

Art Therapists at the Border:
Identifying Professional Career Challenges and Service Access

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ABSTRACT

This study examined the influences and possible challenges in communities that affect art therapist's employment possibilities and career decisions. An interpretive phenomenological analysis (IPA) approach along with an interview of four ATRs (Registered Art Therapist) or ATR-BCs (Registered Art Therapist- Board Certified) that currently practice art therapy in communities with high Hispanic or immigrant population was utilized to gather data for this study. The settings in which these art therapists work are private practices, hospitals, and in community centers and are also in different parts of the United States. The participants partook in semi-structured interview with artmaking. The results indicated that influences such as state licensing and community interest greatly affect employment opportunities for this career. Other factors that influenced art therapists' job prospects in border communities were the insufficient knowledge and awareness of art therapy, the inaccessibility of health services for mental health, and cultural barriers such as language and stigma. It became evident that more support is needed from our government to create accessibility of services for our community members throughout the U.S. border regions, as well as in the communities that shelter immigrants.

Keywords: art therapy, acculturation, immigrants, job outlook, border communities

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CHAPTER I

Introduction

In some areas of the United States, job and internship placements for art therapy graduate students and recently graduated art therapists can be challenging due to a lack of access to jobs and mental healthcare sites and facilities that offer art therapy. This can include hospitals, psychiatric facilities, schools, and counseling centers and services. This leads to many art therapy graduates seeking positions in other closely related fields (Torpey, 2015). A search of the American Art Therapy Association member directory (AATA; 2022) showed approximately 4,300 members who are credentialed art therapists and art therapy students in the United States. Art therapists and students in training, who work with clients of diverse cultural identifications and personal histories that have an ethical responsibility to be continuously educated in cultural awareness to best work with and support diverse clients (Bermudez & ter Maat, 2006). This ethical standard helps professionals acquire knowledge to reach communities that need mental health services.

The diasporic nature of Hispanic communities to the U.S. is growing, with more than 62 million individuals living in the U.S., becoming the second largest group, to that of white Americans (Nadeem, 2022). The acculturation currently happening within Hispanic American communities is believed to cause acquiring mental illness due to family networks being broken and losing support systems (Ortega, et al., 2006). Mental illnesses such as anxiety and depression are common among individuals who have experienced or are currently experiencing acculturation issues (Ortega, et al., 2006). The stigma associated with seeking mental health care (Van Lith et al., 2018) is still very prominent in Hispanic-American communities while other issues such as cultural biases and a shortage of mental healthcare providers make even asking for help a difficult task (Flynn et al., 2020). The Hispanic community is underserved regarding

mental health and requires further research into how to engage this community (Van Lith et al., 2018).

Immigration is a current issue that needs attention due to mental health concerns within these communities (Metzl & Treviño, 2022). Examples of these concerns include increased risk of suicidal ideation (SI), suicide attempt (SA), depression (Silva, et al., 2018), and anxiety (Ortega, et al., 2006). Hispanics who have immigrated into the U.S. and have family in another country are at a higher risk for SI/SA than Hispanics who have not immigrated and do not have family in another country (Silva, et al., 2018). Not only are there mental health concerns in these Hispanic populations, but also physical health concerns that acculturation brings (Ortega, et al., 2006). Physical health concerns in Hispanics who have immigrated into the U.S. include cardiovascular diseases and diabetes. Hispanics are at a high risk of acquiring chronic diseases as they adapt to U.S. diets and lifestyle (Ortega, et al., 2006). Improved access and quality of services would benefit border communities that struggle daily with acculturation, immigration, and identity issues (Metzl & Treviño, 2022). The need to help families who are impacted by these issues has undoubtedly grown over the last few years (Metzl & Treviño, 2022) and the COVID-19 pandemic has affected a significant portion of these communities by negatively impacting available resources on both sides of the United States (USA) and Mexico border (Metzl & Treviño, 2022).

Art Therapy and Immigration

The practice of art therapy is growing as it is seeing increased demands from clients and organizations. The highest employment rates come from metropolitan areas in northern and eastern states while there are fewer opportunities in the western states of the USA (Bureau of

Labor Statistics, 2021). Out of all the cities that border the country of Mexico, only one city in California made the list with high employment rates (Bureau of Labor Statistics, 2021).

Issues that surround the diaspora of Hispanics suggest a heavy need to expand the practice of art therapy to the communities that surround the international borders of the United States. The employment opportunities for art therapists in these areas are limited and unknown how many opportunities are unavailable in areas where Hispanic diaspora live. Further research is required to understand what these communities need, how art therapy can help, how to spread awareness of art therapy and its benefits, and how to increase the likelihood of participation from the communities. More investigation is required to highlight the need for new or more jobs and develop new programs to accommodate the ever-growing immigrant communities.

Current art therapy studies include specified interventions for specialized groups experiencing mental health issues, methods for their application, and theoretical underpinnings in practice. Some studies are conducted across national borders, which are breakthroughs in the research world of art therapy but lack information and accessibility in finding art therapists who exclusively work with the Hispanic or immigrant population. To close the art therapy literature gap, this research calls for art therapists to expand their cultural awareness by developing a culturally reflexive practice to mindfully and ethically engage Hispanic and migrant communities in mental health awareness.

Origins of the Study

I am a Hispanic, Mexican American living in a city in Texas that borders the country of Mexico and attend a low residency online art therapy master's degree program. When seeking practicum and internship sites, I experienced difficulties finding viable sites within my community in the area specific to the border of Texas and Mexico. While networking with art

therapists as I searched for potential placements, a few interviews I engaged in led to the discovery of other professionals who have had to move from a border city like mine to a bigger metropolitan area because the job outlook was exponentially better. This discovery led to deeper questions and challenges for art therapy in Texas. It was my hope that through this study, I would be able to address the complications and challenges of practicing and supporting the mental health needs of communities living on the Texas-Mexico border. I sought to identify the difficulties surrounding mental health service access, job outlook, and employment opportunities for art therapists in borderland communities across the United States. As a student nearing graduation looking for realistic employment opportunities, the thought that I may not be able to achieve what I have set out to do crosses my mind because art therapy is unknown in my community.

Research Question

This study has been guided by my struggles in finding internship sites to further my education in art therapy. Although art therapy positions are more plentiful in other parts of the state and country, relocation is not currently an option and won't be for a few years. This led me to question why there was little opportunity to grow a career in my community in Texas and why art therapy positions are more concentrated in other parts of the state and country. I wondered if being by the border affected the availability of art therapists in the surrounding area. Is it the border communities that affect job availability for art therapists? Is it the art therapist's reluctance to work in a border community and with the Hispanic and immigrant population? My question then is what are the difficulties surrounding access to mental health services, job outlook, and employment opportunities for art therapists in border communities? In this connotation, border

communities are defined as locations with a high concentration of Hispanic or immigrant populations.

