Online art therapy practice and client safety: a UK-wide survey in times of COVID-19

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Title

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Biographical notes

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Keywords

art therapy, online therapy, digital technology, telehealth, survey, COVID-19, change in practice

Abstract

Background: The COVID-19 pandemic enforced a sudden change in practice and a move into online delivery for many art therapists in the UK, often with minimal guidance and little previous experience of remote delivery.

Aims: To explore ways in which practitioners adapted practice to ensure continuity of service and client safety at distance.

Methods: An online survey designed to explore practitioners' perspectives and experiences of using digital technology in art therapy sessions with clients, conducted in June-August 2020.

Results: Vast majority of 96 respondents reported having worked with clients online as a result of the pandemic. The majority of respondents felt that online art therapy was appropriate for their clients but expressed concerns about safety of practice and their own confidence in delivering therapy remotely. Areas in which therapists felt that they were not fully able to ensure clients' safety included storage of artwork, managing risks and being in control of the session. The need for suitable training was highlighted, with increased clinical supervision and support from colleagues valued in the rapid transitioning to online practice.

Conclusions: A snap shot of art therapists' responses to a need to adapt their practice due to the pandemic is presented, including approaches to working with technology and strategies that therapists employed to ensure their clients' and own safety.

Implications for practice/policy/future research: Being able to offer a safe environment for clients is a priority for practitioners. Further research, guidance and training might offer the support needed for developing a suitably safe online practice.

Plain-language summary

Art therapists practice in the UK has until recently been primarily face to face, being in the same space with their clients while offering art therapy sessions and being able to observe how they use art materials to create artwork. Due to the COVID-19 pandemic many UK-based art therapists needed to adopt creative approaches to make a rapid shift to delivering therapy online, often with minimal guidance and little previous experience of remote delivery.

We have conducted an online survey to explore how art therapists have made changes in their practice and what has supported them in the process. 96 art therapists took part in the survey and shared their experiences and strategies that they have adopted to rapidly move to connecting with clients remotely. They have shared that safety of their clients was of key importance and showed how this concern has guided their transition into online practice.

The respondents mentioned that clinical supervision and support from colleagues were helpful in ensuring safety of their clients and themselves. Since online art therapy is expected to continue beyond the pandemic, more research in the area is needed as well as guidance and training for art therapists that would increase their confidence in working with clients online.

Introduction

The COVID-19 Pandemic resulted in a reduction in face-to-face art therapy provision and precipitated a wide ranging change to practice for some art therapists who switched to remote delivery. More generally, increased interest in the use of digital technology for remote delivery of health services extends across psychotherapy provision with cognitive behavioural therapy having been commonly available online in the UK and beyond (e.g. Hedman et al. 2012, Vigerland et al. 2016). Despite growing interest in the area, less is known about how art therapists adopt digital technologies in their practice and, indeed, about the impacts of the remote form of delivery on therapy process, client outcomes and therapists' wellbeing (Alders et al. 2011; Asawa 2009; Kapitan 2007). The modest but pioneering body of research on online art therapy interventions makes contribution to the emerging debate on the risks and benefits of incorporating technology in art therapy sessions (Collie et al. 2006, Collie et al. 2017; Levy et al. 2018; Malchiodi 2018; Spooner et al. 2019). In our own integrative review of this topic we found that there were two opposing tendencies generally present among art therapy community: appreciation of the opportunities that digital technology brings often combined with resistance rooted in art therapists' concerns about ethics, confidentiality and other art therapy-specific challenges of online practice (paper submitted).

Understanding practitioners' concerns and opening the debate on potential advantages and risks of applying digital elements in art therapy seems absolutely essential prior to decisions that art therapists need to make (or would need to make in the near future) on the place of technology in art therapy realm. Limited research to date examined art therapists' attitudes to digital technology and its use in art therapy sessions with clients, but has not yet given insights into the client perspective. Several surveys among US-based art therapists over the last two decades were in fact concerned primarily with digital technology use and ownership and less with the actual practice with clients (Orr 2006; Orr 2012; Peterson et al. 2005; Peterson 2010). Some key messages coming from these investigations included art therapists' willingness to adopt new digital media for therapy only once their benefits for clients and any risks are known. High ethical and professional standards seem to dictate caution in technology adoption within art therapy (Orr 2016) and, therefore, research into art therapists' perspective would provide the much needed knowledge that could inform evidence-based practice and increase practitioners' confidence.

