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Adolescents and Art Therapy: Exploring Safe Spaces Through Telehealth

Capstone Thesis

Lesley University

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Art Therapy

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Abstract

This thesis discusses an art therapy intervention in a virtual partial hospitalization program (PHP) with an adolescent population. Research involving the use of safe spaces in therapy, telehealth, adolescent group development, group dynamics, and digital technology in art therapy was explored. The intervention involved adolescent clients depicting a visual safe space using digital tools and exploring the concept of safety through telehealth. After the intervention, clients reported an increase in self-reported mood on average. Common themes found in the artwork include physical safety by holding boundaries and being around items or people they felt comfortable around. Personal artistic responses were included, which explored personal feelings and responses to the client's comments. A discussion exploring the future use of technology in art therapy and the use of this intervention is included.

Keywords: art therapy, telehealth, safe space, COVID-19, partial hospitalization program, digital tools

Adolescents and Art Therapy: Exploring Safe Spaces Through Telehealth

This Capstone Thesis explored the use of establishing safe spaces for adolescent clients in a virtual partial hospitalization program (PHP) through digital technology software. The clients admitted to the program experience a wide variety of diagnoses, including anxiety disorders, mood disorders, and adjustment disorders, to name a few. The ages of clients range from 10 to 18 years old, with clients being separated into groups based on age. Gender identities are diverse, with many clients identifying as transgender or non-binary. For this thesis, adolescents aged 14–18 were given the intervention. Adolescents in this level of care may also exhibit non-life-threatening safety concerns, such as self-harming behaviors, suicidal ideation or previous suicidal attempts, or impulsive and dangerous behaviors. While in this level of care at this program, clients are given skills to combat acute issues and gain insight into their diagnoses, allowing them to utilize coping skills to reduce the severity of symptoms.

The stigma of having a mental illness is considered a major barrier in seeking treatment for mental health. It is especially prevalent in youth, who may not even be aware they have a mental illness or may not be able to recognize there is an issue (Gaiha et al., 2021). There is often a struggle to find therapeutic treatment for this age range since understanding adolescents can be a struggle on its own. (Riley, 2001) Riley (2001) stated that art is a way for clinicians to understand the inner workings of the adolescent mind, since “adolescents, in particular, are attracted to making symbols and graphic depictions; therefore, they are more attracted to using art as a language than to

verbal questioning” (p. 55). Without the use of words, adolescents can utilize art mediums to express themselves in a developmentally appropriate manner.

With the coronavirus disease labeled as a public health emergency and international issue, telehealth has become an important option for receiving therapy during the COVID-19 pandemic. (Monaghesh & Hajizadeh, 2020) However, at the beginning of the pandemic, According to the American Art Therapy Association (AATA, 2020), many art therapists were still seeing clients in person due to the nature of their practices, and two-thirds of the art therapists surveyed work from home currently due to the pandemic. (2020) Now more than ever, the field of art therapy has found itself in a unique position where innovative and ethical responses to the situation are asked to be created. Digital technology has become an important tool for art therapists and clients alike to utilize to supplement telehealth. However, some restrictions to telehealth work have been found, such as a lack of privacy in creating artwork and access to appropriate technology.

Both clients and art therapists are facing the challenges that have emerged during the COVID-19 pandemic, and “using the art media to give voice to thoughts and feelings are especially helpful at this time when so many feelings arise due to the unpredictability of our world currently.” (AATA, 2020, para. 10) According to Art can help individuals process difficult or hard emotions, and during a time of collective trauma, art can provide stability and insight, since telehealth has become a staple in healthcare currently, since “art therapy is particularly effective during times of crisis, especially in coping with isolation, changes in circumstance, trauma, and grief” (AATA, 2020).

Literature Review

This literature review explores specific topics surrounding the field of art therapy with adolescents, along with group dynamics, the importance of safe spaces in therapy, and the emerging field of telehealth therapy work. Digital media and technology with art therapy are also explored in depth. These topics and findings informed the intervention created and allowed for a fleshed-out intervention.

Art Therapy and Adolescents

Shirley Riley explored the use of art with adolescents in the 2001 journal article “Art Therapy and Adolescents.” Because of a general mistrust of adults and sensitive self-image during this age range, there is a large emphasis on finding independence, developmentally. The use of imagery with adolescents has been shown to be effective in helping adolescents communicate problems, not only as a means for the adolescent to express themselves, but allows for the adult clinician to foster a relationship with adolescents. Especially in art therapy, the art therapist is seen as less “threatening” than a talk therapist. Art is also developmentally appropriate for adolescents since it fills the urge to “make a mark”. Along with making a mark and providing a space for the adolescent to be an individual, “The emergence of an image is an extension of the processes of memory and conceptualization” (Riley, 1999, p. 56). The use of imagery allows for the adolescent to create without the need to be corrected. The visual representation of a concept can prompt the adolescent to further discuss the concept and make it more concrete.

Riley’s idea of art being “nonthreatening” throughout the article was reported. Nonthreatening, in this case, was meant as more approachable for adolescent clients. Compared to talk therapy, which may prove to be a challenge for the adolescent due to

developmental changes, the use of imagery and art taps into a different type of work between therapist and client, and encourages the adolescent to use imagery and art as a means of communication, which may seem less daunting, and thus “nonthreatening”. Clinical art therapy can be used as a supplement for the treatment and provide the clinician insight into the adolescent's mind and provide a catalyst to begin dialogue into difficult topics.

