

brief report

American Art Therapy Association, Inc.: 2009 Membership Survey Report

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Abstract

The American Art Therapy Association (AATA) surveys its members biennially to obtain a general profile of current members that includes basic demographics and client populations served by member art therapists, as well as licensure and professional activities. The results of the 2009 survey presented in this report suggest that, overall, the work environment and personal characteristics of AATA members have remained fairly stable across the past decade. Results were statistically nonsignificant when compared to survey item responses on past membership surveys, where applicable. The sole statistically significant item in the current survey, when compared to the most recent previous survey, shows that a significantly larger percentage of respondents have reported being licensed as clinical/mental health counselors, creative art therapists, professional art therapists, and professional counselors.

Introduction

The American Art Therapy Association (AATA) surveys its members biennially in order to gather information on basic demographics, client population information, primary job functions, and various other pertinent attributes. The 2009 AATA membership survey was provided online to approximately 4,300 current AATA members. Of these current members, 541 completed the survey, resulting in a 12.6% response rate. The response rate has varied dramatically over the previous 10 years, ranging from less than 10% (Malchiodi, 2007) to over 40% (Elkins & Stovall, 2000); however, the survey analyses during this time span have produced fairly stable data across most comparable subject areas. In this report, responses to the 2009 survey are compared to equivalent survey items from the 2007 and earlier membership surveys, when applicable.

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It should be noted that each percentage in this report represents the percentage of respondents who answered the item under consideration. Individuals who did not respond to a given item were not included in the frequency count for that item. This process allows frequency counts to be limited to only those applicable members and thus does not produce an abnormally high percentage of "unknown/missing" responses for some survey items. High percentages of unanswered responses are addressed with each applicable survey item. Additionally, with the exception of one item, all possible comparisons produced statistically nonsignificant differences between the 2007 and 2009 membership surveys, suggesting a fairly stable trend over the last few years.

Demographics of AATA Members

Table 1 presents demographic characteristics of the AATA survey respondents from both 2009 and 2007. Gender has remained very stable across time, with the vast majority or a full 93.5% of all 2009 respondents reporting themselves as female, with the remaining 6.5% of respondents being male. These percentages are closely duplicated in all three previous surveys of the past decade (Elkins & Stovall, 2000; Elkins, Stovall, & Malchiodi, 2003; Malchiodi, 2007). Similarly, ethnicity has had a very consistent pattern across the four membership surveys, including the current (2009) survey. The vast majority (91.7%) of current respondents reported Caucasian ethnicity. The remaining respondents reported varying ethnicities, none of which accounted for more than 3%.

Respondents reported personal ages ranging from the 20–24 age group to the 80+ age group, which was fairly similar to the reported age ranges from the 2007 survey. Mean age cannot be determined directly due to age ranges identified in this survey. However, using the median age in each range (with 80 being used for the 80+ group), the mean age is 48.44, with 86.9% of all respondents reporting an age between 30 and 69, inclusive.

Education levels have also remained exceptionally consistent, with the vast majority of current respondents reporting a master's degree level of education (79.7%). This overall pattern holds true for all three previous surveys as well.

Employment Characteristics of AATA Members

The 2009 survey also surveyed respondents regarding issues that related directly to their work positions. When asked to report their primary job title, respondents provided responses that were consistent with the 2007 results. Three job titles from the 2007 survey (coach, play therapist, and psychiatrist) were removed from the 2009 survey and two job titles (activity therapist and recreational therapist) were combined into one overall category. All remaining titles were identical between the two surveys. Figure 1 shows that the highest percentage of current respondents (42.5%) reported the job title of art therapist, with an additional 18.7% of respondents reporting "other" primary job titles. Respondents also reported having job titles as clinical or mental health counselors (7.7%), administrators/directors (5.6%), and professional counselors (5.1%). All remaining job titles were reported by less than 5% of the current respondent population. The top three chosen job titles have remained consistent throughout each of the surveys since the 1999 membership survey.

Figure 2 shows the responses to the survey item regarding primary work setting. Responses to this item indicate that respondents practice in a variety of work settings with no one setting being reported by more than 20% of the respondents. Seven work settings were reported in the range of 10% to 20% of respondents. Unfortunately, a direct comparison between this item and comparable items from the previous surveys is not possible due to the numerous changes between the 2007 and 2009 surveys, although the general trend regarding most comparable categories seems fairly consistent. A few categories do show potential changes, however. There seems to be an increase in the percentages of respondents stating that psychiatric hospitals, art centers/studios, and day treatment centers are their primary work settings. This is in addition to the newly created categories for education and nonprofit associations. Five school categories were removed in the 2009 survey, further complicating a direct comparison. The 1999 and 2002 survey findings similarly showed that private practice, "other" settings, outpatient mental health clinics, and psychiatric hospitals are among the top four primary work settings; however, the percentage of respondents who reported working in outpatient mental health clinics in 2007 was lower, ranking only in the top six settings.