The recent (and current at time of writing) COVID-19 pandemic enforced a sudden change in practice and a move into online delivery dictated by necessity rather than choice. Guidance and support continued at this time to be provided by the British Association of Art Therapist's (BAAT) to their members and inevitably limited training opportunities have been offered online both within art therapy organisations and outwith. The unprecedented situation of having to make clinically important decisions and adaptations to practice very quickly undoubtedly put strain on practitioners and, likely, their clients. Creative approaches needed to be adopted to ensuring continuity of service and client safety at distance. Surveys undertaken very recently in Ireland (Keaveny 2020) and the US (AATA 2020) offer some insights into the effects that COVID-19 pandemic has had on art therapy in those countries. Research has not yet been published on pandemic-related changes in UK-based practice.

Through an online survey we aimed to examine how and whether UK-based art therapists use digital technology to work with clients remotely and for art making in art therapy sessions. In addition, due to the timing of this research, we were also interested in the ways in which the recent global pandemic affected art therapy practice and in strategies that art therapists employed in transitioning to online delivery.

For the purpose of this paper we examined the data collected and identified the highest priority topics being reported by art therapists, with many respondents having recently transitioned to online practice. By prioritising reporting of the key areas and being able to share this information rapidly with the art therapy profession we hope that our findings will provide helpful information. During this process we observed that, in line with our recent integrative review (paper submitted), the respondents confirmed a highly ethical professional approach with primary concerns being about their clients' safety. The priority issues raised by art therapists at this time, safety and ethics, provide a basis on which to develop online art therapy practice and are, therefore, the key focus of this paper. Many other challenges in online practice as well as benefits were raised within our survey and we will seek to make further findings available in a follow-up publication.

Aim

The aim of the current paper is to present selected preliminary findings from the survey, particularly those identified as priorities by art therapist respondents, for example, being most relevant to recent changes in practice during 2020 as a result of the COVID-19 pandemic.

Research questions

Our specific research questions were:

- How do art therapists work with clients online? (Which technologies do they use? Have they had suitable training? How confident they feel?)
- How do art therapists manage risks in online practice for themselves and for their clients?
- What does support (and would further support) art therapists in working online and in particular, in ensuring safety for their clients and themselves?

Methods

An online survey was open for responses from UK-based art therapists for eight weeks in June-August 2020. The survey was hosted on a secure JISC Online Surveys platform.

Participants

Respondents were recruited primarily through BAAT newsletters and Special Interest Groups and regional group forums, as well as the authors' professional networks. The survey invited

all UK-based and practising art therapists, including those in training, regardless of their experience in applying digital technology in their practice. An introductory statement highlighted the intention to gather a wide range of perspectives and that all experiences and opinions were valuable in order to encourage participation of those art therapists who might not have had experience or interest in working with digital technology in therapy.

Procedure

The questionnaire was based on an integrative literature review conducted by the authors (publication pending) as well as consultation with art therapy practitioners within our networks, which helped us identify areas of concern for art therapists around the use of digital technology in practice. To ensure internal consistency as well as relevance to art therapy practice, the draft survey was first piloted with four practicing art therapists. Their feedback included comments upon the questionnaire structure, the online system used and ideas and suggestions for additional/corrected items.

The final bespoke research and practice-based questionnaire had 52 items, including seven open-ended questions and options for respondents to provide further free text comments for all of the questionnaire sections. The in-built routing of the survey (asking about experience with providing art therapy online and using digital arts media in practice) meant that individual respondents were asked to complete between 29 and 46 questions, depending on their answers to the two routing items.