Birks (2007) also examined the usefulness of art therapy for adolescents. as a means of communication and expression. However, Birks asserted that there is a gap in treatment since adolescents are not as self-aware as an adult in traditional psychotherapy practices, which causes adolescents to be cautious of more traditional psychotherapy approaches. Birks stated that art therapy for adolescents should be activity-oriented, encouraging personal expression through the c reactive process Because of this, art therapy has been shown to be an effective treatment modality for an array of issues adolescents face, including mental illness, since “The use of art in therapy can serve as a bridge to an enriched understanding with adolescents across the cultures.” (Birks, 2007p. 3) The process of artmaking itself provides a space for adolescents to express emotions they may not be able to label and allows them to safely express their experiences. Birks further addressed some benefits of art therapy with adolescents, including a positive association with therapy, offering a safe, transitional space, bridging cultural diversity, enabling therapeutic communication, externalizing complex emotions, and allowing for identity exploration.

Birks provided a case study of a 17-year-old female named Sue, who presented with a history of abuse, family issues, and self-harming behaviors. The client used art to

explore past trauma and her self-harming behaviors during art therapy sessions. Although guarded and resistant to treatment at first, Sue made progress in her treatment, which was reflected through her art. For example, through written accounts, Sue dictated her therapeutic process and resistance to creating art in the beginning, feeling that the world was her enemy. Through exploring the enemy in imagery and writing, Sue came to find strength and resilience and no longer felt isolated.

According to Beverly B Khan (1999), art therapy was effective in schools and educational settings. Art therapy can be developmentally appropriate for adolescents, providing “Permanence, objectification, a spacial matrix, and the release of physical energy for adolescents” (Kahn, 1999, p.292). Adolescents associate many things through images, which allows them to feel more comfortable associating with the images overall. Using images, therapeutically speaking, decreases adolescents' defenses and barriers, which proves to be a common issue in talk therapy. Because of this association with images, therapists are less likely to be seen as authority figures to adolescents.

Within the world of school counseling, there are three steps to approaching the art outlined by Beverly Kahn in *Art Therapy with Adolescents: Making it Work for School Counselors*. The first is entry, which is establishing the therapeutic relationship and trust. In this stage, the counselor needs to provide an environment that is approachable and non-judgemental. Art directives are encouraged to be more open-ended during this stage and encourage adolescents to explore and introduce themselves through the art. In this stage, “The counselor must rely on the art to do the communication and trust that the message of the art will be shared at a pace that best fits the adolescent.” (Kahn,

1999p. 294) The second stage is exploration, where the goal is to slowly increase an adolescent's self-awareness by exploring their issues. This is where the counselor encourages the client to dig deeper, expanding on artwork and work done in previous sessions. Although it may be stressful for the adolescent, directives that provide more structure may help overcome that initial feeling of anxiety adolescents face. The final stage, which tends to bleed into the exploration stage, is the action-taking stage. This may be seen as a natural transition between the two stages. In the action-taking stage, clients are encouraged to examine what they would like to change and what steps they can do to change. Some goals for action-taking include continued self-expression, the use of coping skills, and finding solutions to change patterns of behavior. (Kahn) Art directives in this stage help set goals for change.

The stigma of having a mental illness is considered a major barrier in seeking treatment for mental health for anybody. It is especially prevalent in youth, who may not even be aware they have a mental illness or may not be able to recognize there is an issue. (Gaiha, 2021) Because of this, interventions involving mental health education and the arts have been invented to combat the stigma that comes with mental health issues, especially when working with adolescents, since it is developmentally appropriate. However, it is still a fairly new field, so there is not much research, so it is difficult to discern what exactly works. The journal authors conducted a study that looked into thirteen databases for studies that utilized arts-based interventions that reduced stigma around mental health for youth between the ages of 10-24. Of the studies found, 57 studies met the criteria laid out by the authors. While the studies reported no adverse effects or harmful results, the data was inconclusive regarding

single versus multiple sessions and whether which component, the arts or the education, was more effective. This study was conducted in 2021, and much research in art therapy is still emerging.

Adolescent Group Dynamics

The therapeutic space is a crucial part of psychotherapeutic work. In terms of group work, holding the space is created by the group itself, and the group establishes the group's norms, making or breaking the core group dynamics. In the chapter “Adolescent Group Art Therapy” by Denise Wolf, Wolf discussed the importance of group dynamics in adolescent groups. A major developmental milestone for adolescents is fostering a sense of identity, both as an individual and how they fit among their peers. These two identities may conflict with each other, causing anxiety for the adolescent. (Wolf) Because of this, the group setting may become an “experimental family” (Wolf) as identities shift and change from being part of their family to something larger within the community. The group then functions within a liminal space of the real-but-not-real, where adolescents are given a chance to try on new identities or relationship dynamics with one another. This also falls onto the group leader, as balance is needed. If the leader is too strict, the group may reject them. However, if a leader is too passive, the group may completely disregard them. Therefore, “Balance in leadership style is especially important in an adolescent art therapy group, where the therapeutic space holds the overlap of imagination, creative processes, and sensory activities ” (Wolf, p. 70) Opposition and resistance in this age range are very common factors to come up when working in the group process. However, resistance can be is an opportunity for engagement and establishing deeper connections between peers.

With adolescents' natural distrust of authority figures, a group setting with peers seems a more viable option for adolescents seeking treatment. Shirley Riley talks about groups for adolescents in *Contemporary Art Therapy with Adolescents*(1999). The chapter "Adolescent Group Treatment" explores why group therapy has worked for adolescents. For the adolescent age range, "Group treatment is often preferred since it reflects the adolescent's desire to utilize a peer group as a replacement for parental influence and structure" (Wolf, p. 58). Adolescence is a transitional period where adolescents begin to come into their own and want to find their place in the world. Riley goes into detail about issues that may impact adolescent group development, such as puberty, family situations, the influence of drugs and alcohol, and early sexual experiences. (Riley) These topics may be hard to deal with not because it is unsettling, but rather because they may find it not "cool" to admit that these are major stressors. Because of this, groups allow teens to open up more organically and find support from their own peers. Wolf also explains that the main challenge for adolescents during this developmental stage surrounds the family. This includes breaking away from family values in a way that is deemed healthy, promoting the adolescent to become an individual.

