

AATA Diversity, Equity, and Inclusion (DEI) Listening Session Series and Survey

Key Findings and Take-Aways
July 2021



Overview

- Goals (page 3)
- Key take-aways (pages 4-5)
- Methods and limitations (pages 6-10)
- Findings from the Listening Session series (pages 11-36)
 - Key themes (pages 16-21)
 - Discussion highlights from each Listening Session group (pages 23-36)
 - Suggestions from participants (page 36)
- Findings from the online surveys (pages 37-45)
- Incorporating DEI findings into AATA's 2021-2023 Strategic Plan (pages 46-47)
- What worked, what didn't (page 48-49)
- Thank you! (50)

Three Goals for the DEI Listening Session Series and Online Survey

1. Listen to AATA members and art therapists and learn from their diverse experiences, views, and responses to questions about DEI in the field
2. Better understand the barriers to entering the art therapy profession and opportunities for growth
3. Gather information to better inform and support DEI in all that we do as an association

Key Take-Aways

During the Listening Session Series and through the online surveys, two overarching issues emerged as priorities: barriers to entering the field and lack of diversity in the profession.

- Members want AATA to do more to increase diversity, equity and inclusion in the association and in the profession and education pipeline. They want to see more concrete steps.
- There are barriers to entry into the art therapy profession – and art therapists want AATA to cast a wider net to bring in more diverse people into the field, including men, BIPOC and persons with disabilities.
- Art therapists want AATA to continue to advocate for the profession – especially to advance licensure to increase the hiring of art therapists, raise wages and expand interest in the profession.
- AATA must establish a pipeline to diverse leadership in the association to grow as an association and to attract new members and professionals into the field. A part of this includes developing a culture of mentoring and empowering the next generation of art therapists.

Key Take-Aways, continued

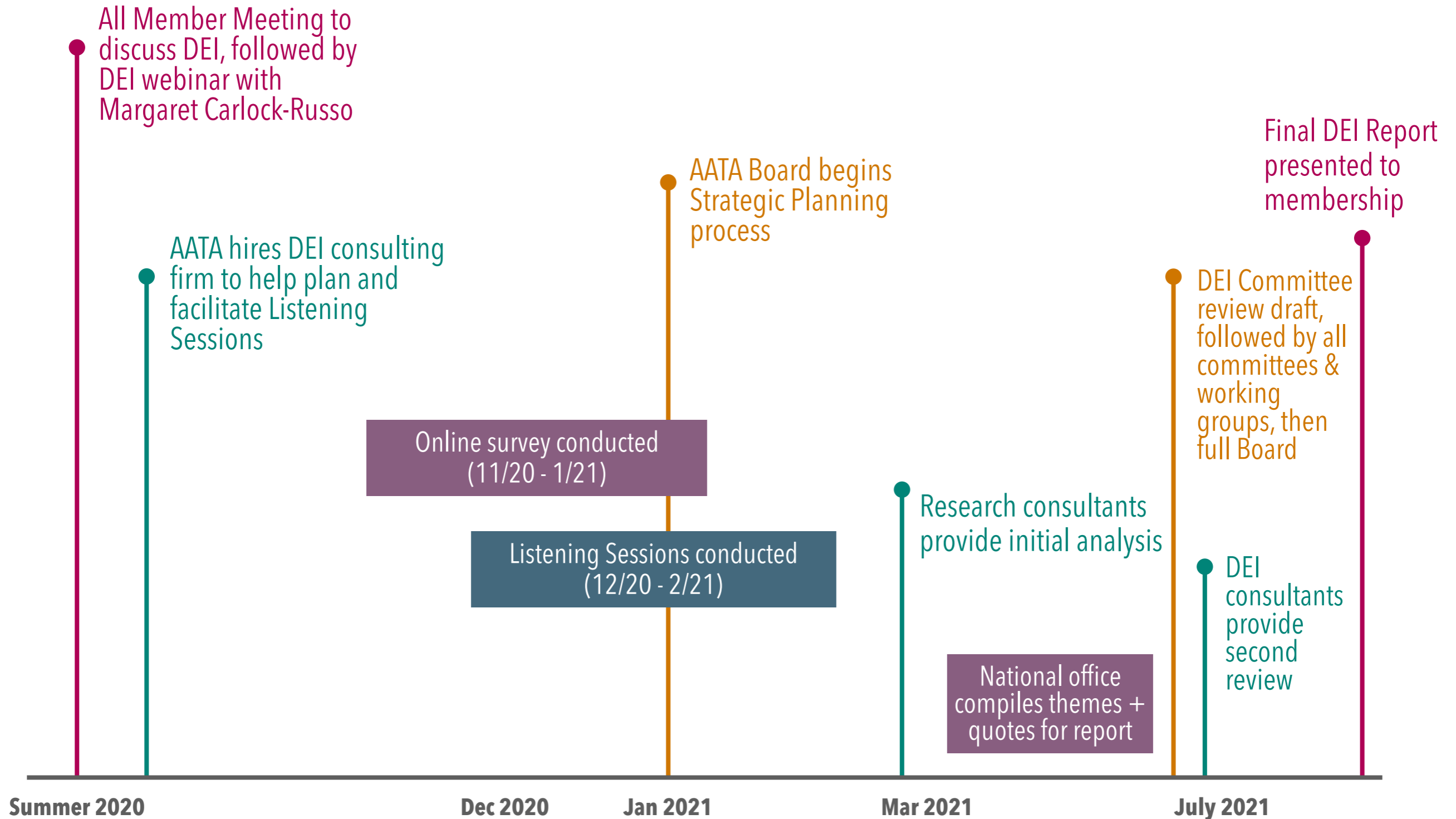
Participants also highlighted the need to change the culture of the profession and AATA, as well as educational and practice standards and training.

- AATA members and art therapists broadly want more opportunities to engage in dialogue around DEI with respect to AATA and the profession. They also are seeking DEI strategies and tactics to apply to their workplaces, practices and studies.
- AATA must listen actively to its members and have open dialogue in order to change the culture of the association. AATA must also be transparent in its work plans and governance. There's a disconnect between what AATA is already doing, and members' awareness.
- Art therapists strongly believe in DEI as a core value and want AATA to articulate and communicate these values. AATA also needs to help members understand how their work and role in the community connects with AATA's DEI vision or mission.
- While the majority of DEI survey takers said they felt respected and heard within AATA – some reported that they couldn't approach AATA leadership about DEI issues. The culture of defensiveness and "white fragility" were identified in the Listening Sessions.
- Participants want AATA to be more inclusive and provide space for all types of narratives and experiences. While they understand that there will not be agreement on all topics, it is important to intentionally make space for all narratives.

Methods and Limitations

- Series of 12 Listening Sessions between Dec. 2020 - Feb. 2021; 114 individuals participated
 - Participation rates were low due to the initial session registration caps and registered participants not showing up
- Online survey conducted using SurveyMonkey and Google forms from Nov. 2020 - Jan. 2021; 115 individuals completed
 - Participation rate was much lower than expected
 - Also we switched platforms midway through the survey to prevent gaming of the survey with at least one user completing the survey multiple times
- Findings from this research were incorporated into the 2021-2023 Strategic Plan starting in Jan. 2021

Timeline



About the DEI Listening Session Series

- **In 2020, AATA hired the consulting firm, IVY Planning Group, to offer guidance throughout the series and to facilitate the Listening Sessions.** With feedback from the AATA Board of Directors and Multicultural Committee, the DEI Committee selected 12 groups within the art therapy community to hear their unique feedback and ideas related to DEI.
- **The AATA National Office managed registration for each session.** In order to ensure a robust discussion, sessions were originally capped at 20. After the first three sessions, the cap was expanded to 30 and a waitlist was created. Registration was open to both AATA members and non-members and promoted via email, on social media, and in AATA's newsletter and member forum.
- Registrants completed a pre-session survey asking why they joined and a post-session survey with five questions on their experience. Both surveys had low response rates.
- **IVY provided an experienced facilitator and notetaker for each session.** Third-party facilitation protected the anonymity of participants. The sessions were not recorded in order to provide a safe space for critical feedback. IVY created a summary of each session in the form of notes. **Transcripts of sessions were not provided and quotations in this report are from the session notes.**
- The DEI Committee and the AATA National Office reviewed the session notes and responses from the online survey to compile the findings in this report. They also shared this report and original session notes with the AATA Multicultural Committee, Research Committee, and the Board of Directors, and used the findings to inform AATA's recent strategic planning process.
- **This report and original session notes were also shared with Blalock Consulting, specializing in DEI, for their review.** They recommended that AATA first focus on addressing governance and current cultural norms before engaging in specific operational tactics. Effective DEI activation must start from the strategic areas of the organization, rather than with specific program elements.