Data processing

The current paper presents findings which are based on responses pertaining to ethical concerns around online art therapy practice, corresponding to 28 selected questions. Demographic data are also presented and descriptive statistics are used since all relevant questions, except one, were quantitative in nature (e.g. single and multiple choice questions, Likert scale type of questions). One open-ended question, specifically about ensuring therapists' own safety in online practice, was analysed thematically.

Ethics

This research received ethical approval from the University of the Highlands and Islands (2nd June 2020, UHI REC1606).

Results

The survey closed with 96 responses coming from art therapists practicing in the UK, including fully qualified art therapists registered with Health and Care Professions Council (HCPC) (n=83, 86.5% respondents), trained art therapists awaiting registration (n=3, 3.1%) and art therapists in training (n=10, 10.4%). The respondents were practicing in all UK countries: England (n=79, 82.3%), Scotland (n=11, 11.5%), Wales (n=4, 4.2%) and Northern Ireland (n=3, 3.1%), including one respondent who shared their practice between England and Scotland.

Many of the respondents worked in multiple settings, with a main practice setting identified as: NHS outpatient service (n=28, 29.2%), charity/third sector organisations (n=26, 27.1%), educational institution (n=14, 14.6%), private practice (n=12, 12.5%), hospice (n=3, 3.1%), Community Interest Company or Social Enterprise (n=3, 3.1%), NHS inpatient service (n=2, 2.1%), prison service (n=1, 1%) and other settings unspecified in the questionnaire (n=7, 7.3%, including community-based services). 59.4% respondents worked with children or young people, 81.3% worked with adults and 31.3% worked with older adults over the age of 68.

Use of digital technology to provide online art therapy sessions

Vast majority of respondents stated that they had used digital technology to connect with clients remotely (87.5%). Of those who have not yet done so (12.5%), 66.7% thought that they might be providing online art therapy in the future, 25% were unsure and only 8.3% (1% of all respondents) thought that they would not provide online art therapy. One of the therapists who have not yet offered online sessions but predicted that they might in the future, felt that specialist training was required in order to practice online but had problems with accessing suitable courses: "Due to COVID-19 the online therapy diploma and courses such as this have become fully booked. It feels that one 'should' be qualified to offer online (art) therapy as it has nuances that need to be carefully considered when you are in a virtual space with your client."

Respondents largely felt that online art therapy was appropriate for some of their clients (83.3%). 11.5% felt that it was appropriate for all of their clients, while 5.2% felt that is was not appropriate for any of their clients.

Despite the high percentage of art therapists engaging in online mode of practice, only 31.3% declared that they had received training in using digital technology in art therapy sessions (either for connecting with clients remotely or for making art using digital media). For those respondents who have had training, it was primarily as part of their continuous professional development (CPD) offered by an association or institution not directly linked with art therapy training (60%) or by an art therapy professional association (50%). Only 13.3% respondents stated that the training they received was a part of their art therapy masters course, for 3.3% it was a part of a professional/academic art therapy conference and 20% stated that they had received training through other channels (e.g. social media forums, a course offered by an employer or a free online CPD as a result of COVID-19).

Of the 84 respondents who provide online art therapy, 86.9% have been doing this only since March 2020 – a change in practice in result of the COVID-19 pandemic (Figure 1).

<Figure 1 around here>

As their main motivation for offering art therapy online, 84.5% respondents identified the willingness to provide continuity of service for their clients in times of COVID-19 pandemic, 38.1% stated that this was required by their employers, 21.4% feared loss of income if they

do not transition to online practice, 20.2% started online sessions on client's request, 19% felt that online art therapy would suit (some of) their clients better, and 9.5% wanted to try something new.

The setups in which respondents provided online sessions were: one to one (95.2% respondents), pair, e.g. couple, parent and child (27.4%), closed group (20.2%) and open/drop-in group (9.5%).

The average length of online art therapy sessions was assessed as no different from face to face sessions by 71.4% respondents, while 27.4% felt that online sessions tended to be shorter and 1.2% felt that they tended to be longer than face to face sessions.