Over half of all respondents reported that they have been in the art therapy field fewer than 15 years (see Figure 3). Although the current year ranges for this item are not identical to the 2007 survey, these results provide further continuity from the three prior surveys.

Figure 4 shows the responses to the survey item regarding the average number of weekly hours worked. Well over half of all current respondents report working between 31 and 50 hours per week, with only 3.8% of respondents reporting working more hours. No direct comparison to the most recent survey is available because this item was not included on the 2007 membership survey. However, these data can be compared to membership

Table 1 Percentage of Demographic Survey Items

| Item | 2009 Percentage | 2007 Percentage |
|--|--------------------|--------------------|
| Gender: | | |
| Female | 93.5% | 92.5% |
| Male | 6.5% | 7.5% |
| Ethnicity: | | |
| African American | 1.0% | 0.5% |
| Asian/Pacific Islander | 2.3% | 2.9% |
| Native American | 0.6% | 0.2% |
| Hispanic/Latino | 2.3% | 2.2% |
| Caucasian | 91.7% | 86.6% |
| Multiracial | 2.1% | 2.7% |
| Other | | 4.9% |
| Age: | | |
| 20–24 | 0.2% | 3.6% |
| 25–29 | 9.6% | 12.8% |
| 30–39 | 20.1% | 17.2% * |
| 40–49 | 18.6% | 21.8% * |
| 50–59 | 30.2% | 28.8% * |
| 60–69 | 18.0% | 13.1% |
| 70–79 | 2.8% | 2.7% ** |
| 80+ | 0.6% | |
| Education Level: | | |
| Doctorate degree | 9.2% | 6.3% |
| Postgraduate degree | 8.5% | |
| Master's degree | 79.7% | 79.0% |
| Bachelor's degree | 0.8% | 1.7% |
| Associate degree | 0.0% | 0.0% |
| Doctoral student now | 1.9% | 1.4% |
| Master's student now | 0.0% | 7.5% |
| Other | | 4.1% |
| * These 2007 survey results represent the combined total for two separate age groups (30–34 plus 35–39; 40–44 plus 45–49; 50–54 plus 55–59). | | |
| ** The 2007 survey results represent 70+ | | |

surveys conducted in both 1999 and 2002 (Elkins & Stovall, 2000; Elkins et al., 2003). These comparisons show that respondents currently work significantly more hours than was reported in either 1999 or 2002. These two previous survey responses were comparable and consistent. The current trend shows that a higher percentage of respondents reported working an average of 31–40 hours per week and an average of 41 hours or more. Similarly, a much lower percentage of current respondents report working fewer than 10 hours per week than in the 1999 and 2002 surveys. One potential spoiler for this item is that art therapy students were not included in the 2009 survey as they were previously.

Nearly one half of all current respondents (42.0%) reported a salary range between \$30,000 and \$49,999, with