Purpose

The purpose of this study is to examine the career outlook for art therapists within border communities with significant mental health needs and how to seek and gain employment where there is minimal opportunity. The gap in this research is a call for art therapists to expand their cultural awareness and practices to increase the potential growth of business and healing. I aim to identify further gaps in the mental health profession and work with new arrivals. With these findings, the art therapy professionals may, in the future, be able to develop strategies to expand opportunities into these border communities and promote culturally aligned art therapy and increase mental health awareness. The experiences of professional art therapists already working in border and immigration settings may give insight into similar patterns of access to care and job placement difficulties in other parts of the USA. In this thorough examination of art therapists working with immigration and border communities, I will identify the challenges and potential solutions for professional growth.

CHAPTER II

Review of Literature

Border Communities

The International Organization of Migration (IOM) (2010) defines transnationalism as a way in which connections are established between national borders with people and the lives they lead (IOM, 2010). The term transnationalism is mainly used to signify exchanges, connections, and practices across national borders. Migrants are in unending relationships with the new communities they live in, and the one they left behind (Lopez, 2018). Within the United States, transnationalism may come in a variety of different ways such as new ideas, values, practices, economic contributions, and political stances (IOM, 2010). With this in mind, it is up to the U.S. to create appropriate migration policies for the country and its inhabitants—new and old (IOM, 2010).

Transnationalism links and unifies people and countries (Lopez, 2018). Regions with border communities have a higher concentration of transnational communities because they can facilitate more constant exchange of people and cultures (Lopez, 2018). Living by the border impacts the experiences and opportunities in everyday life while also shaping their identities (Lopez, 2018). Families, couples, and other relationships are affected by the constant move back and forth from the border (Lopez, 2018) as well as those that are left behind in their home country.

United States-Mexico Border

Art therapy services are limited in communities along the United States (U.S.)-Mexico border. According to the Art Therapy Credentials Board (ATCB; 2023) there are only five registered art therapists in the city of El Paso, Texas, which shares a border with Mexico. The art

therapist to population ratio shows significant disparity of culturally appropriate art therapy access in one border community. Further research shows little to no evidence of other art therapists working in other border cities along the Texas and Mexico border. Following the trail to the west coast, approximately 24 art therapists can be found in San Diego, California, and one more in Chula Vista, California. These two cities in California are closer to the border region than others in that state. There is a higher concentration of employment for art therapists in bigger, metropolitan areas than in smaller cities. In 2020, the U. S. had a year-end count of 8,226 registered art therapists (ATCB, 2020). Of this count, approximately 30 live in the borderland region, and of these 30, approximately 80% live in a single state.

These U. S. border cities are heavily influenced by Mexican culture, which is on the southern side of the border. Due to the shared culture, these spaces maintain a high population rate of Hispanics who immigrated from Mexico in search of better opportunities. Though Hispanics are the second largest historically marginalized group in the U. S., they are greatly underrepresented in professional or leadership roles (Blancero et al., 2018). In a community where the majority are Hispanic, having therapists of a different ethnicity can be problematic due to lack of cultural awareness and differences. About 50% of Hispanics who seek mental health services never return for a follow-up. This statistic is compared to Caucasians who have a rate of 30% (Dingfelder, 2005). This alarmingly high dropout rate might be explained by economic struggles and a lack of stability (Dingfelder, 2005).

Other reasons Hispanic clients may not return to therapy include feeling misunderstood (Dingfelder, 2005) or uncomfortable with the therapist because of language barriers (Isasi et al., 2016). Though art therapy or art-based interventions do not always require verbal communication for expression, they still provide a translation of what the client is trying to

convey to the therapist (Gambrel et al., 2020). Working with mindfulness led to an increase in openness and willingness to change in a first-generation Mexican American student according to Gambrel et al. (2020). Gambrel et al., (2020) stated that developing a safe environment for the student to grow and open up was a struggle for both student and therapist due to differences in culture, language, and life experience. This art therapy case study was a successful outcome for the student because he was able to express himself and communicate with the therapist through his artwork and interests despite all the barriers.

Language barriers between non-Spanish speaking therapists and Hispanic client's make it difficult for to find proper mental health services within the Hispanic community because they do not feel understood due to the language barrier and the lack of Hispanic counselors who are bilingual (Dingfelder, 2005). It is hypothesized that this barrier can be overcome in time while the Hispanic community continues to grow (Piedra & Byoun, 2012). As the community grows, the population of Hispanic students entering higher education programs has increased by 24%. These Hispanic graduate students are most likely bilingual, making them a much-needed resource to the community by implementing new treatment programs in Spanish (Piedra & Byoun, 2012). Piedra and Byoun (2012) indicated that in a sample of 2,999 Latinos, only 17% reported the need for mental health services. Of this percentage, only 43% said they sought help. It was discovered that within the same study, out of 2,365 Latinos, who were non-English speaking, 17% also reported needing mental health services, but in this group, only 8% reported receiving the services.

According to the American Psychological Association's (2019), there were a reported 8,203 Hispanic psychologists. This made up about 7% of the total psychology workforce in the U. S. In a 2015 survey conducted by the APA, only 5.5 percent of Hispanic psychologists said

they were able to treat Spanish speaking clients. In the same survey, only about half of the nationwide psychologists said they would be comfortable treating diverse clients. It has been and continues to be difficult for Latinos or Mexicans to attend counseling sessions because of barriers such as language and stereotypes portrayed in culture across the United States (Hannigan, 2016). There are also limited professionals in this field who fluently speak Spanish (Van Lith et al., 2018) and can overcome the language barriers with their clients. No information was found regarding how many art therapists speak different dialects and indigenous languages from Central and South America.

Burnout

A mental health professional's career is a highly stressful job (Kim, 2016). Music therapy, an expressive arts therapy, in Korea, has continued to increase but many workers report suffering from low income, being overworked, and have low social support (Kim, 2016). These factors can indicate a degree of burnout in the workforce which can lead to high turnover (Kim, 2016). Simionato and Simpson, (2018) suggest that burnout is a leading cause of work-related problems for the field of psychotherapy. Burnout is associated with feelings of exhaustion, disconnection (Simionato & Simpson, 2018), low performance, and negative feelings from the therapist toward the clients and the job (Kim, 2016).

Psychotherapists are more inclined to develop a degree of burnout because of working consistently in emotionally stressful jobs that have a high requirement of empathy (Simionato & Simpson, 2018). Excessive caseloads, clients with difficult circumstances, and insufficient resources are common workplace problems for psychotherapists who are at high-risk of burnout (Simionato & Simpson, 2018). The job demands for creative arts therapists can be incredibly taxing and may cause have a gap in coverage for certain parts of a community due to lack of

support, few advancement opportunities, and low salaries, all of which contribute to burnout and low career commitment (Orkibi, 2016).

Professional Development

Students who are enrolled in graduate art therapy programs are required to complete a total of 700 or more clinical practice hours shadowing and learning alongside an ATR. This comes after completing rigorous coursework to establish the fundamentals of being in a mental health profession. To gain these hours, a student must go through an internship with an ATR close to the student, and work with them to gain experience in the profession.