The respondents used the following technologies and platforms to connect with their clients remotely (Figure 2): Zoom (67.9%), telephone (56%), WhatsApp (25%), email (22.6%), Skype (22.6%), Microsoft Teams (19%), Facetime (13.1%), Attend Anywhere (10.7%), Cisco Webex (6%), accuRx (6%) and others (9.5%).

<Figure 2 around here>

Managing risks and providing safety for clients and for themselves

Asked to indicate the importance of some of the challenges in moving from face to face to online delivery, the respondents pointed to 'online security/privacy concerns' and 'ethical considerations' as two key challenges (considered very important by 82.1% and 79.2% respondents respectively, and at least somewhat important by 97% and 99% respondents). Other challenges considered very important by majority of the respondents were: technical issues with equipment (72.9%), technical issues with broadband connectivity (68.8%), preparing a suitable therapy contract (66.7%), access to a suitable private space (60.6%) and limited guidelines from professional associations (52.7%). 'Therapists' own views on the use of digital technology in art therapy' as well as 'financial burden of buying equipment' were considered very important by 30.5% and 19.4% respondents respectively.

For their art therapy clients, the respondents felt that 'online security/privacy concerns' were less of a challenge for their engagement in online art therapy sessions (considered very important by 49.5% respondents) while they considered 'no access to a suitable private space' a key challenge for clients (very important for 76% respondents). 'Technical issues with equipment' and 'technical issues with broadband connectivity' were also viewed as very important for clients by 72.9% and 70.8% respondents respectively.

Those respondents who do not provide online art therapy (n=12) were asked what stopped them from using digital technology as a tool to connect with clients remotely. Besides the listed options like 'lack of time to research options' or 'lack of knowledge or skill' (each indicated by three respondents), five respondents mentioned issues around confidentiality and safeguarding in their free text comments (e.g. "concern for safeguarding and confidentiality with young children at home", "not safe to use with some clients").

Asked what has helped them (or might help in the future) transfer all or some of the practice from face to face to online, majority of the respondents indicated that the following has

been/would be helpful (Figure 3): support and guidance from professional associations (84.4%), support from other colleagues in the profession (79.2%), their own experience as an art therapist (78.1%), suitable training (70.8%) and their own experience in other roles (62.5%).

<Figure 3 around here>

Physical spaces that respondents connect from most often to provide online art therapy were: an adapted private space in the home, e.g. living room (47.6%), a dedicated home office used specifically for work/study purposes (41.7%), an office which is not part of home, e.g. provided by employer (25%). Other spaces included: a private art studio (6%) and an art studio external to home, e.g. rented studio space (3.6%).

Majority of the respondents, 69%, felt more confident providing face to face than online art therapy sessions, 10.8% reported being more confident with online sessions, while for 20.2% their confidence was not affected by mode of delivery (Figure 4).

<Figure 4 around here>

Ensuring safety for clients

Respondents were asked if they felt they were able to provide a safe environment for their clients, including also more specific elements like managing risks or safely storing artwork (Figure 5). The BAAT code of ethics and principles of professional practice for art therapists (BAAT, 2014) advises that material produced during the art therapy session should ideally be safely stored throughout the therapeutic relationship. It is also a general principle of practice that the client's art expressions are kept within the therapeutic relationship.

Generally, about half of the respondents felt that they were able to offer appropriate holding and containment (an emotionally safe and caring space for clients) (51.2%), manage risks during session (49.3%), offer a safe environment for clients (48.8%) and be in control of the session (45.2%). Importantly, 4% of respondents felt that they were not able to manage risks (e.g. self-harm or suicidal ideation) during session and 2.4% felt that they were not in control of the session. 72.3% respondents were confident that they were able to offer appropriate closure of the session. However, only 19.5% were confident that they were able to offer a safe space to store the artwork and 47.6% felt that they were not able to offer such a safe space.