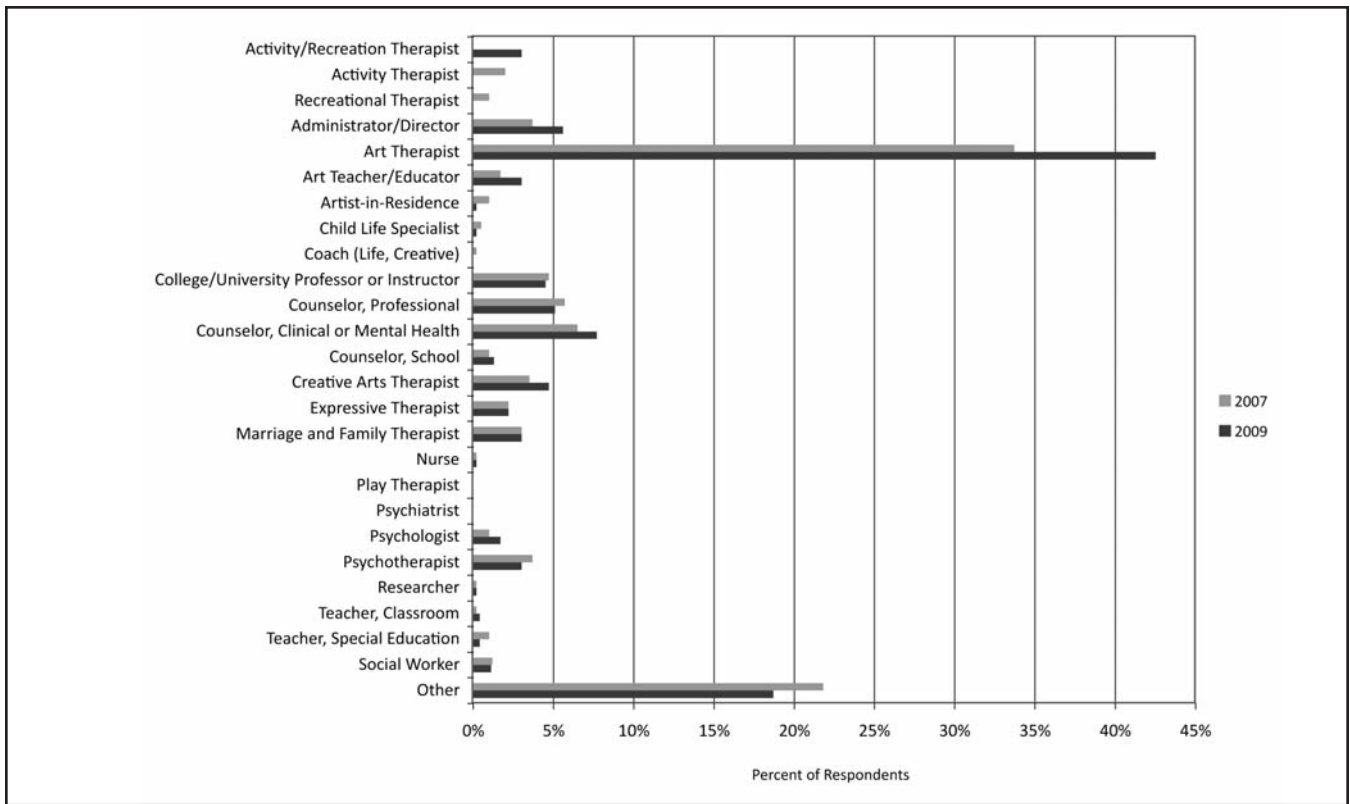


Figure 1 Primary Job Title

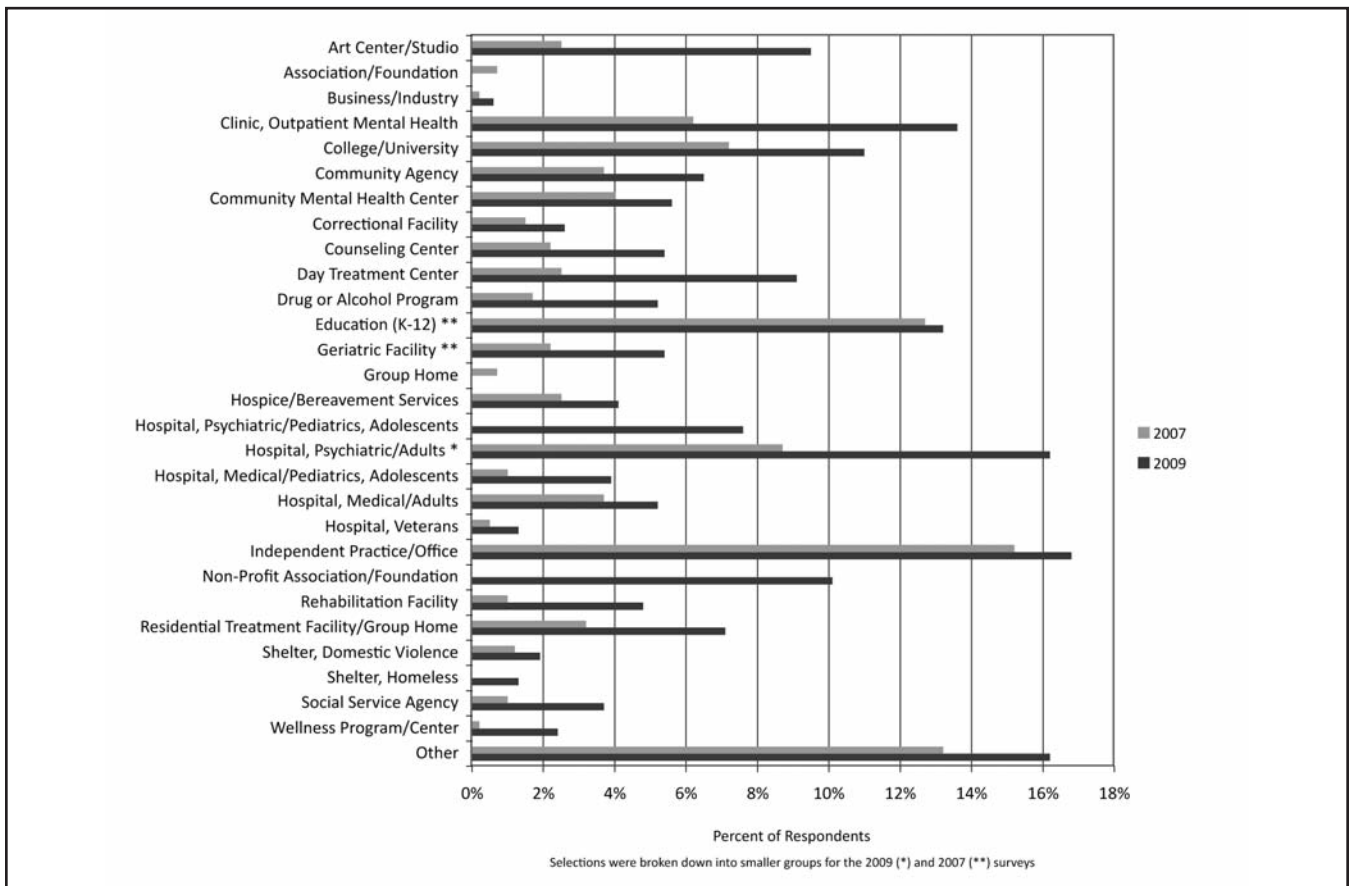


Figure 2 Primary Work Setting

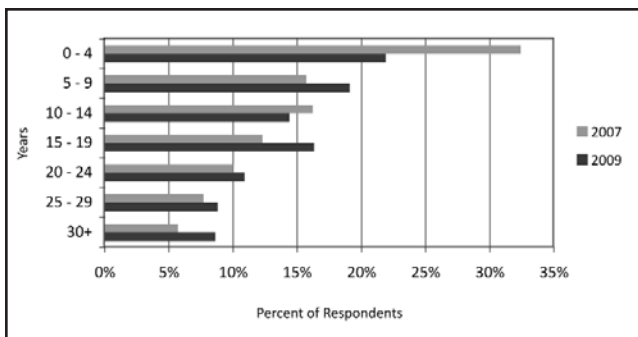


Figure 3 Years Employed in the Field of Art Therapy

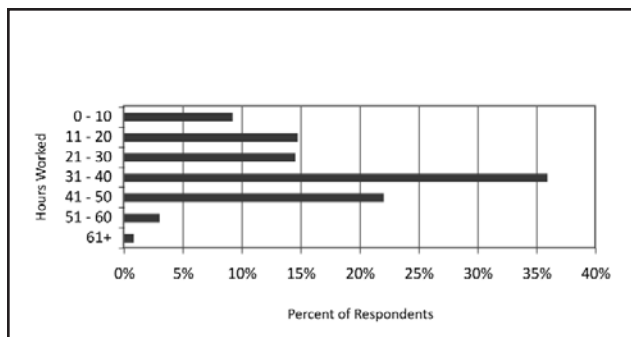


Figure 4 Average Weekly Hours Worked

a rough bell shaped curve for the remainder of all respondents (see Figure 5). These 2009 data can be compared to the salary ranges reported for the 1999 and 2002 surveys with the knowledge that nearly 7 years have passed since the most recent comparable survey. The two previous surveys report a rough bell shape curve with the \$31,000–\$35,000 range acting as the median, whereas the median for the current survey has risen to the above-stated figure. The main distinction between the current survey and these two previous surveys, however, is that the two previous surveys report a much larger percentage of respondents in the lowest salary tier. Similar to the findings regarding weekly hours worked, this may be due in part to the fact that art therapy students were included in these two previous surveys but were not included in the current survey. A direct comparison between the 2007 and 2009 surveys is unavailable due to this survey item not being included in the 2007 survey.

