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Building the Therapeutic Relationship with Youth Online Through Expressive Arts

Therapy, A Literature Review

Capstone Thesis

Lesley University

May 21, 2022

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Expressive Arts Therapy

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Abstract

Due to the COVID-19 pandemic, online therapy is now a more permanent part of current therapeutic practice. The therapeutic relationship is also an essential part of mental health services, and while previous research has examined its formation both in-person and online, it has not been investigated thoroughly in its formation with youth in videoconferencing. Expressive arts therapy has also been studied in its relation to therapeutic relationship formation, youth, and videoconferencing, but not in relation to these elements in combination. This study addresses a gap in the literature by examining how expressive arts therapy can be used as a tool to build the therapeutic relationship in videoconferencing. A search of the literature was conducted primarily through the Lesley University Library Online and Google Scholar. Searches of major news outlets acquired current and relevant news articles. Results suggest that expressive arts therapy is an effective way of engaging youth and building the therapeutic relationship in videoconferencing. This study makes recommendations for practice, including development of interpersonal skills and strategies, the use of expressive arts therapy, as well as further education and training for therapists. Additional quantitative study of this topic, on the effectiveness of both further training on the therapeutic relationship in videoconferencing and expressive arts therapy online with youth is recommended.

Keywords: therapeutic relationship, videoconferencing, youth, expressive arts therapy

Building the Therapeutic Relationship with Youth Online Through Expressive Arts Therapy, A Literature Review

In January 2020, the outbreak of a new coronavirus disease was announced by the World Health Organization (WHO) and by March 2020 was declared a pandemic (WHO, 2020a, p. 1). To the date of writing this literature review, the pandemic continues to affect not just the physical health people around the world, but their mental health as well. The WHO (2020b), “has identified mental health as an integral component in COVID-19 response” (p. vi) due to communities across the globe experiencing disruptions to their daily lives and increased struggles with mental health (Békés et al., 2021; Hom et al., 2020; Nuttman-Schwartz & Shaul, 2021; Simpson et al., 2020). This “new normal” of the pandemic has been especially disruptive to the lives of youth and has exacerbated many mental health issues within this population (Murthy & Anshel, 2021). On February 8th, 2022, U.S. Surgeon General Dr. Vivek Murthy addressed the U.S. Senate regarding the impact of the pandemic on the mental health of young people and stated, “our obligation to act is not just medical, it’s moral” (Livingston, 2022).

In 2020, due to restrictions to movement and abilities to operate in-person, many mental health services were forced to switch to providing treatment virtually in a short span of time (Békés et al., 2021; Hom et al., 2020; Mateescu, 2020; Nuttman-Schwartz & Shaul, 2021; Simpson et al., 2020). As a graduate student, most of my master’s level education has taken place during this tumultuous time. I entered this program with expectations of interacting with clients in-person, and instead I have faced very different environments in which I’ve only ever worked with clients virtually. At my first graduate field placement, which focused on providing dance and creative movement instruction to diverse populations of youth, the question was asked: How can community be built in an online space? At my current field placement, a fully

virtual partial hospitalization program for youth, this question once again came to the forefront of my practice. I have observed first-hand how different it is to try to engage youth online and build safety and trust with them. I have also witnessed how they can engage and form new connections when the arts are integrated into therapeutic groups. At the end of the program day, clients often name arts-based groups as their favorite group. In this new context, I began to rethink my previous question. How does one build the therapeutic relationship online with youth? How can expressive arts therapy assist in the formation of such a relationship and promote beneficial treatment outcomes?

For many years, therapists and professionals across healthcare disciplines have administered their services through different online mediums, which has raised questions about the efficacy of online treatment (Abbot et al., 2008; Simpson & Reid, 2014). Online therapy can include mediums such as email, text, phone call, online forums, apps, and synchronous video conferencing (Simpson et al., 2020, p. 2). These mediums can be used by themselves or in conjunction with each other during treatment, but this review of the literature will focus on the use of synchronous videoconferencing. The current climate has provided a circumstance in which more therapeutic practice is taking place virtually now more than ever before. Out of necessity, larger governing bodies and organizations have also had to adapt and change various laws and policies to make the switch to online treatment possible (Burgoyne & Cohn, 2020; Henry et al., 2017). On the ground level, therapists have also been facing new challenges, especially when working with youth in an online space (Burgoyne & Cohn, 2020; Hanley, 2009).

The therapeutic relationship has been researched and explored in the context of in-person therapy and has been shown to be linked to beneficial therapeutic outcomes (Alessi et al., 2019; Lavik et al., 2017; Samardžić & Nikolić, 2014). The relationship between therapist and client can

be a powerful tool in the therapeutic process, especially when working with youth, who have unique developmental (Roaten, 2011) and environmental concerns (Byers & Lutz, 2015; Hawley & Garland, 2008) that need to be considered during treatment. Emerging literature also shows that the formation of the therapeutic relationship can occur in an online setting and can still be beneficial to treatment. Most of this research has focused on adults (Abbott et al., 2008; Kysley et al., 2020; Simpson & Reid, 2014), but there is some literature that also suggests the therapeutic relationship can be achieved with youth in an online setting (Hanley, 2009).