<Figure 5 around here>

Asked who usually stores the artwork made in online therapy (either physical or electronic copies), 52.4% of the respondents replied that both themselves and their clients kept the artwork, 46.4% of the respondents replied that only clients stored their artwork and 1.2% shared that they alone kept copies of their clients' artwork. The therapists contributed further 24 comments on how the artwork created in online sessions is stored, confirming the above finding and sharing some more specific ways in which they capture and keep images. Sharing images by email seems a commonly adopted option. However, this is not suitable for clients who do not have email addresses, who might forget to do this or might not be willing to use this method (e.g. "some [clients] don't have email addresses or are able to use them,

so work can be difficult to share with me"; "not all work is sent to me or seen by me if client does [it] outside session or does not email"; "some [clients] have sent me copies by email, some have declined doing this"). One respondent mentioned taking screenshots of client's artwork with their permission:

> "Some [clients] are happy for me to take a screen shot when they hold the image up. I am aware of safeguarding in doing this as I work with yp [young people] and taking images online carries risk... I tend to edit images so that only the image is visible and not any of the yp and store them electronically."

Respondents mentioned being mindful about the safety of artwork that they stored in "password protected individual folders" or "encrypted folders". One therapist also shared that they kept a physical copy of a printed out electronic image: "I also print off for client one photo of their image they share online and put in their folder". Two respondents raised doubts as to how safely the clients were able to store their own artwork and whether they kept copies of it (e.g. "It varies from client to client. Some clients don't store their artwork or want me to photograph it."; "The majority of clients save their art work, but I doubt all do.") One therapist said that in their place of work the clients were provided with sketchbooks to keep their artwork together "which helped". Two respondents highlighted that they discussed artwork storage arrangements with their clients and/or provided instructions on how artwork may be safely stored: "Only the physical copy is stored with the client. Further discussion around keeping these safe prior to starting the therapy."; "Clients store their art work but this is talked through and thought about. In this way I support them to store it safely. If they share it via technology we discuss what for and if I will keep it stored or delete it." Other two respondents mentioned storing safely the artwork that they themselves make in the session with their clients: "If I create art alongside them I store my artwork as well"; "I store the work I make for them during their session." One respondent felt that they have had insufficient guidance on how images might be stored ("I haven't really thought about this fully - we don't have a policy for it.")

Asked what helps them in ensuring safety of their clients in online art therapy, the respondents most often pointed to their own experience and confidence as art therapists (88.1%) and to guidelines from art therapy professional associations (85.7%). Other responses are shown in Figure 6. In free-text comments the respondents additionally mentioned supervision, literature and research, as well as "Service User feedback as to what works for them".

<Figure 6 around here>

73.8% respondents stated that they needed to make adaptations to their online practice in order to ensure safety and confidentiality for their clients, 8.3% did not make adaptations and 17.9% were not sure. Among those who have adapted their practice, 88.7% instructed clients to consider their own safety (e.g. where they connect from, who else is in the house), 69.4% instructed clients to consider what they might not want to share of their personal life (e.g. avoid connecting from personal spaces in the house, consider what is visible in the background), and 62.9% asked clients to provide additional telephone number for someone they could contact in case of broken connection or if they were concerned about their safety. Free-text comments also mentioned making a plan in case of any problems ("similar to in

person risk management, but based on what I see/feel in session"), adaptations to contract and consent, to include online working and relevant policies (e.g. for using text/phone, for "trying to be dressed for sessions", re-iterating GDPR), as well as advising clients to turn off listening devices and smart speakers (e.g. Alexa). Respondents mentioned that it is helpful for a staff members or family to be near in case of technical or safety issues and even that some clients are dependent on others to use technology, but also that they make sure that the person helping set up session has left and suggest to clients that they wear headphones for increased privacy. One respondent shared that "discussions of confidentiality and safety are more direct", and, similarly, that "practice may be 'holding' and more directive at times".

Ensuring own safety

An open-ended question allowed the respondents to comment on how they manage their own safety and privacy while offering art therapy sessions online. In the 76 art therapists' responses, several themes were apparent.

