ART THERAPY GUIDE

From traditional to digital art therapy

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arty

Digital art therapy for youth with developing
or existing mental health conditions

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INTRODUCTION

This guide aims to support is CSOs and relevant professionals (i.e. youth workers, psychologists, social workers and practitioners) to implement art therapy sessions for youth with psychological disorders through utilisation of digital tools.

The guide has been prepared by a collaborative EU-wide consortium involving the following organisations: KMOP (Greece); ESTUAR (Romania); CARDET (Cyprus); INTRAS (Spain); HABILITAS (Romania); ANZIANI E NON SOLO (Italy).

The contents have been developed through a number of stages including:

- Online meetings;
- Background desk research;
- Consultation meetings with partners;
- Guidelines and development of Capacity building programme;
- Peer Review and corrections;
- Development of draft guide;
- Pilot testing across partner countries

Each partner identified good practices for utilizing digital art therapy to ensure mental wellbeing of youth. These are included in Appendix 2 and summarized according to the VARK model (Appendix 1) that has been used to identify the range of sensory modalities for which people select information according to their interests or preferences to learn: Visual, Auditive, Reading and Kinesthetic.

Pilot application is developed through field testing and evaluated by the users within Greece, Italy, Spain, Cyprus and Romania.

Overall evaluation is undertaken through Artit (UK) as a peer review, bringing into the consortium its expertise in the field of arts.

With restrictions imposed by the Covid pandemic professionals in all fields, including mental health, had to adapt to the new situation. They met the challenges by adopting and adapting to online communication supporting clients' needs. This is also true for the art therapy, which can now use digital tools in order to reach youth, which are digital natives and more willing to work online than face to face.

According to Malchiodi "**Expressive therapies**" is one term often used to define the therapeutic use of the arts and play with children, adolescents, adults, families, and groups. Like verbal therapies, expressive therapies seek to facilitate change, communication, problem solving, and interpersonal skills, and to increase and enhance health and well-being in individuals of all ages. However, in contrast to strictly verbal therapies, these methods involve the purposeful, active participation of the individual and are often complemented by verbal interventions. As a result, these approaches encourage clients to engage in a process of self-expression with the objective of communicating feelings, thoughts, experiences, and perceptions in ways not always accomplished with words alone. Expressive therapies have been applied to a wide range of client populations, including, but not limited to, those with psychiatric disorders, cognitive disabilities, trauma and loss, addictions, relationship problems, and developmental disorders. Counselors, psychologists, social workers, and marriage and family therapists also can apply the principles and practice described here and enhance their abilities to integrate a variety of creative methods in treatment.

The expressive therapies are defined as the use of art, music, dance/movement, drama, poetry/creative writing, play, and sandtray within the context of psychotherapy, counseling, rehabilitation, or health care. Several of the expressive therapies are also considered "creative arts therapies"—specifically, art, music, dance/movement, drama, and poetry/creative writing according to the National Coalition of Creative Arts Therapies Associations (2004a; hereafter abbreviated as NCCATA). Additionally, expressive therapies are sometimes referred to as "integrative approaches" when purposively used in combination in treatment.

While expressive therapies can be considered a unique domain of psychotherapy and counseling, within this domain exists a set of individual approaches, defined as follows:

• Art therapy uses art media, images, and the creative process, and respects patient/client responses to the created products as reflections of development, abilities, personality, interests, concerns, and conflicts. It is a therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem (American Art Therapy Association, 2004).

• Music therapy uses music to effect positive changes in the psychological, physical, cognitive, or social functioning of individuals with health or educational problems (American Music Therapy Association, 2004).

• Drama therapy is the systematic and intentional use of drama/theatre processes, products, and associations to achieve the therapeutic goals of symptom relief, emotional and physical integration, and personal growth. It is an active approach that helps the client tell his or her story to solve a problem, achieve a catharsis, extend the depth and breadth of inner experience, understand the meaning of images, and strengthen the ability to observe personal roles while increasing flexibility between roles (National Drama Therapy Association, 2004).

• Dance/movement therapy is based on the assumption that body and mind are interrelated and is defined as the psychotherapeutic use of movement as a process that furthers the emotional, cognitive, and physical integration of the individual. Dance/movement therapy effects changes in feelings, cognition, physical functioning, and behavior (NCCATA, 2004b).

• Poetry therapy and bibliotherapy are terms used synonymously to describe the intentional use of poetry and other forms of literature for healing and personal growth (NCCATA, 2004c).

• Play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (Boyd-Webb, 1999; Landreth, 1991).

• Sandplay therapy is a creative form of psychotherapy that uses a sandbox and a large collection of miniatures to enable a client to explore the deeper layers of the psyche in a totally new format. By constructing a series of "sand pictures," a client is helped to illustrate and integrate his or her psychological condition.

• Integrated arts approach or intermodal (also known as multimodal) therapy involves two or more expressive therapies to foster awareness, encourage emotional growth, and enhance relationships with others. Intermodal therapy distinguishes itself from its closely allied disciplines of art therapy, music therapy, dance/movement therapy, and drama therapy by being grounded in the interrelatedness of the arts. It is based on a variety of orientations, including arts as therapy, art psychotherapy, and the use of arts for traditional healing (Knill, Barba, & Fuchs, 1995).

Hanley describes online art therapies as **Positive Virtual Ecosystems:**

➤ 'positive' because they aim to create safe spaces for individuals to access support and explore things in their lives,
➤ 'virtual' because they are online, and
➤ 'ecosystems' as they provide a rich multifaceted set of interrelated resources. **(Hanley et al. 2019)**

Online (art) therapy - Almost anything that is done face to face could be done online with traditional methods or digital, using digital equipment.

to face could be done online with traditional methods or digital, using digital equipment.

	Traditional art therapy tools	Digital Tools
Face to Face therapy	x	x
Online Therapy	x	x

Online therapy may be accessed via email, instant messaging, video conferencing, telephone, Voice over Internet Protocol (VoIP), virtual reality, blogs, vlogs, social media and applications.

Timing of communication between therapist and client

In some cases **communication is synchronous**, where contact between therapist (or program) and client is **instantaneous,** such as video conferencing and computerized Cognitive Behavioural Therapy (cCBT). In others, **communication is asynchronous**, where there is a **delay** between therapeutic interventions, for example by using email. Digital support may be directly facilitated by a therapist or online supporter, or it may be

computerized, where the support is pre-programmed and takes the form of self-administered therapeutic support.

