadequate business knowledge that could be utilized to leverage their success. As will be explained in Chapter 2, worth is enhanced by

self-confidence and affirmed by market value (e.g., gratification, salary or earnings, etc.), as well as the attainment of credentials and professional development. Obstacles can be understood in terms of how art therapists participate in advancing public recognition for their field, develop funding and business skills, and examine how their credentials and self-esteem affect their success. Business skills capacity can be understood in terms of illuminating positive connotations, reframing negative connotations, and teaching to generate hope as significant to future success.

My hope is that my research on capacity building and business skills for art therapists in Canada will illuminate their difficulties with maintaining sustainable employment and contribute to creating sustainable employment in the field.

CHAPTER 2: LITERATURE REVIEW

I have organized the literature review that follows around the four domains of obstacles, perceptions, systems of influence, and business skills capacity, and concluding with recommendations for the future that the literature suggests are needed. Intrinsic factors of influence include obstacles, perceptions of business, and business skills capacity, whereas extrinsic factors include such systems of influence as politics, gender, ideology, and the economy. Due to the large scale of these systems of influence, my discussion is limited to how the problem may be viewed through the lenses of politics, gender, feminism, and psychology, in order to understand how such influences may shape the field of art therapy and narrow down the problem to those elements of greatest influence that may be actionable by art therapists in Canada.

Obstacles

Recognition

A lack of public recognition, both in general and within the health care system, may perpetuate a generalized ignorance or lack of awareness of the benefits and value of art therapy and, by extension, of the contributions of art therapists. Forty-five years ago, art therapist pioneer Ulman (1975/2001) identified the “problem of definition” as an obstacle that was impeding the recognition of art therapy. Recently, British art therapist Clarke (2017) described a similar obstacle of public recognition of art therapy in the United Kingdom in her comparison of the legally protected title of “art psychotherapist” with the legal but more general title of “art therapist.” She claimed that art therapy is often publicly misunderstood, in that art is mistaken for art therapy. Art therapists are often thought to use art only as an adjunctive or generally therapeutic form of expression rather than as a professional practice that requires knowledge of

art within a psychotherapeutic risk framework (Clarke, 2017). Springham and Whitaker (2015) stated that art helps people because it has power; however, such power is not always helpful and psychological knowledge and skill are required to keep the practice safe. Gussak (2000) further differentiated art therapy as a discipline and art therapists' role as professionals.

Public recognition problems may be typical or expected whenever a new profession arises, and there are examples of this struggle in the literature. For example, the nursing profession has long struggled with poor or inaccurate public perceptions of nurses (see, e.g., ten Hoeve et al., 2014) and the field of counselling has had a similar struggle (Richie, as cited in Hospital Topics, 1990). In a Norwegian survey of attitudes among oncology professionals toward emerging complementary or alternative health care fields, in which art therapy has been identified, Risberg et al. (2004) found that only 33% to 55% of participants had a positive regard for such professions and that women held such professions in higher regard than did men (about 15% less). However, there is also a growing body of knowledge and public awareness of art therapy as compared to 25 years ago, in the decade when I studied to become an art therapist. Art therapy will likely become more valued by the public and within the health care field with increased awareness and exposure of the public to its benefits.

Funding and Fees

In the province of Ontario, there is no specified legislated funding for art therapy or the creative arts therapies. When searching for funding policies, I found that the Ontario Ministry of Health and Long-Term Care (2019) had the most recent publication of policy, which included professions such as physiotherapy, nurse practitioner, registered practical nurse, occupational therapy, behaviour management therapy, social work, personal support worker, and physician but not creative arts therapies. When researching the policies of the similar profession of

therapeutic recreation, or TR (recreation and leisure services), government policies date back to 1993 and outline TR roles in long-term care (Ontario Ministry of Health and Long-Term Care, 2007). There is also a page for “therapy services” that are described as restorative care, but it refers back only to TR, with a minimum of one full-time position for every 60 residents. This policy further delineates that the therapy professions recognized in Ontario are occupational therapy, physiotherapy, speech-language pathology, and audiology and all such therapists must meet regulatory or licensing expectations (Ontario Ministry of Health and Long-Term Care, 2007). In contrast, after years of advocacy on the part of the American Art Therapy Association, the U.S. Bureau of Labor Statistics recently reclassified “art therapist” as a separate therapeutic occupation in the 2018 federal code. The new classification requires federal and state agencies and private employers to redefine job descriptions, pay levels, and hiring guidelines, as well as to reevaluate how art therapy services are defined and reimbursed (American Art Therapy Association, n.d.). This development supports the argument that advocacy for changes in occupational policies can remove obstacles to funding.

Distinct from the larger data on salary ranges for art therapists, fees for services and funding sources are another obstacle recognized by art therapists. Fees for services are not generally posted publicly, online or elsewhere, and there appear to be no benchmarks or published literature that identify what art therapists charge or should charge in Canada. In searching for fee rates for occupational therapy, physiotherapy, counselling, and massage therapy, I also found no fee structures, although Davison et al. (2004) wrote that a national survey of dieticians found a reported fee range from \$75 to \$250 per individual per hour, depending on the service provided. Newlin et al. (2004) surveyed psychologists in the United States and found that fee rates were influenced by education/qualifications, business experience,

and local competition. As a comparison, results from the 2010 national survey of Canadian art therapists found that 1-hour consultation fees in private practice ranged from less than \$20 to \$175, with the most frequent rates falling between \$71 and \$80 (Lee, 2010).

Even with more information on reasonable fee rates, Canadian art therapists may not know how to develop their fee structure. I have frequently been asked how I calculate fees, to which I explain a business model of overhead plus professional time to calculate a feasible scale. Fee ranges still need parsing out and evidence to support them. Har-Gil (in Fiore, 2017) mentioned that she was not thinking about how to get work when choosing a graduate program of study. It seems that funding and fees are not always top of mind for art therapists preparing for their careers.

Business Skills

In considering what business skills art therapists possess and how they use them, there is little evidence or research that explores the intersection of both together. As I searched the literature, both in research databases and online, I discovered that a handful of therapists turned business consultants or coaches are offering to help other therapists develop their private practices in Canada and the United States. One such innovator is music therapist Jennifer Buchanan (2019), a fellow MBA who has “reinvented” herself and has begun offering one-on-one coaching and hosting multiple-session coaching forums. She recently published an award-nominated book entitled *Wellness Incorporated*. Buchanan asserted that creative arts therapists need to run their business in a different way than what is conventional; that is, more like social entrepreneurs, with social impact and community impact among their goals. She used the term “health entrepreneur” (Buchanan, 2019, p. 5) to position the creative arts therapist in such an enterprise.

After perusing the landscape of documented opportunities for art therapists to learn business skills, it was apparent that there was not much written. Although the three sources I found were in agreement that business skills were necessary for creative arts therapists, they were divergent in their approaches (Buchanan, 2019; Mikel, 2014; Reuer & Simpson, 2005). They tackled the concept of setting up a private practice from a practical perspective and counselled that therapists conducting business may be different from conventional businesses.

Mikel (2014) wrote a guide for starting and managing a private art therapy practice; however, she did not include the elements of a business plan, budgeting, or marketing. Tatsumi's (2014) review of Mikel's book noted confusing language around self-employment and contract work, which demonstrates that there is not a common language for discussions and understandings of business and creative arts therapies. In contrast, Reuer and Simpson wrote a very practical music therapy business manual in 2005 that delved into business models, marketing, contracts, and financial tools.

These three examples, of creative arts therapists as entrepreneurs, do not seem to provide enough knowledge and support to have an impact on students and practicing art therapists to enable them to utilize business skills. They are preliminary works that begin to lay a foundation for the overlap between business and creative arts therapies, with varied language, semantics, and approaches. A more clearly defined rubric of language and skills development could create precedent, foster understanding, and build capacity, which would more greatly benefit the field.

Underemployment

Setting aside unemployment as an economic and skills-based phenomenon, underemployment, originally called subemployment, is defined as underutilization of human resources or unused potential that results in socioeconomic losses of productivity and

profitability (Glyde, 1977; International Conference of Labour, 1998; Lacmanović et al., 2016).

The professional is not employed to their desired capacity in terms of compensation, hours, skill level, and experience (Sugiyarto, 2007, as cited in Lacmanović et al., 2016). Beukes et al. (2017) distinguished between a time-based definition, in which those employed work fewer hours than they desire, and an inadequate employment situations definition, where workers find themselves in professions or jobs where their skills, training, and experience are underutilized.

Underemployment pushes professionals into undesirable employment situations outside their area of education; part-time, temporary, or intermittent work; and low pay relative to their educational backgrounds (Maynard et al., 2006).

As the working world shifts and changes, de Ruyter et al. (2019) characterized one feature of the Fourth Industrial Revolution as work becoming geographically dispersed through virtual and subcontract arrangements. With historical antecedents, such as population migration and immigration, contingent types of work emerged. Self-employment, part-time employment, increased employment of women, and the divide between owners of business and service providers all contribute to the temporary workforce often called the gig economy (de Ruyter et al., 2019). In the weaving together of work, known as freelance or the gig economy, professionals often do not receive employee benefits, insurance, or wellness programs that salaried workers do (American Society of Safety Engineers, 2018). Sara Horowitz is the founder and executive director of Freelancers Union and has advocated for freelance workers, stating that this is the biggest obstacle to thriving (Freelancers Union, n.d.). Bajwa et al. (2018) stated that underemployment consists of flexible, potentially autonomous work but also poses precariousness challenges caused by the nature of the work. They found three main vulnerabilities for gig workers: (a) occupational vulnerabilities (e.g., having to travel to multiple

worksites), (b) precarity (no health insurance, collective bargaining, training, or promotion), and (c) platform-based vulnerabilities (misunderstood role, information sharing, and culture; Bajwa et al., 2018).

Ultimately, underemployment can have negative economic, emotional and physical effects. There is evidence that it negatively affects workers' and their families' health and quality of life, such as through increased hypertension, heart disease, and depression (George et al., 2012; Premji & Shakya, 2017). Underemployment may apply to many professions depending on the economics of the country and era, but it has been a feature of the art therapy field since its inception in Canada.

Credentials

Credentials have value in the working market. Higher credentials or the right credentials can help obtain a desired job or career. In Canada, there are three streams of art therapy educational credentials as well as tiered levels of association membership, monitored by psychotherapy regulatory bodies and art therapy associations, comprising of experience combined with credentials. The variety of art therapy credentials in Canada may complicate the representation of a united field. If the field appears fragmented, or at least not united in its representation, then there may be difficulty discriminating who is qualified, and in what scope, within and outside the profession.

In Canada, of the seven art therapy training programs, three offer a graduate diploma in art therapy (the Toronto Art Therapy Institute in Ontario and the Kutenai Art Therapy Institute and the Vancouver Art Therapy Institute, both in British Columbia), which indicates that the graduate has completed a specialized course of training aligned with professional standards. Three offer joint studies; two with spiritual counselling and art therapy as a subspecialty

(Athabasca University and St. Stephen's University, both in Alberta) and one jointly in counselling psychology and art therapy (Adler University in British Columbia). Only one art therapy master's degree program has been established in Canada, at Concordia University in Montreal, Quebec. The fact that Canadian art therapists may differ with respect to whether or not they have a master's degree in art therapy has produced different perceptions about earning potential for each level.

There is a perceived advantage to earning a master's degree in art therapy compared to earning a graduate diploma. In a survey of CATA members, Lee (2010) found that there was an earning differential between an art therapy master's degree and an art therapy diploma (e.g., DTATI). This situation is comparable to the nursing profession in Canada and elsewhere, which has similar earning differentials and levels of education. Raines and Taglaireni (2008) found that nurses with college diplomas earned on average \$45,000 USD, nurses with undergraduate degrees earned \$60,970 USD, and those with graduate degrees earned \$80,000 USD and up. However, different levels of the nursing profession are not equivalent to the art therapy profession in terms of having the same professional designation, practice, and ability.

In the United States, the need for credentials to meet regulatory mandates has also had a fragmenting effect on the art therapy field's identity because alignment of art therapy education with other closely related professions may be necessary to achieve a license to practice in a given state, in the absence of an art therapy title and practice (L. Kapitan, personal communication, August 4, 2019). In her examination of art therapist identity for graduates who had trained in the dual professions of counsellor and art therapist, Feen-Calligan (2012) found evidence that the dual stream of study may have a negative effect on professional identity. That is, dual stream programs may enhance the employability of art therapists, but they may also struggle with their

professional identity until they find employment that resonates with their way of practice. In Feen-Calligan's study graduates felt that art therapy was not recognized as a legitimate mental health service in the workplace, and therefore they may have identified more with counselling as the profession that would enhance their self-esteem (Johnson et al., 2006, as cited in Feen-Calligan, 2012). Feen-Calligan suggested that explicit support for professional identity development in graduate programs will help dual-prepared art therapists integrate both roles and orientations without threat to their self-esteem.

Art therapists are exposed to a rapidly changing health care system in Canada. Professions in the health care realm are regulated by government agencies as a way to protect the public from incompetent or poorly trained practitioners. In Canada, regulation of occupations is enforced by established regulatory colleges (Health Locator, n.d.). Professionals must register with a regulatory college in order to practice, as they are under the authority of the provincial government. Changes in credentialing standards have been occurring over several decades (Woolf, 2003), catching art therapists in what may feel like a never-ending demand for higher credentials that professional development alone cannot satisfy (Feen-Calligan, 2012).

The Canadian provinces are in the midst of developing regulatory colleges for psychotherapy and counselling. The provinces that have regulatory colleges are Ontario, New Brunswick, Nova Scotia, and Quebec. Provinces and territories that are in the process of establishing colleges are Saskatchewan, Manitoba, Alberta, Prince Edward Island, Newfoundland and Labrador, and British Columbia (Canadian Counselling and Psychotherapy Association, 2018). It is important to note that the development of these colleges is not necessarily in the provinces with higher concentrations of art therapists; rather, the movement follows an east-west coastal trajectory of development.

At this time, the provincial mental health regulatory colleges that art therapists are applying to regulate two distinct but closely related definitions and titles (College of Registered Psychotherapists of Ontario [CRPO], n.d.; Federation of Associations for Counselling Therapists in British Columbia [FACTBC], n.d.). The titles of “psychotherapist” and “counsellor” are used to define and identify a practitioner who uses a controlled therapeutic technique (CRPO, n.d.; FACTBC, 2019). The CRPO regulates the 2007 Psychotherapy Act in Ontario, and the act is restricted to those who practice psychotherapy and are a registered member of one of six regulatory colleges: College of Psychologists of Ontario, Ontario College of Social Workers and Social Service Workers, College of Nurses of Ontario, College of Occupational Therapists of Ontario, and College of Physicians and Surgeons of Ontario (CRPO, n.d.). Regulatory differences have created challenges for art therapists depending on where they live and how the regulations have been applied to art therapy applicants seeking either of the two occupational titles (because art therapists do not yet have their own legally protected title).

The CRPO’s (n.d.) definition of psychotherapy is:

Psychotherapy is primarily a talk-based therapy and is intended to help people improve and maintain their mental health and well-being. Registered Psychotherapists work with individuals, couples and families in individual and group settings. Psychotherapy occurs when the Registered Psychotherapist (RP) and client enter into a psychotherapeutic relationship where both work together to bring about positive change in the client’s thinking, feeling, behaviour and social functioning. Individuals usually seek psychotherapy when they have thoughts, feelings, moods and behaviours that are adversely affecting their day-to-day lives, relationships and the ability to enjoy life. (para.

1)

The Health Professions Regulatory Advisory Council (2006) distinguishes these goals and processes of psychotherapy as different from that of counselling, which it defines as the provision of information, advice-giving, encouragement, and instruction. On the Canadian Counselling and Psychotherapy Association website, Rodriguez (2011) has affirmed these distinctions, explaining that psychotherapy treats diagnosable mental health conditions whereas counselling is more wellness oriented. HPRAC and the CCPA both mention that these techniques can be used simultaneously. Other provinces have followed with provincial regulations of their own, which is how occupations are governed in Canada. The Federation of Associations of Counselling Therapists in Alberta (FACT-AB), the association that is lobbying for inclusion into the regulatory college for Alberta, defines a registered counselling therapist as treating clients, through a therapeutic relationship, who have “serious disorders of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual’s judgement, insight, behaviour, communication or social functioning” (FACT-AB Steering Committee, 2017, p. 4). However, this definition arguably creates an overlap between counselling and psychotherapy, as one may be mistaken for one another; therefore, this creates inconsistent and murky areas for interpretation.

The Cost of Education

Although it is my belief that training institutions and faculty pour their hearts and souls into educating the next generation of art therapists, I question whether their graduates have been prepared with enough confidence to succeed in finding jobs. Bolanowski (2005) researched the anxiety of international medical interns and found that interns who were familiar with their duties, felt economically independent, and had good self-valuation were the least anxious in a sample of students compared to young doctors. These indicators correlated with better

opportunities to earn a living (Bolanowski, 2005). To address whether art therapists similarly have the confidence to succeed after graduating, it seems necessary to examine their sense of competence, economic independence, and self-valuation.

The need to succeed in finding employment is critically relevant to the fact that obtaining an art therapy education in Canada can be costly. Potential students research the cost of a given educational program and compare that with job prospects and annual earning potential. However, the cost of tuition is growing faster than salaries and job opportunities (Malchiodi, 2013). In my own experience, I was told that I could expect to earn an equivalent salary to that of a social worker. After more than 20 years in the field, I am still earning at least \$10,000 to \$15,000 less, annually, than social workers with the same years of experience.

When one does an online search for the keywords “art therapy training,” “tuition,” and “Canada,” some information can be found without having to contact each institution separately (see Appendix A). Based on a comparison of tuition rates posted on the seven Canadian art therapy program websites, the 2019 average cost of a Canadian art therapy education was \$26,169 CAD. Costs of tuition range from \$16,000 to \$65,000 CAD, depending on whether the program is a diploma or a master’s degree. It is a useful contrast to compare the cost of education to the projected income of the last documented survey of Canadian art therapist income. Using an inflation calculator one can convert the average art therapist income from 2010 of \$33,760 (Lee, 2010) to \$40,126 (inflation rate of 18.86% or 1.74% per year over 10 years; Bank of Canada, n.d.). The 2019 average art therapy graduate training program tuition represents 65.2% of an art therapist’s average annual earnings. Comparatively, Yoon (2012) researched the cost–debt ratio for MSW students. They found that in 1980 student debt represented 12% of

household debt for MSW students, in 2007 it was 20%, and in 2012 MSW students had a 31% household debt ratio.

According to Conlon (2006), when educational costs are the burden of the individual rather than subsidized by the provincial government to some degree, the new professional is at risk for being pushed to the social and economic margins because of the debts incurred. Koskina (2013) noted that the high cost of tuition sets up psychological contracts (discussed below) for students about their future in the profession. These costs do not take into account the cost of living away from home to study. However, some programs in Canada have adjusted to this reality by offering a hybrid combination of part-time coursework for 1 to 2 years and a post-diploma internship, which allows students to simultaneously work almost full time. Five or six programs have evolved distance learning with short residential stays for intense study.

After graduation, new professionals face obstacles in the transition to the labour market. These include job mismatches between available openings and required education and skills, which may leave the applicant feeling overeducated and over-skilled (Figueiredo et al., 2017). This finding suggests that new graduates are shouldering the burden of flexibility and adaptability in the marketplace, rather than the job market adapting to them (Figueiredo et al., 2017). In terms of self-valuation in the health care marketplace, art therapists must understand where they fit and where they will succeed. Skills for maximizing earnings and job potential can be factored into a framework of generic skills that are common to all disciplines in order to be competitive. There is crossover with business skills in this skill set. Art therapists' opportunities to learn business skills are not part of most curricula but can be pursued after graduation. Only one school in Canada offers a course in setting up a private practice (Toronto Art Therapy Institute, n.d.).

In the arts industry, Beckman (2007) described an art entrepreneur education curriculum that may offer insight into how art therapy education can bridge these needs. Beckman differentiated “new venture creation,” which is the traditional philosophy of entrepreneurship offered in business school, comprised of the basics of for-profit business, growing and selling for a profit, and the “transitioning” philosophy of entrepreneurship that teaches new skills (e.g., for-profit and nonprofit acumen, creativity education, and opportunity recognition). Transitioning blends traditional business education with a view of entrepreneurship focused on creating a sustainable business (Beckman, 2007). As Greene (as cited in Beckman, 2007) observed, such an entrepreneurial mindset offers students “opportunity-scanning skills,” such as the ability to identify and organize resources, gain a holistic perspective, and be a leader (p. 88).

Art therapy programs might help create a more entrepreneurial curriculum by seeking joint academic ventures and affiliations. One excellent example of such a venture is the joint academic venture between McMaster University’s DeGroote School of Business and Faculty of Health Sciences to develop future leaders through interdisciplinary approaches to education, public events, and research, which provides excellent exposure and opportunity to learn about other disciplines and gain leadership learning (Taws et al., 2019). This partnership is striking because it explicitly connects business to health care professionals. No doubt other universities are beginning to co-locate programs in order to take advantage. Canadian art therapy training programs might consider a similar direction to intentionally train future art therapists with more co-located programs in universities. Taking advantage of business program offerings on a post-graduate basis, and post-graduate certificates or courses, could help build this capacity outside of the prescribed health care curriculum.

