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brief report

Exploring the Integration of Technology in Art Therapy: Insights From Interviews With Art Therapists

Fereshtehossadat Shojaei , John Osorio Torres , and Patrick C. Shih 

Abstract

As technology's role in health grows, its potential application in art therapy has also been explored. Existing studies provide broad overviews of technological tools in art therapy yet lacking a thorough examination of their purpose and impact. This brief report, through semi-structured interviews with 20 art therapists from the American Art Therapy Association, examines art therapists' technology integration into their practice. We identify advantages and disadvantages of using technology across three key categories: clinical management, session planning, and therapeutic interventions. This report aims at understanding the current technological practices of art therapists concluding with a brief description of potential contribution of this work to the field of art therapy.

Keywords: Art therapy; online art therapy; therapeutic interventions

Introduction

Empirical studies show the positive impact of creative arts therapies (CATs), including art therapy (AT), on psychological and physiological well-being. According to the American Art Therapy Association (AATA), AT

holistically engages the mind, body, and spirit by utilizing non-verbal forms of communication, such as kinesthetic, sensory, and symbolic expressions (American Art Therapy Association, 2017). Each CAT modality utilizes distinct mediums emphasizing creativity, with AT utilizing visual art media within a therapeutic relationship to facilitate self-expression (Shojaei et al., 2023). The use of technology in AT helps expand therapeutic interventions opportunities and widen access to AT (Hoey et al., 2010). The COVID-19 crisis prompted the adoption of technology in online mental healthcare, highlighting the urgent need for telehealth to become a routine part of healthcare delivery (Feijt et al., 2022). Integrating technology in AT provides benefits such as, enhancing safety (Hancock et al., 2010), a mess-free environment (Zubala et al., 2021), fostering creativity, empowering clients, and reducing anxiety (Diggs et al., 2015), and ensuring safety (Zubala et al., 2021). Video games and VR enhance physical and mental well-being (Annema et al., 2010; Franco, 2016), problem solving, communication, and cognitive development in a safe setting (Lie et al., 2022). Telehealth offers flexible sessions, overcomes geographical barriers, reduces costs, and ensures care continuity (Dores et al., 2020; Taylor et al., 2020), while Nolan and Bostelmann, (2021) demonstrated its capacity to enhance intern training through an action research model. In addition, administrative software streamlines activities, reduces errors, and improves clinical decisions (Honeyford et al., 2022).

Utilizing technology in AT also poses challenges. Accelerated adoption of technology during COVID-19 pandemic has raised infrastructural and practical issues (Feijt et al., 2022). Digital tools entail costs, require staff training, and warrant security measures (Queen, 2021). Financial constraints, organizational barriers, and workforce shortages impede widespread adoption of telehealth interventions (Shannon Mace et al., 2018). Additionally, technology may compromise non-verbal cues and sensory experiences (Zubala et al., 2021). Therapists express concerns about session distractions, and potential equipment damage, underscoring the need for careful mitigation strategies (Darewych et al., 2015; Diggs et al., 2015). Ethical concerns regarding client confidentiality arise, especially in remote sessions (Asawa, 2009; Carlton,

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2014). Thus, Choe and Carlton (2019) recommend concise informed consent guidelines and ongoing digital literacy training.

Given these concerns, the need for collaboration between therapists and developers to effectively utilize computer applications in AT arises, in order to expand the capabilities of current AT tools, while ensuring new technological developments align with therapeutic standards (Gussak & Nyce, 1999; Peterson, 2006). As researchers of human-computer interaction coming from backgrounds in art and design, we feel a strong commitment to enhance ease of use and efficiency of technology alongside art therapists. As a first step, this study will explore the current use of technology in art therapy, examining challenges and successes through interviews with therapists, and building on existing research to take the first step.

Methods

Research Design

This qualitative interview study, exploring technology integration in AT through the perspectives of therapists, was conducted by doctoral human-computer interaction researchers with a focus on AT. It received full approval (#17154) from the university's Institutional Review Board ensuring ethical participant selection, confidentiality, voluntary participation, and informed consent.

Participants

Therapists were recruited verbally at AATA's 53rd Annual Conference. Twenty participants provided verbal consent for one-on-one semi-structured interviews. This approach allowed follow-up questions, ensured efficiency and diverse perspectives while saving time and costs.