Lastly, in regard to the direct work environment, survey respondents were asked to specify their area of specialization (Figure 6). Respondents were allowed to select up to three areas of specialization; thus the combined percentages add to more than 100%. The largest area of specialization is with mood or anxiety disorders, with 44.0% of respondents selecting this area. Posttraumatic stress disorder (30.0%) and behavioral disorders (24.3%) were the only other areas of specialization that achieved more than 20% of responses. It should be noted that the area of specialization for addictions had a prior (i.e., 2007) response rate of 21.6%, suggesting that this specialization should certainly be included in future surveys as it was not included in the current survey. Although nonsignificant, the overall pattern of respondent selection shows that the percentages for all areas have dropped slightly, particularly in the areas

of attention deficit disorder, bereavement/grief, physical abuse, and sexual abuse. As with most other survey items, these slight but nonsignificant differences may very well be due to the low return rate for the membership surveys, as well as differences between the possible options on the two surveys, such as the removal of the addictions specialization area. Regardless, responses to the current survey provided fairly stable and nonsignificant results between the 2009 and 2007 surveys. Four areas of specialization were added to the 2009 survey that did not exist on the 2007 survey—cancer, chronic illness, coaching, and end of life issues—whereas one 2007 area of specialization (addictions) was not available on the 2009 survey. However, the remaining specialization areas were identical and produced very similar results.