Additionally, digital support can be accessed via a range of technologies including mobile phones, personal computers, laptops or tablets, and research suggests that the development and scope for offering commercial digital interventions via game consoles may not be far away (Colder Carras et al. 2018)

Art therapy can be done in **groups or in individual sessions.**

Benefits and limitations of online art therapy and online digital arts media

General benefits include the **accessibility and flexibility of services**, the potential to provide support to those who could not, or would not, access traditional options, and the opportunities and possibilities it creates.

Accessibility and flexibility

Digital or remote ways of working offer significant benefit with regard to access to mental health care. Individuals can access specialized support, regardless of their location. They can ensure continuity of care if they move house, go to university, or travel with work. People do not have to potentially travel for hours for a 50-minute appointment, or to work out the logistics of any caring responsibilities. This can also relate to financial cost, for those where the travel to appointments impact financially. Research has suggested that some individuals may access digital mental health services who would not otherwise seek support (Titov et al. 2019). At the same time, there remain significant differences in digital literacy, competency and access to technology. Torous et al. (2020) describe it as a matter of equity and social justice. There is a danger to assuming a base level of technologies in people's lives. Those that are homeless may struggle to find charging points, or compromise their privacy by having to use open networks. Families on low income may have one shared device between the family. Gratzer et al. (2021) highlight how many individuals still do not have reliable broadband access. However, they also suggest potential solutions such as having 'digital rooms' within hospitals and clinics with usable computers, and developing free digital literacy courses and resources.

Stigma and shame

There is still, sadly, considerable stigma attached to seeking mental health support. This can be a significant barrier to individuals accessing services. Many people fear what others may think if they are seen in the waiting room, or entering the building, or wonder what they would tell others in their lives about where they are. These barriers may be reduced, or even removed altogether, by the use of digital technologies (Thomas et al. 2021). Through digital platforms, there is the 'ability to bring together people who are experiencing similar problems, including unusual problems, regardless of their location or physical limitations' (Suler 2016, p.384). This can help to reduce the experience of being 'weird' or 'abnormal', and in turn reduce levels of shame. Digital options can also offer an opportunity to explore different aspects of someone's identity, without yet having to manage the consequences of disclosing these to friends and family. Suler (2016) describes how cyberspace can be seen as a 'transitional space between self and other' (p.22), which creates a realm in which personal expectations, fantasies, hopes and desires can be projected.

What conditions does art therapy treat?

Art therapy is used to treat both physical and mental health conditions and address symptoms related to chronic health concerns including:

- ➢ Depression, anxiety and phobias
- ➢ Panic disorder
- ➢ Grief/loss
- ➢ Addiction recovery
- ➢ Managing undesired behavior
- ➢ Asthma
- ➢ Burnout, fatigue
- ➢ Neurodegenerative diseases
- ➢ Physical and psychological symptoms relating to cancer
- ➢ Post-traumatic stress disorder/trauma recovery

TRADITIONAL AND DIGITAL MEDIA AND MATERIALS USED IN ONLINE ART THERAPY

Art therapists are generally familiar with a variety of media, materials, and processes used in art therapy. But even most art therapists do not know everything about the vast array of art media, materials, processes, and techniques now available.

The use of digital technology in art therapy is not limited to online communication tools but extends to face-to-face practice. It can widen access for those clients who might not otherwise engage in traditional art materials.

History[1]

„John Whitney, a pioneer of computer graphics, developed the first computer-generated art in the early 1960s by utilizing mathematical operations to create art. In 1963, Ivan Sutherland invented the first user interactive computer-graphics interface known as Sketchpad. Andy Warhol created digital art using a Commodore Amiga where the computer was publicly introduced at the Lincoln Center, New York, in July 1985. An image of Debbie Harry was captured in monochrome from a video camera and digitized into a graphics program called ProPaint. Warhol manipulated the image by adding color by using flood fills.

After some initial resistance, the impact of digital technology has transformed activities such as painting, literature, drawing, sculpture, and music/sound art, while new techniques, such as internet art, digital installation art, and virtual reality, have emerged.

Art that uses digital tools

Digital art can be purely computer-generated (such as fractals and algorithmic art) or taken from other sources, such as a scanned photograph or an image drawn using vector graphics software using a mouse or graphics tablet. Artworks are considered digital paintings when created similarly to non-digital paintings but using software on a computer platform and digitally outputting the resulting image as painted on canvas.

Amidst varied opinions on the pros and cons of digital technology on the arts, there seems to be a strong consensus within the digital art community that it has created a "vast

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[1] https://en.wikipedia.org/wiki/Digital_art

expansion of the creative sphere", i.e., that it has greatly broadened the creative opportunities available to professional and non-professional artists alike."

Digital art therapy includes all forms of technology-based media, including digital collage, illustrations, films, and photography that are used by therapists to assist clients in creating art as part of the process of therapy. Several circumstances have facilitated the recent growth of digital art therapy applications with children, adolescents, and adults. First, there is a wide availability of digital equipment and software today for image creation not only on a computer screen, but also on cellular phones and other compact devices. It is commonplace for many clients to now expect instantaneous delivery of communication, connect with others, and receive information and images at lightening speed (Klorer, 2009).

Easily accessible online filmmaking programs, webcams, camcorders, and the ever-present YouTube have generated possibilities unimaginable only a decade ago.

Increasing numbers of art therapy clients are influenced and involved on a daily basis with digital media and virtual social networking. Additionally, digital filmmaking is also within reach from a home computer with a web cam (camera) and other user-friendly equipment has made it possible for clients to record digital narratives, also known as digital storytelling (Hartley & McWilliams, 2009).

These short, first-person autobiographical films are created by combining recorded voice, still and moving pictures, and music and other sounds; with the involvement of a therapist, this becomes a contemporary version of narrative therapy. In brief, it is a modern, "mediatized" form of storytelling (Lundby, 2008) that communicates the self, allows participants to view others, and respond to multiple stories through technology;

The art world itself has also influenced the inclusion of digital media in art therapy. Contemporary artists have introduced the idea that images can be constructed, deconstructed, assembled, and manipulated through a variety of digital means, opening up a new range of self-expression through combining preexisting images.

Drawing.
Drawing is the most widely used medium for art therapy assessment and treatment because of its portability, ease of use, and easily standardized qualities. Drawing materials include pencils, crayons, markers, chalk, and oil pastels, and involve some sort of surface (usually various types of paper) on which to draw. With the increasing use of digital art media drawing

also takes place on computer laptops and even cellular phones with the use of specialized applications (apps) and software.