Perceptions

Self-Worth

According to Husted et al. (1990), self-esteem is a feeling deep inside yourself of your own worth. In their recommendations to nursing professionals who were experiencing lowered self-esteem, these authors recommended five key strategies: (a) self-pep talks, (b) envisioning future successes, (c) changing false negative thoughts, (d) appreciating the humour of every day, and (f) giving and receiving compliments (Husted et al., 1990). Considering the emotional load of nursing practice, it makes logical sense that each of these strategies serve to connect with internal emotional processes. Likewise, for a therapist who must manage emotional content, self-esteem can be affected by poor self-care. Leão et al. (2017) found in a sample of 93 female health professionals that multisensory treatment (e.g., touch, smell, hearing, and vision through the use of scented cream and audiovisual material) improved their self-esteem and reduced their levels of the stress hormone cortisol after 30 days of intervention. Therefore, a combined strategy of positive cognitive thoughts and sensory input can help mitigate self-esteem issues in new professionals.

In my search for literature related to the self-esteem of art therapy students and practitioners, Orkibi and Bar-nir (2015) wrote about foundational research into art therapist collective self-esteem in terms of work engagement, meaningful work, and job satisfaction, which affected overall well-being. They found that student collective self-esteem was higher for engagement, whereas practitioners' relationships between engagement and meaningful work correlated to job satisfaction. Looking to other professions, I found a reference to supervisees' self-esteem in a study by Masters (1992), who found that positive reframing was a helpful emphasis in the supervision of counselling students.

The phenomenon of feeling like an imposter (inadequacy) is connected to self-esteem and efficacy as a therapist and professional. Because of responses from art therapists attending my presentations who mentioned feeling like an “imposter,” I sought literature on the imposter phenomenon (or imposter syndrome), which is defined as “when confidence in your ability is undermined by fear of not meeting the task at hand” (Warrach et al., 2017, p. 454). With respect to professionals’ imposter feelings, a study by Vaughn et al. (2020) examined a sample of 1,326 women in higher education to determine the relationship between imposter phenomenon and motivation. They found a high rate of imposter phenomenon and posited that a negative relationship between imposter phenomenon and a sense of relatedness existed, as well as feelings of success and failure. They found a high rate of “feelings of self-doubt, lack of belongingness, and incompetence” (Vaughn et al., 2020, p. 780). This evidence resonates with how many art therapists seem to feel about their competence, based on discussions I have had over the years as a professional colleague and supervisor. Imposter syndrome, when internalized by art therapists, can contribute to their “feelings of insecurity and self-doubt” (Langford & Clance, 1993, p. 495). Considering that my experience is mostly with supervisees, imposter phenomenon may correlate with new professionals or relative inexperience and also with second-career professionals who are older but experiencing unexpected feelings of incompetence in their new jobs. Professional experience may mitigate feeling like an imposter.

Research suggests that art therapists could increase their confidence with effective mentoring. For example, Waters et al. (2002) found that new professionals who had career-related and business mentoring gained perceptions of being more successful. Reflection and discussion with mentors about career obstacles can help overcome challenges (Finn, 2018). Perhaps art therapists are not confident about their competence as therapists or in navigating the

job or business market. If so, they might benefit from reflecting on the fact that obstacles to being a good businessperson are connected more to the external environment than to internal factors such as skills (Avdullahi, 2015). Self-esteem or worth, confidence, and competence all play a role in the success of art therapists in finding a satisfying job or self-employment.

Market Value

In the context of a profession trying to establish itself, and the process of professionals entering the job market, there can be a number of difficulties at play, including compensation, opportunities, and prior experience. Health care jobs are predominantly populated by women (Ozawa & Law, 1993) and are therefore affected by the gender pay gap (discussed later in this chapter). When considering what other factors contribute to lower professional compensation in health care, taking professional qualifications into consideration, two common issues arise: one's age when entering the health care field and offerings in the job market. Within a similar profession to art therapy, Ng (2010) did a labour market analysis of the social work field and found low salaries and high turnover. More recently, Lein, et al. (2017) found challenges among social worker job satisfaction with respect to race, income, and other social dimensions. Underemployment, unemployment, and unstable employment negatively impacted the physical health of employees and their families, as well (Ferrie et al., 1998; Premji & Shakya, 2017).

Second-career professionals are likely to be more successful than first-career graduates because they are better at identifying and taking advantage of opportunities (Bar-Tal & Gilat, 2019). Second-career nursing students are considered to be among their field's top performers because employers value their maturity, professionalism, and advanced decision-making skills (Wujcik, 2010). Similarly, and in a field closely related to art therapy, Roland (2014) found that retired military personnel who earned a master's degree in counselling and found work as

counsellors gained enhanced capacity for empathy, knowledge, and compassion, as well as greater employment opportunities.

Although there are numerous factors that contribute to perceptions of value, salary is a common benchmark among professionals in determining how much their work and professional qualifications are worth. There is a discrepancy in terms of the gender pay gap, but there are also different strata of pay in relation to education and experience. Although much has been written on how to negotiate one's pay (see, e.g., Wroth, 2019), it is difficult to find recent or comparable baseline salary estimates for art therapists. Are art therapists earning comparable wages to other mental health practitioners, such as counsellors and social workers, or are they more comparable to the market value of artists and less specialized wellness workers?

Elkins and Deaver (2013) published information on art therapy salaries in their report on a national survey of members of the American Art Therapy Association, which most recently reported in 2013 a range of one-third in the range of \$50,000–\$79,999 and one-third in the range of \$30,000–\$49,999 in a sample of 703 respondents. Orkibi and Bar-nir (2015) reported that 52% of Israeli art therapists earn a monthly income slightly higher than the minimum wage (which is approximately \$1,170 USD per month). In Canada, Lee (2010) compared a national survey of art therapists in 2010 with an earlier report of low average and found that income had grown by 15% among respondents. However, to put this improvement into context, funding sources for art therapy employment and services are not included in the Canadian funding model. Art therapy often is not covered by third-party insurance plans but instead is compensated as a fee for service, often affiliated with nonprofit or charitable organizations. In Canada, it has been an uphill battle for art therapists to get paid for their work from the early 1970s to the present day. Thus, it is gratifying to witness a growing awareness and burgeoning public understanding

of art therapy, which has created some market value. In my experience, more people know about art therapy today.

Lee (2010) attributed low compensation to attrition (i.e., art therapists leaving the field to find other employment) and to art therapists achieving other qualifications. The latter is relevant in light of research by Moore and Morton (2017), who investigated graduates' job readiness for their professions. They conducted semi-structured interviews of 20 new graduates in a range of several professions (business, education, law, health care, administration, etc.), recruited through a larger online survey, for skills acquisition and found them to be below industry standards. Although new professionals can be expected to gain on-the-job skills with experience, the researchers argued that this gap in job readiness skills holds graduates back from gaining satisfactory employment and has an inhibiting effect on organizations, as well as on the broader economy (Moore & Morton, 2017). To combine art therapy professional attrition with the weak spot of job readiness paints a clearer picture of where the gap may be in the sustainability of art therapy in Canada, namely between graduation and the beginning of gainful employment.

Donnelly et al. (2013) asserted that new professionals should focus on developing such skills as understanding roles, communication, educating other team members about themselves, attending team meetings, collaboration, and co-location. Their recommendations were directed at assisting new professionals in developing a stronger identity within a team, which in turn will enhance their market value in addition to overall job satisfaction. Considering that half of art therapists patch together part-time work because they cannot find full-time jobs in their field, this attention to job readiness seems warranted. Data from Lee (2010) and Burt (2005) in Canada, as well as American Art Therapy Association membership surveys in the United States (Elkins & Deaver, 2013), show large percentages among survey respondents of part-time art therapy work,

multiple job titles, multiple job settings, employment with several employers, and income below the poverty line.

Gratification, Social Capital, Flexibility, and Psychological Contracts

If professionals are choosing a profession that is known to provide low compensation, then exploring their motivations and taking into account other forms in which they may feel compensated seems logical. In a small qualitative study of nine experienced psychoanalytic and psychodynamic psychotherapists on why people choose to be therapists, Barnett (2007) found two common themes of early loss and emotional injury (“wounded healer”), combined with a desire to heal oneself or family of origin, among the interviewees. In the pursuit of healing, the therapists garner gratification when entering into emotionally intimate relationships with others.

This desire to help others seems to provide value to therapists in the work they do. Art therapists are no different, and in my experience a desire to heal others is often apparent in admission interviews to graduate programs. Following the logic of the desire to help others, it would appear that gratification is felt when such helping meets with success. In support of this idea, Marchand et al. (2016) asserted that job gratification may be one of the influential factors in maximizing work-life balance in terms of stress management and mental health disability claims. Orkibi and Bar-nir (2015) researched Israeli student and practicing art therapists for subjective feelings of well-being in contrast to job satisfaction ($N = 233$). They found that for both students and practitioners, collective self-esteem correlated significantly and positively with meaningful work and subjective well-being. They also found that practitioners reported more work engagement, meaningful work, job satisfaction, and subjective well-being than did students. This indicates that effective engagement and finding meaning in one’s work enhances job satisfaction

and well-being. Gratification in providing art therapy to others might be effective as a method of establishing self-worth in the art therapy profession.

Social capital may also be another nonmonetary factor of gratification in the pursuit of becoming an art therapy practitioner. Social capital is defined as the value of active connections among people (bonding, bridging, and linking; Aloisio et al., 2018). Coleman, a pioneering sociologist in the theory of social capital, found four effects of enhanced social capital: (a) it promotes flow of information, (b) it exerts influence, (c) it is a measure of personal social credibility, and (d) it strengthens relationships and one's sense of identity (as cited in Fengqiao & Dan, 2015). Aloisio et al. (2018) found a statistically significant predictor of job satisfaction and social capital among allied health care workers in long-term care. Fengqiao and Dan (2015) found that both familial and personal social capital influenced college graduates with job satisfaction and in seeking further education. Social capital seems to have ties to identity and self-esteem in the workplace.

Work flexibility also may be another factor in receiving gratification from professional practice. Work flexibility can be interpreted in many ways, have differing value to a broad spectrum of professionals, and may be influenced by gender-specific needs. For the purposes of this research, work flexibility will be narrowed to the scope of time and space (location). From a current search, much of the existing research has indicated gender differences, and that women benefit most from flexible work. Uglanova and Dettmers (2018) found that women benefit from a flexible work arrangement and increased satisfaction with leisure time. Foster (2018) found that flexible work schedules enhanced the U.K. National Health Service by 52%, improving retention and lowering the cost of training. In a study by Minnotte et al. (2016) about dual-income mothers, they found that flexible scheduling significantly and positively related to life

satisfaction. They wrote that in “neo-traditional household labor arrangements,” the mother has more responsibility for household labour and childcare, and that evidence-based research shows mothers perform more housework and childcare than fathers (Minnotte et al., 2016, p. 2368). Due to the predominance of women in the health care field and in art therapy, it would make sense that choosing a profession that will have flexibility for raising a family can be beneficial.

Gratification, social capital, flexibility, and psychological contracts are related in terms of the expectations and fulfillment of each in the outcomes of success. Psychological contracts refer to the expectations held by employees, employers, students, and preceptors that drive attitudes and behaviours about work, organizations, and interpersonal relationships (Matheson & Hankinson, 2018). Vocational and educational paths today are no longer as linear, predictable, or stable as they were in the past (Leach, 2017). This reality makes attachment to a career ambition become “cruelly optimistic” (Berlant, 2011). That is, students and new graduates preparing for a career may have unrealistic or unrealizable expectations that they carry into the marketplace or particular projects. They may seek gratification, direction, and accolades early in their work experience from employers who may not have the time, inclination, or capacity to reward beginner work efforts.

Frequent changes in public policy, the market, and socio-environmental events often influence career paths. There can be uncertainties, with at times a slow evolution, or false starts (Leach, 2017). The impact of these disruptions can actually make some new professionals feel that their expectations have been “violated” (Leach, 2017), which adds to their distress and shapes negativity. Some of these unrealistic expectations, however, are carried over from training. In a study of the psychological contract among business school students in the United Kingdom ($N = 26$), Koskina (2013) found that students’ psychological contracts differed in

important ways from that of employers. Transactional, relational, and ideological expectations between students, their instructors, their learning institution, and in their future profession formed the basis of their perceptions. In uncertain economic times, new professionals seeking career fulfilment thus may struggle with feelings of cruel optimism, problems, and broken expectations (Leach, 2017) that impede their progress in their career.

Altruism

Altruism is defined as devotion to the interest of others (Schwartz, 1993). Limberg et al. (2018) suggested that altruism is a socially learned attribute. In their phenomenological study ($N = 9$) of practicing counsellors in Scotland, participant reports indicated that their psychotherapeutic practice and altruism were not interchangeable: Helping is not always altruistic and altruistic acts have both social interest and self-interest (Limberg et al., 2018, p. 50). Malchiodi (2018) observed that art therapists who create and donate their own artwork or handicrafts is an altruistic way to help social causes, but she stated that our true purpose is about more than leveraging art for social benefit; rather, it is about providing psychotherapeutic services to others. Gladding (2015) stated that art therapy is aligned with altruism as an ethical doctrine with a moral obligation to help or benefit others, even at the sacrifice of self-interest. Hence it has become a moral dilemma to help those in need, even to the therapist's own detriment. Altruism is a two-sided coin in terms of having value in society while also taking a toll on the altruistic person. It is often a selling point of promoting art therapy; for example, Terlizzi advertised altruism as a benefit in her workshops, as a healing factor encouraging the support of group members (Home Quest, 2018).

In an interview, Har-Gil identified altruism as a dynamic she believes is common among art therapists in their views of work, particularly upon entry to the field (Fiore, 2017). She opined

that art therapy studies attract altruistic students who, upon graduation, are confronted with the realization that it is difficult to find a job and soon learn the reality of having to pay off student debt and supporting themselves after graduating. In her words, “Oh, if I’m not able to feed myself and have a roof over my head, I’m not going to be much use to other people” (Fiore, 2017, para. 12). Altruism may seem like a straightforward giving of oneself, but upon inspection, it is more than just superficial giving; rather, it is something deeper that satisfies an ego-driven need to be needed. One conclusion is that practitioners may want to explore the influence of altruism in their lives as a component of their cultural social development and psychological make-up.

Capitalism and Social Enterprise

Interestingly, in contrast to altruism, capitalism appears to be negatively perceived in art therapy. As Lebowitz (2004) explained, capitalists purchase labour-power with the goal of making their capital grow, and workers must be incentivized through pay to produce more than it costs for their labour. When such a practice results in the exploitation of workers, it can be argued that capital is the product of exploitation (Lebowitz, 2004). I would argue that how capitalism has been positioned in the media, education, culture, and society has led to myths that art therapists may hold and a fear of being aligned with capitalism of any kind, whether or not it offers any intrinsic value. This fear may be related to the theme of taking advantage of disadvantaged people—often our clients, whom we are striving to support. However, this perception extends to values attached to the accumulation of wealth or capital as well. Here, too, Har-Gil noted her experience of a common attitude among art therapists she knows, saying that therapists and helping professionals do not think of a business as a means for providing their services (Fiore, 2017). Ottley et al. (2013) also examined the beliefs and attitudes of first-year

business students about their profession and found that their motivations for pursuing business was for better employment opportunities and higher starting salaries. Other influencing factors are personality traits, preexisting skills, and parental socioeconomic status.

Kasser et al. (2007) stated that capitalism is dependent on moral code, as opposed to creating moral code. Ethics precede capitalism; there must be an ethical and moral framework in which capitalism can exist. According to Locke (2007), Kasser et al. are too critical of capitalism in a few ways, such as viewing capitalism as exploitation, believing that capitalism discourages helping others, claiming that wanting money is the same as being materialistic, arguing that capitalism undermines altruism, believing that monetary rewards undermine the enjoyment or gratification of work, and many other implied or false beliefs. Some of these beliefs also may be held by art therapists, which would explain their perceived bias against capitalism.

I believe that health care professionals can embrace capitalism within an ethical framework. Delanty (2019) stated that modern capitalism and democracy are the ingredients of modernity and their dynamic will provide momentum for change. Alexander (1987) stated that there are romantic and distorted ideas about the egotistical nature of capitalist markets, with repeated misunderstandings about control and dominance. He found that neither profit-making nor control inherently bred egoism or domination and that altruism can exist in an independent sector.

There exists a philosophy called conscious capitalism, which is defined as a stakeholder-centric framework for doing business in which a commitment to a higher purpose and a double bottom line of social and financial benefit can be both ethical and profitable, which is currently known as social enterprise (Emerson, 2000; Enterprising Non-Profits, 2010; LePage & Upton, 2017; Ottley et al., 2013). Social enterprise, social capital, and hybrid enterprise are all in the

blended or double-return framework of business that maximizes both a social return as well as financial profit (Emerson, 2000). Although this area may be of value to art therapists, further elaboration is outside the scope of this dissertation and an area for future research.

Transactional Relationships

According to Gleeson (2019), business transactions are about the interchange of goods, money, or services between parties. There exists an exchange of value. The gulf between therapy and business may be due, in part, to perceptions about the function of relationships in both fields. Within the business field, relationships are often conducted as transactions in that the parties seek out prospects, develop a relationship, and close a sale (Arthur, 2019). The duration of the relationship is dependent on whether the business is seeking long-term, repeat, or one-time customers.

In therapy there is also a need for exchange of value. The client seeks out a therapist to meet a psychological need or concern. There is a complex relationship in providing a professional service (like therapeutic services), in which Lee Bunting (2016) explored constructs (e.g., person, occupation, and context) within five domains of clarity, simplicity, generality, accessibility, and importance as critical reflection. She found that using a transactional perspective on occupation has strength in the ability to capture complex relationships (Lee Bunting, 2016). In a therapeutic relationship the client discloses private and personal information that the therapist keeps confidential, and the therapist collects fees for their services; both have transactional elements. Cooper (2017) studied the relationship between volunteer therapists, clients, and an organization. She found that the relationship is more stable when fees are contained within the therapeutic relationship between client and therapist. Trust is an important or central value in the exchange: the client develops trust in the therapist, trust in their privacy

being kept confidential, and trust in the service of remedy for their psychological needs (Duică, 2019; Gross, 2001). Thus, there is a delicate balance of need and transaction, trust and confidence, and value. Hewson (2015) stated that trust builds value when a company works from an ethical framework. The current trend for companies to communicate their values, ethics, and morals builds customer trust and faith in their best practices. Best practices build integrity and a solid foundation. Aligning integrity, ethics, and trust all contribute to the creation of value.

Systems of Influence on Art Therapist Employment Opportunities

Among the larger systems that influence the art therapist's employment opportunities, we must consider the professional and health care systems in which they must work and the sociopolitical ideologies that are most relevant to art therapy demographics. The most compelling and strongest perspectives are realms of gender, advocacy, feminism, and psychology. The broader perspectives are the health care system in Canada and the professional organization of art therapy in Canada.

Gender

A major system of influence on art therapist employment, in Canada, is gender. In many professions, including art therapy, there is a phenomenon of a gendering of the profession, as when a majority of those in the profession are women. Taking into consideration the effect of having a female-dominated profession in Canada requires an exploration of some history as well as the gender pay gap.

Sallop and Kirby (2007) wrote that the gender pay gap still exists across all professions, whereby women are paid less than men for comparable positions. The gender pay gap in Canada results in women making 75% to 87% what men earn (Neil, 2014). Roth (2003) postulated that many women choose careers that pay less than the careers predominately filled by men after

examining pay differentials in male-dominated professions in the securities industry. She found that residual discrimination in organizational beliefs and philosophies was the cause of pay inequities among individuals with comparable qualities (Roth, 2003). Sallop and Kirby (2007) found that when women select careers predominately populated by men, they are compensated at a lesser level for comparable skills, effort, and/or responsibility.

Pay inequity issues result from a gender pay gap, and although dated, it seems relevant to discuss Frances et al.'s study (1996) that looked back over a century of women's work history in Canada and Australia. They found that Canada's female labour force was historically made up of a large number of immigrants, whereas Australia has had fewer immigrants from countries other than England. They also found that Australia's female workforce was more militant in advocating for their labour issues, which resulted in wage tribunals and arbitration, leaving them better off by 1996. Canada's advocacy was not as active until midway through the 20th century when minimum wage laws were passed (Frances et al., 1996). Alksnis et al. (2008) conducted a study on gender segregation in jobs that are stereotyped as "male-typed" and "female-typed." They found pay differentials, gender-based discrimination, and an undervaluing of "women's work" in which occupational stereotypes determine value.

In Canada, the art therapy field is estimated to be 94.8% female (Lee, 2010), so the history of "women's work" is relevant as well as the advocacy for recognition as a legitimate health care profession, compounding the struggle to achieve fair wages.

Social Action, Activism, and Advocacy

Social action in art is well documented throughout history (Watkins & Shulman, 2008). Social action in art therapy was documented in a call for action by Borowsky Junge et al in 1993, marking a growing development in the field. Social action and professional legitimacy are also

the hallmarks of many burgeoning professions. Establishing defining parameters and advocating for social justice are political ways for citizens to lobby their government. The inherent beginnings of most health care professions were in social change. Johnstone (2015) explored early Canadian perspectives on the beginnings of social work as influenced by dominant ideas from an Anglo-Christian worldview. Similarly, in writing about the profession of lobbyists, Kersh (2004) described the process of gaining recognition through seeking to create structures of legitimacy, utilizing these activities: forming professional associations, protecting job territory through legal means, and establishing schools of training, as well as in the pursuit of persuading others of the field's importance.

From my personal experience, art therapy is limited by the socialized health care system in Canada, as it is not currently a recognized health care service and, ironically, most often relies on government-funded dollars rather than private monies. Historically, Woolf (2003) was of the opinion that those in the medical field were somewhat resistant to art therapy as a related profession, and this theme of resistance seems to play forward into the recognition of art therapy as a frontline mental health service. Thus, government recognition and social action seem to be drivers in the struggle for work that art therapists experience in Canada. As one of the systems of influence, art therapists as natural agents of change have sought relief and expression in social action to help benefit vulnerable populations (Borowsky Junge et al., 1993).