At least 60 respondents shared comments on the importance of a physical space when connecting with clients for online sessions. They seemed to agree that having (or creating) a suitable designated space from which to provide online art therapy was key to ensuring own safety and increasing the safety of their clients. Having a space separate from home was desirable, if at all possible, as was using the same space that is normally used for providing face to face therapy. Some therapists were able to use such safe spaces: "I am fortunate to have a secure and private space to offer my sessions. Therefore, I don't have to worry about distractions my end so I can focus on managing the distractions the other end."; "I have a home studio where I normally work and see clients. This is the same place I do online consultation from."; "I try to work as much as possible in the art therapy studio at work so it feels as close and containing to face to face as possible, rather than my home." Other respondents shared how they tried to adapt spaces within their home: "Only use a specific area of my home to conduct sessions"; "I have my room set up in a way that reflects a therapy room"; "Taking the quietest room in the house". Another key point was ensuring that the space from which therapists connect with clients is quiet and free of interruptions, which was achieved by closing doors and windows, using headphones, having childcare arranged and informing family ("ensuring others in the house know I'm working", "family know not to disturb me when the door is closed", "leave a sign outside my door so the rest of my family know I am at work"). Some respondents acknowledged challenges with maintaining an interruption-free space, especially in the home, and shared how they had managed these: "If there is an interruption, I tell the client why I have been distracted. We have a hand waving motion to indicate that I can't see or hear, in case the client is sharing sensitive info and the connection is delayed/lost."; "You can't ever be fully in control but you [can] prepare, mostly checking out what is happening in your own environment and if you will be interrupted."

13 respondents reported that they were particularly aware of the background that was visible in their video calls with clients (e.g. "very careful what I showed behind me on the screen", "thought about the background and what is visible", "awareness of space - what the client can see in my office"). The approach most often adopted by the respondents was to ensure a neutral background, with no personal items, is visible to clients: "Have a white wall

behind me, so no personal objects showing."; "Ensured the background of my video call is a blank space with nothing identifiable in shot."; "Blurred background of the room to ensure it's not visible". Some therapists mentioned, however, that they were actively trying to maintain privacy of the background while at the same time being aware of its effect on the client and their creativity: "I ensure that the space I use and my background is neutral but also interesting in terms of encouraging creativity."; "I make sure my background is impersonal but inviting."; "I tend to position camera towards a wall with a few paintings". One respondent noticed: "I could also use a virtual background but tend not to as this is glitchy and from client feedback I appear less 'human'." Another therapist even opted for sharing more than what is normally visible in a webcam: "Sometimes we both show each other the whole room using the camera so we can see the spaces".

Four respondents highlighted the importance of using work/company equipment and devices as well as dedicated telephone and professional email accounts for connecting and communication with clients. Ensuring that software is updated and devices as secure as possible was also mentioned by five therapists, e.g. "make certain security on laptop is up to date"; "make sure all [is] updated on apps used and password protected technology"; "regularly checking the updates of policies and procedures of the electronic conferencing platform I use".

Five comments listed contractual arrangements for increased safety of both the clients and the therapists: "a new very detailed contract and information sheet for clients about how to work safely online, new procedures agreed with clients for if technology fails"; "renewed contract for moving to online including GDPR (…) ensuring as much as possible security online". Adapted contracts seem to be particularly important for maintaining boundaries – a theme present in at least 15 responses. Although suitable contracts and boundaries are not unique to online delivery (e.g. "use framework and boundaries/conduct session as similar to face to face as possible"), therapists' responses seemed to suggest that art therapy at distance required that particular attention is given to boundaries around times, duration of calls and modes of contact, including contact outside of sessions (e.g. "stating limits to contact with me outside sessions, e.g. in contract").