Painting.

Painting materials include watercolors, tempera, finger paints, acrylics, oils, and inks and a tool (brush, pen, or even hands) with which to paint. Like drawing, it includes a surface such as canvas, watercolor paper, board, or panels. Painting also can take place electronically on a computer screen via digital painting software.

One of perhaps the most popular types is digital painting. It originated in the 1990s, incorporating into itself some traditional techniques – oil painting, watercolor and impasto. The difference between traditional and digital painting is about the instruments they're using – brushes and paints VS computers and tablets. The process of drawing on a graphics tablet is similar to traditional painting. Actually, there are certain recognizable features of this computer art – for example, the mechanical repetition of the same elements, which sometimes leads to some abstractness in the artwork. Digital painting also includes 3D painting, which is becoming increasingly popular in recent years.

Clay

Clay encourages three-dimensional thinking and the use of tactile senses; it includes material that comes from the earth, plasticine, Play-Doh, Fimo, or homemade salt dough. Clay work can be a hands-on experience or can involve tools to form, mold, imprint, or decorate it before it hardens, in the case of ceramic or self-hardening clays; it may also include work on a potter's wheel or similar equipment (Henley, 2002).

Collage

A popular medium in art therapy, collage materials can include just about any material that can be adhered to a surface (paper, cardboard, canvas, or other backing) and can be two-dimensional (papers, magazine pictures, and photographs) or three-dimensional (wood scraps, yarn, fibers, cloth, natural materials, and craft items).

Kagin and Lusebrink (1978), Lusebrink (1990), and Hinz (2009) propose an **expressive therapies continuum (ETC)** that provides a framework for understanding and evaluating art therapy in terms of the **product, process, and person**. The ETC provides one of the only comprehensive frameworks for describing how various art materials and processes are used in art therapy. It suggests that there are three levels of processing found in art making:

kinesthetic/sensory, perceptual/affective, and cognitive/ symbolic. A fourth level, the **creative level**, can occur **at any of the other three levels** (see Malchiodi, Chapter 10)

"Paint whatever you want to" is an example of a less complex, low-structured task; "Make a mask showing how you show your emotions on the outside and a private feeling you have on the inside" using only collage and a preformed mask is an example of a highly complex, very structured task.

Bricolage

Bricolage is a term used in many disciplines, including visual art, to describe the construction or creation of a work from other available items. Dueze (2006) refers to bricolage as the process of remixture, construction, reconstruction, and reapplication of images, symbols, styles, patterns, and ideas.

The proliferation of digital technology, software, and online bricolage sites like Picassohead (a program using a menu of features to create a Picasso-like digital drawing) allow anyone with a laptop to create art images by assembling and editing images found throughout the Internet.

Digital media involves some distinctly different relational, tactile, and sensory experiences in contrast to traditional art materials. Seiden (2001) observes that technology requires a different sensibility than traditional materials; the use of digital media emphasizes conceptual and perceptual abilities over manual skills in most cases. **While tactile contact with materials may be beneficial for some individuals, the properties of digital media may be helpful for others.**

For example, the Sketch Up 3-D modeling software program (Project Spectrum, 2010) developed by Google has demonstrated benefits with individuals with autism spectrum disorders. In brief, many of these individuals have reported that the manual process of drawing a house is frustrating while creating a house image using the program is not only gratifying, but also makes more visual sense to them than a pencil-and paper drawing.

Sculptures

Sculptures can also be created by using technology. Typically, they are primarily modeled by using software and then implemented as a physical object or displayed on screens. In this case, technology can significantly improve the artist's work through complex geometry

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and 3D visualization. The authors get more tools to implement all their ideas. So, If you want to start doing digital art like that, you'd better understand how such 3D programs work.

Digital installations

Digital installations are somehow similar to sculptures, but differ in their approach to the viewer. Often such art is interactive, it responds to the actions of the viewer by changing. VR (virtual reality) and AR (augmented reality) technologies are also used to demonstrate digital installations. All these technologies are **expensive and require significant financial investment** to work with them, as well as good geometric and architectural planning knowledge. Take that into account to get started on digital art successfully.

Video-art and animation

Video-art and animation are interesting because they can completely, not partially, change our reality. Such artists work with timing and place and must have good montage skills. In general, animations consist of live action, animation and 3D worlds. Well, video-art is the best way to immerse yourself in reality, so it often works closely with installations mentioned above.

The art based on using software focuses on computer engineering, the language of technology, and communication systems. In this sphere, the author creates codes following his idea, and the finished artwork partly depends on the work of the computer and its software. Quite an interesting kind of digital art, which in some way develops on its own.

Mixed media combine different types of digital art in order to create a completely new experience for the spectator. For example, a work of art may contain elements of animation, AR, VR, audio etc.

All this, of course, is not the whole list. It is constantly changing and expanding. In addition to the above types, digital art also includes initially physically created works, which were later digitized. This is done through scanning, photography or 3D modeling technology.

PHOTOGRAPHY AND FILM

Photography and film are without question forms of visual art, but they have received limited coverage in art therapy literature until recently. Seiden (2001) observes that using a camera is a unique experience of power because one "shoots" a picture or is thought to "capture" an image. Weiser (1999, 2010) notes that PhotoTherapy and art therapy are not mutually exclusive fields, although each may tap different responses from clients in treatment. Krauss

(1983) observes, "Since art therapy is dependent on externalized subjects and phototherapy is dependent on internalized subjects, it appears as though they deal with different aspects of personal symbolism" (p. 53). Weiser (2004) provides another perspective, noting that the person who takes a photograph is focused inwardly as well as outwardly; the viewer (including the photographer or other individual) projects a unique meaning onto a photograph based on a variety of factors and worldviews.

Weiser (2011) provides a summary for the three major applications of photography in therapy:

PhotoTherapy

PhotoTherapy is a widely used therapeutic practice that includes a variety of techniques that use people's personal snapshots, family albums, and photos taken by others. It capitalizes on the feelings, thoughts, memories, and associations that photos evoke to deepen insight and enhance communication

The concept of "photoprojectives" is central to this approach and the meaning of a photo to the viewer (client) is key in the same way that an art therapist might ask a person to provide reactions to an artwork or other image.

Therapeutic photography

Therapeutic photography is the personal use of photographs for self-discovery and social or artistic statements with no formal therapist involvement. It reflects the use of an art form for self-awareness, creative expression, and self-directed therapy and wellness.