Feminism

Feminism can be understood as a theory, ideology, workplace orientation, or framework. For the purposes of this paper, feminism is defined as a theory applied to narrow the focus of gender roles challenged on the basis of equitable power distribution, that the personal is political, and that the voices of the marginalized are valued (Otting & Prosek, 2016). In looking at

feminism and its power distribution among the systems of influence for art therapist employment in Canada, exploring the felt sense as an art therapist will set the stage for context.

Other than pay equity, feminism plays a role in art therapists' self-worth and perceptions of business. Working in health care organizations that have traditional patriarchal hierarchies can have an oppressive effect on art therapists, devaluing their contributions. Halifax (1997) wrote that in her experience as an art therapist in the face of an organizational patriarchy, she felt that there was a common experience among art therapists of feeling inadequate and disparaged in their own work. She did not speak up in team meetings, and the information she gathered about her clients and their art receded to the background. She opined that art therapists may repress their own experience, mirroring team members who do not comprehend the therapeutic work of art therapy. Given the time in which Halifax was writing, I believe that I already subscribe to and exist in this feminist framework, feeling empowered to engage in the male-dominated business world and wanting to empower female colleagues to do the same. Halifax further extrapolated feminist art psychotherapy as being supportive, collaborative, empowered, and having a ripple effect from one person to another. I am hoping to elicit a ripple effect between the art therapy and business worlds, engaging in them both and being successful.

Mills (2002) suggested a feminist strategy approach for the study of organizational culture over time that is sensitive to the contextualization of gender. More recently Wright and Wright (2017) wrote about the intersection of critical feminism and social justice approaches, calling for improved practitioner reflexivity and critical thinking as beneficial to art psychotherapy practice. The critical examination of awareness of self (political, body, and power differential) situated in reflexive thinking illuminates the intersections as well as the divergences between therapist and clients, organizations, and professionalism. As we examine the

intersections of all our differences and similarities, it can lead to greater awareness of our place in the workforce and economy. This positions art therapy in Canada within the ideological influences of feminism as a source of sustenance in the larger system.

Psychology of Identity and Brand

Psychology is one of the foundations of art therapy theory, and it is also an influential factor in the landscape of art therapy employment sustainability in Canada, as underpinning an understanding of how Canadian art therapists communicate their services and practices to their clients and the marketplace. Creating a brand involves understanding characteristics of an identity. The psychology of identity is linked to brand as identifiable, relateable and consistent in its qualities. This section will explore the influential factors of art therapy identity and brand.

Freud's nephew, Edward Bernays, founded what has become the modern public relations field. He made connections between psychoanalysis, communication, public relations, and self-identity (Bayley, 2005). Bayley (2005) defined branding as associations and expectations, which harkens back to my research on art therapists' experiences and perceptions. He stated that feelings and associations are more important than things; the most important moments in business are emotional, not numerical. The value and/or transactional nature of psychology and business are interrelated. Identity is not only a psychological term, but also a business tool. Walker (2012), an oncology nurse practitioner, wrote that cultivating one's brand can open up career opportunities. She used Twitter and hashtags, which got the attention of her nursing association and she was invited to be on the board of directors. One needs to consider identity in the marketplace, in the economy, and to oneself. To be successful, art therapists must design an influential persona or brand.

Karlin (2105) wrote a commentary about declining membership in the Society of Clinical Psychology that is instructive for art therapists, outlining the importance of promotion, identity, brand, and value. His opinion was that concepts of unique value may be positioned to differentiate and allow a competitive advantage that would make the organization more relevant to younger and mid-career psychologists. This argument resonated with me with respect to the identity of art therapy in Canada, in terms of engaging the broader geography of art therapy in Canada and establishing a unified vision. Karlin felt that a formal mentorship program with recruitment and promotion to a broader range of psychologist demographics would promote complementarity and connection.

Understanding the psychology behind the utilization of a unified and inclusive art therapy identity in Canada can contribute to cultivating a brand with a unique value proposition. This can in turn would allow art therapists to communicate the values, identity, and benefits of art therapy with a more precise message.

Socialized Health Care Context

Even within a socialized health care system there remains an unmet need for psychotherapy. Socialized health care in Canada includes most much-needed medical interventions. Any physical ailment is treated within a relatively short duration of time and the provincial and federal government monitors expenditures. There is a second tier in which certain interventions can be paid for above what the government provides. These are most often for mental health. A news reporter, Anderssen (2015), wrote about the epidemic of mental health issues and this second tier of fee-for-service health care. She stated that psychotherapy is a necessity rather than an option. The cost of psychotherapy can be prohibitive. As of the present, psychotherapy can cost between \$100 and \$170 per hour, which can only be afforded by those

with enough income or insurance. Anderssen went on to report that most Canadians cited cost as the reason for not receiving psychotherapy when needed.

Diminic and Bartram (2019) compared Canadian access to psychotherapy to the Australian system and found that although usage was initially low, as the public programs gained wider utilization there was less usage of private health care benefits. Domene and Bedi (2013, as cited in Bedi et al., 2016) wrote that the great demand and limited free public services available create reliance on private insurance plans. However, affordability and lack of access are still problems as private supplemental health care insurance still has severe limits on coverage.

Another aspect of the current market is the new College of Registered Psychotherapists of Ontario (as of April 2015) and other provinces developing their regulatory colleges, as discussed previously. The government-controlled Act of Psychotherapy has been enacted (as of April 2018) and will be regulated, enforced, and monitored from January 2020 and on. Ontario art therapists qualify for the College and this will raise awareness of art therapists' credentials and ability to practice psychotherapy.

Canadian Economy

According to Trading Economics (n.d.), in 2019 the individual living wage in Canada was \$30,960 annually. The average annual Canadian therapist salary is \$71,399 (range \$33,126–\$121,378). Average annual salaries for similar professions include \$92,165 for psychologists, \$74,003 for physiotherapists, \$72,735 for occupational therapists, and \$64,896 for music therapists, which may vary somewhat across the provinces (Neuvco, n.d.).

Taking a look at the current Canadian economy and employment, one can see that Canada is in a state of modest wage growth, where minimum wage is \$14 per hour, the individual living wage is \$1,930 per month (\$23,160 annually) and the family living wage is

\$2,580 per month (\$30,960 annually; Trading Economics, n.d.). These statistics are a reflection of employment for those without undergraduate or graduate education, meaning that a new professional coming out of graduate school should strive to earn above minimum wage to support themselves and pay down their student debt.

Based on Lee's 2010 article, Canadian art therapists had a gross annual income peak mode between \$31,000 and \$35,000, which in 2020 dollars is \$32,264 to \$40,943, which means that they are living near the current poverty line (Bank of Canada, n.d.). New graduates may not be able to afford student debt and/or support themselves if they live in more costly urban areas. Moore and Morton (2017) stated that graduate education and its employability can have negative effects on the broader economy. It can produce a higher educated and overqualified underemployment, where workers are working in jobs with less skill or training required.

As a comparison, there are more counselling jobs advertised than art therapy jobs, but the two fields seem to be in similar economic positions. The counselling field has grown at a faster pace than art therapy. This profession was established in 1983 and its professional definition was ratified in 2009. As of 2016 the Canadian Counselling and Psychotherapy Association reported that it had 450 association members, 40 graduate training programs, and six doctoral programs in Canada (Bedi et al., 2016). Along with these statistics, the majority of the association's membership runs private practices, with only 10% working in community agencies. In addition, 61% work second jobs and 23% work third jobs. They are in similar evolutionary position as art therapy, but their training programs are more numerous (Bedi et al., 2016).

I found a very interesting article on physiotherapists in Ontario that looked at the ebb and flow of employment in their profession over time. I was very intrigued and excited at the implications of doing this type of research for art therapists in Canada. Landry et al. (2012) used

two interesting terms in their longitudinal study (conducted from 1999–2007); one was “inflow,” which is the change in number of professionals from one year to another, and the other was “stickiness,” the chance that therapists will stay in the workplace from year to year. They found that the number of professionals grew by 21%, with the highest inflow at 32% (in long-term care), and the range of stickiness as 73–87% across all health sectors (2012). The implications were that approximately three-quarters of physiotherapists stay in their jobs long term and that many consider working in long-term care. If this model of study were applied to art therapists, it could document the work settings that they are flowing into and the settings that are retaining them longer. With such data in hand, a projection plan could be created to help foster and develop more work sites that would increase the sustainability of art therapy in Canada.

Business Skills Capacity

From my own experience of establishing and running an art therapy business over the last 26 years, I developed an appreciation for the knowledge required. It was knowledge I acquired from working in my family business (from cleaning to office management for 12 years), many retail jobs, opening up a private practice, and, ultimately, not being very successful. I was asked many times about how I came to running a business, and wrote about it on several occasions. It was really a culmination of exposures to these experiences that propelled me to use the knowledge I had, search for additional resources, and eventually earn a degree in business. When I did an environmental scan of what the most successful art therapists were doing, it became evident that they had previous or newly acquired business skills and were implementing them.

After employing art therapists for 15 years, I felt my original business goals had been met and new goals drove me to help more art therapists find sustainable work outside of my business. This was risky. I had almost no competition in my niche, and by helping them I was going to

make them competitors. Through understanding the life cycle of business, I recognized that my business would not last forever and that enriching opportunities for art therapists would create new opportunities for myself.

When considering what the business of art therapy means, the elements of business structure, success, and critical thinking arise. In exploring the intersection of art therapy and business, it appears that it is not uncommon to think that they are very different fields, as humorously summarized by one art therapist who told me, “Sure, we don’t like business—it’s why we became artists!”. The common areas covered in this literature review have led me to consider how to bring business together with art therapy. Raising recognition and understanding funding and fees, credentialing, self-worth, market value, altruism and capitalism, the transactional nature of relationships, brand, socialized health care, and the Canadian economy are all things to consider when bringing art therapy and business together. As art therapists become more familiar with business language and learn how it applies to their practice, they will become more comfortable with building capacity for business skills to enhance sustainable employment. From the presentations I gave, I learned that the art therapy community can have a say and shape how it engages with business knowledge.

Business Skills Needs Assessment

Johnson (1990) stated that developing a successful business plan provides a tool for measuring actual versus expected performance. Rishel (2014), an oncology nurse, felt that all nurses must understand the business of health care. She outlined knowledge needed by educational level and concluded that all levels of nurses need to develop business acumen to support evidenced-based, practitioner-led research and collaborate to develop translational research studies. Moore and Badger (2014) postulated that translational research findings should

be financially viable for implementation and nurses should have the ability to understand and evaluate programs and cost-effectiveness. Schafer et al. (2007) determined that physical therapy (physio, occupation, speech, and audiology) doctoral students needed to learn the following skills: marketing, strategic planning, financial analysis, budgeting, and environmental assessment for administration and management. Zanskas and Strohmer (2011) wrote about a recommendation in 1987 for private-for-profit vocational rehabilitation curricula to include information about business management and insurance rehabilitation in their graduate training programs, which is important still today.

Business Skills Acquired

Many therapists are exposed to opportunities to develop business skills at some point in their lives, whether during summer part-time work, while in school, by helping with a family businesses, or via opening their own private practice. So, it would be a false assumption to think that therapists have no exposure to business skill development at all. It is important to map where the skills capacity is developed and underdeveloped. In such a mapping created by Smith et al. (2006) for international business graduates seeking post-degree designations, the authors recommended learning multiple skills sets and enhancing marketability to give them a competitive edge in the global job market. These authors felt that helping students understand their strengths and weaknesses along with their career goals helps prepare them to have a plan for success. Training should aim to help students achieve a competitive edge in the marketplace, and plan for a career entry point (Smith et al., 2006).

As discussed previously, only one Canadian art therapy training program currently offers a course in how to set up a private practice. Pettigrew et al. (2015) described a model that could help art therapists, in this case a master's of business management and a master's of public

health degree at Yale University. These two concurrent degrees, earned in 22 months, will help graduates become innovative leaders in health care. The authors referenced culture and networking as good examples of collaborating between in-house programs to create a more well-rounded student for the workforce, such as a mutually beneficial collaboration between business schools and therapy training programs.

Finally, another model, described by Holak et al. (2010), offers “business-of-medicine education” for anaesthesiology residents in the United States. These new practitioners had developed the skills to practice their specialty, but also acknowledged feeling overwhelmed by business aspects of their practice. They held a weekend retreat to discuss interviewing skills, contract law and negotiation, billing and reimbursement, insurance, malpractice, and financial planning. Holak et al. (2010) reported that the business-of-medicine training has been successfully integrated into residency programs in general surgery, obstetrics and gynecology, ophthalmology, orthopedic surgery, otolaryngology, pediatrics, psychiatry, and radiology.

Business Skills Needed

Creating community-based partnerships involves engaging with stakeholders in a community with aligned goals. Potential client populations and community organizations and businesses can have concurrent goals of increasing a sense of inclusion, mental health promotion, and engagement (Cockburn, 2004). Partnering with a community can foster a sense of ownership and mutual support. It could also be a funding source for innovative programming for marginalized or vulnerable populations in the community. For example, holding an arts-as-therapy group at a local coffee shop for retired people in the community could provide space and free or subsidized food and beverages.

Oliver (2020) defined networking as connecting with people in a related field and sharing information, skills, knowledge, ability, talent, and culture. She also wrote, in tribute to her late brother (and master networker), that even lacking experience, education, and knowledge, one can still network with qualities such as being genuine, real, and engaged (Oliver, 2020). Networking is considered one of the most effective ways to find employment (Owens & Young, 2008). Salita (2016) wrote that it is a continuous process—an investment in building relationships and trust. Owens and Young (2008) stated that effective networking is a type of social capital providing information about employment opportunities and is not about who you know, but who gets to know you. They detailed the personal sphere of influence (family and friends vs. colleagues and professional industry associations) and centres of influence (those who are well-known in the industry). One can network at conferences and business-related functions (e.g., public AGMs, fundraisers, and job fairs), or by joining committees or working apprenticeships or internships (Oliver, 2020; Owens & Young, 2008; Salita, 2016). Salita (2016) felt that meeting in person, listening, and seeing facial expressions and body language is the experience with the most impact. Oliver (2020) also wrote that networking should never end, even if you have reached the pinnacle of your goals, because it can be used to help others and be a valuable contribution to any group, whether professional or social.

The use of social media as a method of promotion and marketing was described by AudiologyOnline (2018) in its report on a conference for hearing care specialists focused on promotion and marketing, offering professional partners new and innovative strategies that increase effectiveness. The keynote speaker, best-selling author and social media expert David Meerman Scott, demonstrated how to generate attention and drive new business in a web-driven world. He recommended using no-cost approaches such as YouTube, LinkedIn, Twitter,

Facebook, Newsjacking and other new tools. He emphasized a benefit-driven results approach that motivates action and recommended behaviours and phraseology that create meaningful connections that build referrals (AudiologyOnline, 2018).

As part of marketing, public speaking engagements can be approached using creative skills, including guided visualization, relaxation, or meditation techniques, which might encourage therapists to think of the business side of their roles (Carnabucci, 2002). In Carnabucci's (2002) marketing workshops, she encouraged participants to use their own creative endeavours to enhance their marketing, like baking for potential customers. She recommended keeping a journal about marketing and promotional activities with a plan and evaluation of the process.

In terms of print media, such as business cards, brochures, newsletters, and signs, it would be interesting to find out whether these are demographic-dependent. Dybala (2011) researched whether online or print advertising worked better for physical therapists. He found that 46% of older adults use print media and 49% use online sources. Perhaps gearing marketing and promotion campaigns to the desired stakeholders will bring about the best results. For example, therapists who work with children would need to market to children's caregivers, schools, or treatment teams.

There are many approaches to building business capacity that can be tailored for each profession and further refined for each individual professional. Skills building in community partnerships, networking, and marketing can each contribute to a more well-thought-out plan to approach art therapy service promotion.

Conclusion

From chapter's discussion of the four domains of obstacles, perceptions, systems of influence, and business skills capacity, recommendations for the future implicate some interesting factors. The intrinsic factors of influence have provided more of a vantage point into the art therapy field in Canada. Extrinscially, with increased recognition, awareness, and exposure, art therapy will become more valued by the public and within health care. Funding and fee scales are not always top of mind for art therapists preparing for their careers. A more clearly defined rubric of business skills language could build art therapist capacity. Although underemployment may apply to many professions, it has described the art therapy field since its inception in Canada. The variety of art therapy credentials in Canada may fragment and complicate the representation of a united field. Art therapy education programs could help create more entrepreneurial curriculum by seeking joint academic ventures and affiliations.

In exploring intrinsic qualities coming into contrast with value systems, art therapist perceptions of worth, value, gratification, altruism, capitalism, and transactional relationships all indicate that a shift in belief may be necessary. From the literature, it becomes apparent that self-worth, self-esteem, confidence, and competence all may play a role in the success of art therapists in finding a satisfactory carrer, job, or self-employment. The market value ascribed to art therapy has some inconsistencies, including compensation, work opportunities, and prior experience. A significant percentage of the Canadian art therapists surveyed in 2010 reported part-time art therapy work, multiple job titles, multiple job settings, employment with several employers, and low income close to the poverty line (Lee, 2010).

Exploring how art therapists receive gratification, use their social capital, benefit from flexibility, and perceive psychological contracts after training has revealed a few traits and value

identification. Most are aware that they are entering a profession that is known to provide low compensation, so their motivations of garnering gratification from entering into emotionally intimate relationships with others may be implicated in establishing self-worth in their profession. Social capital is tied to identity and self-esteem in the workplace, contributing to gratification as well. Art therapists who are caregivers (many of whom are women) benefit most from flexible work so they can balance both roles in their lives. Psychological contracts may influence or establish unrealistic expectations upon therapists and employers, which can project into the marketplace by seeking gratification, direction, and accolades where those rewards are not common or offered. Gratification received from altruism may be a product or characteristic of art therapist culture, social development, and psychological make-up. If capitalism is negatively perceived in art therapy, changing art therapists' perceptions of capitalism to one of a framework of social enterprise with embedded ethics could open up spaces to conduct business. A shift to accepting the ethical transactional nature of therapy could align integrity and ethics to pay homage to the delicate balance of need, trust, and value.

Due to the large scale of systems of influence, my limited exploration of nationally extrinsic factors included gender, social action, feminism, brand identity, and the economy, in exploring the problem of art therapy sustainability in Canada. In my exploration of gender I found a connection between the history of "women's work," the struggle to achieve fair wages, and advocacy for recognition of art therapy as a legitimate health care profession. Government recognition and social action seem to be drivers in art therapists' struggle for work in Canada, but art therapists are natural agents of change and have sought social action expression to help benefit vulnerable populations. Feminist ideology brings the awareness of self to illuminate the intersections and divergences between therapists and clients, organizations and professionalism.

Understanding the psychology of identity and brand can create a unified and inclusive art therapy identity in Canada. This can contribute to a unique value proposition that will allow art therapists to more concisely communicate a message of unique values, identity, and benefits. The socialized health care context in Canada currently offers a two-tier system with fee for services not included in the health care funding model. There is hope that establishing provincial regulatory colleges will bring recognition and inclusion in health care funding in the future.

The unique business of the art therapy system of influence is a burgeoning bridge between art therapy and the business world. The literature landscape, as reviewed in this chapter, revealed that fostering community partnerships, networking, promoting, and marketing each contribute to a more well-thought-out plan to approach service promotion. The literature on the developing state of art therapy, in Canada and elsewhere, revealed that there are many positive happenings in recognition, credentialing, education, and business skills. The areas that need development are funding, market value, attachment to altruism, and misconceptions around capitalism and transactional relationships, as well as the Canadian art therapy value proposition in socialized health care. After reviewing some of the influencing factors in the landscape for art therapy field sustainability in Canada, it becomes apparent that legitimizing art therapy in the broader context requires not only working on self-esteem, worth, and business skills capacity building, but also influencing organizations and government policy.

CHAPTER 3: METHODOLOGY

My study examined the difficulties faced by Canadian art therapists in finding and maintaining sustainable employment. The concept of sustainable employment, in this context, consists of secure and stable employment, decent working conditions, and equitable compensation commensurate with professional art therapist qualifications. The main questions that this research addressed were:

1. Do art therapists experience underemployment in Canada?
2. Do they lack the skills to gain sustainable employment?
3. If there is a lack of skills, can building business capacity skills help?
4. What might be the best way to deliver business skills training to art therapists?

The data from these questions can be used to develop recommendations for building business skills capacity in art therapists so that they can take an active role in advocating for their services to be fairly compensated, sustainable, and valued. I posited that the results of my research would identify components of a business skills capacity development curriculum for sustainable employment for professionals in art therapy.

Research Design

Mixed Methods Explanatory Design in Two Phases

Two timely events happened early in my doctoral studies that influenced my decisions with respect to the design of my study. The first occurred when I presented a workshop called “The Business of Art Therapy” at the Canadian Art Therapy Association conference that explored art therapists’ understanding of the concept of business in relation to their career advancement. Surprisingly, I had 70 participants sign up, when the average attendance was 15–30 for a workshop at this event. Although I did not intend for this event to be part of my research

study, it afforded an opportunity to gain an understanding of what art therapists themselves considered as needs and obstacles in sustaining employment in their field.

The second timely event occurred because of my elected leadership role as treasurer on the CATA executive board. The need for someone to conduct the 2019 Canadian National Survey was brought up at a board meeting. It had been 9 years since the last survey and there had been only two previous surveys conducted in CATA's history. When compared to the abundant membership data available from the American Art Therapy Association in the United States, which consistently was gathered every 3 years, we obviously had to do something. I volunteered right away to be part of the committee, having recognized the opportunity for how the survey could help address my research question. At the first committee meeting, I proposed that the survey include a subset of questions directed at employment obstacles and opportunities. The committee was very open to this and asked for my firm commitment to lead the entire survey development and conduct it on their behalf with a small committee.