12 Listening Session Groups

Listening Session Groups	Date	# of Registrants	# of Attendees
Current and Former AATA Volunteers	12/1/20	20	15
New Professional Art Therapists	12/2/20	20	9
Professional and Credentialed Art Therapists	12/3/20	20	11
Former or Never Been Members of AATA	1/4/21	10	3
Men Art Therapists and Students	1/6/21	9	3
Black, Indigenous and People of Color (BIPOC) Art Therapists and Students	1/7/21	30	12
LGBTQIA+ Art Therapists and Students	1/11/21	30	16
Art Therapy Students	1/12/21	23	9
Art Therapists and Students with Disabilities	1/13/21	23	7
Former & Current Board Members, Honorary Lifetime	1/25/21	8	9
Art Therapy Education Practices	1/26/21	29	15
Art Therapy Community Stakeholders and Interested Parties	1/27/21	6	5
2nd Black, Indigenous and People of Color (BIPOC) Art Therapists and Students*	2/19/21	N/A	7
Total		228	114

**The BIPOC session was rescheduled with a more appropriate facilitator. See slide 49.*

About the DEI Online Survey

- For those unable to attend the Listening Sessions, the DEI Committee wanted to offer another opportunity for broader participation. A questionnaire about the culture and climate of the AATA related to DEI comprised of 12 questions was open from 11/30/20 to 1/5/21. It was promoted via email, social media, and AATA's newsletter and member forum. The survey received 115 responses.
- To reach AATA members, as well as art therapists and students who were not Association members, the survey and listening session registration were promoted in a variety of ways: email outreach to AATA members, art therapy academic programs, and students; social media; AATA's newsletter, *Art Therapy Today*; and discussion posts on the member forum, MyAATA.

Findings from the Listening Session Series

Each Listening Session started with participants sharing their definitions of Diversity, Equity, and Inclusion.

In pages 12-14, we highlight some of the responses in order to show the breadth and overlap of the definitions of each concept.

What does Diversity mean to you?

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- Diversity is space for all perspectives; it's not just that there is space for us to occupy, but that what we say is valued.
 - Underrepresentation will not exist when there is diversity.
 - Space for different storylines; there should be a space for multiple narratives.
 - Constantly asking who are we leaving out and not considering. Constant self reflection about whose voice is being left out.
 - About diversity of race, culture, identity, SES, geopolitical, religious, spiritual. All elements of diversity for me.
 - As practitioners – it's that people who look like our clients are represented. Our demographics in AATA are skewed highly toward white females, but that's not who we service.
 - Being inclusive – a lot of people different backgrounds. When I think AATA and different regions, different pockets of practitioners, educators around the country. States that have small groups of art therapists – are we reaching out to them?
 - The word multicultural comes to mind. Culture has many layers – micro to macro. As a student having representation and learning from diverse people.
 - Different backgrounds – cultural, family, income that makes them who they are within a given system or group.
 - A bunch of culture, sexualities, genders of all spectrums, different ideas.
 - I'm thinking about that we accept and have and talk about invisible illnesses, conditions. I think sometimes we want visible diversity and don't think about invisible.
 - Diversity in terms of our professional identities. Psychiatrists, psychologists, social workers are often at the center. We are at the margins. Our experiences as professionals in the mental health field.
 - Diversity – I do not think of AATA. Our profession is white, American, cisgender, female. Nearly everybody looks like me and that's part of the problem.
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What does Equity mean to you?

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- Equal isn't fair. Giving people what they need to succeed.
 - How do we achieve balance? When you're dealing with diversity, populations, how do we get to humanity and being treated fairly?
 - Equity is not false equivalence. You must recognize the base differences and act according to those differences.
 - Equity is about fairness and justice, different than equality. It is also about respect.
 - Something that you place value in. It can increase with equity. Equity in mental health. Take the time to evaluate what is happening in us. It can increase and decrease for the good or the bad.
 - We live in an ableist society. We don't acknowledge beyond our needs. Sometimes the extra care seems to offend people.
 - Mindful of what are the obstacles to equitable access to opportunities. For some it's very easy to access things, but for others it isn't. What needs to be in place for people to access services, education, financial services, transportation.
 - The awareness that everyone does not start at the same place. Each individual is not on the same playing field. There needs to be some awareness for that person to be at a 10 one person starts at 1, another at negative, and the other at 8. How do we help that person at a negative get to a 10, look at the structures in play and change those.
 - As an art therapist, woman of color, I am very sensitive to what I am bringing to the groups I am working with and working to create that dialogue around access and equity in my community. It's been amplified with the pandemic and increased lack of access for a lot of the community that is marginalized.
 - Equal opportunity. And equal value placed on everyone.
 - Giving different supports to people to give equal access. The image of 3 people – tall to very short on equal crates of standing to see the baseball game. But equity is knowing what each group needs in order to see the baseball game.
 - Not giving everything equally – everyone might need something different. Fairly but differently.
- ”

What does Inclusion mean to you?

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- Everyone is represented whether in the majority or minority. Represented in all levels of an organization or whatever it might be.
- We have people who speak many languages. To ensure everyone can understand and speak. That they have an opportunity to participate – be heard and get services.
- What our foundation is – who we base our values in needs to have those varied voices. If our foundation is just white people or old men, we need to recognize that and think about what are we missing, how is this harmful, what do we need to add.
- Access. Physical access for services. Or physical access for students. Access to money to go to school. Or the language access. What are the systems or supports we need.
- A way that everyone or everything is safe. Safe physically, emotionally, professionally, personally. A place where there aren't barriers or fear.
- An inclusion of variety – okness with dissent. I can say something others might disagree with and I'm ok we don't agree.
- Not leaving certain groups out. I work with developmentally disabled adults.
- We all have different privileges. Some we bring that silence other people. I see inclusion as making space. Looking at who's being silenced.
- Undertones of effort. You have to go out of your way. It doesn't happen automatically.
- People accepting the individual and getting to know what they're capable of beyond the diagnosis.
- I think we need to throw judgement out the door.
- Making sure that we're reaching out with accommodations of all kinds for different types of learners and students of varied identities that they bring into the classroom and community.
- The theories we bring in. If we only teach a psychodynamic approach, we can't bring in decolonization if that's the only theory. We need to bring in systems theory, racial theory.
- Is there a difference between acceptance and tolerance? Do you always have to accept the difference or embrace it? There's a thing in acceptance. Sometimes in inclusion you may not accept who the person is but tolerate the difference. I feel that it's a subtlety.

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Key Themes in the Listening Sessions

For our analysis, we organized key themes that emerged in the Listening Sessions into four categories. In this section, we explore each theme in further detail, and how each theme was discussed during the 12 sessions.

Key themes

For our analysis, we organized key themes that emerged in the Listening Sessions into four categories.

Barriers to entering the field

- Financial burden
- Lack of career pipeline

Demographics of the art therapy profession and AATA

- Lack of representation "feedback loop"
- BIPOC isolation
- Demographic mismatch from clients
- Interest in allyship
- Lack of men
- Barriers for those with disabilities

Culture of the art therapy profession and AATA

- Concern about lack of inclusion in AATA
- Little support of students and young professionals
- History of founders
- White fragility
- Distress related to former Second Lady Karen Pence's initiative
- Calls for more action

Professional standards and education

- DEI curricula
- Looking for DEI best practices
- Licensure and advocacy
- Marginalization within mental health
- Foundations in Eurocentric psychological theory

Barriers to Entering the Field

- **Financial burden.** Participants in most groups discussed the high cost of the master's degree and the relatively low compensation of art therapists as key barriers for attracting diverse professionals into the field. Some participants identified that art therapy educational programs are primarily available in small, private, expensive academic institutions. Ongoing career costs that create financial barriers to continue working in the field were also mentioned in several groups.
- **Lack of career pipeline.** Participants in most groups talked about the lack of awareness about art therapy as a career option and the need to do targeted outreach to students in diverse communities early in their education, including in high schools, and community colleges.

Demographics of the Art Therapy Profession and AATA

- **Lack of representation "feedback loop."** Profession and AATA members skew toward White, female, cis-gender, and able-bodied as the dominant culture. Potential professionals or AATA members who do not fit this profile may not see themselves as art therapists. This, in turn, contributes to stagnant demographics.
- **BIPOC isolation.** BIPOC participants spoke about being the only or one of a few BIPOC in class, on faculty, or at AATA conferences. Some shared experiences of being expected to do emotional labor as others process multiculturalism.
- **Demographic mismatch from clients.** Mismatch between therapists' demographics (White, female, cis-gender, and able-bodied) and the clients they serve who are much more diverse. Participants noted how important connections are made through shared identities between client and therapist.
- **Interest in allyship.** Participants in the majority (White, female, cis-gender, and able-bodied) frequently expressed interest in learning about DEI and being allies to all their colleagues. Those outside the majority acknowledged both good intentions of colleagues as well as challenges relating to those with different lived experiences.
- **Lack of men.** Given the lack of male art therapists, it's harder for clients to find therapists with shared identities. Participants cited gender norms that steer boys away from "helping fields" towards more lucrative careers. Some expressed that art therapy would be better recognized if it were not female-dominated.
- **Barriers for those with disabilities.** Participants talked about barriers for people with disabilities – physical and mental, visible and invisible – particularly those with mental health conditions who face stigma even working in a mental health profession.