Photo-art therapy

Photo-art therapy employs a variety of techniques that use photos as an art medium; it is most often used by those who have also been specifically trained in art therapy or expressive therapies. In contrast to PhotoTherapy, this use of photography involves art making during the session and may involve experiences in learning photographic techniques or associated art skills. Photo-art therapy may best be categorized as a subcategory of PhotoTherapy; it is important to note that films and videos can be included in these classifications.

Videotherapy

Videotherapy is an early term used to describe the use of film in art therapy (Fleshman & Fryrear, 1981). Art therapists and other helping professionals use videos in various ways in treatment, ranging from recording client sessions for therapist-client review to assisting

clients in making films as an art form. In recent years, cameras of all kinds, including digital camcorders, have become accessible, and affordable. The term videotherapy has sometimes been used interchangeably with cinematherapy, an intervention involving directing individuals to watch certain films for therapeutic reasons or to report their impressions to the therapist for further exploration (Marsick, 2010; Wedding & Niemiec, 2003).

Basia Mosinski describes her work with two video art therapy groups that took place at Housing Works, a community-based, minority-controlled, nonprofit in New York City that provides vital services to homeless men and women living with HIV/AIDS (Housing Works, 2002).

The video art therapy groups met twice weekly for 90 minutes per session, and clients had the opportunity to participate in two consecutive eight-week modules.

Module 1 consisted of video production activities, and Module 2 consisted of video editing activities. The group members shared and discussed current feelings and experiences, learned new technical skills, brainstormed ideas, created personal project plans, gathered footage from various sources or recorded new footage, and edited media clips into final video projects of no more than 20 minutes in length.

In the women's group, the clients worked in pairs with one shared video camera between them; the goals of this structure were to foster peer learning.

Some of the participants had trust issues stemming from early childhood traumas and dysfunctional intimate relationships; they found it difficult to involve other participants in their planning or to ask for assistance. In the men's group, the participants initially tended to work independently or to seek a great deal of time and attention from the therapist.

She discussed releases, contracts, privacy issues, and confidentiality with the clients before handing out the cameras and instructed them on asking permission prior to videotaping anyone, except when recording outdoors in public spaces. Each group member determined whether he or she wanted to be included in the recordings of the other group members. Many tasks associated with creating individual videos required the assistance of group members. Clients set up and operated the equipment, tested microphones, monitored audio recordings, kept track of time, paid attention to continuity, and identified locations for the shooting of footage.

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Each week, she introduced or reviewed previously introduced equipment and operating instructions, they discussed project ideas, and clients made and discussed video recordings. Each client was the director of his or her video project, and clients took turns being in charge of activities. Clients could ask for help with videotaping or sound capturing, but they were responsible for the overall content of their individual projects. They have been introduced to the filmmaking language, hand signals, and commands used during recording sessions. The clients rehearsed terms like "quiet on the set," "rolling," and "cut."

Video Art Sound Therapy

Yarden Kerem worked with Gittit Pearlmutter, a musician and sound editor in adding a deeper approach to working with a soundtrack, which takes the form of working with three major channels: **speech, sound effects, and music**. Because most people focus on visual elements they do not pay attention to the sounds that are constantly around them.

For many clients, working with sound opens up a new channel of inner listening and symbolization of feeling. This model offers clients the ability to work in stages on symbolization through sound: Once clients have chosen the subjects and images to express them, they are asked to create their own sound effects. Then, once the sound effects have been uploaded with the images to the editing software, and after talking about them, clients are asked to create a speech channel that expresses the subjects. Finally, clients are asked to add music. The second stage is that of recording speech, such as a monologue, a dialogue, or a conversation, whatever the clients feel is appropriate. In the third stage, music is taken mostly from excerpts that are available and well known, unless the clients happen to be musicians.

When Yarden Kerem and Gittit Pearlmutter teach the course in the videotherapy track at the Ma'aleh School in Jerusalem, they suggest to their students that they submit exercises according to the following list:

> - My wound—work on the wound/trauma, pain, difficulty.
> - The image that heals the wound—what makes me healthy, what heals me.
> - A self-portrait.
> - How I want to see myself in the future—in 5 years, in 10 years.
> - The humanity within me.
> - The godliness within me—my religion/faith.
> - My image of myself.

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- ➢ How other people see me (the image I believe that others have of me).
- ➢ An important moment, event, or year in my life.
- ➢ Difficulty with a certain person.
- ➢ Choosing a significant place and filming the way there or back.
- ➢ A journey between two significant points in life. A student might choose two significant physical places. The purpose of the sound work is to express the feeling of the journey between them. Clients upload the material to the editing program for viewing and editing during the sessions. This model advises that therapists be close to clients when the material is being edited because the therapeutic process also takes place there, that is, during contemplation of the material on the time line in the editing software and in the clients' responses to the material. As clients respond, therapeutic conversations take place that can be either traditional therapeutic dialogues or, more precisely, conversations typical of art therapy that fluctuate between talking about the artwork and about the problems or subjects that the clients have brought to therapy.

An alternative could be focusing therapy, a process in which therapists echo back to clients what the clients have brought to therapy.

During the editing process, therapists can ask their clients questions about the artwork, as well as their feelings and thoughts about it, such as:

- ➢ Response to the visual or audio material—What do you feel about this? Does it remind you of anything?
- ➢ What do you wish to express through the image and the sound? What do you want to say?
- ➢ Is there something specific that you want to emphasize?
- ➢ What do you choose to put in the beginning, the middle, and the end?
- ➢ What items do you choose to put next to each other in the work? An image next to an image, and sound next to sound? What is the meaning of the link between the image and the sound?
- ➢ What is difficult or painful for you during the process?
- ➢ What did you choose to cut from the final product? What was filmed or recorded that did not become part of the work?

In some cases, **the material omitted is actually the most important**. The questions are an invitation to clients to observe and study the self. There are no correct answers; rather, the important thing is the clients' observations of self and the artwork being created. The questions can be asked at times when the clients pause and are engaging in inner contemplation and contemplation of the artwork. Silence is an acceptable response. (Video and Filmmaking as Psychotherapy Research and Practice Edited by Joshua L. Cohen and J. Lauren Johnson with Penelope P. Orr, 2015, Routledge)

Useful software applications for visual arts

Below is a **list of useful software applications,** most of them free.

➢ **Adobe Photoshop and Illustrator**

Both programs have quite advanced options, within which everyone can find what they want.

➢ **Krita**

A less popular analogue of Photoshop, designed for illustrators, conceptual artists, the VFX industry and more. On the application's website one can find lessons on how to work in it.