The therapeutic relationship is a concept that exists across theories and approaches to clinical practice including the field of expressive arts therapy. Expressive arts therapy is an approach that combines “visual arts, movement, drama, music, writing, and other creative processes to foster deep personal growth and community development” (The International Expressive Arts Therapy Association, 2017b, what are the expressive arts? section, para. 1). Some literature suggests that the therapeutic relationship is beneficial to treatment outcomes in expressive arts therapy as well (Argaman et al. 2021; Bat Or & Zilcha-Mano, 2019; Gazit et al., 2021). Expressive arts therapy is thought to also be healing for one’s mental and physical health and has seen success in online treatment (Evans, 2012; Zubala et al., 2021).

How can expressive arts therapy be used to help form the therapeutic relationship when working with youth online? In this critical review of the literature, I review existing literature on online therapy, the therapeutic relationship, youth, expressive arts therapy, and the ways these four elements relate to one another to provide beneficial outcomes in therapeutic treatment for mental health. Finally, I provide recommendations of best practices for working therapists and others within the field including ethical considerations, skills for practice, and suggestions for further training and education.

Method

I began searching through the literature with the intention to investigate the gap in research on how expressive arts therapy can be used to help form the therapeutic relationship when working with youth online. My review of the literature focused on four main areas including a review of online therapy, specifically videoconferencing; a review of the therapeutic relationship and how it is formed in different settings and with different ages; a review of considerations for working with youth; and a review of expressive arts therapy and its use in practice. Each area was researched independently and then the overlaps between each element were investigated further. I used search terms in relation to each element of my search including (a) terms for online therapy (b) therapeutic relationship (c) varying terms for my population, such as children, adolescents, young people (d) expressive arts therapy and related specializations such as art therapy and drama therapy.

I used sites such as Lesley Library Online and Google Scholar to begin my search. Lesley Library Online was my primary platform for searching through the literature and I would turn to Google Scholar when looking for additional sources not available through Lesley. My research is very connected to current events and the ongoing pandemic, which led me to first ground my search in peer-reviewed sources and then expand by searching for current news articles and relevant texts. For this aspect of my search process, I used general Google searches to find relevant sources, focusing on those from major organizations and outlets. Throughout my search, I sought to use sources published within the last decade and particularly those from the last couple of years during the COVID-19 pandemic. My review of the literature also led me to other types of sources, such as book chapters and literature from other healthcare disciplines, such as nursing and occupational therapy.

In order to keep track of the literature throughout my search I created multiple folders on my computer to organize sources: sources being used, sources not being used, and sources to be read. For documentation of the sources, I chose to include in my critical review of the literature, I created a research journal and an ongoing reference list. Both documents contain running lists of source citations and the research journal contains brief summaries and comments about each source.

Literature Review

Online Therapy

Therapy provided via online mediums has been known by many names and can encompass many modes of delivery. It can include text-chat, audio calls, virtual reality, mental health apps and online forums, modalities which can then be used by themselves or in combination to provide treatment. However, the most used of these “psycho-technologies” seems to be “synchronous videoconferencing” (Simpson et al., 2020, p. 2), referring to live video calls. Some umbrella terms used to encompass the range of these modalities are e-therapy, teletherapy, telepsychology, telemedicine, and online therapy (Burgoyne & Cohn, 2020; Mateescu, 2020; Sucala, 2013). In the larger field of healthcare, “telehealth” is commonly used to describe the mode of delivery rather than the service provided (Henry et al., 2017, p. 870). In this critical review of the literature, “online therapy” will be the term used to examine the broader methods of online mental health treatment. “Videoconferencing” will be the term used for the medium of delivery examined more specifically in relation to therapeutic practice.

Benefits

There are many benefits of videoconferencing that have been highlighted in the existing literature. Some of the advantages videoconferencing provides are “equitable service delivery,

reduction in travel costs, as well as time and disruption to work commitments, reduced stigma... and increased availability of support and professional supervision for psychologists located in remote areas” (Simpson & Reid, 2014, p. 280). Clients may also be located in rural or remote areas that makes it burdensome to travel for mental health services. Others may find themselves in situations that make leaving the home challenging, including but not limited to disability, finances, or other responsibilities (Simpson & Reid, 2014, p. 280). In some situations, telehealth can also be a more cost-effective way of accessing mental health treatment and other healthcare services (Henry et al., 2017, p. 870).