The Use of Telehealth

The use of art therapy via telehealth is not a new concept, since Kate Collie and Davor Cubranic explored this concept in 1999 in the journal *An Art Therapy Solution to a Telehealth Problem*. The authors utilized computer-supported distance art therapy and introduced a study that implemented telehealth art therapy to reach more clients. The study found that these telehealth sessions expanded access to mental

health services and had an increased sense of privacy for clients. However, with the specific kind of telehealth conducted, there were no visual cues for the facilitator to look, but that was not considered a major issue since other group norms were put in place to combat this issue. There was a discussion of the distribution of the art itself. Because a computer image is not as contained as a piece of physical art, there are concerns that a computer image is not an appropriate container for emotional material, especially since the image can be copied and distributed easily. However, since there are multiple copies, it makes it difficult to track down the origin of the image and makes it hard to protect the images against confidentiality (Collie, et al., 1999) There was also a discussion around the use of the computer itself, and whether or not the artist was the computer itself or the person controlling the computer. The results were mixed for this question and rely on the person's own computer proficiency.

To reduce the spread of COVID-19, many providers have transitioned to telehealth. Telehealth, by definition, is “the delivery of health care services by health care professionals...through using information and communication technologies (ICT) for the exchange of valid and correct information” (Mongadesh, et al., 2020, p. 2). Telehealth has become an accessible resource with technology constantly evolving, especially in psychological services. Some issues come with telehealth, including technical quality, safety, privacy, and accountability. The systematic review conducted by Elham Monaghesh and Alireza Hajizadeh sought to find the use of telehealth services. Out of the 142 search results, eight studies met the search criteria. It was concluded that telehealth improves the provision of health services, but the issues that come with it have yet to be addressed, such as accountability and safety in the therapeutic space.

Due to the pandemic, art therapy had to move to an online delivery format for many practicing art therapists. Many of them, were not guided or had any experience with this new format of providing help. (Zubala et al.) An online survey was sent out to art therapists in the United Kingdom to discover the perspective practitioners have using telehealth with clients. The study found that most of the responses reported having to switch from in-person care to telehealth in response to the COVID-19 pandemic. However, concerns regarding safety and practitioner competence when working in telehealth. Increased supervision and training were considered important when transitioning to a telehealth-based system. (Zubala et al., 2020) One major concern was providing safety in telehealth for clients, which many reported that they were able to offer enough holding and space while managing risks for clients.

Due to the COVID-19 pandemic, many art therapists had to shift practices to online. The art therapy field had to rapidly shift to meet clients' needs and keep them safe. Computer-generated content and digital media in art therapy is not an entirely new concept, with art therapists adopting digital technology into practice, such as digital photography, animation, and digital collage. (Miller et al, 2020) Miller also comments that research regarding online platforms has been researched and continues to be researched. Miller shows how many challenges have arisen in going digital with art therapy practice. True connection, safety, accessibility, and resiliency are all factors that go into the digital art therapy practice. There have been concerns that safety risks were present while practicing art therapy in a digital atmosphere. Confidential space and access to materials, engaging and conducting art therapy remotely, establishing digital boundaries, and developing protocols for the digital art therapy space were explored.

(Miller et al., 2020) Findings in the art therapy field found that transitioning to an online space provided spaces accessible to populations that were unable to receive art therapy services, but the use of technology strengthened resilience and a sense of belonging through the group space that the online environment fostered. This journal sums up a group of other journals and provides summaries of other findings but shows the importance of continued research on telehealth during the COVID-19 pandemic.

In *Art Therapy in the Digital World: An Integrative Review of Current Practice and Future Directions*, researchers explored the intersection between art therapy and digital technology. Of the over 400 studies and journals explored, at least five of the studies focused on applying digital technology to deliver art therapy remotely. The studies mainly focused on delivering remote art therapy to individuals with breast cancer, young adult cancer patients, and veterans to deliver the service to individuals with limited mobility. (Zubala et al., 2020) One of the studies' key findings found that online group art therapy, while still fairly new, would need to be adapted to an online environment compared to face-to-face art therapy groups. Social norms and a way to communicate were cited as main areas of concern. These adaptations would also have to comply with ethical and legal guidelines established by outside organizations.

Written by Rinat Feniger-Schaal, Hod Orkibi, Shoshi Keisari, Nisha L. Sajani, and Jason D. Butler, the journal *Shifting to Tele-Creative Arts Therapies During the COVID-19 Pandemic: An International Study on Helpful and Challenging Factors* (2021) explores the shift in treatment creative arts therapists have had to take from in-person to telehealth. This shift has changed how clinicians practice. The study examined how the pandemic has affected creative therapy practices and identified what an online practice

looks like. This study explored how therapists have adapted to the shift in practice and tools that have contributed to delivering therapy and the therapist's role in adapting to changes in the field on an international scale. The online survey was sent out between April and June 2020, during the peak of the initial outbreak in many countries. The survey included five different categories. First, socio-demographic information such as gender identity, age, creative arts discipline, years of practice, and main client age range are seen. The second was the personal effect of the pandemic, where stress level on a number scale was addressed, health risk concerns, and concerns about close family members contracting COVID-19. The third was practice-related questions that included a scaled number level of comfort using a computer, the average number of weekly clients before and after the pandemic, and how clinical work was affected. The fourth was creative self-efficacy questions, where the participants were asked to rate statements on a numerical scale based on how strongly they related to these statements. An example statement provided was "I trust my creative abilities". (2020, p. 3) Lastly, there were four open-ended questions about the effect of the pandemic on the participants' clinical practice. Of the participants, about 45%, were still seeing clients regularly, but it was "very different" practicing online versus practicing in person.