➢ **Autodesk Sketchbook**

This application is used to work with raster graphics, designed for both expressive drawing and sketching concepts. Available on Windows, Mac, Android and iOS.

➢ **Procreate**

The software has become popular due to its simplicity. Beginners quickly learn on it and create digital pictures. Another advantage is that for a one-time fee you get access to all updates of the application. For $9 the app can be installed on your iPad.

For **video art or electronic animation**

➢ **Adobe After Effects** is suitable for creating moving graphics,
➢ Blender, ZBrush or 3ds Max should be considered for 3D graphics.

Photo editing

https://krita.org/en/

https://www.photopos.com/PPP3_BS/Default.aspx

paint.net 4.3.11

https://www.gimp.org/

Video editing

OpenShot

https://www.movavi.com/learning-portal/best-video-editing-software-for-beginners.html?gclid=CjwKCAjwkYGVBhArEiwA4sZLuN9EGTYtWvEM0ylSIV6tW9gO_L1Y3pHddd6tpif5qAk451luBmXn9RoCv-4QAvD_BwE#prog-2

iMovie

https://www.movavi.com/learning-portal/best-video-editing-software-for-beginners.html?gclid=CjwKCAjwkYGVBhArEiwA4sZLuN9EGTYtWvEM0ylSIV6tW9gO_L1Y3pHddd6tpif5qAk451luBmXn9RoCv-4QAvD_BwE#prog-3

Blender

https://www.movavi.com/learning-portal/best-video-editing-software-for-beginners.html?gclid=CjwKCAjwkYGVBhArEiwA4sZLuN9EGTYtWvEM0ylSIV6tW9gO_L1Y3pHddd6tpif5qAk451luBmXn9RoCv-4QAvD_BwE#prog-3

HitFilm Express

https://www.movavi.com/learning-portal/best-video-editing-software-for-beginners.html?gclid=CjwKCAjwkYGVBhArEiwA4sZLuN9EGTYtWvEM0ylSIV6tW9gO_L1Y3pHddd6tpif5qAk451luBmXn9RoCv-4QAvD_BwE#prog-3

Microsoft Photos

https://www.movavi.com/learning-portal/best-video-editing-software-for-beginners.html?gclid=CjwKCAjwkYGVBhArEiwA4sZLuN9EGTYtWvEM0ylSIV6tW9gO_L1Y3pHddd6tpif5qAk451luBmXn9RoCv-4QAvD_BwE#prog-3

Sand Tray

This was developed by Dr. Karen Fried. You can do sand therapy online. They create their own tray with items on the website. https://onlinesandtray.com/

MUSIC THERAPY

Music therapy and How Does It Work?

Bruscia (1998) defined music therapy as '*a systematic process of intervention wherein the therapist helps the client to promote health, using musical experiences and the relationships that develop through them as dynamic forces of change*' (Geretsegger, Elefant, Mössler & Gold, 2014).

How does music therapy work? Well, it is claimed that five factors contribute to the effects of music therapy (Koelsch, 2009).

➤ **Modulation of Attention**

The first aspect is the modulation of attention (Koelsch, 2009). Music grabs our attention and distracts us from stimuli that may lead to negative experiences (such as worry, pain, anxiety and so on) (Koelsch, 2009). This may also explain the anxiety and pain-reducing effects of listening to music during medical procedures (Koelsch, 2009).

➤ **Modulation of Emotion**

The second way music therapy work is through modulation of emotion (Koelsch, 2009). Studies have shown that music can regulate the activity of brain regions that are involved in the initiation, generation, maintenance, termination, and modulation of emotions (Koelsch, 2009).

➤ **Modulation of Cognition**

Music also modulates cognition (Koelsch, 2009). Music is related to memory processes (including the encoding, storage, and decoding of musical information and events related to musical experiences) (Koelsch, 2009).

➤ **Modulation of Behavior**

Music therapy also works through modulating behavior (Koelsch, 2009). Music evokes and conditions behaviors such as the movement patterns involved in walking, speaking and grasping (Koelsch, 2009).

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> ## Modulation of Communication

Music also affects communication (Koelsch, 2009). In fact, music is a means of communication (Koelsch, 2009). Therefore, music can play a significant role in relationships, as alluded to in the definition of music therapy (Koelsch, 2009).

- Musical interaction in music therapy, especially musical improvisation, serves as a non-verbal and pre-verbal language (Geretsegger et al., 2014).
- It allows people who are verbal to gain access to pre-verbal experiences (Geretsegger et al., 2014).
- It also gives non-verbal people the chance to communicate with others without words (Geretsegger et al., 2014).
- It allows all people to interact on a more emotional, relationship-oriented way than may be possible relying on verbal language (Geretsegger et al., 2014).

Interaction also takes place with listening to music by a process that generally includes **choosing music that has meaning for the person**, such as the music reflecting an issue that the person is currently occupied with (Geretsegger et al., 2014).

Wherever possible, individuals are encouraged to reflect on personal issues that relate to the music, or, associations that the music brings up (Geretsegger et al., 2014). For individuals who have verbal abilities, another important part of music therapy is to reflect verbally on the musical processes (Geretsegger et al., 2014).

The Different Types and Methods of Music Therapy

Music-based therapy is based on two fundamental methods – **the 'receptive' listening** based method, and the 'active' method based on playing musical instruments (Guetin, Portet, Picot, Pommè, Messaoudi & Djabelkir, et al., 2009).

There are two receptive methods. The first of these, receptive 'relaxation' music therapy is often used in the treatment of anxiety, depression and cognitive disorders (Guetin et al.,

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2009). Receptive 'analytical' music therapy is used as the medium for 'analytic' psychotherapy (Guetin et al., 2009). 'Music medicine' generally involves passive listening to pre-recorded music provided by medical personnel (Bradt & Dileo, 2010).

In terms of other types of music therapy, there is the *Bonny Method of Guided Imagery and Music.* This was developed by Helen Lindquist Bonny (Smith, 2018). The approach involves guided imagery with music.

With music added, the patient focuses on an image which is used as a starting point to think about and discuss any related problems (Smith, 2018). Music plays an integral role in the therapy and may be called a 'co-therapist' (Smith, 2018). Individual patient needs and goals influence the music that is selected for the session (Smith, 2018).

The *Dalcroze Eurythmics* is a method used to teach music to students, which can also be used as a form of therapy (Smith, 2018). Developed by Èmile Jaques-Dalcroze, this method focuses on rhythm, structure, and expression of movement in the learning process (Smith, 2018). Because this method is apt for improving physical awareness, it helps those patients who have motor difficulties immensely (Smith, 2018).