Challenges

However, online modes of therapy can also present a variety of concerns. In-person therapy has often been viewed as the gold-standard for treatment and is where research has focused in the past. Therefore, many of the hesitations and reservations around online therapies like videoconferencing have come from therapists themselves (Simpson & Reid, 2014, p. 280). Some concerns have included areas such as communication, especially when factoring in technological issues. Glitches or difficulties with internet connection may have an impact on treatment (Békés et al., 2021). Technological literacy on the part of both the therapist and the client are what make online treatment accessible and therefore populations who struggle with this may be less suited for videoconferencing amongst other online therapies (Abbott et al., 2008). Other concerns have surrounded privacy, confidentiality, and security. In an online space, both the therapist and the client allow for a window into their personal rather than professional environment. It can be difficult to find a private space free of being overheard or interrupted, prompting some people to leave their homes and join therapy from their cars to achieve a sense of privacy (Burgoyne & Cohn, 2020, p. 980). Additionally, it is crucial that digital means of

client information and communication, such as emails, are kept private (Abbott et al., 2008, pp. 366-367).

Other concerns cited by therapists relate to maintaining appropriate therapeutic boundaries. As stated by Mateescu (2020), “the necessity arises to create and maintain boundaries so as not to affect the treatment negatively and so as to optimize its results” (p. 74). When online, there are differences in how space and time are shared in the therapeutic space. In online therapy, people are connecting from different locations, so these different boundaries can be difficult to navigate when there are concerns for the client’s safety. Some clients may have struggles with self-injurious behavior or suicidal ideation, which presents unique concerns that should be planned for if they were to occur. One way to help ensure client safety is to have the client’s contact details known by the therapist so that if safety concerns are presented, the client can be reached as soon as possible (Abbot et al., 2008, p. 366). Safety concerns are relevant throughout different levels of mental health services, including higher levels of care such as partial hospitalization programs (PHPs). One PHP that changed its services from in-person to online chose videoconferencing as the specific mode of delivery and used onboarding procedures, the initial intake, outpatient supports, and a requirement that client cameras be on as additional ways to monitor client safety risks (Hom et al., 2020).

Many reservations therapists have towards online therapy stem from a lack of training in educational and professional settings for the use of online therapy modalities (Simpson et al., 2020; Socala et al., 2013). This can cause therapists to doubt their abilities and skills at least partially because “there is a gap in professional preparation for this mode of care delivery” (Henry et al., 2017, p. 883). One of the main concerns about online therapy has been around the lack of ability to form the therapeutic relationship in an online setting (Simpson & Reid, 2014, p.

281). Different skills may be needed to bolster the therapeutic relationship online versus in-person, but therapists are not receiving the education necessary to develop those skill sets.

Ethical Considerations

The International Expressive Arts Therapy Association (IEATA, 2017a) provides some ethical guidelines specifically for Registered Expressive Arts Therapists (REAT's) conducting online therapy. These include informing clients of the risks of electronic communication and addressing the ways digital technology and social media may influence the therapeutic relationship, client privacy, and confidentiality (IEATA, 2017a). Other organizations such as the American Counseling Association (ACA) have ethics codes that provide a more in-depth exploration into distance counseling, technology, and social media (ACA, 2014, Section H). A full investigation of the legalities and ethics of online therapy is beyond the scope of this literature review; however, it is important to note the critical nature of understanding relevant legal and ethical obligations when providing online mental health services.

COVID-19 Effects on Mental Health Services

In January 2020, COVID-19 was declared a Public Health Emergency of International Concern and in March 2020, it was declared a pandemic (World Health Organization, 2020a, p. 1). The United States alone has surpassed a death toll of over 900,000 from when the pandemic first started (Bosman & Smith, 2022). Restrictions and policies, including mask mandates, and requirements of proof of vaccination, have fluctuated over time in different areas of the country as case numbers have risen and fallen. After experiencing different waves of the virus in the forms of different strains, "the country is moving into a new phase of the pandemic, officials say, where a virus threat will persist indefinitely, but where most people can rely on vaccines to protect them from the worst consequences" (Bosman & Smith, 2022, para. 14). In a time when

mental health services have been greatly needed, the mental health system has felt the most severe impact (World Health Organization, 2020b).

Starting at the beginning of the COVID-19 pandemic, many therapists felt forced to switch to online modalities, particularly videoconferencing, out of necessity (Mateescu, 2020, p. 77). They did so in very short periods of time amidst a period of great change for both themselves and their clients, many without any prior experience of engaging with clients outside of in-person settings. COVID-19 placed therapists' and clients' healthy and safety at risk, therefore meeting virtually became a safer option. While online therapy was already taking place for years before COVID-19, the pandemic fast-tracked the uptake for online therapy modalities like videoconferencing (Simpson et al., 2020). Changes occurred across many different levels of care, from outpatient to inpatient hospital units. Many therapists, especially those in hospital settings, have remained in-person to provide services as frontline workers, where the risk of contracting COVID-19 is higher (Dastagir, 2021). One PHP for adults described by Hom et al. (2020), pivoted from in-person services to virtual services in the span of just 7 business days. They specifically chose a videoconferencing platform as the medium of delivery and many adaptations were made, such as having a virtual orientation for clients, an adapted group therapy schedule, and increased staff training.