Internships are a learning strategy used to prepare students of higher education for their future profession (Silva et al., 2018). They give students real world situations in which they can apply theoretical knowledge into new contexts, make decisions, and solve problems (Silva et al., 2018). These trainings have proven to be useful for students to develop several abilities and personal qualities to attain and maintain a job (Silva et al., 2018). Internships are a gateway for graduate students to learn the skills necessary for their future careers and provide them with experience for future employments (Silva et al., 2018). Their career is shaped during internships, which also help them find the right setting for them to work in (Ameen et al., 2021).

Graduate students seeking an internship look for placement in their desired setting and geographic location (Ameen et al., 2021). Working as an intern has benefits for the internship sites as they may be able to add additional funding for the site to fund the internship program while also billing for services provided by the trainees (Ameen et al., 2021). Ameen, et al. (2021) indicated that around 40% of participants in an internship study responded that their services were billed. This leaves around 60% of participants that were not eligible for reimbursement. This may be due to differences in insurance policies by state.

Having an unpaid internship is widespread and standard all over the world (Dholakia, 2019). Dholakia (2019) states that a well-known concept of fair exchange should be used to argue fair pay for any type of work because the demanding hours and skill needed to acquire an internship are needed to provide this act of free labor. Not being paid a wage is not livable for most people unless they are privileged and do not need to work while interning (Dholakia, 2019). Internship is required by graduate programs to train and prepare students for their careers after graduation. These internships are the student's entry into the chosen practice and set them up for success. Yet, some students have trouble landing a paid job after interning and continue in unpaid internships in hopes of one day finding a paid opportunity with all their experience (Jacobson & Shade, 2018).

Interns who have parental support with tuition for school and housing were more likely to be able to take on an unpaid internship in North America (Jacobson & Shade, 2018). One participant in the study conducted by Jacobson and Shade (2018) stated that an internship didn't need to be paid as a student because the internship was required for a credit—in this way, it evened out for her. Though, another participant stated that since the internship is for an academic credit, it is part of the tuition paid to the school. In this view, the student has to pay to work for free, in addition to outside costs such as transportation and purchasing supplies needed for the job (Jacobson & Shade, 2018).

It is indicated that students who take internship for school mostly look and find an internship within 75 miles from their current residence (Ameen et al., 2021); this is especially true if it is their first employment. Once a second opportunity pops up, they are more likely to relocate outside of the 75 miles to a second location that may not be their original place of residence. A large portion of students end up leaving their first place of work in pursuit of better

employment opportunities after their first internship (Ameen et al., 2021). Most individuals who leave a particular area say they leave for better employment settings, job responsibilities, and opportunities for growth.

Employment Outlook

In the US, the national average annual salary for art therapists is approximately \$57,000 (ONET, 2022). Within Texas, the average is higher, at approximately \$63,000 per year (ONET, 2022). The projected growth from the year 2020 to 2030 is 10%–15%, which is faster than average, and the projected job openings for this field is approximately 2,400 jobs (ONET 2022). In the year 2020, there were roughly 28,100 individuals employed in the category “therapists, all other” nationally, where art therapists are designated (ONET, 2022). The projection of employment for art therapists is currently a positive trend and is projected to continue a positive slope for the next 10 years. In Texas, there were approximately 1,110 employed under the category “therapists, all other” (BLS, 2021). Texas also has projected approximately 70 job openings from the year 2018 to 2028 (ONET, 2022).

Art Therapy

Art therapy is a creative arts-based therapy that utilizes creative processing and art media to help people understand their emotions and thoughts through a new perspective and promote and improve well-being in the client. Art therapy is based on creative expression that doesn't require verbal communication. Art is the universal language (Ibrahim, 2018) that connects all human beings and conveys information without the need for words. Art speaks for itself and communicates different meanings that offer personal interpretations for the creator. In this way, art therapy allows the unconscious mind to communicate with the conscious mind.

The Expressive Therapies Continuum

The expressive therapies continuum is a way to classify interactions between art media and the way information is processed by the client. This interaction allows creative processing to move through different levels and components within the expressive therapies continuum (ETC) to evoke experiences (Hinz, 2020). The ETC offers a more holistic alternative art-based assessment methods as it analyzes the whole interaction between the client, chosen medium, and art intervention for information processing.

Art Therapy and Immigration

The practice of art therapy is growing as it is seeing increased demands from clients and organizations. The highest employment rates come from metropolitan areas in northern and eastern states while there are fewer opportunities in the western states of the USA (Bureau of Labor Statistics, 2021). Out of all the cities that border the country of Mexico, only one city in California made the list with high employment rates (Bureau of Labor Statistics, 2021).

Issues that surround the diaspora of Hispanics suggest a heavy need to expand the practice of art therapy to the communities that surround the international borders of the United States. The employment opportunities for art therapists in these areas are limited and unknown how many opportunities are unavailable in areas where Hispanic diaspora live. Further research is required to understand what these communities need, how art therapy can help, how to spread awareness of art therapy and its benefits, and how to increase the likelihood of participation from the communities. More investigation is required to highlight the need for new or more jobs and develop new programs to accommodate the ever-growing immigrant communities.

Current art therapy studies include specified interventions for specialized groups experiencing mental health issues, methods for their application, and theoretical underpinnings in

practice. Some studies are conducted across national borders, which are breakthroughs in the research world of art therapy but lack information and accessibility in finding art therapists who exclusively work with the Hispanic or immigrant population. To close the art therapy literature gap, this research calls for art therapists to expand their cultural awareness by developing a culturally reflexive practice to engage Hispanic and migrant communities mindfully and ethically in mental health awareness.

In some areas of the United States, job and internship placements for art therapy graduate students and recently graduated art therapists can be challenging due to a lack of access to jobs and mental healthcare sites and facilities that offer art therapy. This can include hospitals, psychiatric facilities, schools, and counseling centers and services. This leads to many art therapy graduates seeking positions in other closely related fields (Torpey, 2015). A search of the American Art Therapy Association member directory (AATA; 2022) showed approximately 4,300 members who are credentialed art therapists and art therapy students in the United States. Art therapists and students in training, who work with clients of diverse cultural identifications and personal histories that have an ethical responsibility to be continuously educated in cultural awareness to best work with and support diverse clients (Bermudez & ter Maat, 2006). This ethical standard helps professionals acquire knowledge to reach communities that need mental health services.

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are common among individuals who have experienced or are currently experiencing acculturation issues (Ortega, et al., 2006). The stigma associated with seeking mental health care (Van Lith et al., 2018) is still very prominent in Hispanic American communities while other issues such as cultural biases and a shortage of mental healthcare providers make even asking for help a difficult task (Flynn et al., 2020). The Hispanic community is underserved regarding mental health and requires further research into how to engage this community (Van Lith et al., 2018).