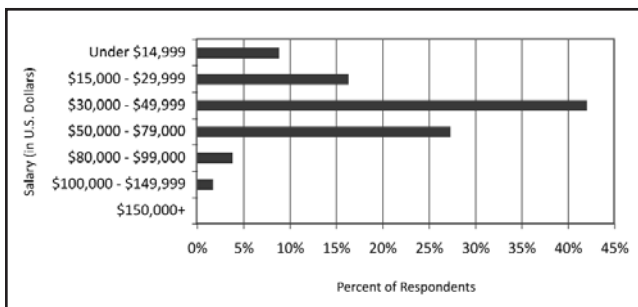


Figure 5 Annual Salary Range

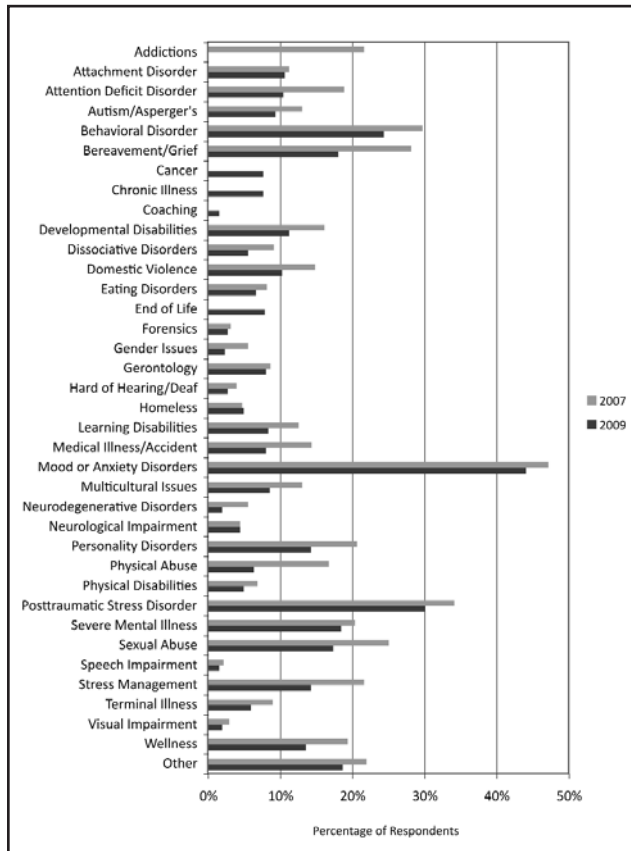


Figure 6 Areas of Specialization

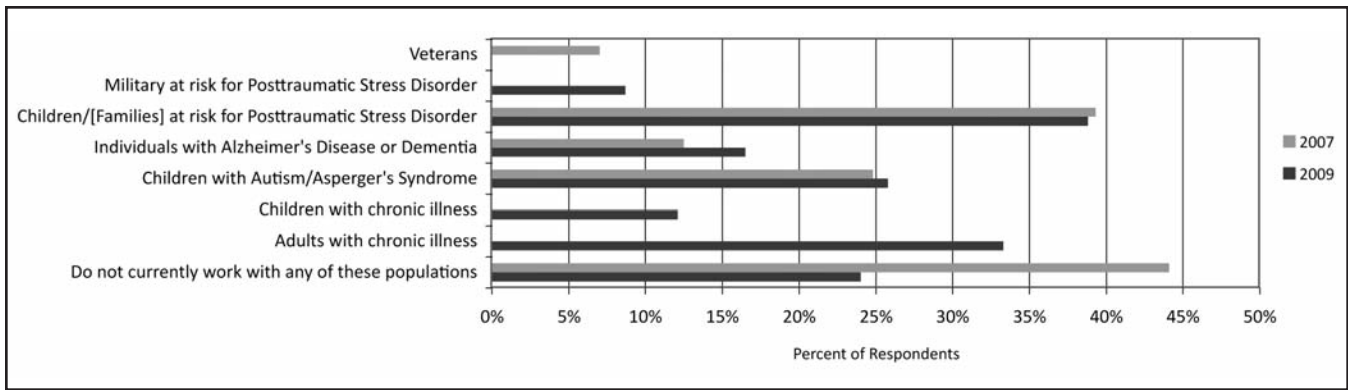


Figure 7 Population Type With Which One Works

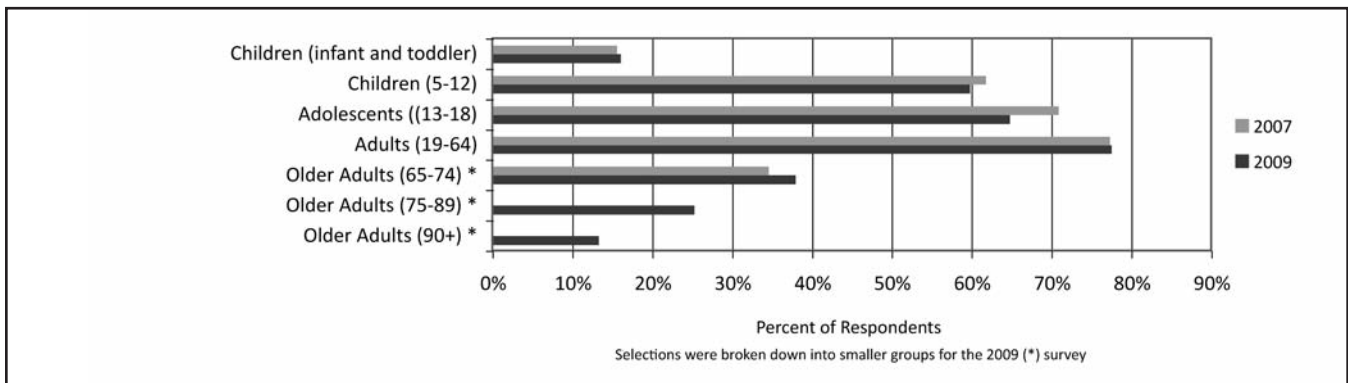


Figure 8 Population Age Group With Which One Works

Client Populations

Current survey respondents were also surveyed regarding issues that related directly to their client populations (Figure 7). When asked to report if they currently worked with any of the listed client populations, the highest percentage of respondents reported working with children and/or families at risk for posttraumatic stress disorder (38.8%). Adults with chronic illness and children with autism and/or Asperger’s disorder were also cited by more than a quarter of respondents (33.3% and 25.8%, respectively). When comparing these results to previous surveys, respondents produced results that were not significantly different from the 2007 survey. However, it should be noted that a number of current populations were not previously included, helping to dramatically lower the percentage of respondents who reported that they did not currently work with any of the populations listed. It is impossible to compare the 2009 and 2007 results to the 1999 and 2002 surveys due to the drastic change in survey categories listed.

Figure 8 shows the responses to the survey item regarding the age group with which the respondents work. A majority of current respondents (76.7%) stated that they provide services for adults, with a large percentage of respondents providing services for adolescents (64.1%) and only a slightly smaller percentage providing services for children (59.1%). Due to the fact that respondents could select more than one option (“all that apply”), the com-

bined percentages are well over 100%, showing that many respondents serve clients of varying ages and are not limited to only one age group. Client populations served by AATA members have remained very stable from the 2007 survey until now. The only non-direct comparison between the two surveys occurred when the 2009 survey split the 2007 “older adults” category into three separate categories. However, the data suggest upon further analysis that respondents who serve clients of any one of these three older categories also tend to serve clients in at least one of the remaining two older adult categories. In fact, every respondent who reported working with adults who were “90+” years of age also selected one of the other two older adult categories.