At least 20 respondents mentioned being supported by others, primarily in professional roles, in ensuring their own safety in online practice. The key role of regular clinical supervision has been highlighted in many of these comments with three respondents specifically indicating that they have had increased supervision since delivering therapy at distance. Some respondents mentioned speaking with their managers more often and highlighted the importance of remaining connected with multidisciplinary teams and colleagues at work. Training and CPD have also been named as helpful. One respondent also highlighted the support they have received from family and friends: "My partner and my colleagues know when I am working with clients - I have people to reach out to if I am uncertain or worried".

Although many strategies for ensuring own safety were essentially also protecting the safety of clients, some therapists shared how they engaged in essential self care ("considering my needs and interests together with those of the client"). Some responses mentioned taking care of physical aspects of wellbeing by remembering to take time away from the screen and having an ergonomic set up of work equipment (e.g. "take regular breaks between sessions";

"allowing myself more time between sessions to unwind, stretch, move"). Essentially, finding sufficient time for themselves between therapy sessions and after the working day helped in processing session content and also in transitioning to personal space and time (e.g. "ensuring I look after myself between sessions; I am holding difficult material in my home when it would usually be left in the workplace"; "make sure there is time for decompression afterwards"). One respondent shared that they were "using routine and ritual to begin and end the working day" and another commented on the importance of an increased "awareness of online disinhibition effect for myself and my clients".

Online art therapy beyond COVID-19

When strict social restrictions related to the COVID-19 pandemic in the UK are reduced, out of the respondents who currently provide online art therapy, 45.2% plan to offer both face to face and online therapy and honour their clients' preference, 40.5% expect that they will mostly see their clients face to face with some online practice, and 3.6% expect to continue offering online therapy primarily with some face to face practice. 9.5% respondents plan to move all practice to face to face, while 1.2% plan to move all practice to online.

Discussion

The UK-wide online survey captured a snap shot of art therapists' responses to a need to adapt their practice due to the COVID-19 pandemic. Respondents reported areas that were most important to them in changing their practice and the strategies they employed during the spring and summer in 2020.

The survey has highlighted that safety of clients is of key importance for art therapists who are providing online art therapy. For the vast majority of respondents, the move to online practice has been sudden and linked directly to the COVID-19 pandemic. Many therapists immediately responded to this new demand for remote service provision in order to ensure continuity of therapy for their clients. For many the move to online practice has been abruptly imposed with limited time for preparation or obtaining suitable training. Many of the therapists reported connecting with clients for online sessions from adapted private spaces within their own home, while others have had access to dedicated home office or private studio space. A minority of respondents were able to provide sessions from an office separate to their own home. Essential adaptations to practice included reformulating therapy contracts, rethinking and redesigning often improvised therapy spaces, and providing additional instructions and guidance to clients. Research has previously indicated that working remotely from an adapted space within private home might not allow for the same assurance of privacy as is normally achieved when using a dedicated therapy room (Levy et al. 2018; Collie et al. 2017). The risks to confidentiality might be further exacerbated in an unprecedented situation like the recent pandemic when adaptations of private spaces happen suddenly and with limited prior preparation.

The importance of suitable specialist training in the use of digital technology for art therapists providing therapy online has been highlighted in previous research studies (Carlton 2014;

Collie 2006; Orr 2006; Orr 2012) and echoed in survey responses we gathered. In case of the recent accelerated move to online art therapy provision, limited training and access to suitable therapy space as well as limited support in needing to make significant adaptations to practice had implications for therapists' confidence, which was found to be generally lower in providing online art therapy sessions in relation to face to face. Although about half of the respondents felt that they were able to offer a fully safe and holding environment for their clients, the remaining half felt that they could not offer such environment at all times. Similarly, only about half of the respondents were confident that they could effectively manage serious risks during sessions and nearly half of the respondents felt that they were not able to provide a safe space for storing artwork. Respondents generally agree that support and guidance from professional organisations and colleagues, as well as suitable training help (or would help) them transfer their practice online. However, they seem to also indicate taking high responsibility for the process on themselves and in fact feeling that their own experience and confidence, as well as common sense, are the key factors on which they rely in ensuring the safety of their clients. These findings seem to be in line with previous research which indicated that a strong sense of professional responsibility as well as personal factors were important in guiding art therapists in their choices around the use of digital technology in art therapy sessions (Asawa 2009; Orr 2016).