The reasoning behind using a mixed methods explanatory design in two phases was the ability to access participants on multiple occasions and the time to conduct research in two phases (Creswell & Plano Clark, 2018). Mixed methods research utilizes both qualitative and quantitative data to make the research problem more responsive to complex analysis (Kapitan, 2018); in a sequential design the results of one dataset are utilized to refine data collection for a second dataset. Based in questioning whether the phenomenon of art therapist underemployment in Canada was solely my own experience or that of other art therapists as well, I was aware of the influencing variables, but needed quantitative data to test my assumptions. There was an opportunity to ask the research questions at several gatherings of interested art therapists as conferences and use their responses to hone in on business skills in the online national survey.

Such an iterative process helped to design valid, well-scoped survey questions (Burns et al., 2008).

These two components—the preliminary needs assessment and the national membership survey—comprised the mixed methods design for my doctoral study. Survey research is utilized when the goal is to gather information on a population that address certain characteristics, issues, perspectives, and biases. Kapitan (2018) noted that surveys address “what” rather than “why” questions. Burns et al. (2008) recommended that optimal electronic survey response rates be examined by the researchers to safeguard against generalizability, to construct the questions of response format options in order to avoid “floor and ceiling effects” of clusters at the top or bottom of the scales, and to examine the relationship between these domains.

In the case of my study, I reasoned that I could not tackle why art therapists may be experiencing underemployment without first finding out what the scope, frequency, and nature of their employment experience are to begin with. Therefore, a mixed methods sequential design (Creswell & Plano Clark, 2018) was conducted in two phases: I first collected and analyzed qualitative data from an informal needs assessment, followed by collecting and analyzing quantitative data from the national survey.

Participants

My target population was professional art therapists who have completed their training and are practicing in the field, although students also participated, due to limitations that did not allow their data to be separated out. Because the target population for this mixed methods study was professional art therapists, I sought a sample that would include the characteristics of finding work experience, reasoning that those who have tried successfully or unsuccessfully to find

employment (private practice or agency) would be the most informed about the challenges and difficulties of this pursuit.

Participants in the first phase of the study, an informal needs assessment, comprised a convenience sample of art therapists, expressive arts therapists, non-therapists considering studying art therapy, and art therapy students who attended one of the three workshops I conducted, entitled the “Business of Art Therapy.” Of the combined total of 125 attendees at these workshops, 90 attendees consented to leave their written responses to my questions with me and allow them to be included in the study. Anyone who did not want to have their information used did not have to leave it. Informed consent was achieved verbally in the first workshop and in the second and third workshops with a prepared and signed consent form.

Forty-six percent of the convenience sample were Canadian attendees at the CATA conference, 18% attended the Ontario Art Therapy Association conference, and 14% of the sample resided in the United States and attended the 2019 Art Therapy Symposium at Mount Mary University hosted by the Wisconsin Art Therapy Association in Milwaukee. There were no inclusion criteria other than having registered for these professional workshops as an attendee. Because the purpose was to get a reading of perceptions and use their insights to formulate the questions for the second phase, a representative sample was not necessary. Attendees who chose to attend a workshop on utilizing business knowledge to advance their careers were assumed to be motivated by the topic and would provide insights into the research problem

The sample for the national survey phase of the study was comprised of current members of the Canadian Art Therapy Association; current members of the provincial art therapy associations the Ontario Art Therapy Association, L’Association des Art-Thérapeutes du Québec (AATQ), the British Columbia Art Therapy Association (BCATA); and current students in all

Canadian art therapy training programs, including the Toronto Art Therapy Institute (TATI), the Kutenai Art Therapy Institute (KATI), the Vancouver Art Therapy Institute (VATI), the Winnipeg Holistic Expressive Arts Therapy Institute (WHEAT Institute), Adler University, Athabasca University, St. Stephens–University of Alberta, and Concordia University, at the time of the survey. Inclusion in the survey was limited to having training in art therapy, whether as students, graduates, or seasoned professionals.

Recruitment procedures for the national online survey occurred through a closed distribution list of Canadian Art Therapy Association membership and subsequently shared by the CATA president with the provincial associations' presidents, to be forwarded to their membership. Consent was achieved through the online agreement to take the survey with an explanation and disclaimer of risk. Selecting "I agree" and entering the survey provided consent. The research design was reviewed and approved by the Mount Mary University Institutional Review Board for the Protection of Human Subjects (Appendix C).

Procedures

Needs Assessment

The first phase of the study was conducted informally and preliminary to the national membership survey. Data were gathered the workshop attendees' assumptions about the role of business as an intrinsic or extrinsic issue in their career advancement. Were they afraid or intolerant of business (i.e., in making money or conducting themselves in a business manner) because they did not have knowledge or self-confidence, or was the health care industry telling them that they were not worth decent pay, working environments, or job security? This line of questioning brought me to the notion of success and what that might mean, and then to self-

worth or worth of art therapy services in general. Analysis of responses would inform the subset of business and career-related questions for the national membership survey.

I started the workshop presentation by priming the participants to think about their own worth first. I then asked them to write their responses to the following three questions:

1. What are you worth? (average annual salary)
2. What are your top three obstacles? (to getting/achieving what you are worth)
3. Write five words that come to mind when you think of the word “business.”

The first question’s purpose was to identify the salary they felt they deserved. The second question identified the main obstacles participants felt were in the way of achieving success, and the third question collected their perceptions of or attitudes toward business. I conducted data analysis by averaging the salary ranges and utilizing a qualitative thematic analysis to code the responses for participant-generated themes, which I quantitatively analyzed for frequency (Saldaña, 2009).

I used a PowerPoint presentation for the workshop and kept it on the first slide with the title of the presentation, my name, and my credentials, so as not to unduly influence participants’ answers. For the first question, I asked the participants to write down a number demonstrating what they thought they were worth as an annual full-time salary dollar amount, even if they did not (or did not want to) work full time. I qualified this request by stating to the participants that the salary should be commensurate with their qualifications and experience. I gave them approximately 1 minute to do this task. An average salary expectation, in answer to this question for each presentation, was calculated accounting for conversion of USD to Canadian dollars at a rate of \$1:1.25 (the exchange rate at the time). This provided a comparison between Canada as a

whole, Ontario as a province, and U.S. art therapist attendees in Milwaukee (who could have been from out of state, but this was not accounted for).

For the second question, I asked participants to write down the top three obstacles to achieving what they felt they were worth for the salary amount they had chosen. I did not qualify this question in any way and let them respond however they wanted to. I gave them approximately 2 minutes to complete this task. For the third question, I asked participants to write down the first five words that came to their mind when they thought of the word “business.” I qualified that they could sketch pictures in response on a separate page if they would like to, but that I was only interested in their words. I gave them approximately 3 minutes to complete this task.

National Membership Survey

For the 2019 Canadian National Survey, the CATA board of directors was interested in improving the relevance and rigor of the previous two surveys of the membership. I was unsuccessful at obtaining the previous survey questions; therefore, I redeveloped the questions by rereading, extracting, and reformulating the questions from the three published journal articles that had reported on the two previous surveys (Burt, 2005; Lee, 2010, 2011). I created a list of 38 answers derived from the articles and proceeded to write the questions that would have resulted in the answers. The questions were iteratively reviewed three times by the CATA survey committee, which included four board members (including myself) and a consulting statistician.

Next, based on the most frequent obstacle reported by attendees in the needs assessment, I formulated nine business-related questions that explored how difficult it was to find work, perceptions of underemployment, skills needed for employability, obstacles, business skills

possessed, business skills ranking, and how respondents would like to learn about business skills. The committee also reviewed these questions in an iterative process.

The length of the survey was growing beyond what it had been in the past, so to avoid responder fatigue, I decided to group the questions into sections and added the subset of business questions at the end of the survey. The aim was to create a logical flow as well as to appeal to the interests of the respondents (Pitman et al., 2015). This technique was culled from my review of research on survey design (Burns et al., 2008, 2015; Kapitan, 2010). The logic was that the respondents could skip any section they did not want to answer, without forfeiting the whole survey or giving up in the middle. I also was hoping to appeal to respondents' sense of purpose and organization.

The survey consisted of the following sections: demographics (seven questions), experience and credentials (three questions), education (five questions), employment (10 questions), client population (three questions), research and social media (five questions), and then special interest—business skills (nine questions). See Appendix B for the full survey. The business questions were as follows:

1. How do you rate the process of finding art therapy work?
 - Somewhat difficult
 - Very difficult
 - Neutral
 - Somewhat easy
 - Very easy
2. Do you consider yourself to be underemployed as an art therapist? Underemployment is defined as, “the condition in which people in a labour force are employed at less than full-time or regular jobs or at jobs inadequate with respect to their training or economic needs” (Merriam-Webster, n.d.).

Yes - Please explain [open field]

No - Please explain [open field]

Comments [open field]

3. What skills do you think art therapists need to increase their employability?

Answer [open field]

Comment [open field]

4. If you are experiencing underemployment as an art therapist, what has been the biggest obstacle? Please explain.

Answer [open field]

Comment [open field]

5. What skills do you feel are needed to gain adequate employment as an art therapist? “Adequate” is defined based on your own subjective needs. Please explain.

Answer [open field]

(Please specify) [open field]

6. In the pursuit of employment, please rank how important these skills are to you and elaborate on why, in the open box at the end of the list. (*Very important, important, neutral, somewhat, not at all important*)

- Understanding the market (competition and where you fit in)
- Creating a business plan
- Promoting and marketing yourself or your private practice
- Charging and collecting fees
- Networking
- Fostering community partnerships
- Funding development
- Leadership and managerial skills
- Other

7. To what extent do you feel that you have the skills to market and promote your art therapy practice? (*novice, moderately skilled, advanced*)

- Creating a business plan
- Understanding the market (competition and where you fit in)
- Promoting and marketing yourself or your private practice
- Charging and collecting fees

- Networking
 - Community partnerships
 - Funding development
 - Leadership and managerial skills
8. Would you benefit from learning business skills?
- Yes, I would benefit from learning business skills
 - No, I would not benefit from learning business skills
 - No, I already possess the business skills that I need
9. If you were interested, what would be the best way for you to learn business skills?
- Check all that apply
- Journal article
 - Presentation (1 hour)
 - Webinar
 - Workshop (3 hours)
 - Full day course
 - 2-3 day course
 - 1:1 consultation and coaching.
 - Other (Please specify)

SurveyMonkey was used to design and generate an online survey link

(<https://www.surveymonkey.com/r/LT5Z3H5>) and quick response (QR) scan code (see Figure 3). The QR code is a pixelated box with graphic information that when used with a smart device (cell phone, tablet or other device with camera and QR potential), led directly to the survey link.

Data Collection

The first draft of the survey was sent to CATA board members ($n = 9$) with a text box for feedback included for each question, to allow for explanation of any issues with wording and to gauge if the question was generating the response information desired. This information was collected over 2 weeks in May 2019, and then changes were made to produce the final version of the survey (Pitman et al., 2015).

Once the survey was finalized, the link generated was sent via email (from the treasurer's email address, as that was my board position at the time) to the CATA membership (over 600 members), and the CATA president sent this email to the presidents of provincial art therapy associations (OATA, AATQ, and BCATA) and directors of art therapy training programs (TATI, KATI, VATI, WHEAT Institute, Adler, Athabasca, St. Stephens, and Concordia; see Appendix A) for further outreach, between July and August 2019. A reminder to take the survey was sent to the CATA membership on two occasions: 2 weeks after the initial message and again 2 weeks before the closure date in August. Due to the fact that CATA is a national association and there may be overlapping memberships between national and provincial members, it is not possible to know the exact number of members who received the email, other than the CATA membership.

Figure 3

QR Code for National Survey



Data Analysis

Engaging the paid services of the statistician (Anton Svendrovski) involved in the survey committee assisted in framing the data analysis and then provided opportunity to perform a

comparative analysis of data sets using SPSS. SurveyMonkey offered three different reports of data that were extracted from the survey platform in parts and as a whole. The reports were in text PDF or Excel workbook format. All such reports were saved on my computer hard drive (and additional external drive) for future reference. Svendrovski was able to guide the data analysis process by indicating which reports were most relevant to the analysis I wanted to perform, and then we had an online tutorial meeting in which he instructed me on “cleaning up” the data (looking for extraneous responses) and creating binary codes (e.g., 0 = no, 1 = yes) for responses for which formulas in Excel could be generated. Cleaning up the data and inserting binary codes took approximately 1 month (October 2019), after which we had another online meeting to look at the results. Svendrovski was able to correct some of my mistakes and look at the data as a whole. He then introduced the comparative analysis and suggested that we use the question indicating respondents’ perceptions of underemployment and compare it to the demographics of practicing art therapy, geography, experience, education, finding art therapy work, skills needed to find art therapy work, and benefits of learning business skills (see 2019 CATA National Survey, Appendix B).

Svendrovski provided the following description of the data analysis process using SPSS version 26:

A descriptive and inferential statistical analysis was performed using IBM SPSS software (version 26). Categorical variables were reported for frequency and proportions. For numerical variables, means and standard deviations were reported. Association between categorical variables was examined using cross-tabulation tables and chi-square test of independence. Level of significance 0.05 was chosen

for this study, with p values < 0.05 reported as statistically significant. (A.

Svendrovski, personal communication, February 29, 2019)

Thus, the SPSS software was able to calculate how often responses were recorded and in which domains, so as to compare them with the frequency of other responses. This can generate a relationship that is predictable and reliable. For example, the data indicating the rate of underemployment were significant enough on their own, but when compared to experience, demonstrated that those art therapists with less experience have a higher rated perception of underemployment. This relationship was relevant for a certain number of years and then the effect drops off. Without the comparative analysis, one might believe that underemployment was more ubiquitous to respondents of all years of practice rather than just for those with less experience.

Validity and Limitations

Internet-mediated research is a recent phenomenon that has enhanced more immediate responses and offers platforms that provide data analysis, but there are some pitfalls to consider. In the past, national surveys were implemented using paper mailings with postage-paid return envelopes and relied on respondents' good faith in following through on answer and return rate.

In balancing the pros and cons of online surveys, convenience is provided by the fast turnaround time that can be measured in minutes rather than weeks or months. In this new era of Internet (digital) access, online surveys provide an easy delivery method right to peoples' email inboxes (which is a portable commodity now for those who use smart devices that travel with them at all times), rather than traditional post and waiting for response returns. However, accessibility may be an issue for those without Internet or smart device access, such as those living in rural locations, older individuals who are not familiar with digital formats, and those not

able to read or respond. Both methods, digital and post, are at arm's length, as there is no direct in-person contact between parties, so they both meet the criteria of unbiased, noncoercive compliance. The flip side of the arm's-length position is that there is no contact to measure respondent distress by physical observation (Pitman et al., 2015). My research had low ethical risk to respondents, as it was not collecting personal health information but was rather positioned in their professional working life.

In terms of survey design, Pitman et al. (2015) recommended that a closed distribution was beneficial over an open recruitment of participants, as there would be more invested interest in the subject matter. The closed distribution also enhanced the quality of the sampling frame, because it targeted art therapists who are members of associations and did not include outside professions in the mix (Pitman et al., 2015). A disadvantage of emailed surveys is the function of spam email folders, where emails may be diverted before a respondent can view them. Designing survey questions must always include awareness of potential respondent fatigue for repetitive questions and complex and/or ambiguous questions and lengthy surveys. There is potential for increased incidence of response rate drop out or incompleteness (Pitman et al., 2015). Surveys can be incentivized for higher response rate and completion (Pitman et al., 2015). For ethical purposes a token incentive can be offered to each respondent or a drawing can be held for a finite number of incentives. The ethical distribution of incentive must not be tied to respondent identity or qualification of responses.

A limitation of online survey research is generalizability. Due to the closed distribution as well as the uni-professional approach, it may still be difficult to generalize responses, as those who are responding are perhaps more active, engaged, and interested in the field of study. So there may exist a response bias in terms of who is engaged, and it may not be completely

accurate for their responses in particular to be extrapolated to represent a whole population (Pitman et al., 2015). Online survey research does provide an element of data protection (Pitman et al., 2015). Responses are often hosted online in cloud-based forums that offer data encryption and protection, and can anonymize response reports. Another limitation of the analysis of these survey data was not separating student art therapist responses from professional.

Summary

In summary, my research methods involved a two-phased, sequential approach with validity checks that were followed to produce valid and rigorous data about a very narrow subject. I am very grateful to the many stakeholders who were involved and participated at different stages to help refine and simplify the process for a transparent data collection. Personal experience plus intuition led to a needs analysis, which informed a national survey that then provided data to analyze for relationship validity. This research can be repeated by others in totality or in segments for future comparison.

Internet-mediated research has many advantages, such as convenience, accessibility, digital forum, closed distribution, confidentiality, incentive, email, and low risk. Some of the disadvantages of Internet-mediated research are accessibility, generalizability, spam email folders, incentive influence, design length, and gauging respondent distress.

The next chapter will dive into the data collected, the relationships that emerged, and whether or not and how those relationships may be related.

CHAPTER 4: RESULTS

The aim of my doctoral research was to contribute to a longer-term goal of creating capacity for sustainable employment for art therapists, specifically through the development of business knowledge and skills. Because there is little to no current literature on the subject, my research was undertaken to determine art therapists' needs and feelings about their employment, their worth, and their perceptions of business.

A mixed methods survey design, comprised of an informal needs assessment followed by a formal national survey, provided two important data sources: qualitative in-person data and quantitative results from a larger, national sample of the population. Taken together, the outcomes of the two research strategies provided something of an overview of the current state of art therapist underemployment in Canada and what Canadian art therapists identify as skills they possess and skills they would like to enhance. This chapter presents the informal needs assessment and results of the business-focused questions from the national survey. As mentioned in the previous chapter, there was no separation of responses from students and practicing art therapists in the two datasets. Therefore, although this limited the reliability of the results, they do provide a general profile of what many Canadian art therapists perceive are needed areas of building capacity, as well as the art therapists who are most affected by underemployment.

Needs Assessment

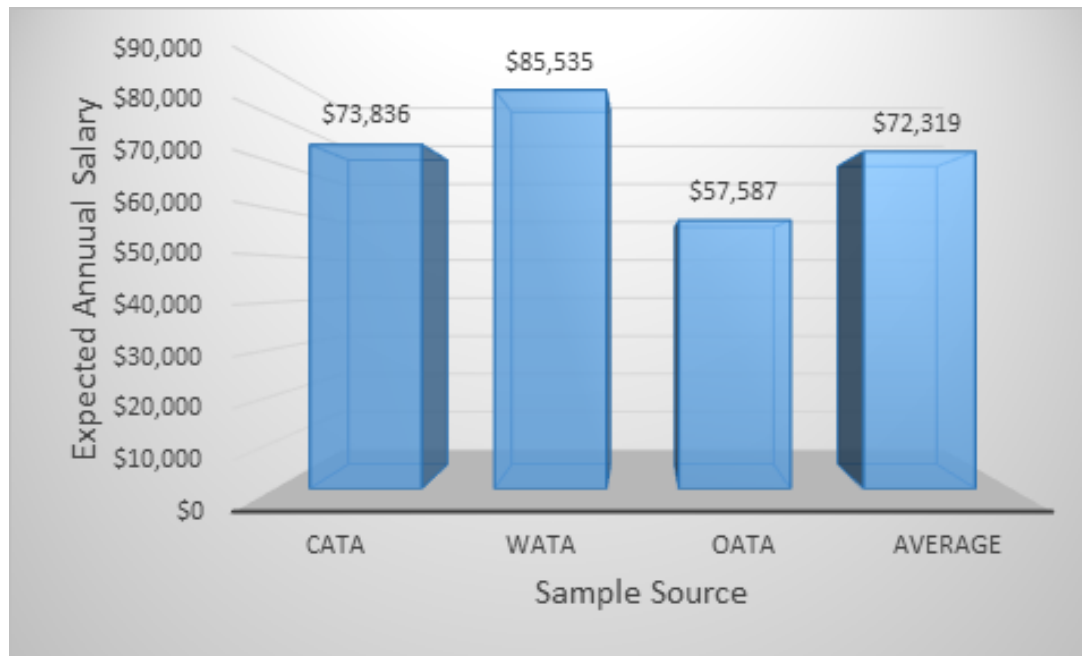
In the first phase of the mixed methods study, I posed the same three questions to three small samples of art therapists and art therapy students who were attending professional conferences in different geographic locations (Montreal, Quebec, at a national Canadian Art Therapy Association conference [CATA]; Milwaukee, Wisconsin, at a Wisconsin Art Therapy Association symposium [WATA]; and Stratford, Ontario, at an Ontario Art Therapy Association conference) [OATA] and who self-selected to attend my presentation on "The Business of Art

Therapy.” Because of the opportunity to offer the same presentation to U.S. art therapists, I was curious to know whether their perceptions would be generally consistent with the Canadian venues. Of the 252 CATA conference attendees, 70 attended my workshop. Symposium / conference attendees that attended my other two presentations were 24 from WATA and 14 from OATA. Although demographic details were not collected with attendees’ anonymous responses, it appeared that about one-quarter of the CATA attendees were students and the other three-quarters were professionals with varying years of practice; all but two appeared to be women, and attendees were both English- and French-speaking. The sample of WATA and OATA attendees did not appear to be much different. The three questions asked of the attendees were:

1. What are you worth? (average annual salary)
2. What are your top three obstacles? (to getting/achieving what you are worth)
3. Write five words that come to mind when you think of the word “business.”

Question 1: Worth

In asking art therapists to write down an annual salary that represented what they felt they were worth being paid in the current market while taking into consideration their qualifications and credentials, I gathered 52 responses from CATA attendees, 18 from WATA attendees, and 14 from OATA attendees. Figure 4 shows the salary expectations from each group. The U.S. figures have been converted at a rate of \$1 USD to \$1.25 CDN for accuracy of comparison.