There is no direct comparison between the 2009 survey and earlier surveys regarding the last client-based item, which asked members to report the number of clients

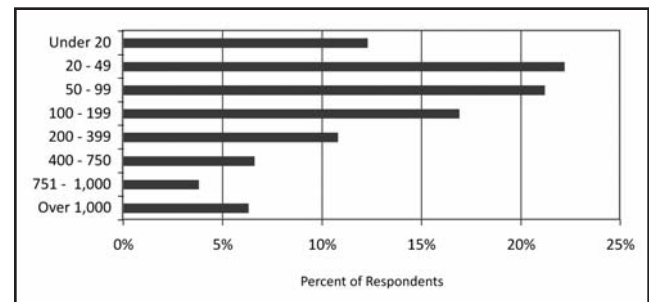


Figure 9 Number of Clients Served Annually

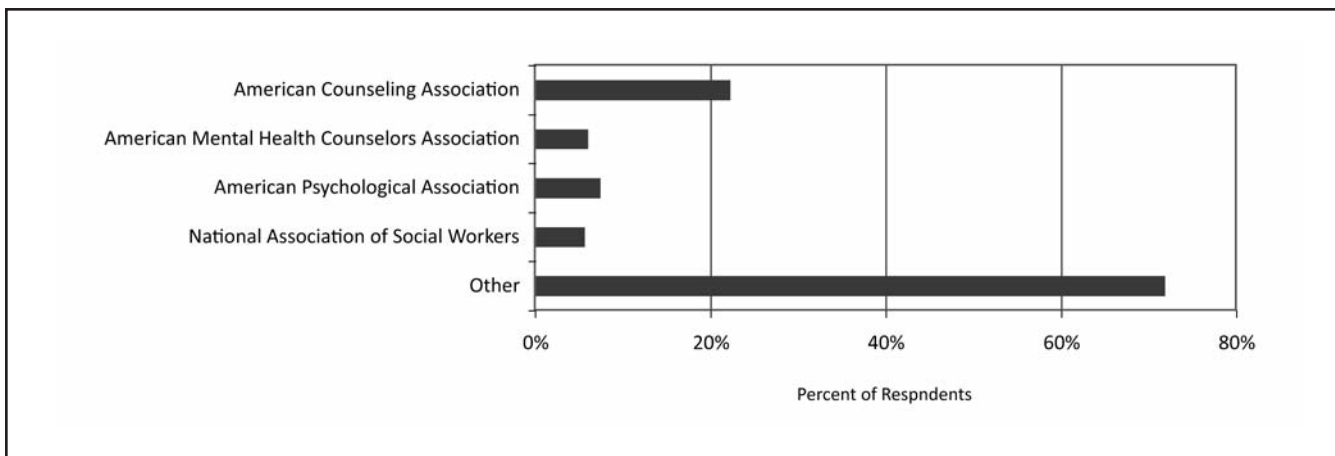


Figure 10 Membership in Professional Associations

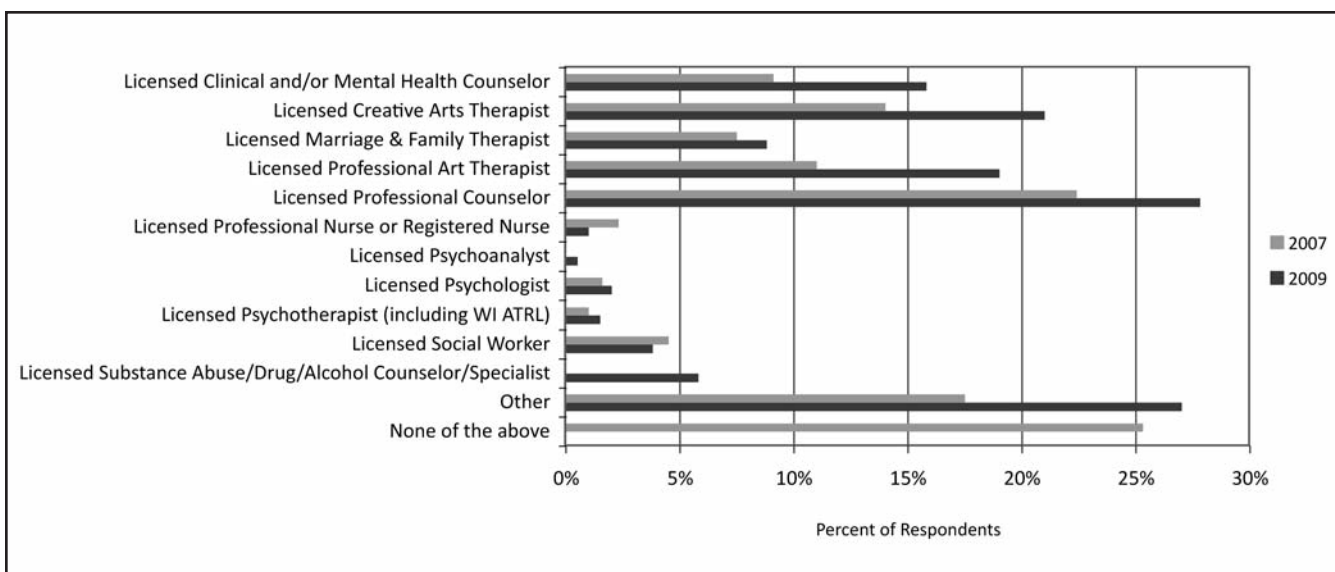


Figure 11 Type of Licensures Held

served annually. As can be seen in Figure 9, nearly three quarters of the respondents (72.6% combined) reported serving fewer than 200 clients annually, with a similarly combined 55.7% serving fewer than 100 clients, and slightly over one third of respondents (34.5%) serving fewer than 50 clients annually.

Work-Related Activities Outside of the Direct Job Description

The 2009 membership survey also delved into a number of activities that are work related but may occur outside of the direct work environment. The first of these covers the topic of membership in non-AATA professional associations (Figure 10). This item was left unanswered by a large majority of overall respondents, with only 216 of the 541 overall respondents replying. Nearly one quarter of these 216 respondents (22.2%) stated that they were members of the American Counseling Association and 71.8% responded that they were members of other, non-listed

associations. This item was not comparable to any item previously used in the three prior surveys so any trends are unknown.

Survey respondents were also requested to report any professional licensures that they had obtained. Respondent licensure provides the sole statistically significant item in the current survey as compared to the 2007 survey. The findings show that a significantly larger percentage of current respondents reported having licenses as clinical/mental health counselors, creative art therapists, professional art therapists, and professional counselors, $t(9) = 2.89, p = 0.02$. A significantly larger percentage of current respondents also reported “other” sources of licensure. It should be noted, however, that 141 of the overall 541 respondents (26.1%) did not reply to this item. These omissions may consist of respondents who do not have licenses or who simply did not respond to this item. The actual responses may be viewed in Figure 11, showing that over one quarter of the respondents reported being licensed as professional counselors (27.8%) and “other” sources of licensure (27.0%).

The remaining items from the 2009 survey do not have counterparts in any of the three previous surveys and therefore cannot provide any documentation on trends through time; therefore, they are not included in this report.

Discussion