Immigration is a current issue that needs attention due to mental health concerns within these communities (Metzl & Treviño, 2022). Examples of these concerns include increased risk of suicidal ideation (SI), suicide attempt (SA), depression (Silva, et al., 2018), and anxiety (Ortega, et al., 2006). Hispanics who have immigrated into the U.S. and have family in another country are at a higher risk for SI/SA than Hispanics who have not immigrated and do not have family in another country (Silva, et al., 2018). Not only are there mental health concerns in these Hispanic populations, but also physical health concerns that acculturation brings (Ortega, et al., 2006). Physical health concerns in Hispanics who have immigrated into the U.S. include cardiovascular diseases and diabetes. Hispanics are at a high risk of acquiring chronic diseases as they adapt to U.S. diets and lifestyle (Ortega, et al., 2006). Improved access and quality of services would benefit border communities that struggle daily with acculturation, immigration, and identity issues (Metzl & Treviño, 2022). The need to help families who are impacted by these issues has undoubtedly grown over the last few years (Metzl & Treviño, 2022) and the COVID-19 pandemic has affected a significant portion of these communities by negatively impacting available resources on both sides of the United States (USA) and Mexico border (Metzl & Treviño, 2022).

Cultural Role Confusion

As a first-generation Hispanic Mexican American living in the U. S. pursuing a master's degree in Art Therapy, roles and identities can get lost, replaced, molded, changed, and mixed up. A therapists' roles can be confused due to their fluctuating nature while training continues to shape an intern's identity. Roles in the workplace such as an art therapist, an art teacher, telehealth therapist, and intern are constantly shifting as I gain more experience. These roles will sometimes overlap and create challenges (Maire, 2021) that I must learn to navigate. These challenges are struggles within myself as I grow into becoming a licensed professional and are to be resolved with my professional supervisor.

Culturally, I identify as Hispanic and am bilingual but speak mostly English. The client's I work with at my internship notice my last name and assume I am fluent in Spanish, and though I can hold a casual conversation in Spanish, it is difficult to communicate at times throughout the session due to lacking the counseling terminology in Spanish that I am learning in English during my education. Being of Mexican descent, I am familiar with Mexican culture, traditions, and religious aspects that influence ideology and increase my clients' feeling understood culturally. Hispanics are greatly underrepresented in professional roles (Blancero et al., 2018), such as counseling. In Mexican culture, there is stigma for mental health illnesses and receiving helping services for them (Van Lith et al., 2018). Within my cultural background, going to therapy and having a mental illness was and still is a taboo subject; never talked about and unheard of. For this reason, I have experienced a cultural role confusion in the culture I identify and participate in. This culture contains stigmas such mental illness is not real due to religious beliefs; something I also believed once.

Origins of the Study

I am a Hispanic, Mexican American living in a city in Texas that borders the country of Mexico and attend a low residency online art therapy master's degree program. When seeking practicum and internship sites, I experienced difficulties finding viable sites within my community in the area specific to the border of Texas and Mexico. While networking with art therapists as I searched for potential placements, a few interviews I engaged in led to the discovery of other professionals who have had to move from a border city like mine to a bigger metropolitan area because the job outlook was exponentially better. This discovery led to deeper questions and challenges for art therapy in Texas. It was my hope that through this study I would be able to address the complications and challenges of practicing and supporting the mental health needs of communities living on the Texas-Mexico border. I sought to identify the difficulties surrounding mental health service access, job outlook, and employment opportunities for art therapists in borderland communities across the United States. As a student nearing graduation looking for realistic employment opportunities, the thought that I may not be able to achieve what I have set out to do crosses my mind because art therapy is unknown in my community.

Research Question

This study has been guided by my struggles in finding internship sites to further my education in art therapy. Although art therapy positions are more plentiful in other parts of the state and country, relocation is not currently an option and won't be for a few years. This led me to question why there was little opportunity to grow a career in my community in Texas and why art therapy positions are more concentrated in other parts of the state and country. I wondered if being by the border affected the availability of art therapists in the surrounding area. Is it the

border communities that affect job availability for art therapists? Is it the art therapist's reluctance to work in a border community and with the Hispanic and immigrant population? My question then is what are the difficulties surrounding access to mental health services, job outlook, and employment opportunities for art therapists in border communities? In this connotation, border communities are defined as locations with a high concentration of Hispanic or immigrant populations.

Purpose

The purpose of this study is to examine the career outlook for art therapists within border communities with significant mental health needs and how to seek and gain employment where there is minimal opportunity. The gap in this research is a call for art therapists to expand their cultural awareness and practices to increase the potential growth of business and healing. I aim to identify further gaps in the mental health profession and work with new arrivals. With these findings, the art therapy professionals may, in the future, be able to develop strategies to expand opportunities into these border communities and promote culturally aligned art therapy and increase mental health awareness. The experiences of professional art therapists already working in border and immigration settings may give insight into similar patterns of access to care and job placement difficulties in other parts of the USA. In this thorough examination of art therapists working with immigration and border communities, I will identify the challenges and potential solutions for professional growth.

CHAPTER III

Methodology

I used an interpretive phenomenological analysis approach (Smith & Osborn, 2008) to this study, which is a qualitative method, to help understand the participants experiences, both internal and external, and focus on understanding their perspective. This type of approach felt appropriate for the study because it allowed me to understand the participant's perspectives of their journey and provided insight to their perceived struggles and successes.

Participants

After gaining approval from the St Mary-of-the-Woods College Institutional Review Board (IRB), I examined the difficulties for this growing profession of art therapy in the borderland communities by recruiting professional art therapists to engage in a focus group. This focus group will consist of four to six who are currently practicing art therapy and have a client workload in any type of work setting. The exclusion criteria include art therapists who do not meet inclusion criteria.

Recruitment

I created and posted a recruitment flyer sent to state chapters of the American Art Therapy Association and the community forums for American Art Therapy Association (AATA) members showing all inclusion criteria. Further eligibility criteria for this study required the individual to hold a Registered Art Therapist (ATR) or a Registered Art Therapist-Board Certified (ATR-BC) credential received through the Art Therapy Credentials Board (ATCB). Requiring an ATR credential as an eligibility criterion ruled out art therapy students or other mental health professionals. By focusing on art therapists, I was able to engage with the unique experience in acquiring their credentials, licenses, and jobs that were explored within this study.

The study was formatted for long-distance video meetings, which allowed participants and researcher to connect without having their location create a barrier and increasing eligible individuals who fit the description of inclusion criteria to engage. Lastly, individuals must have worked as an art therapist in a border community, currently living in a border community or working with the Hispanic or immigrant populations.

The flyer contained my contact information, and individuals who were interested were asked to contact me through email stating their interest. When the participant agreed to take part in the study, consent forms were sent and signed before proceeding. The consent forms contained a brief explanation of the study, methodology, permission to photograph their art, the use of results, and outlining the risks involved for choosing to participate in the study. The risk assessment was minimal for this study and included the potential for discussion of sensitive topics may cause participants to experience emotional dysregulation. If participants experienced extreme reactions, a list of mental health resources were made available for their use. If I required further information, the participants were made aware that if they were asked to participate in a follow up interview, they would be compensated with a \$10 gift card. Participants were free to accept compensation or not.

Procedures and Data Collection

After consent forms were signed, an additional informational e-mail was sent out to individual participants containing the date, time, and Zoom link for the scheduled session. A list of art materials to have during the session was included as an attachment to the email.