Figure 4*Salary Expectations From Workshop Attendees*

One can see that the OATA attendees had the lowest expectation of average salary and the WATA attendees had the highest. The average for OATA attendees was \$14,732 lower than the overall average and the average for WATA attendees was \$13,216 above the overall average. This indicates a wide range of expectations present at the workshops.

Question 2: Obstacles

Responses to Question 2 were sorted thematically into 12 different obstacle categories: recognition, fees/funding, business skills, self-esteem, geography, credentials, competition, time/energy/quality of life, experience, gender, fear/assertiveness, and role model. The four most frequent categories were relatively consistent across all three presentations (see Table 1).

Table 1*Four Most Frequent Obstacles Identified by Workshop Attendees*

Group	Total Responses	Obstacle	<i>n</i>	%
CATA	162	Recognition	35	21.6
		Fees/funding	30	18.5
		Business skills	21	12.9
		Self-esteem	18	11.1
WATA	71	Fees/funding	21	29.6
		Recognition	14	19.7
		Business skills	10	14.1
		Credentials	7	9.8
OATA	44	Fees/funding	12	27.3
		Business skills	6	13.6
		Recognition	5	11.3
		Credentials	4	9.1

The *recognition* category of responses included characterizing words and phrases that addressed awareness, value, and understanding. Examples of awareness were: “lack of awareness” and “industry difficult to break into.” Examples of value were: “low perceived value,” “lack of validity,” “fighting for legitimacy,” and “other health professions using art or the words ‘art therapy.’” Examples of understanding were: “public/society lack of or misunderstanding/misconception of art therapy (clinical)” and “employers not understanding while mistaking art therapists for artists.”

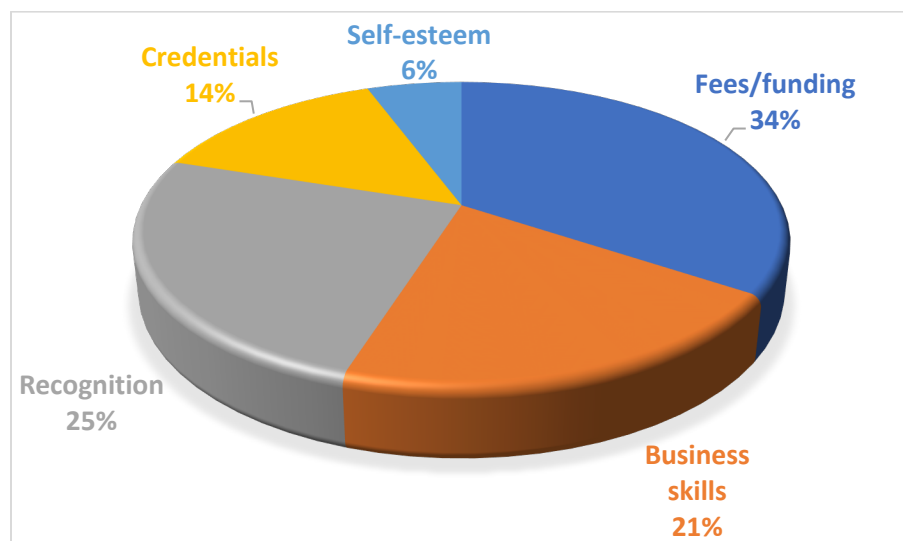
The *fees/funding* category included word responses such as: “limited budgets,” “government cuts,” “no full-time work,” “lack of funding,” “no benefits,” “clients cannot afford,” “economy,” “not paid enough,” “job market,” “insurance” (no coverage or low fee), “lack of resources,” “pay scale,” “expectations of working for free or donating services” (altruistic), “only offering \$18/hour,” “not wanting to charge clients \$100/hour in private

practice,” “feel bad about asking clients for money,” “uninformed funders,” “needing full-time income but trying to create opportunities,” “just small contracts,” “allocation of health care funds,” and “working in nonprofits.”

The *business skills* category included word responses such as: “entrepreneurial skills,” “no business training,” “I don’t know how to sell myself to potential employers,” “lack a business model,” “network,” “money for starting,” “balancing private practice marketing with client management”, “isolated efforts to promote the profession,” “lacking knowledge to write proposals,” “not enough referrals,” and “not knowing advertising.”

The *credentials* category included word responses such as: “require more experience and qualifications,” “being new to the field,” “not having full licensure,” “debt and cost of licensure,” “additional credentials,” “not regulated” (in some provinces or states), “have to be hired as something else,” “gatekeepers for credentials keeping art therapy marginalized “(e.g., CRPO), “not a psychologist,” “lobby to government not possible without a unified body of therapists with consistent frame of reference and training standards” and “going back to school for a master’s degree in order to work full time.”

The category of *self-esteem* included word responses such as: “self-esteem/imposter syndrome,” “the ‘guts’,” “self-doubt, self-worth,” “lowered self-esteem,” “confidence,” “courage,” and “not feeling like I can be a good enough advocate.” Figure 5 illustrates the combined totals for the most frequent obstacles across all three samples.

Figure 5*Most Frequent Obstacles Combined***Question 3: Perceptions of Business**

When asked to write down five words that come to mind when presented with the word “business,” art therapists provided a broad spectrum of associations that, when collated and analyzed, provided a range of interesting and insightful responses. When I first coded the responses to determine the categories, I quickly realized that a simple rubric axis of good (positive), bad (negative), optimistic (hopeful), and neutral would be the best way to see how these art therapists felt about business. The second round of coding dealt with uncertain responses, of which there were only five out of a total of 240. Although the words were clearly evocative, the coding is based on my own subjective analysis. Table 2 presents an overview of how many participants felt negative, positive, hopeful, or neutral about business; the descriptive words are listed below.

Table 2

Workshop Attendees' Perceptions of Business

Type	CATA (<i>n</i> = 68)	WATA (<i>n</i> = 97)	OATA (<i>n</i> = 70)
Negative	21 (30.9%)	21 (21.6%)	35 (50.0%)
Positive	16 (23.5%)	28 (28.9%)	15 (21.4%)
Hopeful	11 (16.2%)	3 (3.1%)	0 (0.0%)
Neutral	15 (22.0%)	45 (46.4%)	20 (28.6%)

Keeping in mind that the three samples varied in size and were not matched nor assumed to be representative, nevertheless it can be noted that the attendees' associations with the word "business" fell into the negative category more frequently among the OATA attendees, whereas WATA attendees used comparatively neutral words most frequently. WATA attendees provided the most positive and most neutral associations, and CATA attendees provided the most hopeful associations. Although there were more attendees (70) at the CATA presentation, with the potential for offering five words about business (up to 350 responses), they only provided a total of 68 unique associations to the word "business." In comparison, WATA's 24 attendees provided 97 responses out of a potential 120, and the 14 attendees of the OATA presentation provided 70 responses out of a potential 70. This may demonstrate a reticence in art therapists, at the Canadian conference, in responding to the business questions.

To contextualize and illuminate the coding of words in the category of *negative* associations, it included word responses that can be further categorized into three sub-headings of fear, undesirable and predatory associations of business. Examples of associations related to fear are: "overwhelming," "scary," "isolation," "confusing," "loss," "intimidating," "risk," "daunting," "grueling," and "back-breaking." Examples of undesirable associations are: "stressful," "cold," "inflexible," "time-consuming," "hard work," "complex," "hustle," "stuffy," "being alone," "uncreative," "exhausting," "not personal," "boring," "math," "disconnected from

heart,” and “tedious.” Examples of predatory associations are: “opportunistic,” “individualistic,” “capitalism,” “monetary motivation,” “unethical,” “shark,” “root of all evil,” and “cutthroat.” These respondent words indicate an association to the word “business” that does not seem compatible with incorporating business into practice.

To contextualize and illuminate the coding of words in the category of *positive* associations, it included word responses that can be further categorized into three sub-headings of enhanced business acumen, financial stability, and personal empowerment. Examples of associations related to enhanced business acumen are: “entrepreneurial,” “development,” “success,” “initiative,” “growth,” “marketing,” “professionalism,” “networking,” “exchange of value,” “visibility,” “professional identity,” “savvy,” and “necessary.” Examples of associations to financial stability are: “income” and “incentive.” Examples of associations related to empowerment are: “autonomous,” “devoted,” “organized,” “social,” “active,” “intention,” “intelligent,” “strategic,” “flexibility,” “exciting,” and “empowering.” These words indicate respondents desire to achieve more business acumen, financial stability, and empowerment.

To contextualize and illuminate the coding of words in the category of *hopeful* associations, it included word responses that can be further categorized into three sub-headings of strategy, financial stability, and personal empowerment. Examples of associations that include strategy are: “speak their language,” “entrepreneurship,” “tools,” and “marketable.” Examples of associations reflect financial stability are: “make money,” not just cover your cost,” and “retirement.” Examples of associations that related to empowerment are: “leader,” “perseverance,” “a need,” and “potential.” These words indicate business may enhance respondent strategy, financial stability, and empowerment.

To contextualize and illuminate the coding of words in the category of *neutral* associations, it included word responses that can be further categorized into three sub-headings

of visibility, business, and finance. Examples of associations that include visibility are: “suit,” “ties,” “people,” “men,” “individual,” “relationship”, and “lifestyle.” Examples of associations that refer to business associations are: “something I need to know to survive,” “office,” “money,” “accounts,” “profit,” “selling,” “marketing,” “enterprise,” “career,” “responsibility,” “MBA,” “scheduling,” “transactions,” and “ethics.” Examples of associations that include finance are: “profit,” “finance,” “numbers,” “investment,” “salary,” “income,” “profitability,” and “fiscally oriented.” These words indicate business may indicate an understanding of and openness to the concepts of being visible, having understood qualities, and offering financial stability.

The variety of associations is striking in that no one category dominated the data in any of the three groups. For example, although the associations provided by OATA attendees were more frequently negative than neutral, they were not a majority of the sample and there were many positive associations as well.

Summary of the Needs Assessment

The results of the needs assessment documented a range of obstacles, perceptions, and expectations with respect to salary and, by extension, the worth of art therapy services. There was consistency across all three groups (and between Canadian and U.S. attendees) in naming a lack of funding and public recognition of art therapy as major obstacles they face. Perceptions of business ranged from negative to positive and hopeful, and occupy a broad range, which suggested that there may be receptivity to business knowledge and skills as an area for professional development. These results situate the next phase, which integrated into the national survey several employability-related questions and potential need for business skills. Knowing what could be the main obstacles facing art therapists and their potential receptivity to business knowledge informed the development of the national survey questions.

National Survey Results

In the second phase of the study, I contributed questions to the 2019 Canadian Art Therapy Association's national membership survey (Appendix B) that were constructed from what I had learned from the workshop attendees who contributed to the informal needs assessment. Specifically, a special interest section on business skills was added to the survey that allowed examination of whether art therapists are underemployed and assessed participants' receptivity to business knowledge. A total of nine business-related questions were added. Responses on these questions were compared to the demographic information collected. The results of the analysis were used to create a current profile or demographic snapshot of respondent art therapists with respect to employment and practice.

A request to take the 2019 CATA national membership survey was sent out by email e-blast, including a link and QR code to the survey, to CATA members (approximately 660), all directors of art therapy training programs in Canada, and all presidents of the provincial art therapy associations to forward to their students and membership. The survey was active between July 4 and August 19, 2019 (6 weeks), with two reminders after the initial invitation to respond. Of CATA's 780 total members in all categories in the database, 660 were active members. The survey collected data from 277 active CATA members, representing a 41.7% response rate. (It is unknown if any respondents were not members of CATA, so the assumption is that all respondents were members, based on the database maintained by CATA).

Demographics

I isolated five of the 14 questions (questions 4, 5, 9, 12, and 18) for their demographic value, to situate and contrast underemployment of art therapists across Canada and create a profile. See Table 3 for all demographics analyzed for this study.

Table 3*2019 CATA Survey Selected Demographics (N = 277)*

Item	Sample (n)	%
Gender	262	
Female	256	93.0
Male	11	4.0
Nonbinary	5	1.9
Blank	15	5.4
Geography	261	
Ontario	86	33.0
British Columbia	61	23.0
Alberta	44	17.0
Quebec	24	9.2
Manitoba	16	6.1
Saskatchewan	10	3.8
Nova Scotia	5	1.9
Other	7	2.7
Blank	15	5.8
Experience	249	
Fewer than 2 years	63	22.7
2–5 years	53	19.1
6–10 years	48	17.3
11–15 years	23	8.3
16–20 years	27	9.7
21–25 years	13	4.7
More than 25 years	22	7.9
Blank	28	10.1
Education	276	
Diploma	133	48.2
Master’s or higher	95	34.4
Certificate/other	7	2.5
Blank	41	14.8
Practicing	276	
Yes	157	56.9
No	32	11.6
Blank	87	31.5

Question 4 asked respondents to provide their gender identification. Respondents were predominantly female. Question 5 identified the provincial geographic spread of respondents, finding that just over half of respondents lived in Ontario and British Columbia combined. The next largest concentration was in Alberta and Quebec. Question 9 asked respondents to list the number of years of experience they had. The majority of respondents had 10 or fewer years of experience and there were more recent graduates and art therapists in the early part of their professional experience than those practicing longer. Question 12 asked respondents to select one of three levels of education they had attained: certificate/other, graduate diploma, and master's or higher. Almost half of respondents had earned graduate diplomas and one-third had earned a master's degree. Question 18 asked respondents if they currently practice art therapy. Just over half were currently practicing art therapy and there was a surprisingly high rate of blank responses to this question (over 30%).

Employment and Business Skills

Specific to my research study, Questions 35–43 on the survey asked about respondents' employment and business skills. These questions were constructed to collect data about respondents' employment experiences, perceptions of the business skills they felt they needed and those they already possess, skills they would like to build, and which format for business skills development would be most desirable. Table 4 summarizes the results of Questions 35–43. The questions were a combination of open-field questions, questions that used a Likert scale, and multiple-choice open-ended questions with a forced choice between preselected items with partial or no answer at all and an opportunity to provide qualitative comments or explanations.

Table 4*2019 CATA Survey Business Questions Results (N = 277)*

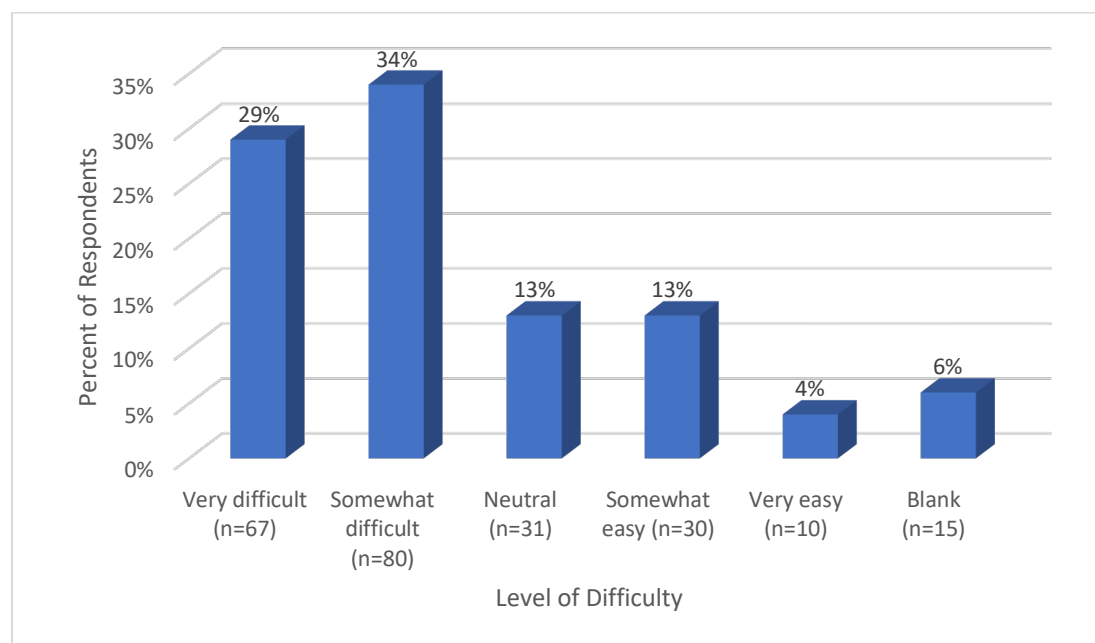
Item	Sample (n)	%
Difficulty finding art therapy work	233	
Somewhat difficult	80	34.3
Very difficult	67	28.7
Neutral	31	13.3
Somewhat easy	30	12.8
Very easy	10	4.2
Blank	15	6.4
Underemployed as an art therapist	274	
No	107	39.0
Yes	87	31.8
Blank	80	29.2
Skills art therapists need to increase employability	193	
More education/credentials	64	33.2
Business skills	63	32.6
Recognition	29	15.0
Research	11	5.7
Advocacy	10	5.2
Experience	5	3.0
Politics/economy	1	0.0
Other	26	13.5
N/A	5	3.0
Obstacles	231	
Recognition	42	31.6
Employment	31	23.3
Funding/pay	23	17.3
N/A	21	15.8
Insurance	12	10.5
Education	12	10.5
Energy/efforts	13	10.0
Regulation/credentials	11	8.0
Business skills	10	7.5
Geography	3	0.0
Other	7	5.3
Competition/saturation	5	2.8
Blank	41	14.8

Item	Sample (<i>n</i>)	%
Skills needed to gain employment as an art therapist	233	
Ongoing education, professional development	39	16.7
Credentials and education level	17	7.3
Experience and clinical skills	20	8.6
Business skills (marketing, promotion, networking, etc.)	55	23.6
Public recognition/communication	42	18.0
Advocacy/efforts/energy	28	12.0
Other	22	9.5
Flexibility/adaptability	10	4.3
Understand insurance	1	0.0
Understand grants and government funding	2	0.0
N/A	4	0.0
Rank importance for business skills (very: V, important: I, somewhat important: SW, neutral: N)		
Community partnerships	V: 133/212	62.7
Networking	V: 130/210	61.9
Promotion and marketing	V: 127/212	59.9
Fees	V: 114/210	54.3
Understanding the market	V: 106/212	50.0
Leadership	I: 102/210	48.6
Funding development	I: 82/213	38.5
Creating a business plan	I: 78/208	37.5
Business skill level (advanced: A, moderate: M, novice: N)		
Creating a business plan	M: 99/208	47.6
Understanding the market (competition and where you fit in)	M: 100/211	47.4
Promoting and marketing yourself or your private practice	M: 95/209	45.4
Charging and collecting fees	M: 104/212	49.0
Networking	M: 112/211	53.1
Community partnerships	M: 108/212	50.9
Funding development	N: 122/140	87.1
Leadership and managerial skills	M: 94/212	44.3
Benefit from learning business skills	277	
Yes, I would benefit from learning business skills	149	70.0
No, I already possess the business skills that I need	54	25.3
No, I would not benefit from learning business skills	10	4.7
Blank	64	23.1

Question 35 was a closed-ended question that asked, “How do you rate the process of finding art therapy work?” with responses on a 5-point Likert scale (*somewhat difficult*, *very difficult*, *neutral*, *somewhat easy*, and *very easy*). There were 222 responses out of a total of 277 respondents (see Figure 6). The largest segment found it somewhat difficult and the second-largest segment found it very difficult; very few found it very easy to find art therapy work. Combining *somewhat* and *very difficult* (which resulted in two-thirds of responses) gives an idea of how many respondents had difficulty finding work.

Figure 6

How Do You Rate the Process of Finding Art Therapy Work?



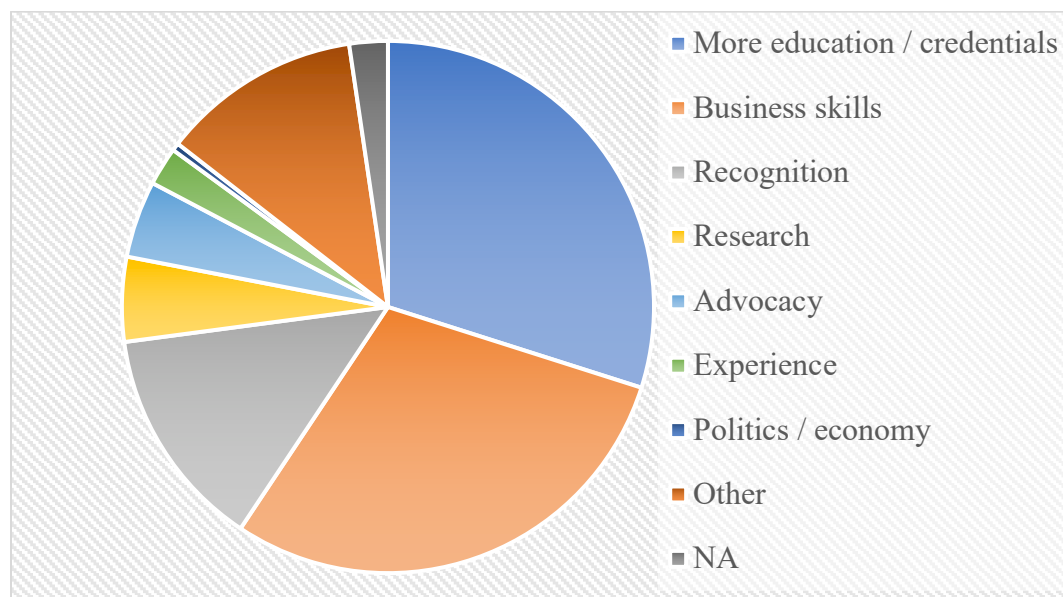
Question 36 was a closed question that asked, “Do you consider yourself to be underemployed as an art therapist? Underemployment is defined as, ‘the condition in which people in a labour force are employed at less than full-time or regular jobs or at jobs inadequate with respect to their training or economic needs’ (Merriam-Webster, n.d.)” and offered a choice

of *yes* or *no*. There were 195 responses to this question out of a total of 275 respondents, and a good portion of them reported that they were not underemployed (39%). However, almost one-third said they were underemployed (31.8%) and a similar number left this question blank (29.2%).