An advantage of music therapy interventions that apply these receptive methods is that a therapist is not limited to working with the client in person.

The therapist may also 'prescribe' music medicine or guided imagery recordings containing music for the client to listen to outside the therapy room by making use of a digital psychotherapy platform such as **Quenza.**

Therapists can use modern platforms such as these to send pre-recorded audio clips directly to the client's smartphone or tablet according to a predetermined schedule.

Likewise, the therapist can track clients' progress through these audio activities via their own computer or handheld device.

It is thought that Zoltàn Kodàly was the inspiration for the development of the *Kodaly philosophy of music therapy* (Smith, 2018). It involves using rhythm, notation, sequence, and movement to help the patient learn and heal.

This method has been found to improve intonation, rhythm and music literacy (Smith, 2018). It also has a positive impact on perceptual function, concept formation, motor skills and learning performance in a therapeutic setting (Smith, 2018).

List of music therapy techniques

Different music therapy techniques are put forward by Soundscape Music Therapy:

- ➢ Drumming
- ➢ Listening to live or recorded music
- ➢ Learning music-assisted relaxation techniques, such as progressive muscle relaxation or deep breathing
- ➢ Singing of familiar songs with live or recorded accompaniment
- ➢ Playing instruments, such as hand percussion
- ➢ Improvising music on instruments of voice
- ➢ Writing song lyrics
- ➢ Writing the music for new songs
- ➢ Learning to play an instrument, such as piano or guitar
- ➢ Creating art with music
- ➢ Dancing or moving to live or recorded music
- ➢ Writing choreography for music
- ➢ Discussing one's emotional reaction or meaning attached to a particular song or improvisation

Available music therapy apps

Anytune – slow down music BPM:

This enables the individual to slow down a song while retaining the key of the song (Fandom, n.d.). Each song can also be transposed into a different key, and clients can play/sing along to the actual recording (Fandom, n.d.).

Drum Kit

Select from a range of drum set-ups to play on, and come up with your own beats simply with your fingertips (Fandom, n.d.). You can even play along with the songs in your iTunes library and record the beats that you create (Fandom, n.d.).

Freestyle

This application enables the person to type out their raps, select back beats, and record them (Fandom, n.d.). It also provides a search device for rhymes, if you get stuck on trying to find the right word (Fandom, n.d.). The raps that are recorded on them can then be shared and emailed to other devices (Fandom, n.d.).

Garage Band

This is a simplified version of Garage Band for Mac computers (Fandom, n.d.). Use smart instruments with pre-recorded patterns and sounds, or, play your own baseline or violin part (Fandom, n.d.). Multiple layers can be recorded – including your own recording (Fandom, n.d.). This app provides a great tool for song-writing or improvisation (Fandom, n.d.). The individual can create literally hundreds of realistic, high-quality sounds (Fandom, n.d.).

Guitarist's Reference

This application shows you the fingerings for chords, with several options (Fandom, n.d.). It also shows the specific notes on the frets when playing a chord or the finger number for the chord (Fandom, n.d.). The app provides guitar triads, arpeggios, a reverse chord finder tool, alternate guitar tunings, chords scale relationships and a guitar chord quiz (Fandom, n.d.).

Magic Piano (<u>Apple</u> / <u>Google</u>)

This enables you to play the piano with no prior knowledge (Fandom, n.d.). The application works by tapping the glowing lights when they reach the bottom of the screen and it sounds the corresponding note on the piano (Fandom, n.d.).

The app can also be switched to where you have to hit the right spot (or the note will sound out of tune if not) or just tap the screen with the rhythm (Fandom, n.d). It has 4 different difficulty settings: easy, medium, hard and auto mode that senses the person's ability after a few songs (Fandom, n.d.).

<u>Real Guitar Free</u>

This app has electric and acoustic guitar sounds recorded with live guitars (Sena, 2012). It can be used to learn how to play the guitar, providing the chords and tabs (Sena, 2012). It has a vast range of options and is perfect for both beginners and experienced guitarists (Sena, 2012).

"What is the future of digital art?[2]

The future of digital art can be used as an instrument to communicate with people, express ideas and emotions, and to make changes in society. Digital artists should use their talents in order to make positive changes. Artificial Intelligence is a field that is very important in digital art. With the increasing computing power of machines, computers can create and learn to understand new and complex images. The future of AI art is one that can make machines more human. The use of AI technology is still limited, but it can be used to create AI creations in the future."

As digital media is developing toward more human-responsive interfaces successful paradigms of already implemented digital art therapy projects can provide inspiration such as the "**The Animation Project**" (https://www.theanimationproject.org/)

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[2] https://medium.com/mlearning-ai/what-is-the-future-of-digital-art-936bf9f815d7

ETHICS, LEGAL AND BEST PRACTICE ISSUE

Cathy Malchiodi's work on the online ethical guidelines framework, researched and presented in her book 'Art Therapy and Computer Technology' (2000):

Art therapists working online should demonstrate that they have undertaken further **CPD (Continuing Professional Development) to facilitate online art therapy treatment.** This may be done in different ways: e.g. attending an online or in-person training, reading books and articles on art therapy online practice, participating in professional forums where this issue is addressed, etc. They must understand technology terms, laws, risks and benefits and ensure they also attend CPD training on IT if they feel that their working knowledge of these issues is not up-to-date. They also should be supervised by someone competent to understand the issues of online art therapy practice.

Guidance for **GDPR Compliance** must be adhered to (do check regularly for updates). Practicing art therapy online will vary from one country to another, check each countries' law jurisdiction. Language and culture barriers can result in competence issues.

Art therapists must keep in mind that any **information exchanged via the Internet is recorded forever** and not secure because there is always a risk of being hacked.

A few media/platforms considerations

VoIP (Voice over Internet Protocol) allows people to make calls via the Internet rather than use a traditional phone. There are abundant VoIP service providers, but the connection can still become a real issue and detrimental for vulnerable clients when it is interrupted because of poor internet broadband connection. Providing therapy online requires an understanding of VoIP data privacy policy and must meet GDPR regulations.

Online platforms

There are many different online platforms suitable for art therapy including Skype, WhatsApp, Hangouts, Meetup, Zoom, etc. Most provide security settings to ensure confidentiality, but none are 100% failsafe. You will need to explore which platforms suit you and your clients best, and to ensure you activate all the appropriate security settings when

you work. There are limits of age and consent which may also influence your choice of platform so please check if the age of your client allows them access to the online tool.