Findings from the study included challenges of telehealth creative therapies, continuing the therapeutic process with telehealth, and adapting to telehealth. Some therapists found the lack of physical space challenging and technical issues on both ends a frequent issue. Groups were also seen as more challenging since some clients showed disinterest in the group process and less artwork was shown due to a lack of

presence. However, the most valuable aspect of telehealth reported was its ability to maintain therapeutic relationships in spite of physical distance barriers.

In the 2021 journal *The COVID-19 Telepsychology Revolution: A National Study of Pandemic-Based Changes in U.S. Mental Health Care Delivery* by Bradford S. Pierce, Paul B. Perrin, Carmen M. Tyler, Grace B. McKee, and Jack D. Watson, the authors looked at how the COVID-19 pandemic changed the face of telehealth. Before the pandemic, telepsychology was used in limited capacities, citing that only about 21% of psychologists used teletherapy in their clinical practice (Pierce et al.) However, organizations such as the Veterans Health Administration (VHA) promoted teletherapy to reach veterans who had limited access to services due to geographic locations. Before the pandemic, some barriers in the teletherapy field included the ease of telepsychology, usefulness, and lack of training for clinicians. Other barriers included federal laws such as HIPAA, which is enacted to protect privacy and limit the use of specific apps for teletherapy. Over time and due to the pandemic, about 96.45% of psychologists reported using telepsychology in their practice during the height of the pandemic. (p.19) However, barriers such as security and privacy were still noted as issues in current times.

Using Safe Spaces

The idea of safety and artmaking are not new concepts. Informed by cognitive-behavioral, mindfulness, somatic therapies, and art therapy, the safe space collage protocol written by Tally Tripp, Jordan S. Potash, and Demi Brancheru, is an intervention that allows clients to experience safe and distressing emotions in a container and allows the user to challenge and work with contrasting concepts to form

them together and create one cohesive image. When the intervention was introduced to clients, who were all art therapy students, the researchers found three different types of image incorporation. Negating, which tried to remove the disturbing portions of the space; tolerating, which tried to minimize the disturbing image; and integrating, which merged the two images. Incorporating safety in an image successfully reduced anxiety for clients when engaged in creating a distressing image. This was supported by a change in the state of anxiety and initial indications of perceived safety characterized by increased participation in the clients working on the project.

The importance of a therapeutic, safe space is incredibly vital when working with clients. In the chapter “Patient-Centered Care: Providing Safe Spaces in Behavioral Health Settings” in the book *Pediatric Gender Identity Gender-affirming Care for Transgender & Gender Diverse Youth*, the importance of providing a safe space is discussed and looked at in detail. For transgender and gender non-conforming patients, who face stressors such as parental rejection, peer hostility, and minority stress daily, the clinical space may be the only spaces they feel comfortable expressing themselves. (Jost et al.) Because of these issues, care providers are placed in a position where they can create a space of affirmation and safety for clients who may usually feel unsafe. With therapeutic practice, clinicians are encouraged to constantly be curious. However, this may be harmful when working with transgender clients, where it is important to simply listen to clients and gain their perspectives, citing the client as “the expert on their thoughts and feelings”. (Jost et al., p. 102, 2020) To allow for a safe therapeutic space, it needs to validate the wide variety of gender experiences and appreciates the narratives will vary from person to person. It also honors that some may be certain in

their gender identity while others may still be exploring it. It is important to also obtain the information our clients give. This relies heavily on the rapport between client and therapist, which varies between clients. These concepts are not revolutionary, but they remain consistent and allow clinicians to approach clients with care and consideration and foster the safe space clients may need.

In the journal *Using Art to Tell Stories and Build Safe Spaces: Transforming Academic Research Into Action*, authors Jeff Karabanow and Ted Naylor explore the use of art to tell stories and actively build a safe space for young people living on the streets. The journal mainly focuses on the intersection of art and youth and how it can act as a space to change the ideas of an “us versus them” mentality. The use of art in a therapeutic sense was able to help youth who were naturally distrustful of clinicians and researchers, and over time the space began to bring a sense of safety to the youth participating in the program. Granted, this process took a lot of time and trust to establish, but through a consistent space, youth could delve into the experience of homelessness in a space where they could be supported and empowered.

The Use of Technology in Art Therapy

In more recent years, psychotherapy has utilized digital tools to help further treatment for clients. These interventions have also reached into the field of art therapy, and because of that, it is important to see how art therapists engage with digital technology and how it can be adapted to provide new ways to deliver digital art media. In the journal *Art Therapy in the Digital World: An Integrative Review of Current Practice and Future Directions*, authors Ania Zubala, Nicola Kennell, and Simon Hackett searched through over 400 records of peer-reviewed literature regarding the use of

digital technology in art therapy. Only about 12 articles fit the criteria of the studies and records explored. Many of the articles discussed digital technology more generally instead of being the main area of study. Across the studies that fit the criteria, a trend suggested increasing use of digital technology in art therapy sessions. Between 2004 and 2011, art therapists had increased their use of digital media in their art therapy practices. (Zubala et al., 2020) However, many art therapists question if digital technology and digital media are a valid means of art therapy, but how the client responds is key to an art therapist's decision on whether or not to continue with the medium, and whether or not it holds the capacity to contribute to a change in the client.