Culture of the Art Therapy Profession and AATA

- **Concern about lack of inclusion in AATA.**

Participants want a more inclusive environment that makes all members feel welcomed and accepted and a sense of belonging. There was consensus across all groups that they wanted to create a less hierarchical, less “clique-y” association where everyone feels safe to speak up and learn without judgment.

- **Little support of students and young professionals.**

Participants discussed a “clubhouse” culture in the art therapy profession and AATA, where new professionals do not feel included, welcomed, and valued in settings such as committees and conferences.

- **White fragility.** Participants talked about a culture of “White fragility” in art therapy, where defensiveness contributes to BIPOC perspectives not being heard.

- **History of founders.** Some participants discussed how the culture of art therapy founders

– many of whom were White, privileged women at a time when women were often marginalized – has long lasting implications on today’s art therapy culture. Participants also raised that pioneers of color are not discussed enough or visible in art therapy academic programs.

- **Distress related to former Second Lady**

Karen Pence’s initiative. Participants talked about those who have felt excluded from AATA since former Second Lady Karen Pence launched her initiative about art therapy in 2017. Some were concerned that members who left AATA may have been disproportionately LGBTQIA or BIPOC and expressed the desire to see more outreach to those who have felt harmed either on a personal level or as part of a specific identity group.

- **Calls for more action.** The Listening Sessions were seen as a positive step by AATA to address DEI issues, but participants asked for less talk and more concrete action and accountability from the association.

Professional Standards and Education

- **DEI curricula.** Multiculturalism is often only covered at a surface level, leaving graduates unprepared to work with diverse clients.
- **Looking for DEI best practices.** Many participants said they joined the session to learn DEI best practices from colleagues and AATA.
- **Licensure and advocacy.** Advocacy and development of the field are seen as both a path for equity and a barrier from entering the field. Participants expressed frustration with not having parity with other mental health professions, without uniform licensure and reimbursement parity. They also identified the inherent benefit of art and suggested having tiers within the profession, including at the bachelor's level.
- **Marginalization within mental health.** Participants discussed feeling marginalized in their workplace: art therapy is often misunderstood or undervalued.
- **Foundations in Eurocentric psychological theory.** Participants discussed the implications of art therapy founding based in the field of psychology, which is historically Eurocentric and has often overlooked the needs of BIPOC communities.

Themes that Emerged in Each Listening Session

The quotes highlighted in the follow section (pages 23 - 37) are pulled from session notes. They are not direct quotes from participants.

Current & Former AATA Volunteers

Themes that emerged:

- Financial burden
- Licensure and advocacy
- Little support of students and young professionals
- Lack of men
- History of founders
- Lack of career pipeline
- Marginalization within mental health
- White fragility
- Demographic mismatch from clients
- Calls for more action
- Barriers for those with disabilities
- Concern about lack of inclusion in AATA



- I also struggled from being an educator to moving to a state where art therapy wasn't recognized, my doctorate wasn't recognized. I had to get another degree and license in marriage and family counseling. It was so hurtful. It made me realize how hurtful it would be to be in a state that didn't recognize art therapy.
- I've experienced not being licensed in some places/states because of degree. We need to think of art therapy and mental health history – cisgender, white females dominate. When you roll this back a few decades ago. We were largely taken care of by men. Our models of mental health – most men made decisions and women were worker bees who didn't get paid much. To talk about diversity, equity, inclusion in a system that was cooked in a systemic sexism. That's a larger problem – where we got started. How do we break out of that mold? And the financial pieces translate into why marginalized people aren't interested in becoming mental health practitioners in general. It's been difficult financially to be an art therapist. People who are thriving financially may have someone else paying for their life. If that's the case, how are we going to attract more people?
- Related to patriarchy – many of the first art therapists were trainees of psychiatrists and that's where it begins. Even as women we have our own internalized sexism. In history books – pioneers of color not shown. I don't know if they've heard of them.
- This idea of volunteerism. When I was president of the state chapter. Boards and getting to the community and spreading word. It's difficult with a limited pool of volunteers and the same people who step up. Some can't with multiple jobs, no time.
- A lot of those who do not represent the majority do not feel like they have a place within AATA and left. I've talked with many students who do not feel they belong.
- I was so active in AATA until 2007. There was a pervasive sense of I was that minority group and I just felt like I hit a wall where I could not do this anymore. I took a more than 10-year hiatus.
- When I was a student and new professional, I felt so shunned and isolated because I wasn't an older white woman.
- Are local chapters open to high schoolers or making high schoolers aware of what art therapy is? So we can grow up the next generation. With membership and licensing people are going to be looking if they can afford any of this.
- It's intimidating to go to the conferences and see people who know each other.
- Graduate education 2-3 years. Most are at private universities and cost a ton of money. When you are burdened with such great student debt you're not thinking about attending a conference.
- I'm the only art therapist at my job. Yes. [AATA conference is] a homecoming feeling.
- When you think about mental health field. The audience is mostly a white student body training to work with nonwhite clients. In my experience as an educator – thinking of talking to nonwhite therapist and how to work with white and nonwhite clients.



New Professional Art Therapists

Themes that emerged:

- Financial burden
- Licensure and advocacy
- BIPOC isolation
- Little support of students and young professionals
- Lack of career pipeline
- DEI curricula
- Calls for more action
- Marginalization within mental health
- White fragility
- Looking for DEI best practices
- Distress related to former Second Lady Karen Pence's initiative
- Concern about lack of inclusion in AATA

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- I would say there is maybe one black person per cohort in school. I am the only black art therapist in my city.
- I am one of the few Latina students I know. We get together in my area to share things. I'm not the only one. I feel a duty to participate we're asking AATA to be more diverse.
- I've found black art therapists on social media by seeking out myself.
- [Art therapy is] not offered in low income areas. It's wealthy individuals who can pay for not POC people who are traumatized. I want to continue to fill that.
- I think I would have liked to spend less time on our definitions and more time on our experiences with AATA and our vision for AATA.
- Teachers are problematic in some degrees. No one checks them because of the power dynamic. I checked a professor and she made it an unpleasant experience.
- The cost of an art therapy education and who that is accessible to and who it is not accessible to. How that pigeonholes art therapists into certain jobs, earning income, pay back student loans.
- It's the cost of everything - licenses, associations, etc.
- All my friends I graduated with had the experience that their art therapy work has run them into the ground with limited growth potential. They've looked for jobs that can get insurance reimbursement that can get them more paying jobs.
- If they wanted to be more diverse it wouldn't be at such expensive schools. It's over \$100,000 at either school near me.
- Art therapists and art therapy are not valued as much as talk therapy options. As a member of clinical teams in medical settings I haven't felt fully welcomed into the team.
- Then there is the state level licensing. Art therapists are required to tag along to other professions to get credentialed in those professions. But many are advocating for their own professional licensing since it is its own profession.
- I really think AATA needs to think about light play therapy or music therapy. The education requirements are way less. I think AATA could get a lot more members if there were a range of licenses or levels of training.
- The idea of different levels of study and licensure. The importance of having studies be the same for everyone. To get the recognition or qualifications and get it recognized. It helps in the recognition of the profession - to all have the same level of studies. That should be accessible to people.
- As an ally for the LGBT world the AATA shot itself in the foot by being connected to Karen Pence and defending that connection. She supports conversion therapy and condemning LGBT lives. The AATA has allowed her to continue to talk about art therapy and engage her. I know all the LGBT people in my world feel very betrayed and unwelcome.

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Professional & Credentialed Art Therapists

Themes that emerged:

- White fragility
- Distress related to former Second Lady Karen Pence's initiative
- Calls for more action
- Lack of career pipeline
- Looking for DEI best practices
- History of founders
- Little support of students and young professionals
- Interest in allyship
- Concern about lack of inclusion in AATA

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- I have been a practicing art therapist for over 20 years. As such I have worked with many diverse groups and individuals in many different settings. I believe therefore that I have both much to share and still much to learn from other professionals in the field.
 - [I'm a] licensed therapist, retired. Taking a class on restorative justice. Looking for places to plug in.
 - I want to learn more about diversity and being an anti racist, increase my awareness and improve.
 - I don't see AATA as diverse. I think they believe they are diverse. The association believes they are inclusive. For myself that tends to be a lot of entities in the workplace. When you're a person of color those are just words – diverse is you're together and inclusive is you're all in one place but that doesn't mean anything for me.
 - I was reading a newsletter from the 70s. There was a segment by Edith Kramer that the profession has predominantly has been white women. And she was making that a point that that's a problem. I think things go beyond diversity, equity, and inclusion. It's about dismantling white dominant culture within an organization.
 - When George Floyd's murder happened this summer, our board was aware we were 3 white women. We wanted to make a space for processing our privilege. So many of us are called to art therapy from a justice place to serve and help people who are hurting. Yet we come to that work with a lot of privilege and how to balance not being a savior. As a therapist and as a white therapist we do that.
 - The elders on the board or not have a lot to say. I joined for LGBT issues. Old biases run predominant.
 - I've been part of AATA for 20+ years now. Nothing has changed. I've never felt like I've really been part of the association as a woman of color and as a

working parent. My struggle with AATA is that there's historically been a lot of talk and not so much action. Very surface. Not really looking at the root. That came to a head in 2017 with the alignment with Karen Pence. There was an othering beyond what was already there. A reinforcement of not feeling seen, heard, or considered. I've always felt that.