Procedure

The semi-structured interviews, lasting approximately 30 minutes each, featured open-ended questions to elicit detailed responses about the integration of technology in AT. Interviews were conducted confidentially, audio-recorded with consent, and anonymized using participant codenames for privacy. Topics covered included:

1. Participants' demographics, degrees, certificates, and the length of their experience in AT.
2. Perceived advantages and disadvantages of utilizing technology in AT.
3. Technological tools or platforms/applications used by art therapists and/or clients and their effectiveness from art therapists' perspective.
4. Ethical considerations and concerns associated with technology use in AT.

5. Art therapists' desires and recommendations for integrating technology in AT practice.

Credibility

We ensured credibility of our qualitative research in three ways: 1) By grounding our interview questions in insight from previous literature; 2) By holding individual and private interviews with selected participants, to minimize peer influence and elicit honest responses around their past experiences; and 3) By combining and cross-checking data collection instruments, as all interviews were audio-recorded, captured in detailed field notes, and cross-checked with AI-generated transcripts for accuracy. Participants were assured of strict confidentiality, reinforcing privacy standards for both data handling and publication. These measures strengthen the reliability and ethical integrity of our research methodology.

Data Analysis

We conducted a thematic analysis (Braun & Clarke, 2012) to identify patterns from the coded data. We used qualitative analysis software, Otter.ai and Taguette, to facilitate transcription and coding. The authors independently coded the transcripts, then collaborated to finalize the codes for comprehensive coverage.

Results

The interview analysis focused on three main topics: 1) the purpose of technology, 2) the advantages of using technology, and 3) the disadvantages of using technology. We present the results of each enquiry below.

The Purpose of Using Technology

Our findings suggest that therapists use technology in their practice for three main purposes: 1) clinical management tools, 2) session management/planning tools, and 3) therapeutic intervention tools. If the tools are not mandated by their organization, they either opted for tools they were already familiar with and found user-friendly or chose tools recommended by colleagues for their effectiveness. The users of these technologies can also be categorized into three groups: 1) art therapist only, 2) client only, and 3) art therapist with client. However, it is important to note that these relationships are not limited to a single category, as there can be diverse combinations among these three user categories.

Clinical Management Tools. According to participants, tools used for managing clinical tasks covered three main purposes: 1) Documentation, 2) Billing, and 3) Telehealth. Therapists in organizational settings are

required to use HIPAA-compliant Electronic Health Record (EHR)/Electronic Medical Record (EMR) systems or Practice Management Software (PMS).

We found that therapists use EHR/EMR systems such as Simple Practice, NextGen, etc. to facilitate patient charting, billing, telehealth, and provide access to educational resources. PMS such as IntakeQ streamlines form-filling, billing, and enables telehealth, while Telemedicine like Doxy.me ensure HIPAA compliance during their remote sessions. Therapists in private practice likewise use a patchwork of non-HIPPA-complaint programs to reduce their cost (Table 1).

Session Management/Planning Tools. These technologies are primarily utilized to plan AT sessions. Therapists employ these tools for scheduling appointments, communicate with other staff and physicians regarding clients' progress, preparing materials for the session, and self-promotion to attract new clients. Like the previous category, therapists use a mix of HIPPA complaint and non-HIPPA compliant tools for these purposes (Table 2).

Therapeutic Intervention Tools. Therapeutic technologies are centered around the client. They encompass a diverse range of activities tailored, per session, to enhance the therapeutic experience for both therapists and clients. We found six functional groups of therapeutic interventions: Art Making, Storytelling, Gaming, Singing/Dancing, Art Appreciation, and Learning/Education (Table 3).

In art making, therapists utilize various digital tools for digital painting and collage activities, as well as sculpting tutorials on YouTube to explore techniques like Kintsugi, in addition to creating short videos using

iMovie or Picsart. Storytelling, facilitated by Oaklander Training resources, encourages clients to explore personal narratives through online sandtray, dollhouse, and puppet theater activities. Games, on the other hand, foster connections and relaxation during sessions, through digital board games, digital card games, video games, puzzle games, or educational games (serious games). Singing and dancing was also mentioned as an intervention to promote physical expression and emotional release facilitated by different tools. Art appreciation sessions incorporate virtual activities or background music to enhance the therapeutic environment and promote relaxation through music applications like Spotify, YouTube, Apple Music, etc. Finally, for learning and client education, therapists employ mood tracking apps, social skill-building apps like Meetup and Circle, and educational YouTube channels.