In the book *Materials and Media in Art Therapy: Critical Understandings of Diverse Artistic Vocabularies* by Cathy Hyland Moon (2010), Moon discusses technology in the art therapy space. Some art therapists, although concerned with the implications of using technology as an artistic medium, such as losing creativity or a learning curve for both client and therapist, artistic programs have shown to help with serious mental illness due to their "structured and mediated nature" (Moon, p. 20) There is a diverse array of technological art-making software available for painting, drawing, designing, collage-making, animating, and even virtual reality. The use of technology relies less on manual skills and more on conceptual abilities, with benefits of using technology including lack of tactile stimulation for individuals who are resistant to tactile sensations, providing a sterile status for medical environments, and allowing for access to materials that may be limited due to program restrictions, such as a prison. The use of technology also appeals to younger clients and may help overcome the initial

resistance to making art. Technology also allows for the art to be saved in stages, allowing the user to see the progress of the artwork in real-time.

Recently, digital software has become more accessible to the everyday user. With people being fully immersed in a digital culture where digital tools and communication are prevalent and embedded into daily lives, many art therapists have little knowledge of using digital arts in therapy. (Choe, 2016) The idea of “knowing” digital media is called “digital literacy”(Choe, p. 50), which is defined as “the ability to perform effectively in a digital environment, is recognized as a critical skill for 21st-century survival” (p. 51). The field of art therapy is at a disadvantage when it comes to integrating digital technology since the field of digital technology is constantly evolving and changing. To combat this, art therapists who utilize digital technology in sessions should have some level of digital literacy and knowledge of the art-making tool used. Understanding the software and the therapeutic effects and the potential risks that come with the use of digital tools. Choe reiterates this notion, saying that “learning about the material qualities of both hardware and software, and potential issues related to their usage, is one of the most critical learning areas of digital literacy for clinicians” (p. 58) Digital literacy is an important skill for emerging art therapists and seasoned practitioners to learn since they can engage in the discussions needed about the use of art-making apps and the strengths and weaknesses they come with, such as a lack of privacy for many apps. However, these issues of privacy can be discussed with clients on an individual basis.

In the journal *Use Of Technology And Software Applications For Therapeutic Collage Making*, authors Leigh Ann Diggs, Margaret Lubas, and Gianluca de Leo

explore the use of technology in art therapy. One large benefit noted in the use of computer art technology was the ability to make changes and correct mistakes. Because of that, some students found working on computers easier since ideas and concepts imagined could be easier translated and represented onto the screen. The authors also note that “Current trends for the use of technology among the general population and within counseling practice justify interest in using technology within art therapy” (p. 4). However, with the many benefits of using digital art-making tools, there are also drawbacks, such as the art therapist's role when creating digital art. When using digital art software, the art therapist must have some knowledge of the software in order to assist clients. Digital art software may also not be the most appropriate for some populations, such as those addicted to the internet, clients with paranoia, clients with anxiety issues, and not familiar with new interventions. Digital tools are meant to supplement the therapeutic experience and add to it, not entirely replacing traditional art-making means.

Sarah Evans (2012) proposed the use of increased inclusion of computer technology. Evans noted several populations that could benefit from computer technology in therapeutic settings. Creative software, in particular, was shown to be beneficial for many different populations, especially clients who have physical and mental handicaps or individuals with limited fine motor skills. Evans reports that “Art creation using computer technology may allow a counselor to glimpse into a person's mental and creative processing, meaning-making, and emotional expression” (2012, p. 54). The use of computer technology in the therapeutic space has the potential to benefit the counselor, the client, and the therapeutic relationship, especially when using

digital art software. It was also emphasized how important it was that the counselor has some knowledge of the technology used to properly use the digital tools in a therapeutic setting.

In the journal *Co-Creating Visual Representations Of Safe Spaces With Mental Health Service Users Using Photovoice And Zoom* (2021), authors Julie Dare, Helen Seiver b Lesley Andrew, David A Coall, Shantha Karthigesu, Moira Sim, and Kathy Boxall explored an intervention that explored safe spaces with computer technology. The intervention was conducted with mental health service users recruited through email, and the intervention was conducted through a focus group. The main objectives of the group were to explore the use of visual safe spaces through zoom with populations that have experienced mental health crises. Participants used photographs and captions to depict concepts such as safety in physical spaces and the feeling of being safe. To save time due to time restrictions on the Zoom account, participants were encouraged to send photos and captions before the group began. Data was collected in three ways: visual data, text-based data, and audio data. All data was compiled to create an artistic response at the end of the group. Throughout researching and creating an online safe space, researchers found that rules such as confidentiality in the room, taking turns, and taking breaks were important to foster a safe environment in the telehealth space.

Methods

The intervention was conducted three times over three months. The rationale for the software used and common themes in the artwork are explored. Personal artistic responses to the intervention are also included.

Participants

The PHP was a virtual group-based program that ran from Monday to Friday. The intervention participants were in the “teen” group, with participants aged from 14 to 18 years old. Diagnoses were varied among participants, but some common diagnoses and issues were depression, anxiety, school avoidance, suicidal ideation, and self-harming behaviors. The PHP consisted of three groups daily: psychoeducation, psychotherapy, and expressive arts therapy. The expressive arts group was conducted in the afternoon through Zoom. Due to the nature of the program, each client was at a different point in treatment from one another. While one may have begun that day, another participant may be discharging. Due to the constant nature of revolving clients, the clinical staff was mindful of not repeating groups. Because of the constant rotation of clients, this intervention was done once with each group, and it would be their first and only time participating in the intervention.