The participants attended a semi-structured interview session that lasted between one to two hours using the online platform, Zoom. Before the discussion began, the researcher asked the participant to create an art piece about their journey through school and into the career. The

participant was instructed to take 10 to 15 minutes to create an art piece. Once finished, the participant was invited to discuss their experience as an introduction to the interview. The researcher utilized the list of pre-written questions (see Appendix D) to guide the discussion and encouraged the participant to speak openly and with as much detail as possible. Once the art making session was complete, the participant and researcher entered the interview phase of the session.

Data Analysis

The interview session was recorded and transcribed through Zoom then analyzed with a qualitative data analysis software called ATLAS.ti. The researcher used an interpretive phenomenological analysis process for analyzing visual and written data once each interview was transcribed to explore more in-depth analysis of similar and major themes that emerged during the interview. The interpretive phenomenological analysis allowed me to fully interact with the information and attempt to gain the perspective from the participant who was telling their story. This method of analysis also gave room for possible different interpretations of the data, leading to the discovery of different themes for comparison.

Methodological Integrity

I chose to use a qualitative format for this study to examine the lived experiences of the participants as they developed their careers and the complications of their career path. Open-ended questions were used as a guide for the interview to give the participants the liberty to answer as much of the question as possible. The guided questions allowed the participants space to explore and describe their experiences in their journeys into the art therapy world as well as their feelings and thoughts.

I used an interpretative phenomenological analysis (IPA) (Smith & Osborn, 2008) to analyze the data. This type of analysis allows the participants to detail their lived experiences through their personal perception (Smith & Osborn, 2008). IPA is a method of qualitative analysis that provides the participant the opportunity to express their lived experiences to effectively communicate what they felt and understood as they pursued their career. This analysis was chosen to allow all an in-depth analysis of the data collected in the study. Due to incorporating artmaking into the beginning of the interview, the artwork and the participant's meaning behind their artwork gave significant information about the overall perception and feeling of clinicians working with Hispanic and immigrant populations.

Once the data gathering was done, a conceptual content analysis was performed with the transcribed results from the interview. In a conceptual analysis, concepts are chosen and then searched for in the data (Columbia University Mailman School of Public Health, 2019). Terms, sentences, and singular words were coded and separated into separate categories. The implicit data was more difficult to analyze because personal judgement was used to identify what was implied from the interview transcripts and art making that requires further understanding.

Ethics

The recordings, transcripts, and artwork were stored on my personal laptop and were assigned a letter (*Participant A, Participant B...*) at random. This followed the AATA's (2020) ethical guidelines. AATA (2020) code 9.7 states that information must be securely stored and de-identified to fulfill federal, state, and institutional laws pertaining to confidentiality. I kept recordings on my laptop that has a passcode unknown to everyone but myself. I used initials instead of full names when identifying data. The AATA (2020) code 9.6 states that any artwork created by research participants belongs to them unless otherwise notes in consent forms signed

by the participants. The participants kept their original artwork and were asked to submit a digital photograph of the artwork for research purposes.

Summary

The focus of this study was to gather information about unique experiences from participants regarding their professional development and journey into their careers. Each participant was given a chance to tell their story, be heard, and were given time to discuss their experiences.

Gathering data yielded rich content for analysis. The interpretive phenomenological analysis method was used to find common themes and topics within the discussion and determine their importance and relevance to the study. The methods for this study allowed flexibility and the ability to connect with others around the country who have the experiences required for the study.

CHAPTER IV

Findings**Demographics**

Four participants from three different states volunteered for this study. Participants were from Texas, Florida, and Pennsylvania (see Figure 1). Participants ranged in age from 30–65 years old. All participants identified as female and are currently working as art therapists in their community; each participant indicated that they work within the Hispanic or Hispanic immigrant communities in the United States. Participants self-identified in their individual interviews as Latina, Jewish, and White (see Figure 2). Two participants attended art therapy graduate school in their home state, and two went to school out of state. Of those two out of state, only one of them attended a low-residency graduate school.

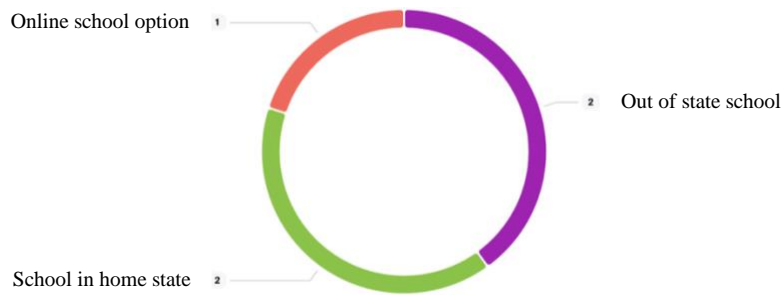
Figure 1. Participant Current Residence



Figure 2. Participant Identified Ethnicities



Figure 3. Participant School Format



Themes

There were many similar themes within the responses from each interviewee. The responses ranged from good experiences, bad experiences, struggles while in school, difficulties finding work after graduation, and establishing themselves as professional art therapists. This information came from analyzing the transcribed interviews and art pieces created by the participants during the interview. Below are the themes found in more detail (see Figure 5).

Positive Experiences

The participants were asked to create an art piece regarding their journey into graduate school and afterward into their careers. The responses from the participants included words like growth, flourish, supported, spiritual, and connected. The overarching theme or feeling is one of positivity and growth through their journey. The participants mentioned that being in graduate school was a significantly easier experience than what came after graduation. The figures below (Figures 4.1 to 4.4) show participant artwork regarding their experiences.

Figure 4.1

Participant Artwork



Figure 4.2

Participant Artwork



Figure 4.3

Participant Artwork

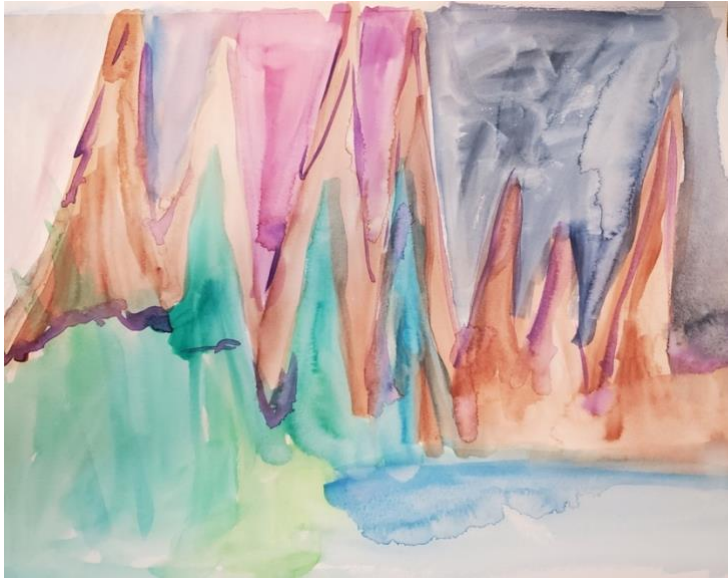
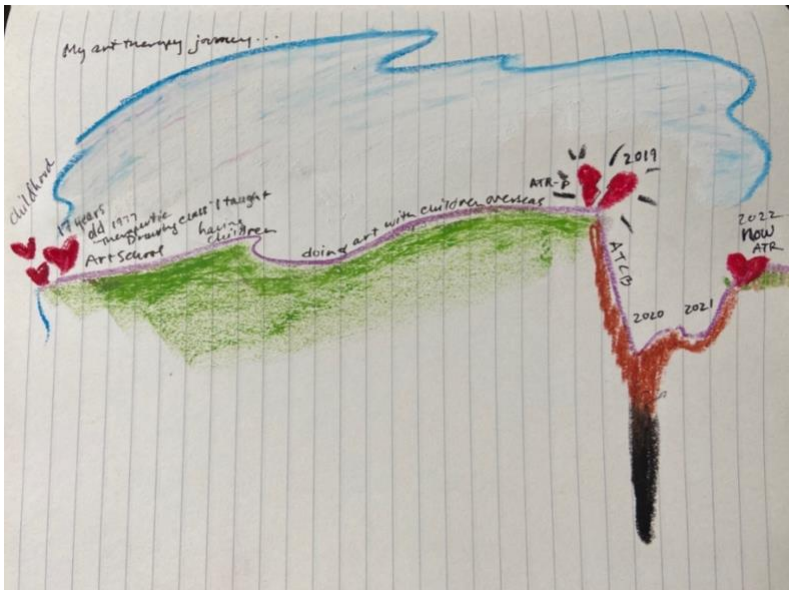