According to Békés et al. (2021) and Nuttman-Schwartz and Shaul (2021), therapists reported many challenges early on in providing online therapy, specifically with emotional connection, distraction, patient privacy, and therapist boundaries. However, 3 months later, most challenges had subsided in difficulty, which shows how experience with providing online therapy improves therapists' perceptions of it. As restrictions and laws keeping people working from home have eased over time, some therapists have returned to in-person or hybrid work

settings. Many therapists prefer providing treatment in-person, mostly because they find it is hard to read non-verbal cues and to create a connection in an online space (Mateescu, 2020, pp. 84-87).

The most unique challenge that COVID-19 has provided for therapists is that they are simultaneously experiencing the same event as their client (Dastagir, 2021; Nuttman-Schwartz & Shaul, 2021). Most of the time, therapists guide their clients through events that they have not personally experienced. However, due to the risk placed on all parties by COVID-19, the therapist may personally relate to much of the client's experience. What's been created is a "parallel experience for therapists and their patients who are experiencing many of the same fears and frustrations, brought on by many of the same external events" (Dastagir, 2021, para. 7). Some have argued that COVID-19 is a shared traumatic reality (STR). Existing literature has previously classified events such as natural disasters or wars as STRs, but not a pandemic. Finding resilience in a field such as mental health can provide therapists with a sense of purpose, but the pandemic has created several stressors, such as job insecurity, lack of experience and training with online therapy, and health concerns. Therefore, many therapists have considered COVID-19 to be an STR (Nuttman-Schwartz & Shaul, 2021).

Law and Policy

Changes to therapists' methods of practice due to the pandemic have also helped bring about broader systemic changes that have allowed online therapy to grow to the scale it has. In general, advancements in technology over the years like high-speed internet have made online therapy more feasible (Henry et al., 2017, p. 870). Electronic medical record systems and device encryption systems have also greatly increased therapist's abilities to provide secure online therapy. Due to backing by the U.S. federal government, electronic records have been adapted

quickly by therapists and other practitioners (Henry et al., 2017; Hom et al., 2020). Prior to the pandemic, insurance coverage for any kind of telehealth services was limited, but COVID-19 prompted insurance companies to quickly lift coverage restrictions for telehealth and to loosen reimbursement policies. Under current federal policy, Medicare pays for covered live video telehealth services while coverage under Medicaid can vary per state (Center for Connected Health Policy, 2022a). Covid-19's designation as a public health emergency also prompted states to ask insurers to expand covered telehealth services and provide some reimbursement for them. These policies vary by state and are considered temporary, leaving future coverage uncertain (Center for Connected Health Policy, 2022b).

COVID-19 has become synonymous with the rise of Zoom, a videoconferencing platform. It has become a platform of choice by many, including therapists and mental health services due to various features it offers. Hom et al. (2020) utilized enterprise level Zoom accounts that are encrypted and compliant with the U.S. Health Insurance Portability and Accountability Act (HIPAA) to adapt their partial hospitalization program to a videoconferencing format (p. 374). Other companies have also come to the table providing their own platforms and modalities of service delivery, including videoconferencing, live chat, and phone calls. These companies usually do not accept insurance, but in this realm as well, exceptions have been made due to the pandemic (Burgoyne & Cohn 2020).

The Therapeutic Relationship

The therapeutic relationship, also referred to as the therapeutic alliance, is characterized by “an agreement on goals, an assignment of task or a series of tasks, and the development of bonds” (Bordin, 1979, p. 253) between the therapist and the client. It can be understood as containing two parts, the working alliance and the real relationship (Gelso, 2011). The working

alliance is the collaboration between the therapist and the client as they work towards goals and move forward within the therapeutic process. In contrast, the real relationship is the genuine and real personal bond between the therapist and the client. Both elements are unique in their own right, but together form a powerful mechanism for change within the therapeutic process. Both parts of the therapeutic relationship can also be quantitatively measured using assessments such as the Working Alliance Inventory (WAI) and the Real Relationship Inventory (RRI; Alessi et al., 2019; Békés et al., 2021). Lavik et al. (2018) also highlight the importance of both the technical and personal skills of a therapist by stating that they are “structured by the concept of a balance rather than as separate processes, breaching the distinction between the therapist and the human being” (p. 360). The therapeutic relationship may be experienced differently by the therapist and the client, but it takes two people to come together to make it possible. So long as those involved enter the therapeutic relationship with genuine intention to make the relationship work and for change to take place, the therapeutic relationship can develop.

A couple of studies have shown the therapeutic relationship to be positively correlated to beneficial treatment outcomes across different theories of practice. Alessi et al. (2019) found that the “clients’ perceptions of therapists’ affirmative practices correlated with psychological well-being” (p. 236) when using an affirmative psychology approach with LGBTQ individuals. Samardžić and Nikolić (2014) examined the working alliance in relation to transference within psychodynamic practice and found a correlation between disharmonious transference, poor therapeutic alliance, and client dropout rates. Additionally, some characteristics that have a positive impact on treatment are shown to be similar to the person-centered approach, by incorporating empathy, positive regard, and congruence. Across a wide range of disciplines and schools of practice, the therapeutic relationship consistently plays a role in successful treatment

and correlates higher to positive client outcomes than theoretical techniques (Lambert & Barley, 2001).