The Advantages of Using Technology

Interviewee perceptions of technology's advantages in AT revealed four primary themes: streamlining activities for therapists, enhancing accessibility through platforms and software, empowering clients mentally and physically, and enhancing client's safety.

Streamlining Art Therapy's Activities. Art therapists valued specialized EHR/EMR and PMS software for efficient organization and seamless access to information. According to one of the participants, "[these tools] basically run my business". These tools not only facilitate managing client data, progress notes, and treatment plans but also enhance the ability to effectively monitor

Table 1. AT Technologies as Clinical Management Tools

Clinical Management Tools	
Documentation	EHR/EMR: Simple Practice, NextGen, ShareNote, TheraNest, Psych Advantage, PointClickCare, Paragon, Practice Fusion, TherapyNotes PMS: IntakeQ Non-HIPPA Complaint: Microsoft Office Word, iPad Notes, Google Docs, Outlook
Billing	EHR/EMR: Simple Practice, NextGen, ShareNote, TheraNest, Psych Advantage, PointClickCare, Paragon, Practice Fusion, TherapyNotes PMS: IntakeQ Non-HIPPA Complaint: Microsoft Office excel, Square, CapitalOne
Telehealth	EHR/EMR: Simple Practice, NextGen, ShareNote, TheraNest, Psych Advantage, PointClickCare, Paragon, Practice Fusion, TherapyNotes PMS: IntakeQ Telemedicine Tools: Doxy.me Non-HIPPA Complaint: Voice: Phone/Cell phone, Google Voice; Video: Google Meet, FaceTime, WhatsApp

Table 2. AT Technologies as Session Management/Planning Tools

Session Management/Planning Tools	
Scheduling	EHR/EMR: Simple Practice, NextGen, ShareNote, TheraNest, Psych Advantage, PointClickCare, Paragon, Practice Fusion, TherapyNotes PMS: IntakeQ Non-HIPPA Complaint: Phone Text Message, Email, Google Calendar, iPhone Calendar, Cozi
Staff communication	HIPPA Complaint: Tiger text Non-HIPPA Complaint: GroupMe
Material preparation	Google Search Engine, Picture Augmentative/Alternative Communication Apps, Printer
Marketing	Visual Aids: Canva, Adobe Suites Websites: Psychology Today, WebMD, Personal Website

Table 3. AT Technologies as Therapeutic Intervention Tools

Therapeutic Intervention Tools	
Art making	Collage/Painting: Zoom Whiteboard, Google Jamboard, Paint, Procreate, Padlet, Bitmoji, iN2L tablet Sculpture: YouTube (Kintsugi) Video: iMovie, Picsart
Storytelling	Online Sandtray: OaklanderTraining.org Online Dollhuse: OaklanderTraining.org Online Puppet Theater: OaklanderTraining.org
Gaming	Board Games Card games: UNO, iN2L tablet Video Games: iogames.space Puzzle Games: iN2L tablet Serious Games: Kahoot
Singing/dancing	Karaoke Machine, iN2L table
Art appreciation	Art Viewing: iN2L (Virtual Museum) Music Listening: Spotify, YouTube, Apple Music, Amazon Music, Google Music, iN2l tablet, ASMR and Bilateral Music
Learning/education	Self-Awareness: Mood Tracking Apps (Smiling Mind, Happiness) Social Skills: Circles, Meetup Didactic Activities: YouTube (Go Noodle, Cosmic Kids)

client development to allow therapists to navigate client information with ease and precision.

Enhancing Accessibility Through Platforms and Software. Therapists emphasized advantages of remote technological platforms related to mobility, flexibility, and portability. Videoconferencing applications enable remote engagement in AT sessions, as one of the participants mentioned “[if] they’re unable to meet, it keeps them in touch longer” for clients who cannot get transported and/or don’t have art materials due to financial burdens, which “using computers is a really easy way” to do AT. Therapists also highlighted the

advantages of online software on portable devices for easy data accessibility and “maintaining confidentiality”.

Empowering Clients Mentally and Physically.