Figure 4.4

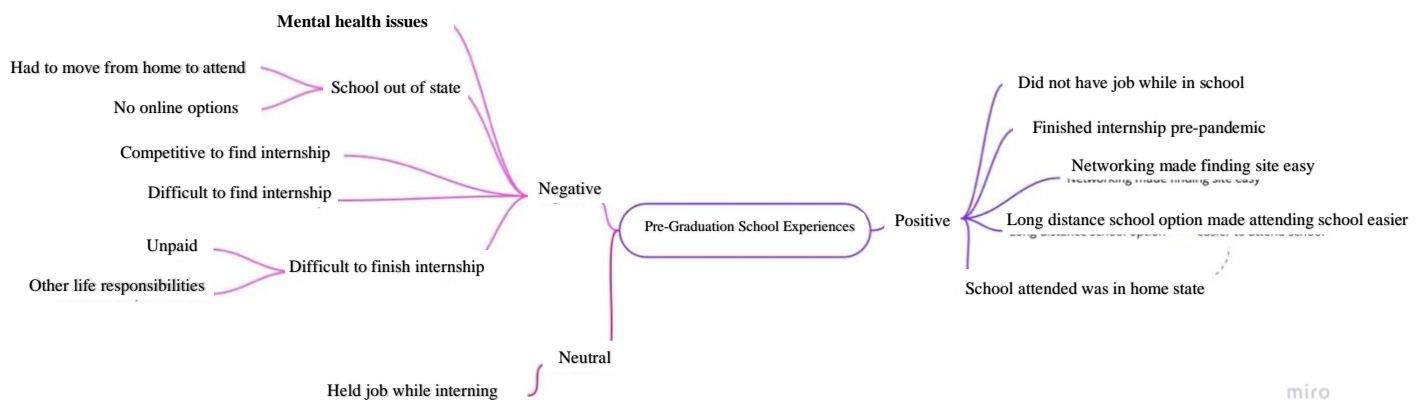
Participant Artwork



Networking

A common experience that each participant had was networking with other art therapists to find internship site placements and jobs. Each participant said that networking with other therapists in the communities opened more doors to help them find placements and job openings when the time came. Though finding internships was competitive, both participants who attended school in their home state had internships lined up at local facilities. One participant was looking for a site in her home state because she planned to move back. The last participant was part of an online program and was required to find a site where she was currently residing. Networking helped both participants find their placements.

Figure 5. Pre-Graduation School Experiences



Struggles

Despite participants experiencing challenges as a student, it was more the transition into a professional role that proved to be a struggle. The participants' challenges negatively impacted their experiences by creating obstacles and delays in finishing school and gaining employment. These struggles faced by participants added stress and a financial burden on them as they looked for internships while finishing school. Having access to distance learning was also a struggle for

one participant. Other obstacles in finishing their programs included a competitive search for internship availability, working while interning, and needing more academic support from school advisors and internship coordinators. There were only two benefits that were similar across participant responses: networking increased the ability to find an internship site as well as the experience gained from internship gave them better opportunity to find a job. Figure 6 shows a comprehensive list of both the struggles and the benefits they experienced while in school.

Figure 6 Internship Experiences

Obstacles	Benefits
<ul style="list-style-type: none">• Access to distance learning• Competitive internship search• Held job while also interning• Difficult to secure internship• Needed more academic support such as advisors/internship coordinators	<ul style="list-style-type: none">• Networking increased the ability to find an internship site• Gained experience for jobs <p data-bbox="1295 1192 1344 1220">miro</p>

Unpaid Work. Similar responses from participants stated that they had difficulty finishing the internship due to it being a full-time unpaid experience for them. Three out of four participants had parallel experiences about having difficulty finding a healthy balance between work and school because the internship was demanding and required dedicated weekly schedules. This presented a strenuous schedule for participants which involved long hours with no pay and having to take time off from their regular jobs. This added strain and pressure to finish the internship as soon as possible to join the workforce.

Distance Learning. Two of the four participants needed to have the ability to do coursework online and have internships in a different state than their school was in. Both participants felt that their schools should have done more to help the long-distance students in providing resources or connections to assist them in finding their internships. In addition, these respondents had a troublesome time finding a supervisor and site and had minimal direction from their graduate school advisors and coordinators. One program was not prepared nor adequately equipped for distance learning for one participant that was looking to move back home to establish a connection with an art therapy supervisor in her hometown. This led the participants to feel both less supported and less prepared to endure the real world of creating connections and finding a job.

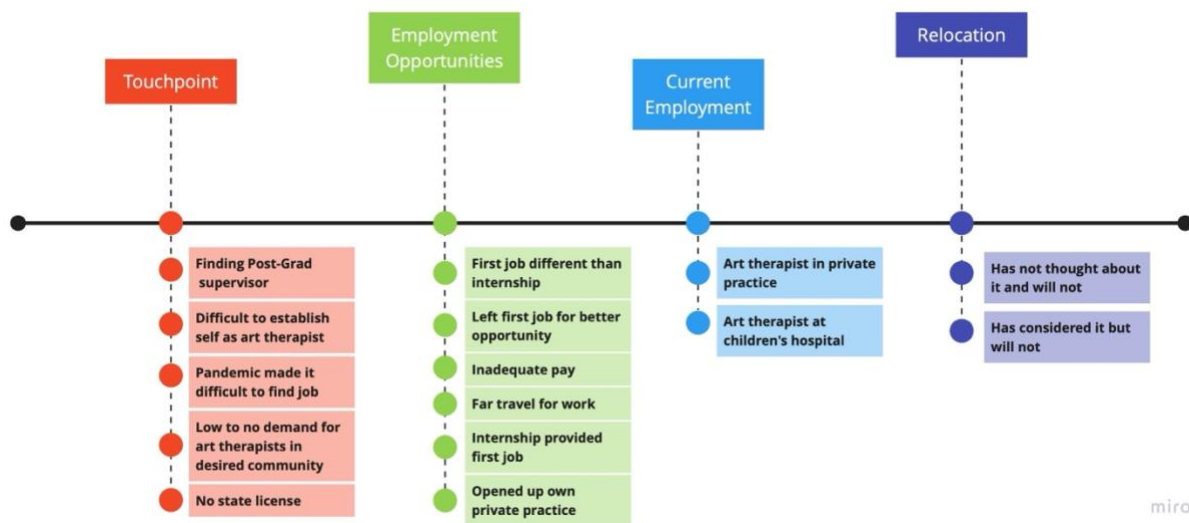
After Graduation

The responses were split when it came to experiences after graduation. There were mixed variations of both having difficulty finding a job and having an easier time finding a job. Responses also included having trouble finding a post-graduate supervisor for the clinical hours required for full licensure. The COVID-19 pandemic also created an unforeseen circumstance which generated a complication for the participants to find a job. Another unanticipated struggle