- As an educator [concepts such as decolonization, antiracism, oppression, liberation, supremacy, white fragility, abolition, systemic racism, and privilege are] at the center and has to be. Every class we talk about it. Where we are and who we are in our social location, who we work with, how we do things, showing appreciative inquiry, engaging in challenging settings.
- Starts with my PDS (personal disclosure statement). What I bring and don't bring to the room. It's me and it's structural, policy. It's all encompassing. I can do my work down here to the best of my ability and practice reconciliation when I make mistakes. This is like an overhaul. Huge. There's some real tangible things you can do right now to change the structure of the organization. There are things people can apply to their organization. I'm tired of hearing about diversity, equity, inclusion. This all comes back to whiteness. Structural ways in which we propagate whiteness. The organization needs to change the way it does this.
- Also bringing awareness of statements that are biased. My favorite is the statement I'm an angry black woman. In the sense of carrying the weight of things all the time I am tired. Holding the space and being patient. I deal with people who are sick but also another person of color in the space who could be offended. How do I do this? This is a lot. Calling coworkers in to see where the bias is. Not getting so angry when people are not understanding. And hoping one day it'll all be better.

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Former & Current Board Members, Honorary Lifetime Members

Themes that emerged:

- Demographic mismatch from clients
- White fragility
- Distress related to former Second Lady Karen Pence's initiative
- Lack of men
- Financial burden
- Licensure and advocacy
- Concern about lack of inclusion in AATA

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- In my 30 years as an educator, [concepts such as decolonization, antiracism, oppression, liberation, supremacy, white fragility, abolition, systemic racism, and privilege] were not issues. It was more about developing the profession of art therapy rather than who is doing it.
- I think a lot of those terms are abstract. I learn about these things when it is interpersonal. A lot of those words sound distant and high up and hard to understand but we need to see them really unfold to truly know what they are.
- One of my children is trans. He had to go through the transition, and he has really engaged me in difficult discussions, and it forced me to revisit my past and how open I was and how I can be more open moving forward.
- We are very fortunate to have lived long enough to see marginalized groups find their voice. I've learned more in the past year than I have in my whole life seeing new opinions. I'm afraid of the pain both of the marginalized groups and the dominant groups now learning the pain.
- I disagree with the fact that we didn't deal with diversity, we just have a different kind here.
- The board is more diverse than it has ever been. We still have fewer men, but more than in the past. However, in conference we sort of group up by the people we know already.
- We have had many fights and I think they were alarming and brought attention to the DEI problems
- Many very gifted people have left this organization because of how they have been hurt. Why can't we help each other as therapists work through these issues?
- It's bothering to think that as therapists we aren't good at listening and caring for some people
- It's much easier to be therapeutic and caring with patients than with people we know.
- The online format can be a huge help being able to meet easier rather than a once yearly meeting.
- It costs a lot of money to become an art therapist going through grad school and finding employment and travel and such. It needs to be easier for people to attain especially the college aspect.
- It is hard to find scholarship money as well because this field doesn't generate lots of income for that.
- AATA advocates for creating more art therapy programs and more accessible schools. I wonder how to convince universities that art therapy programs would be beneficial and sustainable.
- The brilliance and importance of art therapy gets dumbed down due to the licensing.
- I think that alignment was for survival in order to find reimbursement.
- We have more things we do that are more welcoming now in conference meetings. When I joined it felt very clique-y.
- At my school it looks like 17 white people, 1 black person, 1 Asian person. In AATA it looks like white people coming into a BIPOC space and not letting them speak. It looks like having a BIPOC group because we need a place for BIPOC people to speak. The BIPOC group was derived from the colored people and other identities who felt neglected. The diversity is not thought about or talked about in the program. We have a multicultural class in spring semester. Every time I've spoken I've tried to bring it up but most think it doesn't matter or it is just me. I don't see that being different when the faculty reflects that. It's a lot of white privileged people.

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Men Art Therapists and Students

Themes that emerged:

- Lack of men
- History of founders
- DEI curricula
- Distress related to former Second Lady Karen Pence's initiative
- Demographic mismatch from clients
- Calls for more action
- Lack of representation "feedback loop"
- Financial burden,
- Lack of career pipeline
- Concern about lack of inclusion in AATA

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- Growing up as a boy I was told not to talk about my feelings. I wonder if this idea of emotionality, what is masculinity, get into toxic masculinity. It was a tough space to exist in. I am a very emotional person. I would hedge my bets that's a part of why men don't get into a field where you talk about feelings. You're helping people process. Steep divide between female/nonbinary and male folks. What masculinity means and how society raises male children.
- Boys and young men can be encouraged to pursue careers in graphic design, artists, etc. that are more masculine, financial gain, fame. The intensity of going into those emotional spaces – can be intimidating to put men in vulnerable spaces.
- Being here as long as I have. Just numbers. I've never had this feel that I am less than or a minority person in terms of how I was treated or respected. I do miss that communal or connecting aspect with other male professionals.
- In grad school I was the only male in my cohort. I was often looked to talk about the male experience which made me so uncomfortable.
- It's hopeful to see as an educator that there is a trend of getting more BIPOC students involved. Grad students trying to serve more underserved communities. More men coming into the program. I have 3 incoming. 3/18.
- I have 3 incoming as well. 3/12.
- I was the only male in my cohort.
- I think a lot is that they're not talked about as pioneers. You learn about pioneering white women. You only learn once you get into a textbook.
- Sometimes in the art therapy directives we learn about. I think of ways to try to tweak sometimes. Represent something that may attract male clients to something.
- [If the male/female numbers in the profession were switched] Hard to say. More public awareness maybe. Maybe more licensure and political clout. Probably still white upper middle class.
- It's hopeful to see as an educator that there is a trend of getting more BIPOC students involved. Grad students trying to serve more underserved community. More men coming into the program. I have 3 incoming. 3/18.
- I'm having trouble identifying something in AATA that feels good around race or sexual identity. Lot of lip service, not a lot of access or action. We're trying to think about ways of making AATA more accessible to folks regardless of socioeconomic status.
- Slate of candidates for the board. I see members are stepping up and wanting to increase action, get involved. Inform direction, policies. Who got elected? How did that play out? That's another story.
- This last round of the board elections has been the most diverse I've seen which is great. Systemically there have been issues. Changing the board is good. I'm excited AATA has hired you all to come in and work with them.
- We're trying to think about ways of making AATA more accessible to folks regardless of socioeconomic status. Trying to understand the membership and what needs are to get access."
- [AATA should] Dedicate dollars to full scholarships to become art therapists. Get the membership more diverse.
- [AATA should] Highlighting members POC, men, minorities. People in the field in the AATA journal, newsletter. Talk about them.

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BIPOC Art Therapists & Students, (originally scheduled)

Themes that emerged:

- DEI curricula
- BIPOC isolation
- Lack of representation feedback loop
- Calls for more action
- White fragility
- Demographic mismatch from clients
- Lack of career pipeline
- Foundations in Eurocentric psychological theory
- History of founders
- Concern about lack of inclusion in AATA



- I am in AATA because this is the only option. You all are at least giving me hope about us being the change we want to see. I am about the radical change. I don't think it has to be as long and hard and slow.
- You see all these white girls – they fit with the mold and they're the ones who get pushed and given opportunity. It's about ego. If you agree with the school. I am an immigrant – they have no idea about my culture and how important it is.
- My culture class was a joke and they crammed it into a small amount of time.
- [My] diversity class was very different – she identified as a person of color. She encouraged me and questioned theory. It helped me love art therapy. Having faculty of color helps change the system. But she left because she didn't feel she had a voice.
- I've been practicing for about 8 years. I've grown to feel welcome in art therapy at conferences and over the past few years. I agree with what someone said about silence not being consent. I am a reserved person so it can take a while for me to say things.
- I want to contribute to building art therapy as an inclusive profession
- I'm on a multicultural committee because I feel I need to be there.
- One of the goals became to increase minority students but how do you make that happen?
- It seems like organizations want a checklist – this is what we need to do, we did it, it's the numbers. It's not that simple.
- If we are all here to listen, what's the point? Yesterday seeing on the news the capital raided - I think it's time for listening to stop and for us to do something.
- I am seeing a lot of head shaking going on. You being a white man [in reference to Ivy's facilitator] in and of itself is a trigger. Many of us have experienced racial traumas that have affected our experiences and identities.
- AATA is not the organization that will change art therapy as a field. It's the grad programs, the curriculum, the individuals making the decisions. It would be helpful to have the space to voice it. If AATA doesn't take the time to reschedule that tells us something. They have failed us time and time again.
- I keep ending up in BIPOC places with white people and that kind of spoils my experience.
- AATA has posted these different sessions online. Every time I looked they were full. I had to email someone and ask to get on a waiting list. This was their way of saying that we want to listen to you.
- We have to teach everyone how to treat us and when we do talk no one listens. It feels like a false sense of genuine empathy.
- I hope AATA doesn't think that bringing in a third party is enough. It's not.
- I was shocked there are so few people of color in art therapy.
- A lot of POC don't even know about the career. I stumbled upon this.
- If you're white and privileged the system is working.