Technology

The video conferencing platform Zoom was used to conduct the telehealth sessions. Zoom allows for group video conferencing and breakout rooms, used to conduct one-on-one check-ins with clients throughout the day. Clients were required to keep cameras on except when on break. Due to the restrictions on the program’s Zoom account set by the IT department, screen sharing was disabled for clients, and artwork had to be described verbally.

There were criteria the software used for the intervention had to meet. The software had to be easily accessible for most and able to bypass firewalls put up by schools or parents. Due to the nature of the PHP, clinicians could not provide devices

for clients, so clients were asked to use their own. The technology had to be easy to use and able to be picked up quickly, since for many it may be their first and only time using the software. The software also had to be free to prevent clinicians and clients from paying every time they use it. For this specific intervention, the website Canva was used. Canva is an online design and publishing tool with which users can make photo collages. Canva includes a library of photos, clip art, text, templates, and videos free of charge and without a login. If the user wants to save, making a Canva account is free. An optional monthly paid membership users can purchase if they want access to more of the photo library and exclusive templates. The photo collage can be shared via link, downloaded as a file, or printed on items such as shirts or mugs.

Canva was chosen for this intervention due to its photo library, accessibility, and ease of use. A quick tutorial was given to clients on accessing Canva and using the interface. Collage was chosen for this intervention to encourage clients to express themselves without the fear of critique. In the journal *Use of Technology and Software Applications for Collage Making*, the authors state that “collage is often a non-intimidating introduction to the process of creative expression” (Diggs, 2015, p.3). Thong (2007) found that collages created on a computer can achieve the same goal as paper collages without working with different adhesives to achieve these effects. Some positive attributes of collage making include structure in choices, establishing identity, integration of isolated fragments (both physical and metaphorical), ease of access to materials, its ability to organize thoughts and feelings, and its facilitation of self-expression. (Collins, 2020)

Intervention

The intervention consisted of four stages within a 40 minute time frame: a warmup, activity, discussion, and closure. The warmup consisted of a word association exercise to get clients to think of what makes them feel safe. A word would be said such as “safety”, and clients were encouraged to respond with what the word meant to them. For example, a question posed would be “What does it look like to feel safe?” Responses included being with social groups or being in a place that ensured physical safety. This word association and question prompt encouraged clients to begin to think of the concept of safety and their personal needs. After, clients were introduced to Canva by personal screen sharing and given a tutorial on the software. The tutorial included how to search for images, layer images, and draw on the digital canvas with the “Draw” tool. Clients were encouraged not to use the photo collage templates to create their original collage. Depending on the size of the group, clients were given 10-15 minutes to create a collage visually representing the safe space. Due to the program Zoom account restrictions, viewing the artwork process or product was impossible. Smaller groups were given more time to create the art, and larger groups were given less time to meet time constraints and leave room for discussion.

After the allotted time has passed, clients were encouraged to discuss their artwork. Open-ended questions such as “What do you notice about your safe place?” were asked. Clients would explain portions of their artwork and elements used to compensate for the lack of visuals. After clients explained their artwork and process, a series of discussion questions were asked. Questions such as “Who would you include in your safe place?”, “What is the most significant part of your space?”, and “After talking, would you include anything else in this space?” were asked. Closure consisted

of inviting the clients to put their safe space away in a way they deemed appropriate. Examples of “putting the space away” included closing out the window, minimizing the window, or deleting the canvas entirely.

Results

About 15 clients participated in the intervention across three sessions. As part of the program, the client’s mood is assessed daily. Mood measured on a scale from 1 to 10 was taken at the start of the day and at the end of the day, right after the intervention. On this numerical scale, ten was considered the worst mood, and one was considered the best mood. On average, clients’ moods started at a 3.62 out of 10 at the beginning of the day and ended at 2.93 at the end of the expressive group. This denotes a .69 increase in scores. Of the 15 clients that participated, 93% presented an improved mood. Of the clients who participated, two-thirds (66%) were female, 13.3% were male, and 20.7% identified as transgender or nonbinary.

Common themes found while discussing safety included the feeling of being safe, companionship and trust, feeling an increase of mood, and physical items in safe spaces. The feeling of being safe included items that clients could physically touch and feel comforted by, such as pets or weighted blankets. Included in the safe space artwork, common themes emerged: enclosed spaces, desired physical items, and spaces catered to their wants and needs. Clients also spoke of items within their space. Physical items varied across clients, but common items included animals, more specifically pets, plants, and hobbies. When asked who would be invited into the safe space, 6 out of 15 clients reported wanting to keep their safe space to themselves, 3 out

of 15 would include somebody or a group, and 6 out of 15 were unsure who they would include.

Due to the restrictions on the main Zoom account, screen sharing and the ability to share client artwork were disabled. However, I worked alongside the clients to create response images based on common themes found in the artwork while discussing it using Canva. For the first session, I only had one client to work on the collage, and this client, in particular, emphasized being physically away from their depressive symptoms in the space they created, and when asked to elaborate, they shrugged and moved to talk about how the cats they put on the canvas would stave off the depressive thoughts. This client also chose to represent the depression by a figure they deliberately placed in the corner of the canvas. They also spoke about including a space to freely identify as themselves by including a pansexual flag in the corner. In this stage, I attempted to recreate the artwork as best described by the client in Figure 1 (see below).



Figure 1
Session 1 Response Art

Although clients were allowed to speak about their college, I chose to include common words I found helpful in the finished art piece. Compared to the other two collages, Figure 1 represents a more literal space, a space that can physically be achieved instead of a feeling evoked from the collective.