was the low demand for art therapists in the participants community. Figure 7 shows the similarities found in each participant's response. Regarding job opportunities that the participants discovered, some were more uncomplicated than others. One participant was able to continue working at the private practice under her supervisor. One participant turned down several job offers because the compensation was low compared to the state average for art therapists. When asked about their thoughts on relocation for employment, there were also mixed responses. One participant stated she has not thought about it and does not need to. Two participants have thought about relocating to work with their desired populations but will not move anytime soon. Currently, the participants work as art therapists in private practice as well as in a children's hospital.

Figure 7. Post-Graduation Experiences

POST- GRADUATION EXPERIENCES



Employment Opportunities

Other similar difficulties between participants included having to turn down job offers because of inadequate compensation for their work. Barriers that the participants felt influenced

their job prospects include lack of knowledge about art therapy, not having a state license, and challenges with finding employment during the COVID-19 pandemic. Figure 8 shows a consensus that each participant faced obstacles that affected finding employment. One participant was offered a job from her internship; however, the rate of pay was below the state average and eventually she was working for no pay for several years. She said it was difficult to establish herself as an art therapist in her community because there is little to no demand for art therapy.

Figure 8. Employment Obstacles



One of the participants began working on her own under her supervisor, who was at the time working inside the education system as a counselor. Clientele began growing, and a private group practice was opened. Another participant was contracted to work as an art therapist in a children's hospital. Even though she is currently working, she does not know if she will be re-hired at the hospital once her contract finishes due to insufficient funding through the hospital.

One participant, however, had an easier time finding a job and supervisor after graduation. She describes networking to be the biggest asset in helping her achieve her goals and open doors to different areas of work.

Summary

Each participant has unique experiences journeying through school and making their way into the workforce in a career that is not as big or common as others. Most of the participants had similar experiences in getting into school and most did not offer information about difficulties in programs except for when it came to internship placements. Students had a general degree of difficulty finding internships, either because they didn't know the site existed or if they were accepting interns. Some respondents had challenges with the long-distance learning resources and academic supervisors did not assist students in locating sites.

One of the biggest obstacles for these students was locating and securing an internship. As post-graduates the second biggest obstacle was the steps to obtain licensure, finding supervision and adequate employment. The internship helped prepare the participants for their future jobs but did not help find the participants paying jobs. Some were forced to create their own, others had to take below-average pay or do volunteer work. Though each faced challenges along their journey to becoming a professional, they all pursued alternative routes to achieve their goals.

CHAPTER V

Discussion

The themes gathered from the study are recurring topics discussed during the interview phase of the study and elaborated on by the participants. The themes that arose were positive school experiences, networking, internship and educational struggles, unpaid work, difficulty with distance learning, after-graduation experiences, and employment opportunities.

Positive School Experiences

Each participant recalled positive experiences going through graduate school. This theme explored their journey to become art therapists. This is a theme of transformative growth—a topic that is not talked about very often in educational environments. Enrolling in a graduate program is a big step and even more, finishing a graduate program is a milestone. It comes with difficulties and sacrifices; it is not something to be taken lightly. The participants shared experiences where they felt they made the right choice for a career, chose the right school, and found the right internship for them.

Networking

Networking was a popular theme among the participants. Each participant found that networking helped them to find an internship site as well as a job placement after they graduated. The participants agreed that networking did help them find their placements and find the job that they were interested in. Networking with other art therapists in the field was an asset when it came to finding the sites that they needed for internships or work.

Struggles

Struggles were also a recurring topic that multiple participants discussed during their interview. Though they had a positive and transformative growth during school, many

participants stated that they encountered various struggles during school. Obstacles like finding an internship because it was competitive and unpaid, having to work at the same time as an internship, and not having an online platform-friendly way of doing school. One participant stated that schools could do more to help their students succeed when it came to having to find internships—especially if they are online and have a low residency option.

Unpaid Work.

Having unpaid work or an unpaid internship fell into the ‘struggles’ theme but was mentioned enough between participants to become a sub-theme. It was difficult for the participants to have a job while working through internships because an internship was just like a full-time job but was not paid. This created a different level of difficulty for the participants due to having to juggle a full-time and a part-time job with only the wages of the part-time job. Having a paid internship would have decreased financial strain and stress in participants’ lives during that time.

Distance Learning.

Two of the participants required online capabilities to do an internship. Both participants stated that their schools did not provide the amount of help needed for the students to find their internship sites and work virtually. Even when schools are based online, the participants stated that the schools could have, and should have, provided the students with helpful resources and more support to prepare students for success.

After Graduation Experiences

The participants reported having both difficulty getting started in their career and being able to find a suitable opportunity for their first job as an art therapist. The participants have experienced finding better work opportunities to include improvements like less traveling, higher

pay/compensation, and finding a post-grad supervisor in their community. Nevertheless, networking was an asset to the participants and helped them find and create the jobs they have now.

Employment Opportunities

Each participant had unique experiences in finding job opportunities within their chosen community. The participants shared their difficulties in finding their job sites, getting through licensing obstacles, and even creating their own jobs. Barriers that participants felt were out of their control were state licensing regulations and lack of funding for their positions in the community; this affected their employment opportunities.

The results demonstrated varying degrees of ease and difficulty for participants in school making their way into a career in art therapy while also demonstrating many commonalities. Most participants expressed positive sentiments regarding their journey through graduate school and finding their calling to the art therapy career, but those same participants spoke to more negative experiences when asked to recall their experiences following graduation and finding their way into the workforce.

The findings from this study were represented in the literature and new information was found. Most participants did not have to relocate for a better job opportunity but used established relationships while networking for internships and to bring opportunities and offers from potential employers. The participants were each able to find a career close to home but have thought about relocating to work with different communities in different parts of the country.

Some participants identified a demand for art therapy in their communities while others did not. Differences in participant experiences were found in the awareness of and access to art therapy in some communities where other communities were introduced art therapy services for

the first time. In some cases, the art therapists indicated that it was difficult to find internships due to a lack of accessible healthcare for community members, which caused them to travel to the nearest surrounding county for any sort of medical attention. This meant there were less available jobs nearby for anyone interested in mental health or health care jobs. In other areas, participants reported having to create their own job to bring art therapy into the community.