In UK for example, Children and Young People (CYP) must be at least:

- ➢ 16 to use WhatsApp
- ➢ 13 to use Facebook
- ➢ 13 to use Skype
- ➢ 13 to use Outlook email
- ➢ 13 to use Gmail
- ➢ Old enough to consent to the legal terms of service for Zoom Video conferencing.

Check for national regulations.

Locking/encrypting emails & attachments

When sending clients' sensitive data as an email attachment e.g. (referrals, images, consent forms, reviews and outcomes, invoices) with your email services (google mail, Yahoo, Hotmail, Outlook) it is important to lock/encrypt the email before it is sent. If you are unsure of how to do this, search online how your email provider has set this up as each uses a different protocol.

The Cloud storage platform

According to the ICO "if you choose to store your files in the cloud you need to remember that this means they are really stored on servers controlled by the cloud service provider". (ICO, https://ico.org.uk/your-data-matters/online/cloud-computing/)

Data Protection when working online

Art therapists must inform and help clients to understand how their data will be used, and what the risks are when data is shared (emails, GP, Multidisciplinary Team, Supervisions, Online Publications). Clients must sign individual consents to the use the online art therapy.

The consent form needs to clearly state the online risks when working online. Art therapists should continue to include information about safeguarding protocols and when they may need to breach confidentiality (for example when there is a risk of harm to the client or others

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or where there is a legal duty of disclosure). Clients should be informed of the sharing of artworks with clinical supervisors.

Consent from Children & Young People (CYP) and their parent/guardian must be sought to do online therapy and include:

The technical requirements to allow the session to take place without interruption.

The policy and guidance of any organisation you are working for or subcontracted by regarding alternative therapy provision.

Art therapists should obtain written consent from the CYP's legal guardians before engaging in online art therapy. Dyadic art therapy where both parent and child engage in the therapeutic process together is also an approach to consider if it is appropriate and helpful.

Safety of Clients

➢ Art therapist practitioners should take reasonable steps to ensure that clients are in a safe physical environment.
➢ Obtain clients' contact details/GP/ Next of Kin.
➢ Include information about the safe use of technologies in the online art therapy information pack.
➢ If the internet breaks down confirm the arrangement to reconnect.
➢ If re-connection is not possible agree to phone or e-mail client to reschedule the online session.
➢ Clients must have access to support in case of emergency, such as contacting their GP, close family members or friends.

E-duty of care:

Safeguarding laws and policies apply to online work and art therapists need to maintain their duty of care towards their clients; this may involve initiating safeguarding protocols if there are any serious concerns for their personal safety or the safety of others. Online work may make this more complex and it is often hard to intervene in an emergency when using the phone or video conferencing. For instance, if clients hang-up or leave the virtual art therapy studio because of having anger management difficulties, we suggest calling back and sending a follow up email.

Below are a few suggestions and recommendations which include an e-Emergency action plan:

- ➢ Having contact numbers for next of kin, friends, etc.
- ➢ Having emergency contact numbers if linked to a team/organisation.
- ➢ Knowing what local help is available.
- ➢ Asking where the client is, his/her mobile number and e-mail.
- ➢ Making regular phone check-ups to see how the client is doing.
- ➢ Red flag emergency phone intervention includes all information above and may include sending clients to hospital, referring to GP or calling an ambulance, as well as sending a red flag signal to the multidisciplinary team and supervisor requesting urgent discussion.
- ➢ When working with children or young adults, please consider the following legal issues:
- ➢ e-law childrens' rights and data protection issues affecting children and young people
- ➢ e-Safety framework must be in place
- ➢ e-Parental ethics and law: e-Safeguarding when working with CYPs

Digital artworks with CYP

- ➢ Art therapists working online must request the child's permission to screenshot the child's images. Subsequently, it enables the online art therapy sessions to remain confidential and for virtual art therapists to protect the child's best interest as no images are saved on the parent's laptop.
- ➢ Art therapists working online remain responsible for children's images and their portfolio like in face-to-face art therapy.

Online practice issues

Below is an initial outline of how to deliver best online art therapy practice from the work of Cathy Malchiodi (2000) - 'Art Therapy and Computer Technology: a virtual studio of possibilities.

Establishing an online art therapy service

- ➢ Develop a reliable and appropriate intake and assessment procedure
- ➢ Inform clients about the instances where online art therapy may not be appropriate

➢ Inform clients of the limitations, risks and benefits of online art therapy

➢ Evaluate the client's capacity to utilise online art therapy

➢ Establish lines of communication between therapist and client regarding the frequency and mode of online review and evaluation of the benefits and outcomes of therapy

➢ Confirm the fee and method of payment, invoicing and receipts online

➢ Establish procedures to follow in an emergency (Malchiodi, 2000, pp.121-131)

Working within one's competencies

➢ In order to work within one's professional competencies art therapists must seek access to training and support in this specialist area and develop the necessary skills and proficiencies in online art therapy

➢ Develop peer review, support and supervision with colleagues and special interest groups to share knowledge and experience

➢ To seek supervision from colleagues who use online therapy approaches and methods

➢ Art therapists should remain within their boundaries of competence, and not attempt to address all problems online

➢ Familiarise and experiment with different online formats, technology and equipment

➢ Consider social and cultural dimensions to the work and equality of access to online services

➢ Access research on computer-based counselling and therapy

➢ Develop evaluation and outcome research in this area

Provide an initial informative online introduction pack containing the following details:

➢ Confidentiality arrangement, risks and security safeguards

➢ Identification of the therapist including registration details, qualifications and insurance

➢ GDPR requirements

➢ Digital copy of all artwork sharing – reason and method

➢ Use of email communication protocol agreement

➢ Storage of e-mails and digital artworks

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➢ Evaluation and retrospective review online – frequency and method

Digital copy and sharing of artwork

➢ In order to maintain the therapeutic frame which is unique to art therapy it is important to request the sharing of all artworks, images and objects made during the therapy session, an initial agreement will include the following:

➢ Initial request and consent form

➢ An agreed means of digital transfer e.g. by email with digital image attachment, which is then downloaded to a secure hard drive

➢ Clarify reasons for keeping a digital folder of the client's artworks

➢ Clarify the digital review and retrospective review of artworks and online art therapy including the frequency and format

➢ Clarify the secure storage arrangements for all digital artworks

➢ Clarify the requirement to share digital artworks in clinical supervision

(https://www.baat.org/Assets/Docs/News/newsbriefing-summer-2020/summer-2020-developing-online-art-therapy-124.html)

WORLD HEALTH ORGANIZATION (WHO) Self-care and digital health

Digital Self-Care: A Framework for Design, Implementation & Evaluation builds on the foundational work of the World Health Organization in self-care and digital health and draws heavily on the Principles for Digital Development.