Open-ended Question 37 asked respondents “What skills do you think art therapists need to increase their employability?” There were 193 responses out of a total of 275 respondents. I qualitatively coded the responses for emergent categories, with an initial precoding for short phrases or words and then splitting. Nine categories emerged (see Figure 7 and Table 4). The three most frequent were education/credentials, enhanced business skills, and increased recognition. Examples of education/credentials are: “more counselling training,” “masters or doctorate,” and “equivalent of a master's of counselling/ ability to be covered by someone's mental health insurance.” Examples of enhanced business skills are: “business savvy/know how to navigate working within agencies,” “marketing, public engagement/education and community building,” and “business, advertising, computer programs, website design/social media savvy; need to be a self-starter.” Examples of increased recognition are: “recognition by insurance companies as a evidence-based treatment,” “political lobbying,” and “better visibility of the profession among other therapy and health care agencies.” These overlap with the obstacles identified during the needs assessment in the first phase (recognition, business skills, and credentials).

Figure 7

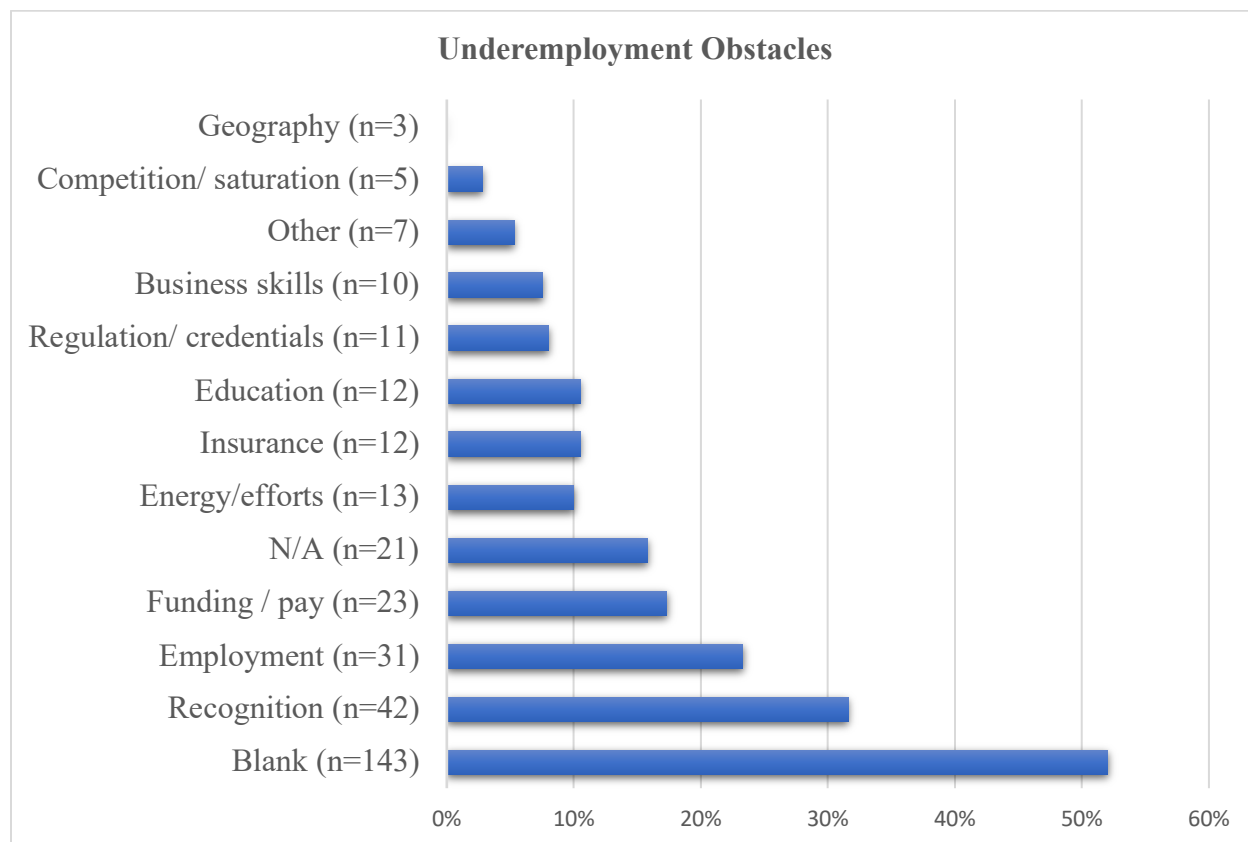
What Skills Do You Think Art Therapists Need to Increase Their Employability?



Open-ended Question 38 asked, “If you are experiencing underemployment as an art therapist, what has been the biggest obstacle? Please explain.” I qualitatively coded the responses for emergent categories, with an initial precoding for short phrases or words and then splitting qualitative explanations. Twelve categories emerged (see Figure 8 and Table 4). There were 133 responses out of a total of 275 respondents, so it is interesting to note that only half of the respondents actually answered the question. Figure 8 is a distillation of the Excel worksheet that tabulated the responses to categories, which includes the coded responses for each obstacle category that emerged. Notably, these are the most frequently reported obstacles in the needs assessment as well, which corroborates the perceptions of the workshop attendees with the real-life data of the survey.

Figure 8

If You Are Experiencing Underemployment as an Art Therapist, What Has Been the Biggest Obstacle?



Open-ended Question 39 asked respondents, “What skills do you feel are needed to gain adequate employment as an art therapist? ‘Adequate’ is defined based on your own subjective needs. Please explain.” “Adequate” was defined as based on the respondents’ own subjective needs of how they wanted to financially support themselves. For example, some respondents might want to financially support only themselves, whereas others need to support a family, and some need to partially support themselves or do not need to support themselves at all. Eleven categories were generated from 171 responses out of a total of 275 respondents (see Table 4). Some examples of responses are: “Promoting oneself, networking skills,” and “understanding average rates for compensation (this one is huge, as art therapists often have no idea what to

charge or what is reasonable),” which was coded under business skills. The response, “It needs to be an MA,” was coded under education; and “persistence, motivation, vision,” was coded under advocacy. Recognition and business skills remain the most frequent skills that art therapists felt they needed in order to gain adequate employment.

Question 40 asked respondents, “In the pursuit of employment, please rank how important these skills are to you and elaborate on why, in the open box at the end of the list.” The business skills respondents were asked to rank according to importance were: understanding the market (competition and where you fit in), creating a business plan, promoting and marketing yourself or your private practice, charging and collecting fees, networking, fostering community partnerships, funding development, leadership and managerial skills, and other. I created this list of skills using information from the needs assessment and an initial framework for business education informed by my own business degree. There were 210 responses to this question out of a total of 275 respondents. All skills were ranked but the items ranked highest overall were community partnerships, networking, and promotion and marketing (see Table 4).

Question 41 asked respondents, “To what extent do you feel that you have the skills to market and promote your art therapy practice?” and presented them with the same eight skills from Question 40, asking them to indicate what level of skill they possess (novice, moderately skilled, or advanced). Half of the respondents ranked themselves as moderately skilled for the range of skills, although funding development, in particular, stood out as two-thirds of respondents ranked themselves as having novice skills in that area (see Table 4). The other two most novice skills were creating a business plan and promotion/marketing. When looking at the averages of how skilled the respondents rated themselves in relation to all of the business skills

overall, 36.6% reported that they were novice, 43.4% were moderately skilled, and 19.2% were advanced.

Question 42 asked respondents a closed-ended question, with no comments, of “Would you benefit from learning business skills?” and offered three choices of: “yes, I would benefit from learning business skills,” “no, I already possess the business skills that I need,” or “no, I would not benefit from learning business skills.” There were 213 responses and more than two-thirds selected “yes,” they would benefit (see Table 4).

Question 43 asked, “If you were interested, what would be the best way for you to learn business skills? Check all that apply.” Respondents were given eight choices and they could select as many as they preferred. There were 534 responses from 275 respondents. Table 5 presents a summary of these results with weighted percentages, to account for the multiple selections per respondent. One-to-one consultation and coaching received the most responses, at 40%; the next-highest choices were webinars, at 34.2%, and 3-hour workshops, at 33.1%.

Table 5

If You Were Interested, What Would Be the Best Way for You to Learn Business Skills?

Learning method	<i>n</i> ^a	% of 202 ^b	% of 275 ^c	% of 534 ^d
Journal article	32	15.8	11.6	6.0
Presentation (1 hour)	42	20.8	15.3	7.9
Webinar	94	46.5	34.2	17.6
Workshop (3 hours)	91	45.0	33.1	17.0
Full day course	88	43.6	32.0	16.5
2–3 day course	62	30.7	22.5	11.6
1:1 consultation and coaching	110	54.5	40.0	20.6
Other	15	7.4	5.5	2.8

Note. Weighted percentages were calculated based on “one participant = one vote.” When two options were chosen by a participant, each option was weighted at 0.5 “votes.” When three options were selected, each was weighted at 0.33 “votes,” etc.

^a *n* = number of participants who selected this item. ^b 202 is the number of participants who responded to this question. ^c 275 is the total sample size. ^d 534 is the total number of responses.

Summary of Relevant Survey Results

Although obtaining so much data can be overwhelming and are limited to responses on a survey of active CATA members, the results allow the beginning of a profile of the Canadian art therapist and their employment sustainability in Canada. Much information was obtained from the analysis, but which elements are most relevant, descriptive, and indicative of the problem of underemployment? What evidence do they suggest for creating individual art therapist capacity for sustainable employment in the future? To summarize the salient points of the survey data analysis,

- majority of respondents identified as female
- predominantly lived in Ontario or British Columbia
- just under half have practiced for 0–5 years
- half have a graduate diploma
- most are currently practicing art therapy
- two-thirds have had difficulty finding art therapy work
- one-third consider themselves underemployed
- most frequent skills they need in order to increase employability were:
 - professional education
 - learning all types of business skills
- most frequent obstacles were:
 - recognition of art therapy
 - attaining employment
 - funding issues

- most frequent business skills they felt they needed individually were:
 - professional education
 - business skills
 - public recognition/communication
- most important business skills in the pursuit of employment were:
 - community partnerships
 - networking
 - promotion/marketing
- respondents' three most novice business skills were:
 - funding development
 - creating a business plan
 - promotion and marketing
- more than two-thirds felt they would benefit from learning business skills
- the most frequent best three ways of learning those skills were:
 - 1:1 consultation/coaching
 - webinars
 - 3-hour workshops

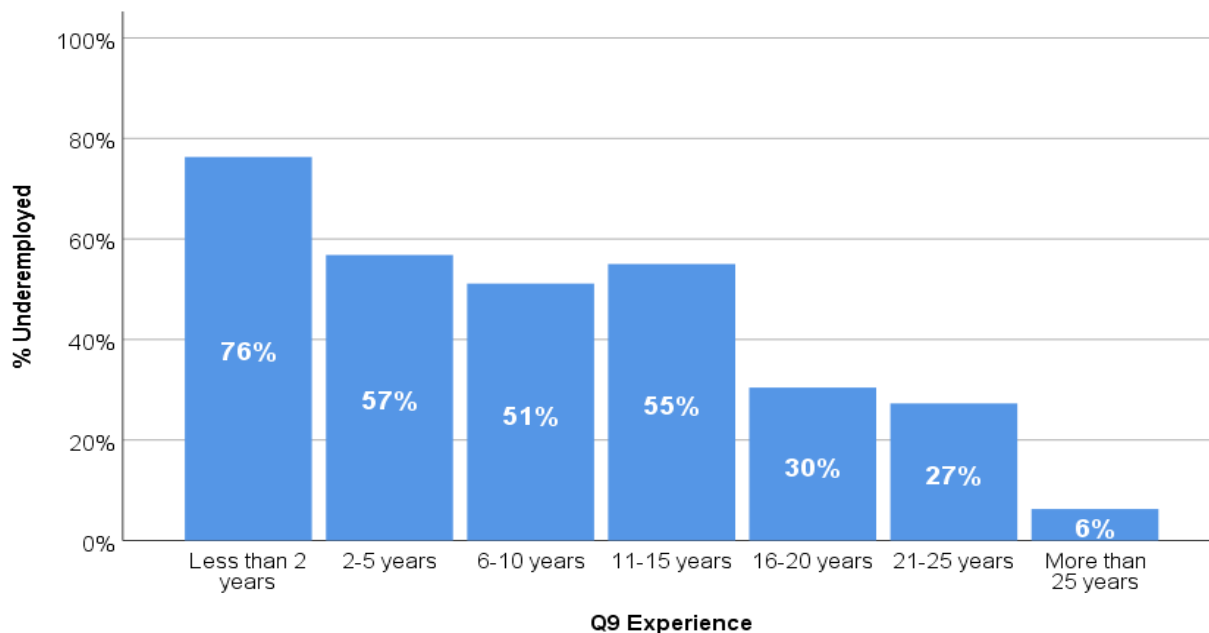
Taken together, this summary of the results creates a validated demographic of art therapists that could benefit the most from learning business skills. It illuminates my initial intuition that there was a gap, followed by corroboration from the needs assessment that led to the lived experience of Canadian art therapist respondents.

Results of the Comparative Analysis

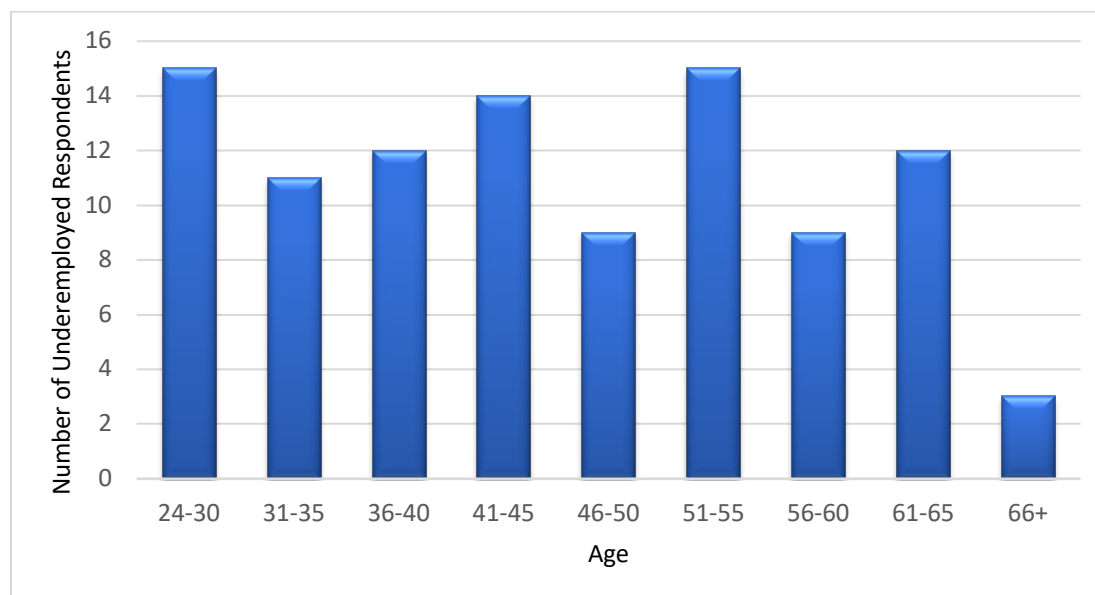
With the help of a statistician, I was able to perform a comparative analysis of responses to certain questions using SPSS to determine whether there was statistical significance between demographics and perceived underemployment. A chi-square test of independence was used to validate the relationship findings for level of significance, with p values < 0.05 set as statistically significant. From Question 36 ($n = 198$ responses), which asked respondents if they considered themselves to be underemployed as an art therapist, we selected those respondents that indicated “yes” ($n = 100$ responses) and compared this subsample against their responses to several other questions.

We compared the subsample of art therapists who reported that they are currently practicing art therapy (Question 18; $n = 59$) with those respondents who are not practicing art therapy. A chi-square test revealed that those not practicing art therapy reported a significantly higher proportion of underemployment (84.6%) compared to those who do practice art therapy (41.8%), $\chi^2(1) = 16.08, p < .001$. Therefore, among survey respondents, being an art therapist who is not currently practicing has a significant relationship to underemployment, which may seem obvious but establishes a relevant baseline of underemployment for other reasons.

When comparing the underemployed sample with their years of experience (Question 9; $n = 100$), we found statistical significance. Respondents with fewer than 16 years of experience reported an underemployment rate in the 51–76% range, whereas those more experienced (greater than or equal to 16 years) reported an underemployment rate of 6–30%. The difference is statistically significant, $\chi^2(7) = 30.59, p < .001$. Figure 9 shows the range of experience and underemployment.

Figure 9*Underemployment vs. Experience Trend*

Next, we compared respondents' report of underemployment to the three levels of art therapy education available in Canada, which are certificate, graduate diploma, and master's or higher degree (Question 12; $n = 92$). The chi-square test revealed no significant association between level of education and underemployment, $\chi^2(2) = 2.10, p = .35$. When comparing geographic location with underemployment, no statistical significance was found, $\chi^2(7) = 10.72, p = .15$. The relationship between respondent underemployment and age was also found to not be statistically significant, $\chi^2(11) = 12.30, p = .34$. Figure 10 shows the peaks and lows, but the differences are within a short range and does not have an effect on underemployment.

Figure 10*Underemployed Art Therapist Age Range*

Note. $n = 100$, the number of participants who indicated they were underemployed.

We next examined the difficulty of finding art therapy work (Question 35) in the subsample of underemployed art therapists. Combining responses of *very difficult* and *somewhat difficult* ($n = 88$), we found that respondents who rated the process of finding art therapy work on the difficult end of the spectrum also reported the highest level of underemployment (80.6%) compared to those who responded *very easy* (11.1%). The association between the difficulty level and underemployment is statistically significant, $\chi^2(4) = 47.88, p < .001$.

We were also interested in what underemployed respondents felt were skills they would need to gain adequate employment as an art therapist (Question 39). For those whose responses were coded as “public recognition/communication” ($n = 19$), the chi-square test revealed no significant relationship with underemployment, $\chi^2(1) = 0.51, p = .47$. Therefore, for those who felt that it was important to have more recognition or be able to communicate effectively about art therapy was important, there was no direct relationship to underemployment. Likewise, a

desire for “ongoing education” (professional development, credentials, experience, and clinical skills; $n = 30$) revealed no significant relationship with underemployment, $\chi^2(1) = 2.49, p = .12$, nor was “advocacy: efforts and energy” ($n = 17$) significantly associated, $\chi^2(1) = 0.67, p = .41$.

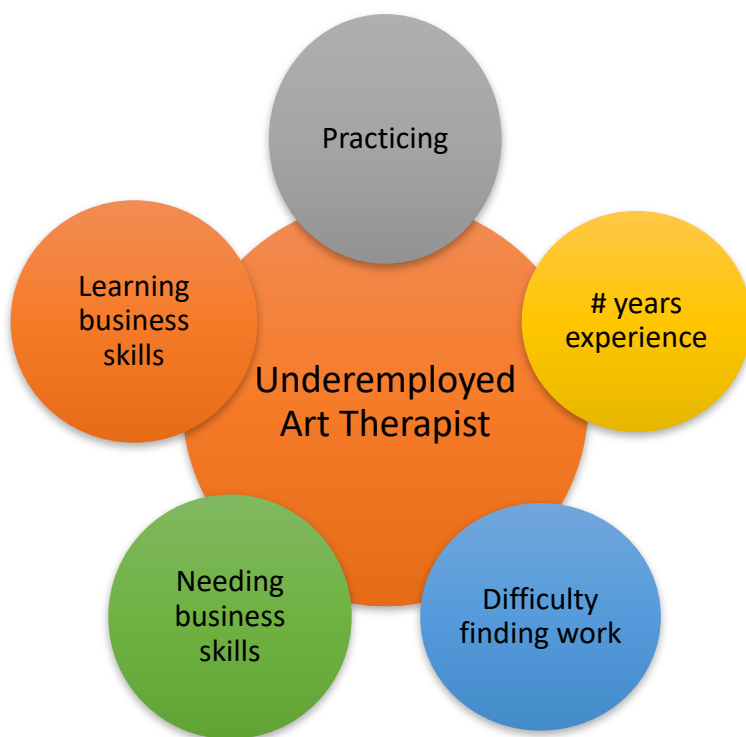
Other comparisons that found no significant relationship with perceived underemployment were “understanding insurance” ($n = 0$), $\chi^2(1) = 1.17, p = .28$; “understanding grants and government funding” ($n = 1$), $\chi^2(1) = 0.01, p = .92$; “flexibility/adaptability” ($n = 5$), $\chi^2(1) = 0.32, p = .57$; “not applicable” ($n = 1$), $\chi^2(1) = 1.36, p = .24$; and “other skills not otherwise indicated” ($n = 13$), $\chi^2(1) = 0.30, p = .58$.

Finally, we examined the responses of self-reported underemployed art therapists and business skills. In response to Question 39, which asked respondents to identify the skills they felt they needed to obtain employment, “business skills” (marketing, promotion, networking; $n = 36$) as a category was identified by a significantly higher proportion of underemployed respondents (67.9%) compared to those who were not underemployed (46.4%), $\chi^2(1) = 6.68, p = .01$. Moreover, respondents who indicated that they would benefit from learning business skills also reported the highest rate of underemployment (60.9%) compared to those who either already possess the business skills they need (26%) or do not believe they would benefit from learning such skills (33.3%). The difference is statistically significant, $\chi^2(3) = 20.02, p < .001$.