Therapists indicated that remote technologies help provide a sense of “comfort” and ease, especially to clients with intimacy issues, as they can be in their own home. Furthermore, the capacity to customize/modify their art pieces, helps empower clients “who’ve struggled with art making, self-judgment, criticism, and perfectionism” to better express themselves freely. Therefore, technology fosters creativity and self-expression in “a safe environment”.

Enhancing Clients' Safety. Data showed that using technology enhances clients' safety in several ways. Virtual AT reduces clients' exposure to viral contagion associated with sharing tools, when people are "more concerned about germs and cleanliness" (e.g. hospital settings). Additionally, touchscreen interactions (e.g. tablet artwork) helps mitigate concerns around physical harm with the use of physical art supplies. This concern related to clients who may cause harm to themselves or others with sharp or pointy objects. According to participants, this shift to virtual sessions became preferred by some clients, for both "practical reasons and increased comfort", especially following the COVID-19 pandemic.

The Disadvantages of Using Technology

Participants also highlighted disadvantages associated with integrating technology. Particularly they noted reduced session quality, higher workload for therapists, financial burdens, and potential physical safety risks for clients.

Reduced Session Quality. Therapists found clinical management tools distracting, due to the inability to directly observe and intervene in the artmaking process in online sessions, affecting client engagement. Additionally, therapists observed that using devices like "iPads or phones in sessions affects clients' ability to stay focused, especially for people with ADHD". Furthermore, therapists acknowledged that technologies like VR, while intriguing, fail to replicate the tactile experience of traditional artmaking. Moreover, online session continuity and quality are highly susceptible to internet and power outages.

Higher Workload for Art Therapists. Many therapists considered the integration of technology into AT sessions to increase their workload, due to the need for investing time and effort in learning to use new tools or platforms, often requiring additional training or support. With this, also came the challenges of teaching their clients to use technology, particularly older adults, highlighting the difficulty of introducing new technology to this demographic. These factors collectively increase the burden on therapists when incorporating new technologies into their practice.

Financial Burdens. Therapists expressed financial concerns regarding integrating technology into AT. They noted the costs associated with new software membership or subscriptions, and technological equipment like VR, which they believe have the potential to improve therapy but might be in many cases expensive. Participants mentioned that this financial barrier limits clients who cannot afford them from having access to technological interventions, which in turn prevents them from receiving AT services.

Potential Safety Risks for Clients. Art therapists had concerns about the physical safety of clients, particularly those with mental illness, when using certain technologies. They emphasized the need for technologies that are "safe to interact with" during sessions. Additionally, they highlighted concerns about potential breaches of client privacy when utilizing technology.

Discussion

Our study highlights the transformative potential of technology in AT, emphasizing the need to understand its advantages and disadvantages. Technology can streamline administrative tasks for therapists and ensure HIPAA compliance but presents challenges like training needs and cost barriers as also shown in previous research (Budd, 2023). For clients, technology can reduce physical and mental concerns, foster creativity, and ease anxieties related to in-person sessions, especially post-COVID-19. However, digital literacy issues (Shannon Mace et al., 2018; Witteveen et al., 2022) and the lack of sensory engagement remain. While telehealth increases therapy access, privacy require careful consideration. Collaboration between designers and therapists, along with user-friendly design and comprehensive education (Molfenter et al., 2021) can enhance benefits and minimize risks of technology in AT.

Practical Implications

Our findings help to validate the periodization of technological adoption happening in the field. While this by no means comprehensive of all potential technological applications, we do propose to 1) Prioritize digital literacy-centered training to address gaps in technological knowledge for therapists and clients; and to 2) Foster cross-disciplinary collaborations between AT and HCI to address tech accessibility and client safety.

Limitations

We identified two limitations: 1) lack of client perspective and 2) limited sample generalizability. This study exclusively relied on therapists' insights about the benefits and challenges of technology in AT, omitting clients' experiences. Additionally, the sample size of 20 US-based participants may not capture the full diversity of experiences, limiting generalizability. Future research should include client perspectives and a larger, more diverse sample to provide a comprehensive understanding of technology's role in AT.

Conclusion

In conclusion, our study provides a comprehensive overview of the current state of technology use in AT, classified by function. It also highlights the opportunities

and challenges associated with these technologies, offering insights for improving their integration into AT practices.

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No potential conflict of interest was reported by the author(s).

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