The second session of this intervention saw five clients participating in the intervention. Overall, themes of isolation and wanting to be with personal belongings came up in this group. One client noted that this space was meant only for them since they were the ones that created it. Posed with the question of if they would include anything else after talking about other spaces, none of the clients chose to add anything else to their space. Two clients commented that they modeled their spaces after their own rooms, but the other three made spaces that were entirely new. The takeaway I received from this group was establishing a personal space that could be unique to them. I chose to represent the feelings of isolation with a space background, something that I associate with feelings of isolation in both a positive and negative light. Space is large, larger than we know, and because of that, there is an opportunity for anybody to carve out their own space for them. However, I also find it to be incredibly lonely, because of the vastness of space. Again, I chose to write out a takeaway from the session, and in this case, was the phrase “space for me”. I also included brush strokes to represent the wanting of comfortable objects within a safe space (see Figure 2).



Figure 2
Session 2 Response Art

The third session was the largest session I held with nine clients participating in the intervention. Common themes were trusted people in their safe space as well as imagined spaces where clients could be themselves authentically. Compared to other groups where the safe spaces described were more concrete, many of the spaces described were abstract in nature, holding ideas and concepts such as trust and physical safety. Out of the nine clients that participated, four clients made places that could not feasibly exist in the world. However, many of the clients, about five of the nine clients, created spaces based on rooms they have been in before, such as school or their bedrooms. Three out of the nine clients expressed wanting to invite somebody into their safe space, and answers varied from close friends to fantasy creatures. As shown in Figure 3 (see below), I chose to write out the words “friends and trusted ones” as the main takeaway of this session for this specific response art. I felt this group had the most motivation and interest in including others in their safe space compared to other groups who chose to create the space for only themselves in mind.



Figure 3
Session 3 Response Art

Discussion

The use of art therapy with adolescents has shown that adolescents see art as a “nonthreatening” mode of therapy, meaning that they see it as less daunting than talk psychotherapy. With the modern age and adolescents constantly surrounded by technology, it seems to be a natural progression to include digital technology in art therapy sessions. Adolescents naturally are drawn to images, and because of that, find images and image-making a helpful means of expressing themselves. As Shirley Riley said, “there is no one ‘right’ way to help adolescents with their problems” (2001, p. 7). Adolescents are often stereotyped as irresponsible, almost-but-not-quite-adults stuck amid adulthood but still a child. Adolescents strive to find their place in the world and start to find independence from their family, a main source of identity when they are young. As one grows older, the desire to become an individual becomes more desirable, and adolescents tend to gravitate more towards their social group or even explore themselves as individuals. When using art therapy with adolescents, the art the

adolescent creates allows the therapist insight into the worldview of the adolescent and provides "...an entrée into a relationship with teenagers by tapping into their creativity and offering a form of communication that is nonthreatening and over which the adolescent has control" (Riley, 1999, p.55) Art catalyzes emotions and thought process for adolescents who may initially feel resistant to treatment.

In virtual PHPs, depending on the Zoom account restrictions, it may be difficult to reach clients and establish a therapeutic relationship. Clients may be distracted or prove to be uninterested in the therapeutic process in a virtual space. The care is so short-term that it can prove difficult to establish connections in the program. However, utilizing the artistic process has shown that it helps boost an adolescent's mood and allow adolescents to open up. However, it would prove more conclusive if groups were larger or more opportunities to lead this intervention in the program. The use of a safe space is a universal concept that can be interpreted differently. The collage allows for familiar and unknown images to create a cohesive image for the client to communicate their ideal space. Canva, which allows for multiple tools and images to come together in a cohesive way, removed the step many adolescents face when faced with art, which is an inability to draw exactly what they want to convey. Using images and symbols a

Telehealth is not a new concept for the therapist, but in the times of the COVID-19 pandemic, telehealth has become a staple in the medical field. Telehealth brings many positives, such as being able to reach clients in a distanced way and being able to be more accessible with treatment. However, the pandemic has also highlighted many issues in working in telehealth. Establishing new boundaries for telehealth and confidentiality and privacy concerns are valid concerns that have come up when many

art therapists conduct counseling. There is a need to adapt to changing times and new technology, and a degree of digital literacy is important for therapists to have. According to a 2020 survey conducted by Ania Zubala and Simon Hackett, therapists found that the shift to telehealth was sudden due to the pandemic, and there was a need for space and more training in how to safely conduct therapy via telehealth. Art applications and digital tools have become more available in recent years, and artistic expression can be used for therapy sessions. However, many art therapists do not utilize art technology in spaces since it “has to do with a lingering resistance to technology due to the physical qualities of digital media, but also to therapeutic and ethical questions about introducing it as an approach to art therapy” (Malchiodi, 2018, p. 204). These are valid concerns, but once practitioners become more digitally literate, they become more knowledgeable about the limitations of digital applications and what may work for clients. Malchiodi also notes “engaging in one’s art-based research about how digital apps “work” and their appropriateness as a possible medium is key to realizing the possibilities for how they can enhance art therapy in specific situations.” (p. 204) Understanding what the apps can and cannot do provides insight into how beneficial digital technology can be when used in a therapeutic sense. Utilizing digital technology in a therapeutic space benefits both clients, including collaborating on artwork in real-time, removing a hurdle of skill-based drawings, and the ability to accommodate a diverse client base.