Youth

The term, “youth” is defined by the United Nations (2021) as the age group between 15 to 24 years old. However, many countries refer to those under 18 years old as youth in the eyes of the law, whereas any person 18 or older is considered an adult. Definitions may vary depending on the context, but in the context of this critical review of the literature, the word “youth” encompasses children and adolescents aged 11 to 18 due to the developmental changes that happen during this age range.

Developmental Factors

Working with youth provides unique developmental considerations to therapists. Ages 11 to 18 encompasses a wide range of experience amongst youth; however it is the primary age range during which puberty takes place. For girls, the average age to begin puberty is 11, while for boys, the average starting age is 12. However, puberty can start as early as 8 or as late as 14 (National Health Service, 2018). According to Roaten (2011), this brings about not just new stages of physical development, but brain development as well. Particularly for youth who fall more in the adolescent age range, brain growth and change play major factors in brain development. A large amount of brain development takes place during early childhood, but a second wave of development takes place from age 11 to 24. The brain undergoes synaptic reorganization and pruning, leading to effects on many areas of the brain, including neurotransmitters, as well as the amygdala, hippocampus, and prefrontal cortex. This then causes changes in emotions and behaviors, such as stronger reactions to stressors, instinctive behaviors, and difficulty expressing emotions through words. Particularly when it comes to mental illnesses,

such as depression, neuroplasticity can also assist in lifting adolescents out of a depressive episode. However, there are many internal and external factors to adolescent development and functioning.

Environmental Factors

As a population, youth also come with additional environmental factors that are important to consider. Family is one important factor, considering youth are minors and their familial relationships can have an impact on their perspectives on treatment (Byers & Lutz, 2015). The youth's presence in therapy is often decided by their parents or guardians. Therefore, the family-therapist and parent-therapist relationships should be considered in addition to the youth-therapist therapeutic relationship (Hawley & Garland, 2008). Having worse interpersonal relationships can lead to difficulties forming the therapeutic relationship and trusting others, which can make forming a trusting relationship with an adult more difficult for youth. It is also important to consider larger spheres of influence, including the broader environment and community. Youth in higher levels of care are more likely to have been failed by not only individual people but larger systems. This "may contribute to the youth feeling as if others cannot be relied on for help" (Byers & Lutz, 2015, p. 6).

Therapeutic Relationship with Youth

Existing literature shows the therapeutic relationship can successfully be formed with youth and is beneficial for treatment outcomes (Hawley & Garland, 2008; Ormhaug et al., 2014). Hawley and Garland's (2008) findings suggest the "youth alliance is significantly associated with several domains of therapy outcomes, including decreased symptoms, improved family relationships, increased self-esteem, and higher levels of perceived social support and satisfaction with therapy" (p. 70). Results from Ormhaug et al. (2014) state that when working

with traumatized youth, the therapeutic relationship and theoretical approach can lead to positive outcomes and the correlation still exists despite differences in approach to treatment. Shirk et al. (2011) investigated individual youth-alliance outcome associations and their meta-analysis also supports the idea that the alliance can predict treatment outcomes with youth.

There are some ways to improve the therapeutic relationship with youth and a collaborative, person-centered approach is recommended by Byers and Lutz (2015) and Purswell and Pratton (2018). Some ways to implement this include using word choices that suggest togetherness, acknowledging and validating emotions, and solving problems. It is also important to work with the child's parents/guardians and community while providing modeling of a healthy relationship and being accepting of the client. This hopefully then leads to the client making improvements to relationships in different areas of their lives (Byers & Lutz, 2015). Most of all, the youth client should be able to perceive empathy from the therapist. Youth may view the world differently because of where they are developmentally, but their perspective is essential to making a strong therapeutic relationship (Byers & Lutz, 2015; Purswell & Pratton, 2018).

The Therapeutic Relationship in Online Therapy

Current literature shows promising evidence of successful therapeutic relationship formation when working with adults online (Kysley et al., 2020; Simpson & Reid, 2014). In videoconferencing couples therapy, Kysley et al. (2020) found that clients felt they had formed a connection with the therapist despite the more unique three-way therapeutic relationship formed in the online videoconferencing space. While some clients felt that distance between them and the therapist made the process seem impersonal, others found it gave them more of a sense of control and reported satisfaction and comfort with using videoconferencing. Alessi et al.'s (2019) examination of the therapeutic relationship and affirmative care with LGBQ adults found that the

therapeutic relationship “mediated the relation between clients’ perceptions of therapists’ affirmative practices and psychological well-being. More specifically, the therapeutic relationship was the underlying mechanism through which clients’ perceptions of therapists’ affirmative practices correlated with psychological well-being” (p. 236). Simpson and Reid’s (2014) review of the therapeutic alliance throughout the literature incorporated reviewed sources that examined a variety of diagnoses and issues across populations of adults and youth. Preliminary evidence shows high ratings of the therapeutic alliance by both clients and therapists that are at least as high as ratings of in-person therapy.