LGBTQIA+ Art Therapists and Students

Themes that emerged:

- Distress related to former Second Lady Karen Pence's initiative
- Lack of representation feedback loop
- Calls for more action
- Lack of career pipeline
- Financial burden
- DEI curricula
- Foundations in Eurocentric psychological theory
- Marginalization within mental health
- History of founders
- Concern about lack of inclusion in AATA

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- [AATA is] Primarily white women. We're starting to see more diversity little by little. I'm a white gay man. I think there's a barrier on succeeding in this field.
- As a man I think I'd have privilege. As a gay man I've had employers ask me to tone down, not bring things up, act differently. My personality. Or even the discussion of sexuality.
- I have attended several in person conferences. I felt so welcomed – saw professors, other online students.
- I am pansexual, nonbinary, have an interracial family. I think what happened with Karen Pence as a voice box for AATA with the history of pathologizing LGBT people. To have someone be the voice box to promote art therapy on the national scale who believes in conversion therapy. I ended my relationship with AATA. I know friends who are members of the LGBT community and it didn't affect them in the same way. There's a need for healing on the larger scale. I don't know where that starts or what that means. I hope they are open to doing the work.
- Some of us – myself included have trauma around conversion therapy. As good therapists it is our job to make sure there are safe spaces and that we can do the work. Having AATA feel like a safe space is super important. So that we are ready and equipped to give our clients what they deserve.
- If [AATA] owned that maybe it was a mistake to bring [Karen Pence] in. if they owned the mistake and the hurt that it caused. And apologized. That's a wonderful place to start. It would mean a lot to me.
- Even these Listening Sessions is a step in the right direction. What change is going to come from it? Is there going to be real change? I'm hesitant to believe it. A lot of work needs to happen on the national level. How to move forward.
- Is there a position that could go to community colleges, give informational interviews. We might diversify more if we look at different places.
- Because AATA does the conference – they can bring rich experiences to help us grow based on what they pursue.
- How can AATA support to give more accessibility – beyond these private schools? How can they help students without as many resources?
- I felt very supported by the undergraduate group. I was connected through the conference and had calls with people. My school doesn't have art therapy. They have art and psychology. Making it more accessible to go to the conference and become a member. Some better ways to connect with people. I feel really thankful for that. It's a good resource, but make it more accessible. It's expensive.

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Art Therapy Students

Themes that emerged:

- Lack of career pipeline
- Calls for more action
- White fragility
- Little support of students and young professionals
- Lack of men
- Financial burden
- DEI curricula
- Lack of representation feedback loop
- History of founders
- Concern about lack of inclusion in AATA

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- I work full time and hours were doing work hours and it was so expensive. And I saw the population when I went in and it was mostly white people. I spoke to a professor – they said this school is so expensive most of these students, their parents pay for it. It felt like this isn't an option for me. Because I'm a minority? What is the reason? I spent a whole year researching about options until I found my program
- I just joined AATA. It's been supportive so far. Offering sessions like this, having a journal online. I've reached out to a couple of professionals and they've been really helpful. The fact that the field isn't very diverse. I'd love to answer how we can move it forward instead of going over this. I think we need to educate more people about art therapy. I've volunteered to go to my high school to talk to people about this. It needs to be spread around more, to plant that seed.
- I've had a mixed experience for AATA. It seems like more things for professionals rather than students.
- I feel like the culture of AATA is glacial, slow to adapt. It adopts things only with hard pressure, with retroactive pressure. AATA needs to address educating on all of the diverse issues in our country, the systemic things our clients are aware of.
- Getting into large issues like that – I think there should be more involvement with BLM. Some

issues it is hard to put AATA out there. Everything is so political. It can turn some people away. Just because someone disagrees doesn't mean we shouldn't be working with them.

- When I think about being an art therapist, I need to think about my whiteness otherwise I am not aware of my biases and how I am framing things. We are starting a group to talk about what it means to be a white therapist. There's an open forum discussion about decolonizing art therapy.
- I remember reading a textbook and there was a tiny section on Georgia Seabrook Powell and other black art therapists. There was a tiny chapter but they're not given space. That needs to be rewritten and black art therapists don't need to be sectioned off.
- I am the first generation of art therapists in my country. Why is it that women dominate in this field? Because women are so sensitive. In my country as well. We are sensitive and naturally so close to everyone – kids, husbands. We go into this field.
- Gender roles play a huge part in our traditional societal values. Women are encouraged to embrace emotions while men are expected to be stoic. Gender roles are a construct. We have attracted many women to the field because they see women in the field. We need to celebrate trans and nonbinary members as well to make the waters warmer.

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Art Therapists & Students with Disabilities

Themes that emerged:

- Barriers for those with disabilities
- Financial burden
- Lack of men
- DEI curricula
- Demographic mismatch from clients
- Concern about lack of inclusion in AATA

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- I feel that those with disabilities need more visibility with our needs.
- For me, because it's bipolar – it's not visible. I found different ways of coping. I would move to other countries.
- I have PTSD, pseudo seizures, memory loss. Mine is not visible either. When you have to reveal it, tell somebody in order to get benefits. It can be maybe upsetting for other people. I've had to share mine all through college. It's been hard for me to adjust with memory loss. Being verbal with and sharing it with people is challenging.
- Over the last almost 20 years it's becoming more something I can't hide as much. Either because I am now using mobility aids like a cane or scooter. I never shared it with a lot with people. I am starting to own it a lot more now. Showing up for this is a big deal for me. I haven't done this related to disability before.
- Thank you for sharing the "oh what happened to you – you do so much". Because I am so high functioning that I get that a lot.
- I wish that the questions posed by [the facilitator] were less about general diversity and more about disability. I feel that us as the focus group members continually had to bring it back where I felt that he was stuck talking about antiracism and decolonization.
- Growing up with a disability – ADA, EEOC – they're not taught. It only comes up when it's "ok what do I do now if I experience something?" People take advantage of you if you don't know your rights – I've had it happen to me.
- It becomes hard if you constantly have to advocate for yourself over and over again. I wish people

understood without having to ask questions. I wish there were more awareness. This should be done without having to ask about or why we need to change something. It's because that person has value and ability and should be able to engage.

- I've tried to be more of an advocate for myself and experienced why do I have to ask all the time. Why isn't it just there? In art therapy, if I am presenting or having a podium, a handrail makes such a difference – I can't get on that platform.
- What are they doing? Is ADA (Americans with Disabilities Act) taught within art therapy programs?
- Plenaries and keynotes, that whole thing. There could be speakers or topics related to disability. I know race is a huge part of DEI but I think it's much bigger too. Instead of always focusing on race it feels like the blinders are on to open to other identities and groups."
- I wish there was consideration of mental health disability, especially being a mental health field.
- I think there can be stigma because we are therapists in the mental health field.
- One of my cohort mates is a recovering alcoholic and she feels "othered" often, as do I.
- As disabled people we offer a lot of value to people with disabilities because we relate to them on a different level. I think more men need to be in the field. I'm a single mom – my son's 21 now. But I think only a man can really truly understand a man.
- I've seen a lot of people think that a lot has already been done for individuals with disabilities and they don't realize that more needs to be done.

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Art Therapy Education Practices

Themes that emerged:

- DEI curricula
- Lack of career pipeline
- Demographic mismatch from clients
- Calls for more action
- Little support of students and young professionals
- White fragility
- Concern about lack of inclusion in AATA

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- I care about AATA as an organization and art therapy as a field, and I have significant concerns about both in relation to DEI.
- I have long since been dismayed that many of our art therapists as white females. With as diverse as art is, I would love to be able to encourage/help to make this field inclusive to BIPOC and males, as its really important that clients have therapists that are similar to them.
- We have a diverse student body but that doesn't mean we don't have problems. I don't know with as a faculty we do a good job with it.
- I think sometimes we want visible diversity and don't think about invisible.
- We have a very not diverse pool of resources and dated resources to draw on. Textbooks to support a course.
- As a faculty member, what are our expectations of our students? For example, if we have an international student or a school that is not a good undergrad – do we have uniformity? Do we expect the same thing of all students?
- Accessibility. The outreach to recruit students. Which students are recruited - is there bias in who is recruited?
- When you get a random call from someone who wants to interview an art therapist and they can't find someone and they're a first generation student. [Recruitment] has to start before they ever set foot on a college campus.
- I don't see that we have leaders. If we leave it to each person to unpack ourselves it's difficult. I'm trying to do it all the time. A lot of time on the practical work. How do we do that?
- Structurally I feel a Board of Directors is too small a way to run a huge professional association.
- There's a splinter in our organization. I miss seeing and engaging many people who were in the organization. I feel a huge loss there. I hope there is some kind of restorative justice to reconcile this. I know the marriage and family organization went through a similar process.
- My impression is that AATA thinks it has apologized and thinks its being inclusive. We have this group of individuals who do not think this is true. Does AATA think it's made the apologies and is inclusive?
- At my school faculty has spent time volunteering for AATA. We now encourage students to be members of any organizations that they feel support them. I think that AATA is us, whether I am in it or not – it represents that field I am in.
- I believe that we had a good discussion but we were almost all white cisgender women. How can we stretch beyond this group? Thank you for the opportunity, though! It was an important and valuable meeting.
- Thank you! I appreciate the consulting firm's work. I just really wish we were further down this road. I personally need to see some real, tangible forward momentum from this organization to have any continued faith in it being a relevant organization for students. graduating from our educational programs.