The comparative analysis of the survey results examined the relationship between underemployment and 16 other variables generated from the survey questions, and resulted in five statistically significant relationships. These significant relationships were: (a) whether an art therapist is practicing or not, (b) years of experience, (c) level of difficulty in finding art therapy work, (d) reported or perceived need for business skills, and (e) desire to learn business skills. Figure 11 graphically shows the significant relationships for underemployed art therapists.

Figure 3

Statistically Significant Relationships to Underemployment



Conclusion

Combining the responses to the needs assessment, the national survey data analysis, and the comparative analysis revealed an alignment of certain trends and perspectives. Both the needs assessment and the national survey revealed common concerns about recognition, funding, business skills, and credentials across different samples of art therapists.

The CATA national membership survey results identified that 66% of art therapist respondents have had difficulty finding employment and 44.8% are underemployed. This result may be influenced by the weight of student respondents because their data have not been separated from the rest; a direct relationship cannot be inferred. Respondents also identified the skills they felt were necessary in order to increase their employment, which was focused on professional or continuing education and business. The most frequent skills they felt they needed

individually were professional education, business skills, and public recognition/communication. The most important skills in the pursuit of employment were community partnerships, networking, and promotion/marketing. The three skills most novice respondents reported were funding development, creating a business plan, and promotion and marketing, and 70% felt they would benefit from learning business skills. See Figure 12 for a graphic analytic representation of this summary information.

Figure 4

Underemployment and Skills Needed

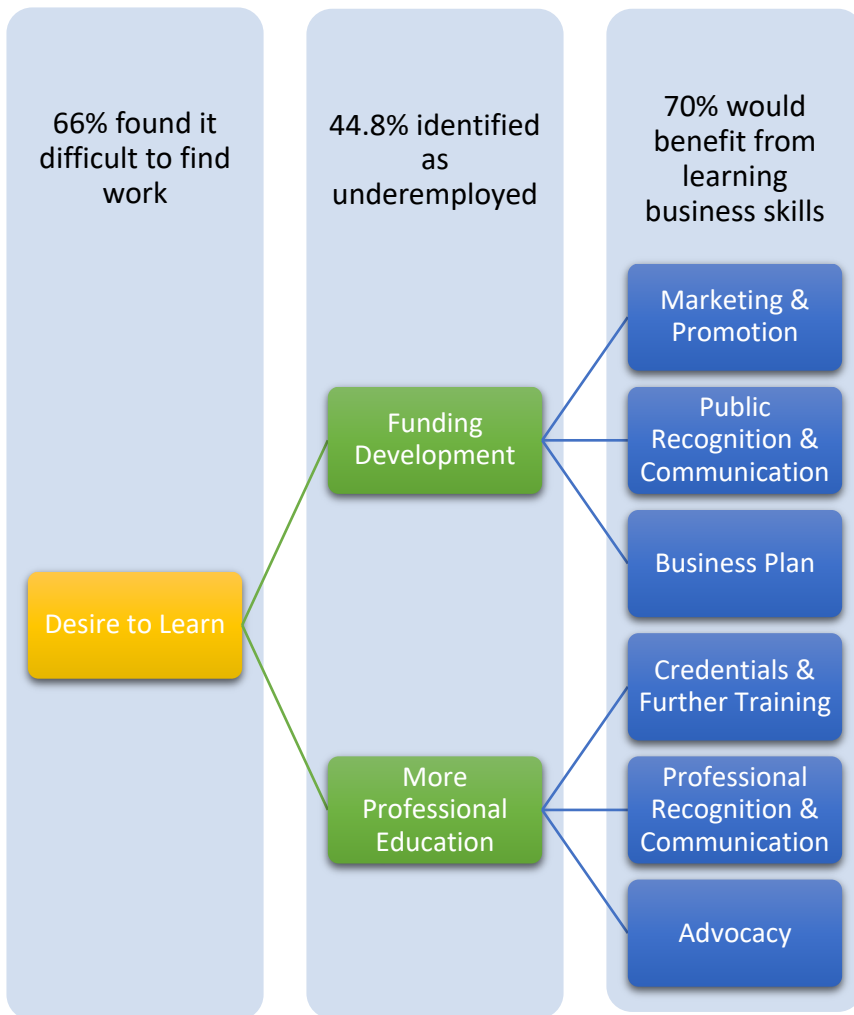


Figure 12 is a graphic representation of all the main findings in this chapter and will be discussed in Chapter 5. Based on the survey, respondents who found it difficult to find work were more likely to be underemployed and would benefit most from learning business skills. The findings offer a profile of the Canadian art therapists who could benefit most from business capacity development, which may help to fill the gap of underemployment.

CHAPTER 5: DISCUSSION

This mixed methods study to understand how art therapist employment is situated, based on a survey of members of the Canadian Art Therapy Association, produced an array of data in response to a set of carefully formulated employment and business-related questions. The study collected information on how the participants perceived their employment status, the obstacles they face, and potential business skills that might be used to build capacity to advance their careers. Results addressed my research questions with respect to (a) whether art therapists in Canada experience underemployment, (b) whether they lack skills to gain sustainable employment, (c) how might business skills help, and (d) what delivery formats would best serve their needs for professional development in the “business of art therapy.”

Upon review of all significant results reported in the previous chapter, a snapshot of art therapist underemployment in Canada has somewhat narrowed and coalesced into a clearer picture. This chapter will evaluate the results as confirming or disconfirming my research assumptions regarding art therapist underemployment and then interpret the possible meanings of the results within each of the statistically significant relationships that were discovered. Even among those relationships that were not significant, there were surprising insights that emerged when comparing results with evidence found in the literature.

I chose to pull out data that identified underemployed art therapists who were identified through their responses to a sub-set of questions in the national survey and compared with some demographic questions for context. Results of the needs assessment identified lack of public recognition of the field, funding, and need for business skills, self-esteem, and credentials as major obstacles. The Canadian national survey corroborated some of these perceived obstacles and found statistically significant relationships between five factors and underemployment.

This research study has uncovered a perspective, representing a portion of the art therapist respondents to the national survey. In terms of the first research question, just under half of the respondents reported being underemployed, which may represent a significant portion of the total art therapist population in Canada. Although 70% of respondents felt they would benefit from learning business skills as a possible means of reducing underemployment, it should be noted that the study did not explore a full spectrum of skills that might be necessary for gaining sustainable employment, such as professional behaviours, innovation and risk-taking, information technology skills, and so on. Instead, the results shed light on a small bandwidth of business skills that the art therapists acknowledged would be helpful to have as important to sustainable employment. Respondents self-assessed their current level of business skills, finding a range of novice and moderate skills in business and a desire to learn them and thereby build their individual capacity to advance their careers. My final research question was answered with evidence of interest among respondents in learning business skills through various professional development strategies.

Comparison of Results to Existing Literature and Expectations

This portion of the discussion chapter will be a comparison of elements of the research outcomes through the lens of the literature reviewed earlier. Each statistically significant factor and a few nonsignificant but interesting factors will be situated within the literature to date and thoughts offered on what may be new or known relationships.

Underemployment

Underemployment occurs in professions that are more unconventionally structured, like art therapy, in terms of location, number of employers, employer commitment, and work flexibility (Lee, 2010). Vulnerabilities for gig workers can be characterized by not being

employed to a desired capacity in terms of precariousness, compensation, benefits, work hours, skill level, experience, misunderstanding of role, and culture. Long-term underemployment has negative economic, emotional, physical, and quality of life effects. Half of the national survey respondents reported being underemployed, which may represent a substantial portion of the total art therapist population in Canada. Understanding that as many Canadian art therapists feel underemployed really hits home in imagining their quality of work-life, which spills over into their personal life. A large number of art therapists struggle to work. In that struggle they accept non-ideal working conditions. This struggle contributes to attrition in the field, whereby they feel the need to either upgrade their skills (often to other similar professions like social work or counselling) or leave the field. This is the very experience I have had in my own contact with many art therapists, mirroring my own struggles. They are vocalizing their distress, disappointment, and desire to find strategies to mitigate their struggles.

Worth

Using the perceptions from the needs assessment for their qualitative value, some possible connections can be made to the literature. In this study worth can be viewed from two perspectives: as a sense of self-worth (self-esteem) and in terms of compensation and gratification from the work itself. In terms of self-worth, the imposter syndrome (i.e., feeling of not being worthy or capable of the job in which one is hired) is commonly found in student populations and new professionals (Vaughan et al., 2019), and thus it is unsurprising that the actual word “imposter” showed up in the qualitative results of the study, given there was a proportion of these participants in the needs assessment. Vaughn et al. (2020), Langford and Clance (1993), and Waters et al. (2002), all commented that there is a relationship between imposter syndrome, self-esteem, and feelings of success and failure. If so, it would be useful to

discover whether art therapists feel this way due to their status as underemployed or the other way around; that is, feeling like an imposter might lower self-esteem and manifest in higher rates of underemployment. Feelings of doubt and failure can be helped with mentoring, reflection, and supervision.

In the needs assessment, self-esteem came up as an obstacle category and participants were also asked about their worth in salary dollars. Self-esteem came up as the fourth most frequent obstacle for both the Canadian art therapist workshop attendees and national survey respondents. Vaughn et al. (2020) commented that there is a relationship between imposter syndrome, self-esteem, and feelings of success and failure. If there is a relationship, it begs the question of whether art therapists felt this way due to underemployment or the other way around—feeling like imposters, they manifest higher rates of underemployment. The research undertaken was not cause and effect, so no definitive statements can be made about that relationship or causation.

In terms of worth as measured in salary, it should be noted that participants in the needs assessment were primed by self-selecting to attend my workshop with the title of “The Business of Art Therapy”; however, they were not primed in advance to think about their sense of self-worth and some described feeling challenged by having to quantify worth in dollar figures. Given the confounds of the potential bias and influence, the average salary reported was within range of comparable values derived from my own experiences working in a hospital and to similar professions such as social work and spiritual counselling. In comparison to the literature, there were two previous Canadian national surveys in which Lee (2010, 2011) and Burt (2005) attributed a low average income for art therapists mostly to attrition and unstable work. Further analysis of this current, most recent national survey results will either corroborate or provide new

evidence for this trend. When Lee compared the salary ranges reported in the 2005 and 2010 national surveys, she found 15% growth in salaries. When adjusted to today's dollars, the figures from the previous survey would fall below the average value expected by the participants in my study's needs assessment. They felt they were worth more in salary dollars than they expected to be paid.

Obstacles

Although limited to the small needs assessment sample, the main obstacles identified by participants were recognition, funding, business skills, self-esteem, and credentials. Their commentaries reflected similar points made by Clarke (2017), Gussak (2000), and Risberg et al. (2004) regarding recognition and misperceptions of art therapy, being mistaken for art practice rather than a profession with rigour, and viewing art therapy in lower regard than other health professions. Examples of the lack of recognition responses are “agencies find lower costing 'imposters' to do art therapy” or “misunderstanding of the clinical value of art therapy” or “others claiming to do art therapy.” Because the study did not explore the origins of the concern for recognition but only their experience of it, this obstacle warrants further investigation.

It is challenging to find funding for art therapy services and in Canada this obstacle is directly related to a socialized medical system in which art therapy is not included in the core funding model. Services must either be covered in existing extended health insurance policies or be offered outside of the system through out-of-pocket payment. Although there is no one source that readily verifies the obstacle claim, by exploring where funding comes from the shortage or funding illustrates that most often art therapy relies on fees for services. This reality, thus, underscores the need in Canada in particular for entrepreneurial skills, grant writing, and other business skills that respondents endorsed in the survey. Although this study did not explore the

relationship between funding and recognition, it did uncover that art therapists identified both as obstacles, which is interesting. It is also interesting that the American Art Therapy Association has identified both public awareness and fiscal sustainability as part of its current strategic plan (American Art Therapy Association, n.d.). There may be an important relationship between these two factors that further research could investigate.

Credentials

Credentials offer to the public an understanding of the rank of training and scope of practice in art therapy. There are three types of art therapy training in Canada (master's degree, dual stream master's degree, and graduate diploma), which contributes to some disunity. Credentials emerged in the needs assessment as an obstacle to getting what art therapist attendees felt they were worth; in the national survey credentials were identified as a contributing factor to underemployment. In trying to achieve a current, expected level of credentials that has increased over time with increased regulation, art therapists have developed an anecdotal hierarchy of who they believe is most qualified, recognized, and employable. From my personal experience in the art therapy community, there is belief that having a master's degree offers a perceived advantage over having a graduate diploma, as evidenced by an earning difference that favours the master's degree, according to Lee (2010).

In the U.S. Feen-Calligan (2012) found that a dual stream (art therapy and counselling) of study may have a negative effect on a student's professional identity in part because art therapy is not as well recognized, and therefore study participants identified more with their role as counsellors. The development of Canadian provincial regulatory colleges, as the next level of credentials, is also affecting the hierarchy of credential recognition.

To my greatest surprise (joy and disappointment combined), in all of the comparative analysis results the desire for “ongoing education” (professional development, credentials, experience, and clinical skills) was prevalent, but also revealed no significant relationship with underemployment. This does not suggest that there may be no correlation or impact with credentials, only that within this sample and at the present time, continuing education in this regard is not directly related to reports of being an underemployed art therapist. This result is an argument for equality of training in Canada, as well as gives more legitimacy to the diploma and dual stream programs in terms of training art therapy clinicians. However, it does not explain the relationship between different types of training and their impact on employability. This definitely needs further study.

Perceptions of Business

Participants in the all three workshops in the needs assessment were asked about their perceptions of the word “business” and offered a mix of positive, negative, and hopeful descriptors. Anecdotal evidence, from experience with my peers, suggests that many art therapists subscribe to an altruistic model of social benefit and caregiving, which places the interest of others over that of oneself (Schwartz, 1993). Some of the attendees said that they felt that asking for more money would be akin to taking advantage of disadvantaged people who might not be able to afford their services. Consequently, they felt obliged to give away their services for less value. Negative associations to business included such words as “root of all evil,” “cold,” “inflexible,” “opportunistic,” and “disconnected from the heart,” all of which suggest a strong identification with altruistic values. However, profit-making is not egoism and business can co-exist with altruism (Delanty, 2019). Positive and hopeful associations to business, such as “empowering,” “motivated,” “thrive,” and “growth” suggest that art therapists

who are giving and compassionate may also see business as instrumental in ensuring that art therapy services are accessible to all populations in need.

The provision of art therapy services to clients is based in a transactional relationship that exchanges services for money, as Gleeson (2019) defined transactions as the interchange of goods, money, or services between parties. I had wanted to explore the connection between transaction, perceptions of business, and altruism, which seemed quite relevant as art therapists may view their services as altruistic “giving” rather than a valued commodity in a transaction. If they viewed their services as “giving” without some return in value, then that might explain some of their negative perceptions of business and worth of their services. This study did not delve into this relationship, but helped uncover some perceptions from a select group of Canadian art therapist participants. Further research can be done to explore this relationship.

Employment

Half of Canadian art therapist survey respondents reported that they were underemployed. Over two-thirds found it somewhat difficult or very difficult to find work. Respondents felt that education/credentials, business skills, and increased recognition were the top three elements that would increase their employability. The main obstacles for their underemployment were recognition, employment opportunities, and funding. The top skills they reported needing are ongoing education, business skills development, and enhancing public recognition. In looking at the education they receive to become art therapists, it is apparent that while their training programs are building clinicians, they are not building entrepreneurs. This is no criticism of the training programs; rather, it situates the dominant perspective—the world wants them to create excellent clinicians. However, after graduation, the clinicians drop off the

map of support and encouragement, without certain skills to interact with the real working market.

This line of argument from the results suggests that a buffer zone should be created that would offer skills development to assist new and existing graduates in negotiating and maneuvering the working market. A post-graduate course, certificate, or series of training modules could address the real-world skills needed to thrive in the workforce. These offerings can be informed by the identified skills that are lacking or uncharted for art therapists, namely business skills.

When considering what is meant by business skills, art therapists may immediately form a picture of working in private practice. This method of offering services entails employing oneself, whether in a private or shared office/studio space, managing all elements of business operations as well as providing direct therapy services. Such a practice would be considered entrepreneurial. As a freshly emerging clarification from the study, the concept of *intrapreneurship* is another method of practice that should be considered for working within organizations. Desouza (2011) defined intrapreneurship as using organizational staff ideas to benefit an organization by creating innovative products and services or improving internal processes.

Intrapreneurship skills would build capacity in many facets of organizational work, such as in negotiating salary, promotions, and benefits; growing and expanding programming; proposing new programming by building a business case; and many other team-based professional skills. The main distinction between these two scenarios (i.e., entrepreneurial and intrapreneurial practices) is working independently versus working within an already-structured organization. There are similarities or crossover for business skills in both situations.

Developing business skills capacity will enhance the success of both situations, allowing art therapists to leverage industry and marketplace knowledge while advocating for themselves.

Business Skills

In surveying the business skills art therapists possess, only a small selection of choices was offered to survey respondents, so this discussion only represents relationships to those endorsed. I would like to acknowledge that there are many more skills necessary and pertinent to practicing art therapy. The survey respondents' ranking of business skills as most important were community partnerships, networking, promotion and marketing, fees, understanding the market, leadership, funding, and business planning. According to their self-reports, 80% of respondents believed that they could use business skills development and 70% desire it. This is very compelling evidence on which to develop and provide a business skills capacity-building curriculum for art therapists. Their preferred method of learning is through one-to-one consultation and coaching, webinars, and 3-hour workshops. Who can provide this type of training, consultation, and coaching? It can be art therapists with the business knowledge and experience. It can also be outsourced to other business professionals. Connections and collaborations can be made with other professional training programs providing this type of knowledge, such as McMaster University's DeGroote School of Business and Faculty of Health Sciences, co-located with an interdisciplinary approach (as mentioned in Chapter 3).

Statistically Significant Comparative Analysis Relationships

From the comparison of 15 survey findings with respondent reports of underemployment, five statistically significant relationships emerged. Some of the factors that I believed would be the strongest did not actually have significant relationships based on this data set. The

relationships I thought would be significant were: education, geography, age, recognition of the field, and advocacy.

One surprising result was that I expected that having a master's degree in art therapy would be a better indicator of successful employment than having a graduate diploma. There are earning differences between the two, as the survey indicated, but they were not statistically significant enough to warrant being a perceived cause of underemployment. I also expected that being closer to urban centres, rather than in more rural areas, would have an affect on enhancing employment, but there was no significant relationship between geography and underemployment. Moreover, I expected that the age of the therapist would be an influencing factor on employability. Those who practiced art therapy as a second career appear more mature and seasoned, so they seemed more likely to get any jobs or contracts offered. This may be the case in some instances, but the relationship did not have statistical significance.

More recognition of the field would seemingly increase the number of jobs and employment opportunities for art therapists. This may be the case in some instances, and I have witnessed a greater awareness and recognition of the field, but without more funding to support the jobs, there are not actually more jobs. This relationship was also not statistically significant. Finally, advocacy goes hand in hand with recognition. The more art therapists advocate for their services, the more employment there should be. This also may occur, but did not occur sufficiently in this sample to create a statistically significant relationship of cause and effect. Anecdotally, a professor of art therapy told me that he believed that if art therapy training institutions flooded the market with qualified art therapists, the market would rise and meet the need. That is not the usual trend in business markets. Usually, there has to be a gap with an identified need, and then solutions to fill it.

The relationships that were statistically significant seem obvious for now, but it is important to point out that the evidence builds a foundational case for offering opportunities for art therapists to build their business skills capacity. Those who have practiced the least are the most vulnerable to underemployment. Those who have a hard time finding work and who lack business skills are also the most vulnerable to underemployment. In that group of art therapists, it was significant that they themselves felt they could benefit from learning business skills.

Implications

My journey to this point, of finishing my research and writing up the results, implications, and recommendations, has brought me full circle to my core intuition. I felt, I explored, I vocalized, and I got down to studying a phenomenon that was close to my heart. I feel resolved in the concept that, yes, business is a large part of art therapy. Business is not really separate, but a companion and tool to being an effective art therapist. I felt desire for the knowledge the study produced and so do my colleagues. I am eager to share it with them and help them find resources that will help in their journey to being successful in their own rights.

Based on my deeper dive into the implications of the results, it becomes apparent that art therapists do indeed feel a need for business skills and wish to gain them. Canadian art therapists have indicated who is most in need: early career women who have difficulty finding work, need business skills, and are willing to learn. This profile justifies the development of resources for them, such as forging partnerships with existing business programs co-located with the training institutions for crossover learning or creating a curriculum framework for building business skills capacity in art therapists after they graduate from their training as clinicians in the form of a post-graduate certificate, course, or diploma in health care business skills development. Art

therapists may also seek out their own formal or informal training in college courses or community support networks.

The implications that training programs are busy enough creating clinicians and that the best time to learn business skills is right after graduation testifies to the potential benefit of developing post-graduate training in business. So that it does not add length or breadth to the graduate training programs, when not everyone will need or want it, I recommend business skills training after graduation or somewhere within the first 5 years of practicing, as what may be the optimal time to leverage the knowledge and create a thriving employment practice.

Validity and Limitations

Credibility

In contemplating validity Charmaz stated that grounded theory from a study should offer credibility, originality, resonance, and usefulness (2014). A study that involves people and their context can be used to make sense of internal credibility (Kapitan, 2018). I argue that credibility was established by using reliable methods to research and explore the study problem with a mixed methods research comprised of a needs analysis and a national survey with a 41% response rate. Incorporating a good sample of quantitative and qualitative data in my research, and utilizing the services of a statistician along with many doctoral committee consultations, has hopefully enhanced the credibility of the research and its outcomes. It would be interesting to attempt replicating the results within the time frame of the current Canadian governmental administration; however, there are always influencing factors that could generate new unanticipated results. As the provinces create more regulatory colleges in Canada, a stronger interprovincial alliance may result, in terms of lobbying for funding coverage, which will be more effective for art therapists.