Working with youth and building the therapeutic relationship with them in an online space can look different from working with adults. Shklarski et al. (2021) found that shorter attention spans in children and “Zoom fatigue” can make focusing and engaging in videoconferencing more difficult (p. 60). With youth, play-based or art-based techniques are often used, but those kinds of materials are not always available when the client and therapist are physically apart. Yet, emerging evidence displays how the therapeutic relationship can be effectively formed with youth through videoconferencing as demonstrated in a case example by Sehon (2013) with a teenage boy, Donald. This case illustrated the way videoconferencing could deepen the therapeutic relationship and promote beneficial outcomes for the client. This client was seen in-person for several years before switching to videoconferencing and it was "discovered how the digital screen represented a concrete transitional space that bridged his online and real time social worlds. In turn, his therapeutic environment became a more playful and generative arena for analytic work” (p. 146). While the transition to videoconferencing was only one element of Donald’s continued therapeutic progress, it certainly played a factor in his ability to feel safe within the online therapeutic space and continue his growth. Slone et al.

(2012) reviewed literature regarding the use of videoconferencing with children and adolescents and also made preliminary findings that in some situations, videoconferencing may be more efficacious than face to face therapy.

Expressive Arts Therapy

Expressive arts therapy is defined by the IEATA (2017b) as the combination of “visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development” (What are the expressive arts? section, para. 1). This multimodal approach to the therapeutic process comes with its own terms and language, some of which also relate to the formation of the therapeutic relationship. “Attunement” can be defined as “a sensorial felt embodied experience that can be individualistic as well as communal, that includes a psychological, emotional, and somatic state of consciousness” (Kossak, 2008, p. 3). Finding “relational attunement” is also essential for engaging in an arts-based expressive arts process because it allows for flow and communication between all parties involved (Gerber et al., 2018, p. 14). “Embodied presence,” another key term defined by Beardall et al. (2016), is defined as “the state of being both kinesthetically and affectively present” which can also translate into videoconferencing as the concept of “embodied online presence” (p. 412).

Benefits

There are a variety of mental and physical health benefits to be gained from engaging in expressive arts therapy. Stuckey and Nobel’s (2010) review of the literature explored the idea that creative expression could reduce mental stresses, therefore relieving symptoms of chronic disease. Their research across multiple modalities found a positive relationship between engagement in the arts and health outcomes. Music therapy was found to have more research unto itself, including studies that examined how music calms neural activity in the brain, controls

chronic cancer pain, and decreases anxiety. Other modalities of visual arts, movement, and creative writing also showed some promising evidence of helping to decrease pain and improve mood. Empirical research on this topic is limited, and more systemic and controlled studies have yet to emerge, so large generalizations should not be made.

Specific to the circumstances of the ongoing COVID-19 pandemic, artmaking can also be used to support current public health guidelines, as art therapists have done in previous pandemic outbreaks (Postash et al., 2020). For example, art therapists can challenge stigma through psychoeducation, maintain relationships through telehealth, and develop coping and resilience through identifying strengths and creating healthy routines. Online spaces can be beneficial not just for clients, but therapists as well in the face of a pandemic as a public health emergency to support each other and maintain a sense of community (Postash et al., 2020).

The Therapeutic Relationship in Expressive Arts Therapy

In expressive arts therapy, the therapeutic relationship does not exist solely between the client and therapist. Instead, the art itself adds an additional dimension to the relationship, forming a triangular relationship between the client, therapist, and the artwork (Schaverian, 2000). Bat Or and Zilcha-Mano's (2019) development of a measure for an Art Therapy Working Alliance Inventory (AT-WAI) also led to the outlining of three main components of the art therapy working alliance that align with the triangular relationship dynamic. They include "the client's affective and explorative experience with the art medium (Art Experience); the client's perception of the art medium as therapeutic (Art Task); and the client's acceptance of the art therapist's art interventions (Art Therapist Acceptance)" (p. 85). Results suggest that there is a positive correlation between the working alliance and the client-art medium relationship. Possibilities were also raised that art making can lead to a positive therapeutic alliance.

However, Argaman Ben David et al. (2021) examined patterns of the art therapy working alliance in early stages of art therapy and found that “while the strength of the therapeutic alliance increased in an upward linear trend during the course of AT simulation, the AT working alliance progressed in a rupture and repair-like pattern” (p. 4). The reasons for the cycle of rupture and repair may vary depending on the client and the unique circumstances of that relationships, but in this study, only the client-artwork relationship fluctuated in this way and not the client-therapist relationship. Yet, the literature suggests that in the art therapy therapeutic relationship, client and therapist assessments of the relationship are consistent. Within this alignment, the therapeutic relationship is shown to strengthen over time and the more positive the therapeutic relationship, the more positive is the client’s perception of the artistic process and product (Gazit et al., 2021).