References

- American Art Therapy Association. (2020, September 24). Art therapy is particularly effective in times of crisis. *AATA Blog*.
<https://arttherapy.org/blog-coronavirus-impact-report-art-therapy-effective-in-times-of-crisis/>
- Briks, A. (2007). Art therapy with adolescents: Vehicle to engagement and transformation. *Canadian Art Therapy Association Journal*, 20(1), 2–15.
<https://doi.org/10.1080/08322473.2007.11432288>
- Choe, S. (2014). An exploration of the qualities and features of art apps for art therapy. *The Arts in Psychotherapy*, 41(2), 145-154.
<https://doi.org/10.1016/j.aip.2014.01.002>
- Collie, K. & Čubranić, D. (1999). An art therapy solution to a telehealth problem. *Art Therapy*, 16(4), 186-193.
<https://doi-org.ezproxyles.flo.org/10.1080/07421656.1999.10129481>
- Dare, J., Seiver, H., Andrew, L., Coall, D. A., Karthigesu, S., Sim, M., & Boxall, K. (2021). Co-creating visual representations of safe spaces with mental health service users using photovoice and Zoom. *Methods in Psychology*, 5, Article 100059. <https://doi.org/10.1016/j.metip.2021.100059>

Evans, S. (2012). Using computer technology in expressive arts therapy practice: A proposal for increased use. *Journal of Creativity in Mental Health*, 7, 49 - 63. <https://doi-org.ezproxyles.flo.org/10.1080/15401383.2012.660127>

Feniger-Schaal, R., Orkibi, H., Keisari, S., Sajnani, N. L., & Butler, J. D. (2022). Shifting to tele-creative arts therapies during the COVID-19 pandemic: An international study on helpful and challenging factors. *The Arts in Psychotherapy*, 78, 101898. <https://doi.org/10.1016/j.aip.2022.101898>

Gaiha, S. M., Salisbury, T. T., Usmani, S., Koschorke, M., Raman, U., & Petticrew, M. (2021). Effectiveness of arts interventions to reduce mental-health-related stigma among youth: A systematic review and meta-analysis. *BMC Psychiatry*, 21. <https://doi.org/10.1186/s12888-021-03350-8>

Green, E. J., & Drewes, A. A. (Eds.). (2014). *Integrating expressive arts and play therapy with children and adolescents*. John Wiley & Sons.

Haen, C., & Webb, N. B. (2019). Creative arts-based group therapy with adolescents : theory and practice. Routledge.
<https://collageresearchnetwork.wordpress.com/2020/05/29/putting-the-pieces-together-collage-as-a-mode-in-the-treatment-of-trauma/>

Jost, A. M., & Janicka, A. (2020). Patient-centered care: Providing safe spaces in behavioral health settings. In M. Forcier, G. Van Schalkwyk, & J. L. Turban (Eds.), *Pediatric Gender Identity* (pp. 101-109). Springer, Cham.

Kahn, B. B. (1999). Art therapy with adolescents: Making it work for school counselors. *Professional School Counseling*, 2(4), 291.
<https://ezproxyles.flo.org/login?url=https://www.proquest.com/scholarly-journals/art-therapy-with-adolescents-making-work-school/docview/213243491/se-2?accountid=12060>

Karabanow, J., & Naylor, T. (2015). Using Art to Tell Stories and Build Safe Spaces: Transforming Academic Research Into Action. *Canadian Journal of Community Mental Health*, 34(3), 67–85.
<https://doi.org/10.7870/cjcmh-2015-005>

Malchiodi, C. A. (2018). *The Handbook of Art Therapy and Digital Technology*. Jessica Kingsley Publishers.

Miller, G. & McDonald, A. (2020). Online art therapy during the COVID-19 pandemic. *International Journal of Art Therapy*, 25(4), 161-17. DOI: 10.1080/17454832.2020.1846383

Monaghesh, E., & Hajizadeh, A. The role of telehealth during COVID-19 outbreak: a systematic review based on current evidence. *BMC Public Health* 20, 1193 (2020). <https://doi.org/10.1186/s12889-020-09301-4>

Moon, C. H. (2010). *Materials & media in art therapy: Critical understandings of diverse artistic vocabularies*. Routledge.

Orr, P. (2010). Social remixing: Art therapy media in the digital age. In C. H. Moon (Ed.),

Pierce, B. S., Perrin, P. B., Tyler, C. M., McKee, G. B., & Watson, J. D. (2021). The COVID-19 telepsychology revolution: A national study of pandemic-based changes in U.S. mental health care delivery. *American Psychologist*, 76(1), 14-25. <http://dx.doi.org/10.1037/amp0000722>

Retrieved from <https://ebookcentral-proquest-com.ezproxyles.flo.org/lib/lesley/>

Riley, S. (1999). *Contemporary art therapy with adolescents*. [electronic resource]. J. Kingsley.

Riley, S. (2001). Art therapy with adolescents. *The Western journal of medicine*, 175(1), 54–57. <https://doi.org/10.1136/ewjm.175.1.54>

Snyder, K. (2021). The digital art therapy frame: Creating a 'magic circle' in teletherapy. *International Journal of Art Therapy*, 26(3), 104-110. DOI: 10.1080/17454832.2020.1871389

Tripp T, Potash, JS, Brancheau D. Safe Place collage protocol: Art making for managing traumatic stress. *J Trauma Dissociation*. 2019 Oct-Dec;20(5):511-525. doi: 10.1080/15299732.2019.1597813. Epub 2019 Apr 15. PMID: 30982413.

vocabularies (pp. 89-100). New York, NY: Routledge/Taylor & Francis Group.

Zubala, A. & Hackett, S. (2020). Online art therapy practice and client safety: A UK-wide survey in times of COVID-19, *International Journal of Art Therapy*, 25(4), 161-17. DOI: 10.1080/17454832.2020.1845221