Comparison of the employment of Canadian art therapists with that of art therapists in other countries would be valuable but challenging due to potentially wide variations in the data. When looking at life cycles of the evolution of art therapy in different countries, I would suggest that Canada is in its adolescence or young adulthood phase of development and still has growing pains ahead, with respect to solidifying its identity and growing into its advocacy role. Thus, utilizing this study's data and results to make comparisons should be limited to countries where the art therapy field is in a similar developmental phase.

Resonance

It was satisfying to see that 70% of underemployed art therapists in the sample felt they needed business capacity skills development. Although researcher bias was a possible threat in the study, due to my background in business, the survey results did verify anecdotal reports from the workshop attendees and various professional relationships over the years on what may be contributing to the serious impacts of art therapist underemployment. Further, the receptivity of Canadian art therapists to my presentations at conferences over the last 2 years has been reinforcing and I plan more such presentations in the future. I feel and will respond to their thirst for the knowledge and do not want to disappoint this new momentum in the field.

Usefulness

I assert that the data and information provided by this research is useful and therefore will benefit Canadian art therapists. The survey design can be replicated by future CATA boards in such a way that the baseline knowledge of the field produced in this study can be built upon with future research. Dissemination of the current study also will provide very practical, real-world information that will help create a stronger field and empowered therapists. They will become better advocates for themselves and in turn for their clients. Educational tools derived from the

study will enhance their own wellness and help mitigate the emotional and physical burdens of practice when art therapists are able to achieve good work-life balance and comfort.

Limitations

There are a number of limitations to this research study, the first being that I was unable to separate student responses from practicing art therapists, in both the needs assessment and in the survey. It is possible that students make up a large enough percentage of underemployed art therapists in the sample to skew the results. Even if approximately 25% of respondents were current or recently graduated students, the results may be influenced by their response weight and a direct relationship cannot be definitively inferred. To collect underemployment data in future national CATA surveys, a demographic question that indicates student or professional status should be added.

Another limitation of the study was the use of the word “business” in the title of my presentations and the section in the national survey. Because of the context, the word may have primed and possibly influenced responses that were solicited to gain understandings of perceptions and knowledge. Because I did not define or operationalize the term, there also could have been some semantic misunderstandings about the it, based on preconceived notions of participants and survey respondents. I chose not to define the term because I wanted open-ended associations to the word “business”; providing a definition would have run contrary to the study’s aim.

The business-related questions that were added to the national survey were crafted from the insights gained from art therapists who attended my presentations, therefore it is likely that a different selection or framing of the questions would have produced different results. However,

this limitation was managed by testing the survey questions with CATA board members and utilizing their feedback to refine them.

Recommendations for Further Research

I recommend implementing national surveys every 3–5 years to better track Canadian art therapist employment and business knowledge and to see if any reported capacity building strategies increase employment and compensation. Tracking art therapist business knowledge will keep it at the forefront of their capacity building in the marketplace. I recommend gauging the relationship between art therapists' business knowledge and underemployment over the long term in at least 5-year increments to see if there will indeed be a paradigm shift and impact of this original research. This study's results indicate an interest and appetite for business knowledge and tracking it could help prime its integration into training and professional development.

As another recommendation, it would be interesting to research and document shifts in art therapist perceptions as contrasted with their employment status or history. Therefore, I recommend a feasibility study on how to incorporate business knowledge into training programs or post-training through interdisciplinary alliances with business programs at the same school or neighbouring schools. A comparison of approaches could determine which is more effective and engaging to art therapists. This study's results indicate that survey respondents are willing to engage in one-to-one consultation, webinars, and/or workshops, so it is important to find the best academic or scholastic vehicle for implementation and knowledge transfer.

Conclusion

This research was quite a journey. Even though the impetus originated in my own lived experience, the study topic should ultimately appeal to a broader audience: art therapists and

educators in Canada, the international field of art therapy, and you, the reader. Although not every art therapist's experience is the same, many will give testament to having professional challenges themselves. I had a few reckonings along my career path and tried to remedy some of the inequalities with learning new skills and sheer will. I wish there had been a softer landing after graduating, and I wish a softer landing for current and future art therapists. A pivotal moment happened 4 years ago at a conference, where I realized that I felt compelled to help art therapists in their journey. My desire was to help create sustainable employment consisting of secure and stable employment, decent working conditions, and equitable compensation commensurate with professional art therapist qualifications. This wished-for endeavour was a huge undertaking, most likely too lofty, and becoming a researcher has shaved away the layers of heroism to uncover what the real phenomenon may be. My exploration will hopefully be compelling to readers who may be searching for research that has started to uncover an area that can help art therapists with underemployment. In looking at their experiences, expectations, and perceptions, I found that many art therapists were in precarious work situations and possibly disenchanted with trying to find adequate or rewarding working conditions.

I recognize now that I may have blundered indelicately through my pursuit of the real phenomenon, and had to limit the claims of my research due to being a novice researcher, but I feel satisfied that I may have found the top layer of a deeper, multifaceted and complex phenomenon. After finding evidence that art therapists do indeed experience underemployment in Canada, and their willingness to learn business skills to leverage gaining sustainable employment, I feel that I can now focus on the best way to deliver business skills training to art therapists. I am resolved in the concept that, yes, business can be a part of art therapy, as a companion and tool to being an effective art therapist.

* * *

End Note

Considering that my study was undertaken between August 2017 to July 2019, and then analyzed and written up for this dissertation between October 2019 and July 2020, a world crisis will have impact on its implications. The pandemic known as COVID-19 has had debilitating effects on many fronts, including world-wide health, global environmental changes, global mental health, and devastated world economies. I am sure that the world will be coming to terms with and mitigating the fallout for at least the next decade.

In terms of this research study, there are a few ways in which the pandemic has affected art therapists, their employment, and the many unique skills that they have to navigate their own and global trauma. For those art therapists working full time and on the frontline in organizations, they will have experienced the stressors and exposure that most healthcare/essential workers faced at work and coming home to their families. They may have recognized the growing importance of mental health for everyone and seen opportunities for intervention. There was likely a sharp learning curve for art therapists working in private practice who had to stop seeing clients in person and learn how to take their practice online, in a very short time. They may have lost many clients and had challenges connecting with their clients in a virtual space. Some art therapy peers have told me that once they acclimated to the virtual space, they felt very effective. For other art therapists who work in part time capacities at multiple locations/organizations, most likely they will have been reduced to working at one dedicated site, thereby decreasing their earnings and ability to support themselves. Given all of these scenarios, art therapists most likely had their fair share of challenges, as most workers did

during this first wave of COVID-19. How did art therapists cope? How did they take care of themselves as well as their clients?

Based on the conclusions of the research in this dissertation, future implications can be extended by applying some the findings to current art therapists' employment challenges. Will this information be even more relevant, applicable, and helpful? Will having business skills be desirable now or will the market enter into such a bad state that this research is immediately outdated, belonging to a historical era? An argument can be made for both possibilities. The market may take 5–20 years to rebound, if it ever does reach previous levels. Business and professional services promotion and marketing may fall flat at a time when basic necessities such as food, housing, and employment are priorities. The flip side is that mental health care is a rising need and affordable therapy may become a burgeoning growth sector in the rebounding market. Those with appropriate business skills—in both entrepreneurial and intrapreneurial domains— will be able to take advantage of this opportunity and position themselves to be part of that growth. I believe that in these times there will continue to be a need for building art therapist business skills capacity so that we can better advocate for themselves as well as our clients.

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Appendix A

Cost of Art Therapy Training in Canada

Canadian training institutions	Cost of full program	Credits	Degree or diploma granted
Adler University (n.d.; fees courtesy of Program Director [D. Eleniak, personal communication, August 20, 2019])	\$60,000 + \$5,000 fees	60	MCP-AT
Athabasca University (2016) ^a	\$24,150	11 + 6 courses	MC:AT
Concordia University (n.d.)	\$19,096 (nonresident); \$8,303 (resident)	60	MA
Kutenai Art Therapy Institute (n.d.)	\$22,785 (on campus and domestic)	48 + capstone/ thesis	DKATI
St. Stephen's College, University of Alberta (n.d.)	\$19,757 + clinical supervision fees	69	MPS-AT
Toronto Art Therapy Institute (n.d.)	\$16,400	19 courses + final project	DTATI
Vancouver Art Therapy Institute (n.d.) ^a	\$16,000	13 courses + final project	DVATI

Note. Tuition costs range from \$16,000 to \$65,000 and average \$26,129.

^a Joint programs between Athabasca and the Vancouver Art Therapy Institute with additional credits and tuition.

Appendix B

2019 CATA National Survey

1. Pitch

We are conducting an anonymous survey, asking our Canadian art therapy association members to participate in helping us continue the research and development of the art therapy field. Please help us understand the shifting landscape of our profession. Our goals are to fill in the information gap for the past 9 years (2005 & 2009-10 survey), to look for longitudinal trends in the art therapy profession, to investigate current job markets trends for art therapists and to contribute to a longitudinal perspective in terms of the art therapy field for research and advocacy purposes.

Risk

The only perceived risk involved for participants is the potential for revealing private but anonymous information (demographics, employment status, knowledge and training).

Consent

The researcher team requests your consent for participation in this study about the field of art therapy. This consent form asks you to allow the researcher to record your responses and to use your comments to enhance understanding of the topic. Participation in this study is completely voluntary. If you decide not to participate there will not be any negative consequences. Please be aware that if you decide to participate, you may stop participating at any time and you may decide not to answer any specific question. The researcher will maintain the confidentiality of the research records or data. By entering into the survey will imply consent to using the information for analysis and publication are over the age of 18, and that you agree to the terms as described. Your identity will remain anonymous.

Incentive

We are offering a mail out incentive gift for online completion of the survey. Please add your name and email at the end, to be entered into a draw for a \$50 prepaid credit card. Your email address will not be linked to your survey responses, which will remain anonymous.

- I agree

Demographics

2. Which one of the Canadian official languages do you most closely associate with?
 - English
 - French
 - Arabic
 - Cantonese

- Mandarin
 - Hindi/Punjabi/Urdu
 - Spanish
 - Other (please specify)
3. Please indicate your age range
- 24-30
 - 31-35
 - 36-40
 - 41-45
 - 51-55
 - 56-60
 - 61-65
 - 66-70
 - 71-75
 - 76+
4. Please indicate your gender identification
- Male
 - Female
 - Non-binary
 - Gender-neutral
 - Other
5. Please indicate the jurisdiction you live in (province or territory)
- AB
 - BC
 - MB
 - NB
 - NLD
 - NWT
 - NU
 - ON
 - PEI
 - QC
 - SK
 - YU
 - Other (please specify)
6. Please indicate the city/town you primarily work in
City [open field]
If other, please specify [open field]
7. Please indicate your ethnicity
Ethnicity [open field]
If more than one or other, please specify [open field]

8. Which languages do you use with your art therapy clients? Please check all that apply
- English
 - French
 - Arabic
 - Cantonese
 - Mandarin
 - Hindi/Punjabi/Urdu
 - Spanish
 - Other (please specify)

Experience & Credentials

9. Please indicate how long you have been practicing art therapy.
- Less than 2 years
 - 2-5 years
 - 6-10 years
 - 11-15 years
 - 16-20 years
 - 21-25 years
 - More than 25 years
10. Please indicate which art therapy or professional designation (registrations, licensure, certification) you possess. Check all that apply.
- RCAT (Registered Canadian Art Therapist)
 - OATR (Ontario Registered Art Therapist)
 - BCATR (British Columbia Registered Art Therapist)
 - ATPQ (Professional member of L'Association des art-therapeutes du Quebec)
 - ATR (Registered American Art Therapist)
 - CCC (Canadian Certified Counsellor)
 - RP (College of Registered Psychotherapists of Ontario)
 - Other (Please specify)
11. Are you a member of other clinical or professional associations? If so, please indicate.
- Yes
 - No

Education

12. What is your current level of art therapy education? Please check all that apply.
- Masters of Arts: Specialization in Art Therapy
 - Masters of Counselling: Specialization in Art Therapy
 - Masters of Psychotherapy and Spirituality: Specialization in Art Therapy
 - Masters of Science
 - DTATI (Diploma Toronto Art Therapy Institute)
 - DVATI (Diploma Vancouver Art Therapy Institute)
 - DKATI (Diploma Kutenai Art Therapy Institute)

- Art therapy diploma (Winnipeg Holistic Expressive Arts Therapy Institute)
- Certification in art therapy
- Other (Please specify)

13. Education Prior to Art Therapy Training. Please check all that apply.

- BFA (Bachelors of Fine Arts)
- BA (Bachelors of Art)
- BEd (Bachelors of Education)
- BSc (Bachelors of Science)
- BSW (Bachelors of Social Work)
- RN (Nursing Degree) PLAR (Prior Learning Assessment and Recognition)
- PLAR (Prior Learning Assessment and Recognition)
- Other (Please specify)

14. Please specify any higher education and degrees you have pursued after training as an art therapist.

Credentials [open field]

Please specify [open field]

15. Please list any fields of further training that has helped progress your professional development as an art therapist.

Training [open field]

Please specify [open field]

16. Has higher education after art therapy training made you more employable?

- Yes
- No
- Yes and no

Please briefly explain [open field]

Employment

17. Please indicate all of your current job titles. Please check all that apply.

- Art therapist
- Artist
- School teacher
- Psychologist
- Counselor / psychotherapist / marriage and family therapist
- Art therapy academic Instructor
- Clinical supervisor
- Health care professional
- Social worker
- Child & youth worker
- Director / administrator / CEO
- Recreational therapist / rehabilitation therapist
- I am currently not working (i.e. retired, parental leave, etc.)

- PhD student
- Other(s) (Please specify)

18. Do you currently practice as an art therapist?

- Yes
- No
- Yes and no

Please specify [open field]

19. If you do practice as an art therapist, please indicate your current number of employers

- 1->5
- Self-employed
- NA

20. If you do not practice as an art therapist, please indicate the possible reasons:

- Parental leave
- Retired
- No art therapy jobs
- Current studies
- NA
- Other (Please specify)

21. Please indicate all of your current work settings. Please check all that apply.

- Private Practice
- Community Centres
- Hospital / Hospice
- Schools
- Correctional Facilities
- Shelters
- Community Mental Health Centres (Day / Outpatient)
- Art Therapy Training programs
- Universities
- Colleges
- Seniors Centres / Nursing Homes
- Other(s) (Please specify)

22. If you are in private practice, please select the number of current contracts you hold:

[dropdown menu of options from 1–15 or N/A]

23. Please indicate the total number of hours you work per week on average (art therapy and non-art therapy).

hours per week all jobs (including AT) [open field]

hours per week AT jobs [open field]

Please specify

24. Please share your average hourly rate, in dollars, for private practice and agency art therapy services. Your answer will help us establish benchmarks for art therapy services.

Private practice rate [open field]

Agency rate [open field]

Please specify [open field]

25. What is your gross average annual Canadian income as an art therapist?

- Not applicable
- Under \$ 10 000 per year
- \$ 10 000 - 19 999 per year
- \$ 20 000 - 39 999 per year
- \$ 40 000 - 59 999 per year
- \$ 60 000 - 79 999 per year
- \$ 80 000 - 99 999 per year
- Over \$ 100 000 per year

26. Please specify non-art therapy income:

- Not applicable
- Under \$ 10 000 per year
- \$ 10 000 - 19 999 per year
- \$ 20 000 - 39 999 per year
- \$ 40 000 - 59 999 per year
- \$ 60 000 - 79 999 per year
- \$ 80 000 - 99 999 per year
- Over \$ 100 000 per year

Client Population

27. What client populations do you work with the most? Please check all that apply.

- Paediatric
- Geriatric
- Adults
- Adolescents
- Students
- Veterans
- Oncology and/or other medical challenges
- Palliative care
- Trauma
- Special needs and developmental delays
- Psychiatric and emotional disorders
- Other (please specify)

28. What are your routine professional art therapy tasks? Please check all that apply

- Individual therapy
- Group therapy
- Family therapy

- Couples therapy
- Organizational consulting
- Crisis intervention
- Workshop and presentations
- Administration (i.e. case notes, paperwork)
- Case consultation, team meetings
- Supervision (as a supervisor)
- Research
- Assessment, evaluation, and testing
- Teaching art therapy
- Teaching art or other non-art therapy disciplines
- Other: (Please specify)

29. How do you receive referrals (disciplines etc.)?

- Past clients
- Healthcare professionals
- Other (Please specify)

Research & Social Media

30. Have you conducted art therapy research?

- Yes
- No
- Yes and no

Please explain [open field]

31. Have you published (books or articles) about art therapy? Please check all that apply.

- Books or chapter in a book
- Peer reviewed academic journal articles
- Magazine or newsletter article
- Blog
- Other
- Not applicable

32. Are you interested in conducting art therapy research?

- Yes
- No

33. Do you use social media in your art therapy practice?

- Yes
- No
- Yes and no

Please specify [open field]

34. Do you provide art therapy services remotely (for example, via skype)?

- Yes

- No
- Yes and no

Please specify [open field]

Special Interest – Business Skills

This is a special interest section that will be changed each subsequent survey.

We are interested in gauging your employability (ability to engage in and maintain successful employment), obstacles to employment and skills necessary to enhance employability. These questions will contribute to a body of doctoral research and knowledge.

35. How do you rate the process of finding art therapy work?

- Somewhat difficult
- Very difficult
- Neutral
- Somewhat easy
- Very easy

36. Do you consider yourself to be underemployed as an art therapist?

Underemployment is defined as, “the condition in which people in a labour force are employed at less than full-time or regular jobs or at jobs inadequate with respect to their training or economic needs” (Merriam-Webster, n.d.).

Yes - Please explain [open field]

No - Please explain [open field]

Comments [open field]

37. What skills do you think art therapists need to increase their employability?

Answer [open field]

Comment [open field]

38. If you are experiencing underemployment as an art therapist, what has been the biggest obstacle? Please explain

Answer [open field]

Comment [open field]

39. What skills do you feel are needed to gain adequate employment as an art therapist?

'Adequate' is defined based on your own subjective needs. Please explain.

Answer [open field]

(Please specify) [open field]

40. In the pursuit of employment, please rank how important these skills are to you and elaborate on why, in the open box at the end of the list. (*Very important, important, neutral, somewhat, not at all important*)

- Understanding the market (competition and where you fit in)

- Creating a business plan
 - Promoting and marketing yourself or your private practice
 - Charging and collecting fees
 - Networking
 - Fostering community partnerships
 - Funding development
 - Leadership and managerial skills
 - Other
41. To what extent do you feel that you have the skills to market and promote your art therapy practice? (*novice, moderately skilled, advanced*)
- Creating a business plan
 - Understanding the market (competition and where you fit in)
 - Promoting and marketing yourself or your private practice
 - Charging and collecting fees
 - Networking
 - Community partnerships
 - Funding development
 - Leadership and managerial skills
42. Would you benefit from learning business skills?
- Yes, I would benefit from learning business skills
 - No, I would not benefit from learning business skills
 - No, I already possess the business skills that I need
43. If you were interested, what would be the best way for you to learn business skills? Check all that apply
- Journal article
 - Presentation (1 hour)
 - Webinar
 - Workshop (3 hours)
 - Full day course
 - 2-3 day course
 - 1:1 consultation and coaching.
 - Other (Please specify)
44. If you would like to be entered into the draw for a \$50 prepaid credit card, please enter your email address below. All of your survey responses will remain anonymous.
[open field]

Appendix C
IRB Exemptions



MEMORANDUM

TO: Sharona Bookbinder & Dr. Chris Belkofer

FROM: Tammy Scheidegger, PhD, Chair, Mount Mary University IRB

CC: Karen Friedlen, PhD, Vice President for Academic and Student Affairs

RE: Approval of IRB Application

DATE: December 4, 2018

This memorandum provides notification that your application for IRB review has been approved based on qualification of exempt status under federally approved category 2 (specific procedures) [45 CFR 46.101 (b) (2)]: “Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior.”

Furthermore, the application provides evidence that the “information obtained is recorded in such a manner that human subjects cannot be identified directly or through identifiers linked to the subjects.”

Additional supportive material included:

- Pilot Email
- Survey – 40 Questions
- Human Subjects Training Verifications

Please note that if there are any changes to the approved research protocol, you must notify the IRB chair before initiating any modifications.

The Mount Mary University IRB is pleased to provide our support for your research and will continue to serve as resource if you have questions or concerns while conducting your study.



MEMORANDUM

TO: Sharona Bookbinder & Chris Belkofer, PhD

FROM: Tammy Scheidegger, PhD, Chair, Mount Mary University IRB

CC: Karen Friedlen, PhD, Vice President for Academic and Student Affairs

RE: Approval of IRB Application

DATE: June 3, 2019

This memorandum provides notification that your application for IRB review has been approved based on qualification of exempt status under federally approved category 4 (existing data/specimens) [45 CFR 46.101 (b) (4)]: “Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.”

Furthermore, the application provides evidence that the “information obtained is recorded in such a manner that human subjects cannot be identified directly or through identifiers linked to the subjects.”

Additional supportive material included:

- Survey Questionnaire (Informed Consent is the 1st Question; 42 survey items)
- Human Subjects Training Verifications

Please note that if there are any changes to the approved research protocol, you must notify the IRB chair before initiating any modifications.

The Mount Mary University IRB is pleased to provide our support for your research and will continue to serve as resource if you have questions or concerns while conducting your study.