Expressive Arts Therapy with Youth

Engagement in the arts can be beneficial for mental health, particularly in youth, as shown by Roaten (2011). Through artistic mediums, a person can express themselves verbally or nonverbally and these differing means of exploration and communication can lead clients to new personal discoveries. This allows for the therapist and the client to enter the client’s “inner world” from a new perspective (Roaten, 2011, p. 308). When working specifically with teenagers as a population, utilizing art can help them build new neural pathways in their brains. Furthermore, “understanding what emotions need to be expressed by a teen... and processing that enhances each adolescent’s understanding in a safe environment build a therapeutic alliance” (Roaten, 2011, p. 311).

Anderson et al. (2014) states that “a non-verbal means of communicating is often the first step in helping depressed, anxious, angry, or highly controlled youth identify internal states and

express these states in a beneficial manner” (p. 260). In their study of hospitalized youth, dance/movement therapy (DMT) increased likelihood of mood changes, making anger and confusion more likely to decrease after a session. Aggarwal (2021) found that music and art therapy are beneficial for teenagers, significantly reducing stress. Exercise, which relates to DMT, was also identified as a healthy way of dealing with stress and anxiety (p. 242). Similar decreases in self-reported levels of anxiety and stress were also found in Lindsey et al.’s (2018) school-based study on expressive arts therapy and mindfulness with youth. For youth with histories of trauma and diagnoses of posttraumatic stress disorder (PTSD), art therapy provided more substantial symptom reduction than a non-therapeutic arts and crafts group, as shown by Lyshak-Stezler (2007).

Recommendations for Practice with Youth in Videoconferencing

Interpersonal Strategies and Skills

The need for training and education in interpersonal skills for use in online therapy is widely and consistently expressed throughout the literature (Henry et al., 2017) and using interpersonal strategies and skills can possibly bolster the therapeutic relationship when working with youth in videoconferencing. Building that relationship can start from the language and communication used with the client. Therapist statements that are open, supportive, and reassuring may have a positive correlation with symptom outcome, while statements that are challenging or controlling may have a negative correlation with symptom outcome (Kadur et al., 2020). Teenagers specifically “need to feel valued by adults, even though they may appear to be self-centered or emotional” (Roaten, 2011, p. 304) and the use of positive language with youth may assist in helping them feel valued, which could strengthen the therapeutic relationship. Bischoff et al. (2004) found that when using videoconferencing instead of being face-to face,

therapists tended to exaggerate and be more deliberate in their voice and time as well as in their non-verbal communication and their body language to compensate for the lack of stimuli and to enhance communication. Over time, this behavior was modeled by the client as well. Non-verbal cues may be more difficult to interpret when using videoconferencing and asking more questions in order to clarify what the client was experiencing.

Strategies for working with clients online can also be taken from the field of education, especially when many classes have transitioned to videoconferencing at different points of the pandemic. Even before COVID-19 Lesley University's own graduate DMT specialization sought to create a hybrid low-residency model (Beardall et al., 2016). In this educational model, the focus became not just about learning and experiencing DMT concepts, but how the content was communicated to students. One way this was achieved was by making all expectations and experiences very explicit from the beginning of the program. Having a focus on clear, straightforward communication allowed for sensitivity and space for student needs despite the physical distance. This led to positive student reviews and feelings of community which could parallel the therapeutic relationship. While the therapeutic relationship certainly differs from a class environment, Beardall et al. (2016) demonstrate that putting relationships and communication as top priorities can have beneficial outcomes when utilizing videoconferencing. This claim is supported by Burgoyne and Cohn (2020) who discovered while shifting services to videoconferencing that although online services may seem different to clients, they remain engaged, and the therapeutic alliance was not changed. It was found that maintaining that alliance was assisted by having more direct communication around goals while also having more flexibility in sessions.

Adapting to youth as clients and how their specific needs may be affected in videoconferencing versus in-person is also important to consider. According to Burgoyne and Cohn (2020), changing the structure of sessions, such as making them shorter and/or more frequent can be beneficial for shorter attention spans. Adding additional breaks, playing therapeutic games, or changing approaches may be necessary to better engage the client. With the increased stress of the pandemic, mindfulness strategies can be helpful for clients as well as “zoom friendly” methods of play, such as drawing on the Zoom whiteboard or playing Jeopardy (p. 982). Working collaboratively with the client to complete tasks, such as worksheets, can also work well as documents can be saved and sent electronically (p. 983).

Expressive Arts Therapy in Videoconferencing

Use of expressive arts therapy in videoconferencing is also recommended as a method of building the therapeutic relationship with youth. Zubala et al. (2021) reviewed existing literature of art therapy’s use within online delivery methods and digital artmaking tools. In their review they found an increase of technology use and digital artmaking, specifically in videoconferencing. With the rise of online expressive arts therapy, concerns have been raised by therapists over confidentiality and technical issues or limitations. However, benefits include building therapeutic rapport and increased client expression. Research on expressive arts therapy and its use online is an emerging field and while therapist opinions may vary, the addition of an online mode of delivery, such as videoconferencing, changes the way the triangular expressive arts relationship is perceived. Further research is needed on this topic.