Difficulties participants identified were connected directly with their present physical location. They included lack of funding and limited licensing laws rather than challenges associated with the members of their community or the education received by graduates of art therapy programs. Most obstacles connected to finding jobs had to do with a lack of state licensure available for art therapists who did not attend a dual art therapy and counseling program. For example, Florida does not offer an art therapy specific license and Texas licenses art therapists under its counseling license. Some low-residency or fully online graduate art therapy programs, which are often located in other states, do not offer a dual degree program to acquire the credits required for both a professional counseling license and art therapy credentials. This impacts the access for clients to receive art therapy and limits the number of art therapy positions. In addition, art therapists may be isolated by profession in their area leading to higher rates of burnout (Kim, 2016) and may be seeking opportunities elsewhere for increased peer/professional support.

Contributions

The purpose of this study is to explain the real and unique experiences from art therapists in the field specific to living and working with Hispanic and immigrant communities. Each participant had a different experience finding their school, having to make choices that would affect their lives and loved ones, and making sacrifices to give back to their communities as

helpers. The results gathered from this study found similarities in experiences between participants even though they were in different parts of the United States (US). The results were used to see patterns and external influences connected to making career decisions and barriers to advancement within the field of art therapy. External influences such as state licensing and funding opportunities can be recognized, and now planned for, to make educated career choices.

It is important to note that local communities also have a significant impact on the types of careers and positions available for art therapists. The presence of art therapy is influenced by both cultural and financial idiosyncrasies of a community. A community's culture can include stigma against therapy, language barriers (Dingfelder, 2005; Isasi, et al., 2016), contrasting ideals, and the antagonization of mental health issues (Van Lith, et al., 2018). An individual's access to health care can be limited by government funding, lack of transportation, insurance coverage, and personal financial stability (Dingfelder, 2005). Though some participants did not see language and communication as an obstacle to this population, service access was a bigger issue in their opinion. Being unable to charge for services because of lack of licensure created a big problem for the participants who did not have a state license, as well as for their clients who were unable to return after a few sessions because they couldn't pay for services. Even in the case of government agencies, one participant was unpaid for several years as an art therapist working in a community center for children.

Improving access to care for clients begins with outreach. One participant stated that community outreach is where her heart is, but sometimes she must decide whether she can afford to take time off from work to volunteer her time. In cases like these, service access for clinicians is limited due to funding. Working with the community to bring healing through artmaking

brings people together, but at the same time, the art therapists who volunteer their time are not compensated and run the risk of burnout.

Limitations

Limitations of this study include a small sample size. Although the goal for recruitment sought 5–8 participants, due to time restrictions, only four were recruited. This may have caused the results to be skewed or limited the generalizability of the results to other larger populations. Recruitment time was impacted due to IRB response times and edited submissions for approval before beginning the data collection phase.

Another limitation was recruiting participants who have specific and specialized experience working with the Hispanic/Latinx or immigrant communities in the US. Most participants worked with the population, but other local influences shaped their career choices and provided obstacles for each. Participants who worked with the Hispanic/Latinx or immigrant population said their biggest obstacle was the language barrier but noted that art therapy offered non-verbal ways to communicate, and therefore, the population benefitted from working through art despite these barriers (Dingfelder, 2005; Isasi, et al., 2016).

Future Direction

This study could further be improved by increasing data collection from a larger sample of art therapists who live in a national border community or have tried to find work as an art therapist in these border communities. Researching the art therapist and clients in these communities may increase understanding related to influences from across the border. Using a comparative analysis between the experiences of art therapists in the US and art therapists living on a border with another country such as Mexico would further develop novel information about their experiences seeking a job amidst internal and external influences of cultural traditions and

stigma against mental health. A qualitative survey for individuals who fit the criteria would be most practical to conduct through national borders. Within the borders of the U.S., multiple group meetings in person would be beneficial to help the natural flow of discussion and conversation amongst peers from other states. This would be on a bigger scale, maybe regionally, and would have to involve a minimum of 10 Registered Art Therapists per group.

This study could be conducted at the local and state government agencies to provide data about the barriers and challenges faced by art therapists and other mental health workers experience in their jobs as well as demonstrate what limitations that exist. Analyzing the service accessibility for people in communities where no credentialed art therapists or positions open to hiring an art therapist because it shows disparities in access to some mental healthcare options that may improve their participation using a method that works for them. These types of studies could impact the American Art Therapy Association's mission statement and mission statements for healthcare centers offering art therapy services around the country with hopes to better provide care for their communities. By bringing more discussion about Hispanic/Latinx and immigrant access to art therapy, its uses, and how to transition from being a student to being a clinician could be redefined and lead to more options for art therapists and students alike.

Conclusion

As a student, I have learned about the benefits of being aware of options available for entering into an art therapy career path, how to deal with post-graduation challenges, and knowing what's needed to find a job. The purpose of this study was to analyze the influences surrounding employment opportunities for students graduating from a master's program in art therapy and to be knowledgeable about service access variances for different populations. This study brings to light some of these factors and shares the information as real obstacles that are

happening around the country. Each participant brought these unique experiences to dealing with obstacles and finding a way to establish themselves as an art therapist in communities that may not be as accepting of mental health professionals as one would think. It was evident that the biggest impediment lies in the format of our graduate programs and our government and healthcare regulations that do not make art therapy an accessible form of mental healthcare to the individuals in our communities. As stated by one of the participants, “We need some heroes.”

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APPENDICES

APPENDIX A

Survey/Interview Questions

DEMOGRAPHICS

1. What is your age? (This is important to ask to compare the differences in age groups. Some participants may be older and may not have seen difficulties in the job market, whereas a younger participant may have experienced some difficulty.)
2. What ethnicity do you correlate with the most?
3. Where were you born? Was it in a border community?
4. Do you currently live in a border community?
5. What graduate school did you attend?
6. Can you describe the population and type of setting where you currently work?
7. Can you describe previous types of settings where you were previously employed or obtained internship/training experiences as an art therapist?
8. What is your primary language?
9. What other languages do you speak?

CAREER

1. Can you describe your first job after graduating with your master's in art therapy?
2. What kind of obstacles (if any) did you encounter while finding your job in the Art Therapy field?
3. How did internships from graduate school affect your employment?
4. Did the thought of relocation for employment ever occur to you? Please describe why or why not.
5. If you had to relocate, what would be the deciding factor?

COMMUNITY

1. What requirements do you see in your community that art therapy can help with?
2. Can you describe a population in your community that can benefit from art therapy?
3. Have you worked on any small projects or with organizations around the area that you currently work in to bring awareness to art therapy? If so, what was the outcome?
4. Are there opportunities to offer workshops or support groups for the population in the area you currently work in? If so, can you describe what these groups would consist of?
5. What barriers hinder bringing awareness to art therapy in your community?
6. Do you have any advice for someone such as myself, as a student who faces having to potentially relocate after graduation?

APPENDIX B

Participant Artwork

Participant A



Participant B



Participant C



Participant D