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Art Therapy Community Stakeholders & Interested Parties

Themes that emerged:

- Looking for DEI best practices
- Distress related to former Second Lady Karen Pence's initiative
- BIPOC isolation
- Foundations in Eurocentric psychological theory
- Lack of representation feedback loop
- Lack of career pipeline
- Concern about lack of inclusion in AATA

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- I work in the community and my university has a bad reputation in the community. White, affluent school in comparison to poorer black community members. The university is in opposition to the neighborhood. It has been perceived as racist in the past. They did change their policies in the past year, made statements about equity and racism. We had to address in our classrooms, with our students, look at academic texts and literature in the class to make them more diverse. People wondered are we actually going to be supported in this?
- In our healthcare system I think we do diversity and inclusion well. It developed over time. Our leaders – we have excellent leaders. They talk about inclusion, don't shy away from things. We went through a racial equity training – thousands of employees went.
- The museum has a multilayered approach to D&I. Still a large hill to climb. We come from a Eurocentric, white centric understanding. Early museums have a white-washed stolen object philosophy. Our museum began through local artists who created an art center that grew into our museum.
- We've had the same issue – you hire diverse staff but how do you make it more inclusive? Our staff went through William Winter diversity training. How do you do that with new staff coming in? We've done a lot of train the trainee. There's always problems that come up every day. How do you hire if there's not enough diverse applicants? The museum started the center of academic affairs. That funds internships and post-bac, and a postdoctoral job to work here. We have a teaching fellows programs that hires college students to teach. We're still learning how to be more inclusive. And how to work with our visitors who want to challenge our ideas, but also, we have people whose ideas who are on the opposite side.
- It impacts the profession – the foundations of our theories are based on white male psychological theories. We are merging in psychology with the darker process of creativity. I think of indigenous cultures and healing and community is done through playing music, dancing, creating art and clothes.
- I am in academia – talking about diverse founders. We have a diversity class. Going through everything with Karen Pence at AATA. I felt attacked because I asked how to look at the different sides. I got yelled at and attacked by someone and it made me shut down and not want to participate.
- If AATA chose to not do anything no one would educate [Karen Pence] about it.
- I wonder how are we going to heal? So many people have left AATA. I worry about the anger.
- That's the challenge. I'm a person who walks in the middle lane. I sometimes see things with a different perspective. If that resulted in these groups leaving – we need to do more work and understand why.
- Women and ethnic minorities are trying to come up in the world economically – they'll shy away from professions that don't pay well.
- 20 years ago people didn't know art therapy existed. 15 years ago they started to know. Now students and students of color know what it is. AATA got us on the job list.

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Former or Never Been Members of the AATA

Themes that emerged:

- Licensure and advocacy
- Marginalization within mental health
- BIPOC isolation
- White fragility
- Distress related to former Second Lady Karen Pence's initiative
- DEI curricula
- History of founders
- Concern about lack of inclusion in AATA

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- At my school it looks like 17 white people, 1 black person, 1 Asian person. In AATA it looks like white people coming into a BIPOC space and not letting them speak. It looks like having a BIPOC group because we need a place for BIPOC people to speak. The BIPOC group was derived from the colored people and other identities who felt neglected. The diversity is not thought about or talked about in the program. We have a multicultural class in spring semester. Every time I've spoken I've tried to bring it up but most think it doesn't matter or it is just me. I don't see that being different when the faculty reflects that. It's a lot of white privileged people.
- In my education – art therapists of color have contributed so much. We'll cover this in this one chapter in one day. This is a separate category and history. This is not inclusive.
- My other bone to pick with AATA is around the time I was finishing my degree was when Karen Pence started talking about art therapy. I am a queer art therapist and that was extremely uncomfortable for me that the organization was allowing a partnership with someone who supports conversion therapy. I did not become a member for that reason.
- I do understand the difficult position that AATA was in of wanting publicity for art therapy from what happened with Karen Pence. That's not the publicity and the ideas I want to be putting out. I want to be as welcoming to anybody as I can.
- I joined AATA the year before I started grad school in 1986 and was a member until 2009. I found the conference to be amazing and valuable. I went

to conferences after that. When I left it wasn't valuable to me. No bang to my buck and didn't provide me value to what I was doing professionally.

- In my state – a lot of the people I work with are licensed social workers. They are required to take cultural competency CUs. Counselors and art therapists are not. That would be a great little thing for them to implement.
- If AATA does a review of all of the licenses in existence and develops a standardization for states. All states seem to be different.
- Because my state has a license that is not a complete license my experience in the last 20 years is that we don't have the same rights being paid. I am always viewed as an adjunctive not primary therapist. Insurance companies do not recognize licensed art therapists as having parity with LPCC.
- I feel very disconnected from AATA. I haven't been following what they've been doing. Stop this attitude in this field that it was created by white women because it wasn't. Just to say we can point to a person who created this is ridiculous. It has existed for so long, we just gave a name to this.
- I would really like to see AATA take a stance on changing this approach to diversity instead of putting everything in its neat little box and part of its curriculum. Making a commitment to inclusion a core value of inclusion to the organization and field. Making cultural competency one of the characteristics of an art therapist.

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BIPOC Art Therapists & Students, (rescheduled)

Themes that emerged:

- White fragility
- DEI curricula
- BIPOC isolation
- Foundations in Eurocentric psychological theory
- Lack of career pipeline
- Financial burden
- History of founders
- Lack of representation feedback loop
- Calls for more action
- Concern about lack of inclusion in AATA

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- On the ethics side, there is a lack of focus on social justice.
- It starts from the ethical codes, and some of the theories we use. History of art therapy comes from a Eurocentric theory.
- You have to explain why you're offended, then they get mad at you because they offended you, and you have to apologize.
- AATA has limited support for anyone who is not white. The whole field is whitewashed.
- I agree the literature is limited to white perspectives.
- There is a lack of literature on LGBTQ in art therapy.
- It's not new that POC are in this field, but in the history of art therapy, POC have been excluded. There is only one narrative that has been created by white pioneers.
- AATA is trying to present a façade that they are diverse, yet we're still learning Eurocentric views and thoughts; what about letting POC teaching positions, representation on the board, in the national office, changing the curriculum?
- Not seeing change over time. I was one of few POC in my class in 2006, and nothing has changed since then.
- There's a socioeconomic factor; This is an expensive career.
- I thought I was going to find support through an organization, through AATA, and I ended up having to seek out my own network with no support.
- I feel like what is missing is my white colleagues' awareness of their own racial identity; We need cultural awareness group for white art therapists.
- I'm no longer an AATA member because I did not see the value in it; There is an advocacy piece and other legislature that other organizations offer that I'm not getting from AATA.
- At a conference, I was presenting about how art therapy looks different in different cultures and was not taken seriously by white audience members.
- There are some [POC] on the board, but being a POC doesn't mean they care about social justice or are able to advocate for POC.
- Microaggressions and not being taken seriously; if I bring it up, I'm "sensitive" and "the angry black woman"; I could see why black women would try to assimilate and become invisible.
- I want AATA to create an accountability group for anti-racism actions.
- Annual conferences have a focus group for POC, but if that's the only support they could offer, it is not enough. Something like this meeting should be hosted once a month or so.
- [AATA] need to address social issues when they happen; they should stay current and not take a reactive approach.
- We just hope all of this doesn't fall on deaf ears. I will not stay an AATA member if a change is not made.
- The DEI committee that they have is more like a volunteer committee and they needed something much bigger than that. I don't think they will be able to make the changes that we are describing here.