Over time, digital tools have also become more prevalent in art therapy practice and provides new means of creative expression. Current research from Evans (2012) suggests that digital artmaking can be less intimidating to clients than traditional art mediums and practical

components such as abilities to save and store work easily are appealing qualities. Use of digital artmaking tools can also be appropriate for different populations, including youth, who may find behavioral and emotional benefits. As a discipline, expressive arts therapy embraces integration of different methods of artmaking and advancement within therapeutic practice as times change. In therapeutic practice, opportunity is created through artmaking “to develop neural pathways through experience; it engages processes connecting affect, cognition, and behavior in positive ways” (Roaten, 2011, p. 311) no matter if they are traditional or digital.

Training and Education

At the very beginning of the COVID-19 pandemic, therapists found themselves having to conduct online therapeutic services in a short amount of time, many with little to no training on how to engage clients through videoconferencing or other online delivery methods. As the pandemic continues and online therapy mediums continue to be used, there is a need for increased training (Simpson et al., 2020). Accessibility to training in skills for using online therapy has become more prevalent over time, and Henry et al. (2017) suggest that training focuses on four main areas: support for providers, therapist-client interactions in sessions, environmental components, and educational and evaluative interventions. While training on how to form a therapeutic relationship in-person has become more common, training for an online setting is not common. However, if training is provided on specific skills to use online, such as how to communicate body language and empathy, therapists’ confidence more clearly in service delivery can increase and improve services (Sucala et al., 2013)

McIvor and Karnes (2019) attempted their own version of online therapy training for graduate students studying occupational therapy by using role-play. Some students played patients, while others were the occupational therapists in scenarios of service delivery via

telephone, face-to-face, and videoconferencing. It is important to be aware that some people may experience discomfort with role play, as happened in this study, but it was found that learning skills for online therapy were in demand by students and the roleplay was effective at teaching skills and building confidence.

Discussion

The purpose of this literature review was to investigate how expressive arts therapy can be used to build the therapeutic relationship with youth in videoconferencing. This was approached by examining the literature across four elements: online therapy, the therapeutic relationship, youth, and expressive arts therapy, to find the ways these elements interacted and intersected with each other. I began by examining the benefits and challenges of online therapy as a delivery medium, specifically focusing on the use of videoconferencing, and how the COVID-19 pandemic has influenced current practice. Not only has client interaction been affected, but law, policy, and ethical codes have changed as well. I then focused on defining the therapeutic relationship, as well as how it is formed when working with youth and the specific considerations that should be thought of when working with such a population. Online therapy and the therapeutic relationship were then related to each other, seeking to find how and if successful therapeutic relationships can be formed in an online space. As said by Simpson et al. (2020) “videotherapy can lead to a revitalization of the therapeutic relationship, in order to meet the challenges associated with COVID-19” (p. 1).

Concepts of expressive arts therapy were reviewed, and I sought to explore the benefits of it for working with youth. I then specifically examined the unique nature of the therapeutic relationship in expressive arts therapy, which forms a triangular relationship between the therapist, client, and artwork (Schaverian, 2000). Effectiveness of using expressive arts therapy

with youth was also found to be successful and current research has yielded promising results. Based on the sum of my findings, I finally provided recommendations for practice in three categories: interpersonal skills and strategies, the use of expressive arts therapy, and the need for further training and education in online therapy. These recommendations highlight the importance of adaptation and communication within the therapeutic relationship and how good relational skills can transcend modes of service delivery. However, an increase in specific training and education on the use of videoconferencing is needed to accomplish what is suggested.

Despite seeking to broadly review therapeutic relationship formation across the literature, this literature review is limited in that it draws mostly from studies focusing on outpatient levels of care. It is not examined how differing levels of care and client acuity may impact the development of the therapeutic relationship. This review of the literature also primarily utilizes studies that draw from individual client interactions and does not fully account for the differences in building the therapeutic relationship that may occur when more than one client is present in the therapeutic process, such as in group, couple, or family therapy. Another shortcoming is that the literature examined primarily originates from English-speaking countries across North America, Europe, and Australia. A literature review that includes non-English studies and encompasses a broader geographical range might provide a more diverse and global understanding of how the therapeutic relationship can be forged when working with youth online. However, the primary limitation is the lack of existing research on working with youth online and the use of expressive arts therapy online.

A suggestion for future research is the creation of more quantitative studies to further explore the topic at hand of using expressive arts therapy to build the therapeutic relationship

with youth in videoconferencing. It is also recommended that further research is conducted on the effects of increased training and education on online therapy. Another area of investigation would be whether there is correlation between therapist and client impressions of their therapeutic relationship in videoconferencing. Additionally, further study of ethical considerations when providing online mental health services is a topic for future research. This subject was reviewed briefly, but it is outside the scope of this literature review.

I set out to further research this topic driven by personal experiences at my previous and current field placement sites. In the past few years, my experiences as a clinician in training have been dramatically altered from what I expected them to be when I began my foray into this field. The COVID-19 pandemic has brought about many changes to current times, but it has highlighted to me one thing above others. In the field, I have had to adapt to constant changes and challenges, and so too have my clients. With further time, reflection, and research, so too should the existing body of academic literature evolve and arrive to meet the current state of practice.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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