Overall, the 2009 AATA membership survey supports the notion that the art therapy profession provides a stable work environment over the course of time in regard to both work characteristics and the traits of art therapists themselves. The majority of surveyed attributes have remained fairly stable across time, in this case producing statistically nonsignificant results in all but one survey item when comparing current results with those from up to 10 years ago. These similarities have been reported over time despite the fact that the overall return rate for the various surveys has fluctuated greatly.

An important problem with the consistency of results since the 1999 membership survey is the ongoing lack of cultural diversity within the profession. Despite art therapists' likely increased cultural competency due to new educational standards that mandate coursework on this topic (AATA, 2007), the lack of cultural diversity in art therapists themselves is a liability in terms of the future growth of the profession. Furthermore, the low proportion of male art therapists is consistent over time. Lack of cultural and gender diversity in the field might be addressed both through research exploring the historical origins of these characteristics of the profession and through educational programs that develop strategies for attracting culturally diverse students.

The one statistically significant difference between the current survey and the one conducted in 2007 is the larger number of 2009 respondents who have obtained licensure as clinical/mental health counselors, creative art therapists, professional art therapists, and professional counselors. Although for some art therapists counselor licensure in particular represents a dilemma in terms of professional identity,

it is reasonable to assume, due to the possibility for insurance reimbursement for therapy sessions conducted by licensed professionals, that art therapists who have obtained counselor licensure generate higher income than those who are unlicensed.

All respondents in this survey were members of the American Art Therapy Association; thus the survey results pertain only to AATA members and not to the profession at large. Obtaining a greater return rate for future membership surveys may help clarify whether or not the current and prior results are truly generalizable to the entire art therapy profession or potentially to a subset of AATA members or stakeholders who are more willing to complete similar surveys. Finally, in order to more accurately analyze trends over time using survey items, these items need to remain fairly constant themselves. Although it is acknowledged that changes are necessary to both update and strengthen a survey, it is advisable to remain as constant as possible if trends over time are desired.

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