Some of the strategies that art therapists adopted (for example, minimising interruptions or considering what is shared via webcam) would have helped increase the safety of both the clients and the therapists themselves. It has also been recognised that increased clinical supervision, support within multidisciplinary teams, as well as self-care techniques were essential for therapists to manage their own wellbeing in a challenging situation of providing therapy using often unfamiliar technology and connecting from own homes.

In line with our findings, limited confidence of creative arts therapists in Ireland in the use of technology in clinical practice, as well as perception that additional training was important for practicing both safely and ethically, were reported by Keaveny (2000) following her recent survey. In a recent survey on COVID-19 related changes in practice, in which 623 American art therapists took part, over half of the respondents reported that they were struggling to maintain boundaries between their work and home lives and to find physical space to work away from family or disruptions (AATA 2020). However, the same survey found that just over three quarters of respondents felt more comfortable using technology during the pandemic than previously, suggesting that the new ways of working, while challenging, offer exposure to digital technology and potential familiarisation with it never experienced before. Learning from the current experience might prove useful for those art therapists who might want to extend offering online art therapy beyond the pandemic, especially as over 90% respondents indicated that they would continue providing therapy at distance to some extent, including majority of those who are not currently offering therapy online.

Limitations

The key limitation of this study was the importance of prompt publishing of initial survey findings in recognition of the urgent need for knowledge to support online art therapy practice growing rapidly during the ongoing COVID-19 crisis. The priority given to sharing the

findings early in trust that they might be immediately useful for practitioners, imposed inevitable time restrictions in analysing the rich qualitative data we have collected, meaning that only one open-ended question was analysed for the purpose of this paper. The survey closed on the 15th August and we took a selective and realistic approach to data analysis, deciding to focus on the most important areas rated by respondents, primarily concepts of safety and ethics. The remainder of the survey data collected will be thoroughly analysed and shared in the near future.

Implications for policy, practice and further research

Since the opening of the survey in the UK, we have identified accounts of related work in other countries. While the Irish and American surveys focused more specifically on COVID-19 impacts, our survey in the UK asked questions about longer-term practice experience and intentions primarily. A more coordinated approach across countries would enable comparison of findings internationally and we recommend that future research examines technology-related changes in practice more globally.

Nearly half of the respondents in our survey indicated that they intended to honour their clients' preference for a mode of delivery and it may be expected that as many as 90% therapists will continue offering online art therapy as part of the services they provide, most likely alongside face to face or 'blended' mode of practice. Despite the seemingly rapid character of the recent change in practice, using digital technology to connect with clients is likely to be a long-term feature and it is important that evidence-based research, as well as guidance from professional associations continue to support art therapists in ensuring safe and effective practice.

While the current study, as an early investigation into the implication of adopting digital technology in art therapy settings, set out to explore art therapists' perspective, future research should also strive to explore clients' experiences of engaging in online therapy, as well as implications for families and the wider community.

Conclusion

This study is, to our best knowledge, the first research-based account of UK-based art therapists' transition to ethical online art therapy practice in the challenging times of the recent COVID-19 pandemic and of their attempts to ensure safety for their clients and themselves. Art therapists who took part in the survey shared their experiences and strategies that they had used to adapt their practice to the sudden demands of physically-distanced therapy, highlighting the role of professional organisations and clinical supervision in supporting this transition. Regardless of the development in the health crisis situation, it may be expected that many art therapists will continue offering online sessions to their clients and that art therapy at distance will remain an option well beyond the pandemic for those clients who might not be able to attend face to face sessions or who have a preference for this mode of delivery. Since ensuring client safety in virtual settings is a priority for art

therapists, guidance and training could enhance their confidence in this mode of practice and, in effect, lead to better outcomes and satisfaction for clients.

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Figures

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