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Suggestions from Listening Session Participants

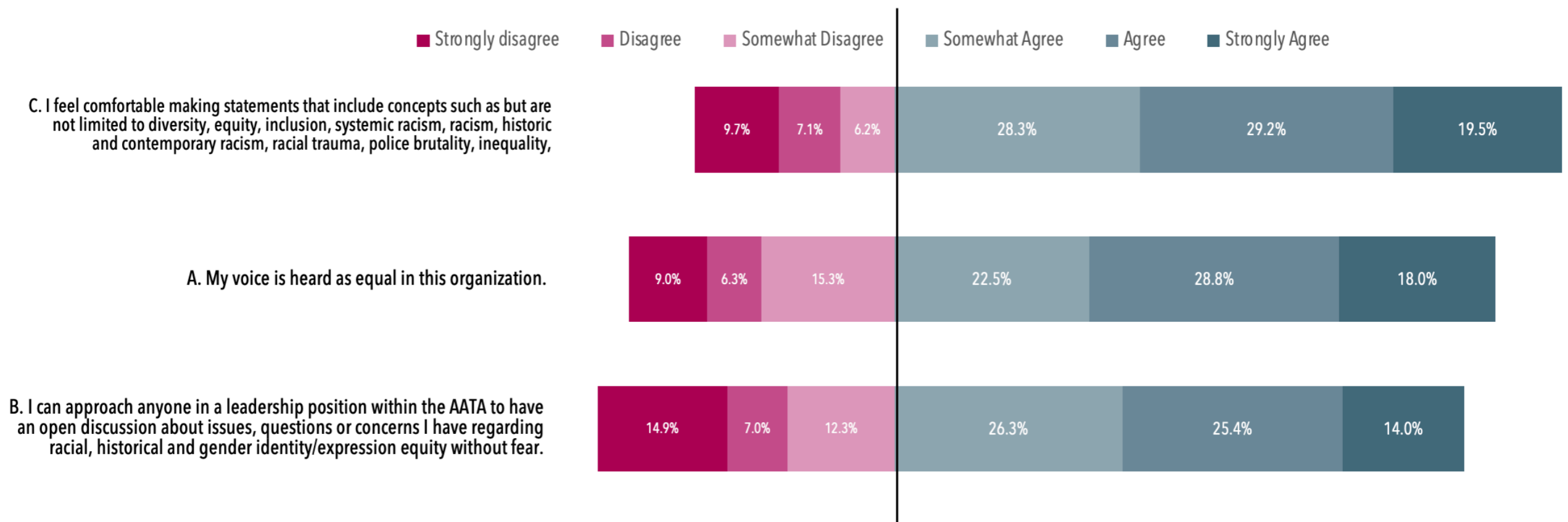
- Advocate for better pay and value of art therapists
- Expand undergraduate art therapy education
- Reach out to community colleges to offer art therapy courses
- Reach out to minority serving institutions such as HBCU's and state schools with lower tuition costs
- Offer more programming and networking for students and new professionals
- Offer more networking for BIPOC art therapists and students
- Offer more programming and networking on DEI best practices
- Offer spaces for white art therapists to reflect on racial justice and being ally's without relying on BIPOC labor
- Conduct outreach to middle schoolers and high schoolers about art therapy
- Reach out to community members feeling excluded since Karen Pence's initiative
- Issue an apology to members who felt harmed by AATA's connection to Mrs. Pence's initiative and offer restorative justice
- Improve the atmosphere among art therapists to be more inclusive of colleagues with disabilities
- Critically examine the paradigms of psychological theory that have often excluded and harmed BIPOC individuals and where art therapy fits in
- Better inform mental health field colleagues on the value of having an art therapist on the team
- Critically examine the history of the profession: What was the culture of the founders and has it evolved in AATA's leadership? Have the BIPOC voices been overlooked and what can be done to retell that history?
- Identify what ACATE, AATA, and program directors can do to get more BIPOC faculty members and better integrate DEI into coursework beyond a single multiculturalism course
- Examine systemic barriers (including time commitment) of diverse volunteers and address those barriers

Findings from the Online Surveys

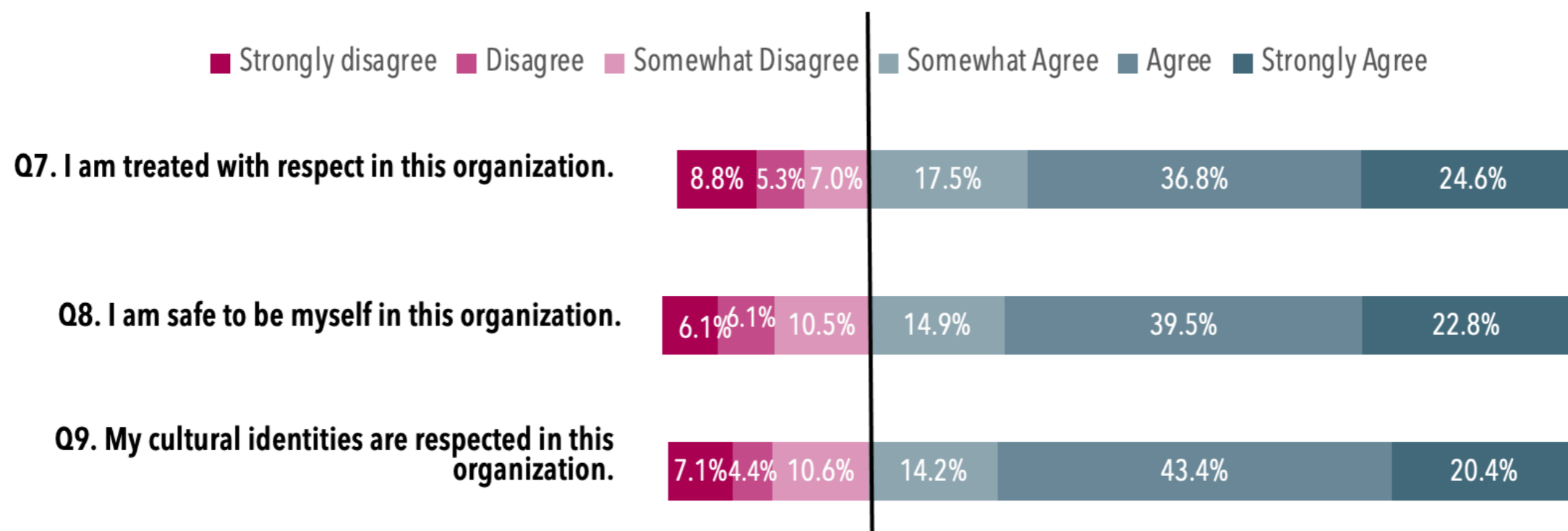
While the majority of DEI survey takers said they felt respected, safe to discuss DEI issues, and equally heard within AATA — one in five reported that they couldn't approach AATA leadership about these issues.

Two-thirds of survey takers felt their voice was equally heard.

Two-thirds also felt safe and empowered to discuss DEI issues within AATA. *However, one in five reported that they couldn't approach AATA leadership about these issues.*

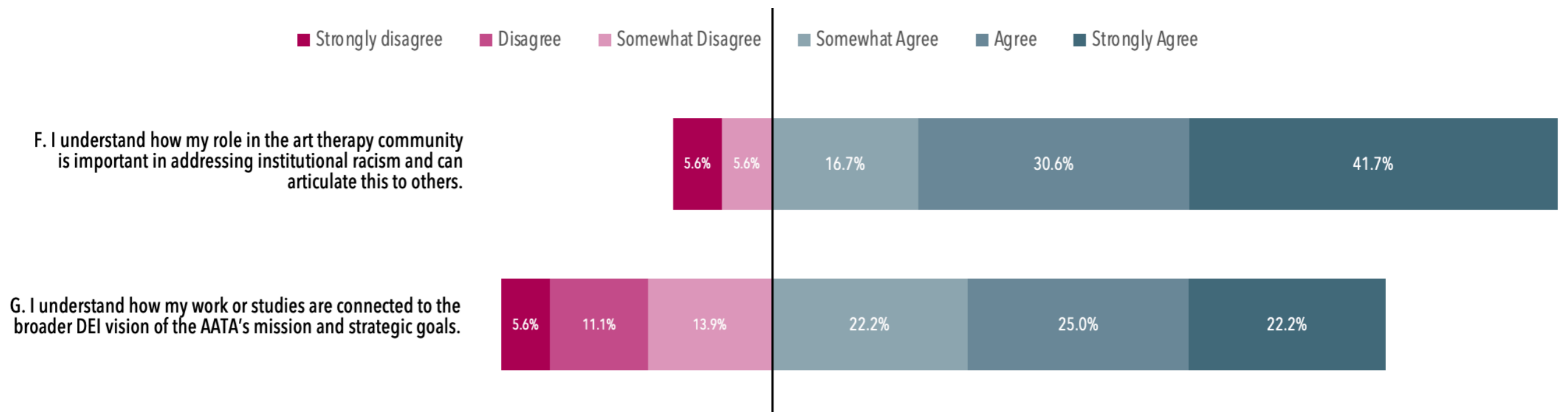


While the majority (77%+) of survey takers felt they were respected and safe to be themselves as a member of AATA, *one in seven felt they or their cultural identities were not respected.*

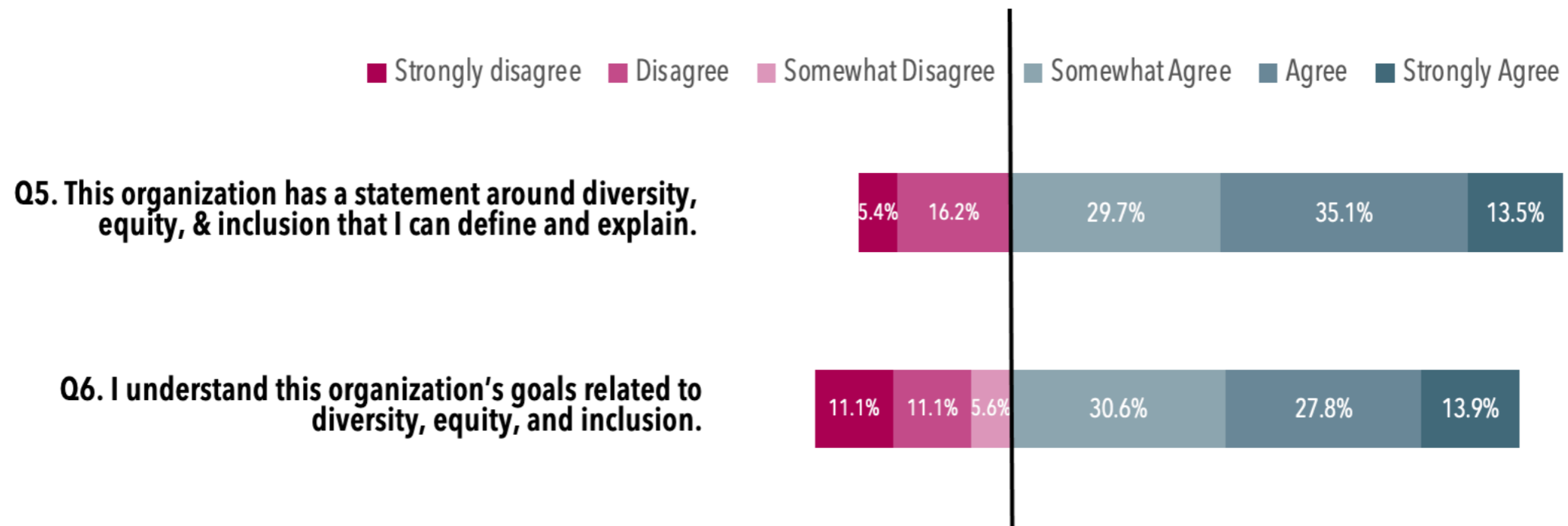


Most survey takers were aware of how their role in the art therapy community helps address racism, but more than a quarter didn't understand or connect their work with AATA's DEI vision or mission.

While the vast majority of survey takers understood their work in the art therapy community helps address racism, *close to one third didn't connect it to AATA's DEI vision or mission.*



A quarter of survey takers reported that they don't know or understand AATA's DEI statement or goals.

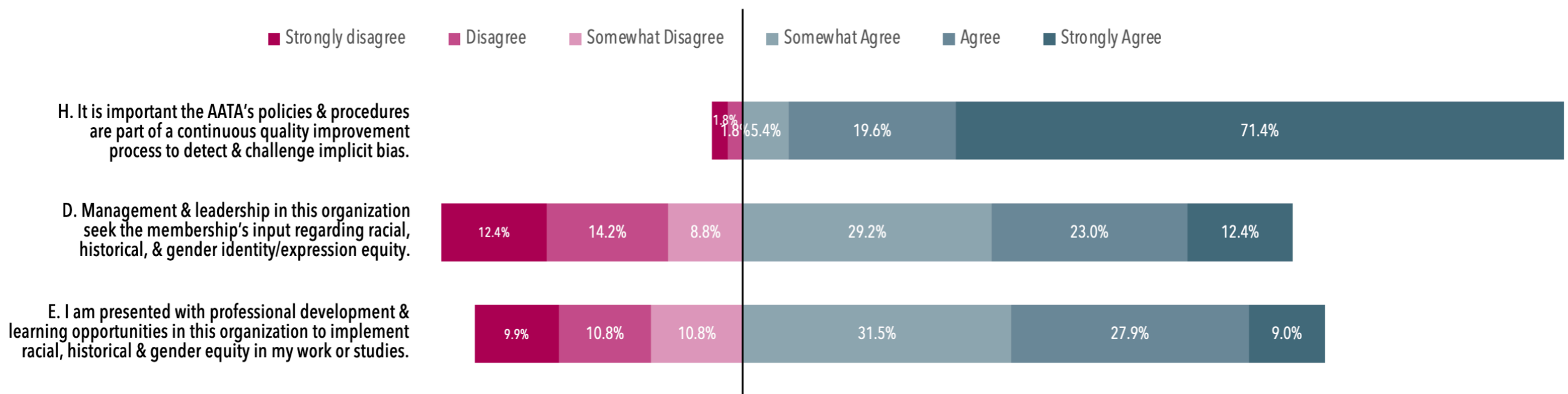


Survey takers strongly agreed that AATA must continuously work to detect and challenge implicit bias.

And one-third said that they wanted *more* learning opportunities to implement equity into their own work or studies.

Survey takers overwhelmingly agreed that AATA must continuously work to detect and challenge implicit bias. Nearly two thirds reported that AATA leaders seek member input regarding equity.

One-third said that they wanted *more* learning opportunities to implement equity into their own work or studies.



**Incorporating DEI Findings
into AATA's 2021 - 2023
Strategic Plan**

Feedback from the Listening Sessions series and DEI survey responses helped inform AATA's recently drafted 2021-2023 strategic plan

www.arttherapy.org/strategic-plan/

AATA's mission is to advance art therapy as a regulated mental health profession and build a community that supports art therapists throughout their careers.

5 Pillars



Advocacy

- Advocate for the profession and the communities art therapists serve
- Harness the power of art therapy to address critical social and community issues



Connection

- Strengthen a diverse community that supports art therapists throughout their careers
- Increase member value and engagement
- Expand opportunities for collaboration across fields



Diversity, Equity & Inclusion

- Continue to diversify membership
- Attract, diversify, and support the next gen of art therapists
- Drive transformation and innovation to ensure inclusivity in the profession and association
- Uphold ethical standards within the field and association
- Embody cultural humility by continuous listening and learning, and holding ourselves accountable



Education & Research

- Expand access to professional and career development with innovative programs and resources
- Promote excellence and accessibility along the continuum of art therapy education
- Maximize public awareness of the value of art therapy
- Serve as the leading resource for scholarship and research



Leadership

- Develop a culture of mentoring and empowering the next generation
- Serve as stewards of the profession looking to the future
- Create an organizational culture of accountability and long-term sustainability

AATA Goals

Strategies → Objectives → Tactics implemented by National Office, Chapters, Committees, Working Groups

What Worked, What Didn't

- In the pre- and post-session surveys, participants expressed excitement for being invited to participate in AATA's DEI efforts and for the opportunity to discuss these issues.
- Participants shared a wealth of insight into DEI challenges and opportunities in the field and within the Association for AATA to implement and fit into the Board's strategic planning process.
- Some Listening Session attendees expected to listen and learn, and didn't realize we would be learning from them. We needed to better promote the FAQs page to clarify questions, expectations, and format.
- AATA intended to offer space to hear from *more* people in the Listening Sessions. We should not have capped registration. We also needed to conduct more outreach to encourage participation, and send additional reminders to increase follow through once participants registered.
- The questions the facilitator asked followed a sound logic in the order of the discussion; however, in practice, we learned that this left much of the tangible discussion on what changes and actions AATA can make to the end, at which point that conversation was rushed, or in some groups not covered at all.
- While the online format made participating accessible, much of the personal connections that could have been made among participants were lost due to the online format.

What Worked, What Didn't, continued

- The intention of breaking up the DEI Listening Sessions into separate groups was to offer a safe space for participants to share experiences and views that may be traumatic or painful. However, IVY Planning Group selected a White male as the facilitator for all 12 sessions. While AATA did request someone of color to facilitate the BIPOC session, we failed our participants by not insisting on this. President Margaret Carlock-Russo sent an apology letter to participants and the session was rescheduled with a Black female facilitator.
- AATA Board and members via MyAATA suggested other groups for future Listening Sessions: International art therapists and International AATA members; Sessions that are not defined by demographic, but open to anyone; Spiritual and religious art therapists and students; HBCUs; Art therapists & students in recovery or recovering from other life threatening illnesses; and Spanish speaking/facilitated listening session
- The online survey questions should have better dovetailed with the discussion in the Listening Sessions. We also needed to encourage more participation in the online survey, especially among people who wanted to attend the Listening Sessions but didn't.

Thank you!

Thank you to the over 200 people who participated and shared your voices with us during an AATA DEI listening session or through the accompanying questionnaire!

And thank you to all our volunteer committees and working groups, the AATA Board of Directors, National Office, and DEI and research consultants who contributed to this process.

While the learning process will continue – and we hope to hear from even more members and art therapists about these topics in the future – AATA is committed to using this information now to take action towards our DEI goals.

Connect with Us!

Contact us with questions, comments
or for ways to get involved!
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