Digital applications enhance health behavioral support and self-care activities by increasing access, facilitating links to licensed trained professionals and providing users with privacy and anonymity.

World Health Organization (WHO) Self-care and digital health
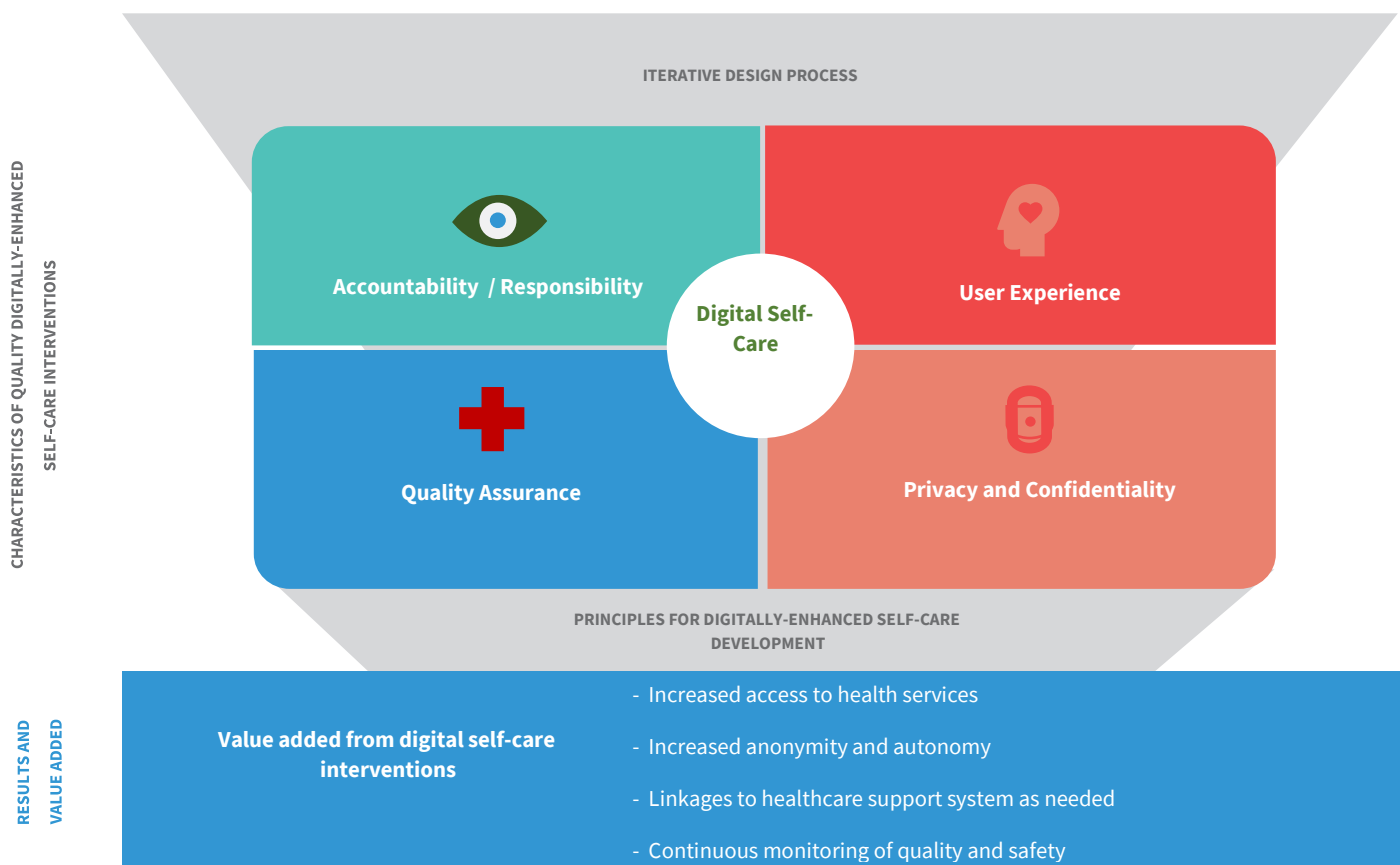
The components of each of the four domains and supportive characteristics are detailed in the checklist below.

Digital self-care checklist of key characteristics:

User Experience

- ➢ Are users treated with respect and compassion?
- ➢ Are services accessible, inclusive and usable regardless of gender, race, sexual orientation, ethnicity or ability?
- ➢ Do providers, implementers and regulatory agencies demonstrate active and ongoing response to user and public perceptions, suggestions and concerns?
- ➢ Data Privacy and Confidentiality
- ➢ Are the user's identity and personal information protected?
- ➢ Is valid consent obtained from all users?
- ➢ Are confidentiality measures clearly communicated?

Quality Assurance

- ➢ Technical Competency: Do users have the skills necessary to engage in digital self-care activities?
- ➢ Technical Competency: Do the relevant health care providers have the knowledge and skills necessary to support appropriate digital self-care behaviors?
- ➢ Technical Competency: Are the relevant health care providers licensed, registered and trained according to local regulations related to both self-care and digital health?
- ➢ Client Safety: Are the supported self-care activities and information safe, accessible, acceptable, and of good quality with built-in safeguards to manage and limit risks?
- ➢ Client Safety: Is the intervention based on evidence that it can improve intended outcomes for the user?
- ➢ Client Safety: Is the intervention developed and designed with participation from the target audience to meet user's needs?
- ➢ Client Safety: Are all information and services accurate and in compliance with national protocols, standards and global best practices?
- ➢ Information Exchange: Do the information and services provide a means to have back and forth exchange with health care providers as necessary?

➢ Interpersonal Connection and Choice: Do users receive care, information and support through the digital intervention and from relevant health care providers that is respectful, empathetic and free from judgement or stigma?

➢ Interpersonal Connection and Choice: Do users exercise choice, give consent without pressure or coercion to use the digital intervention?

➢ Continuity of Care: Does the digital system allow providers to make an adequate assessment of the client's health condition and/or provide appropriate referral to a licensed and trained health professional?

➢ Continuity of Care: Does the user have a reliable link to a health professional to ask questions, express concerns and receive care?
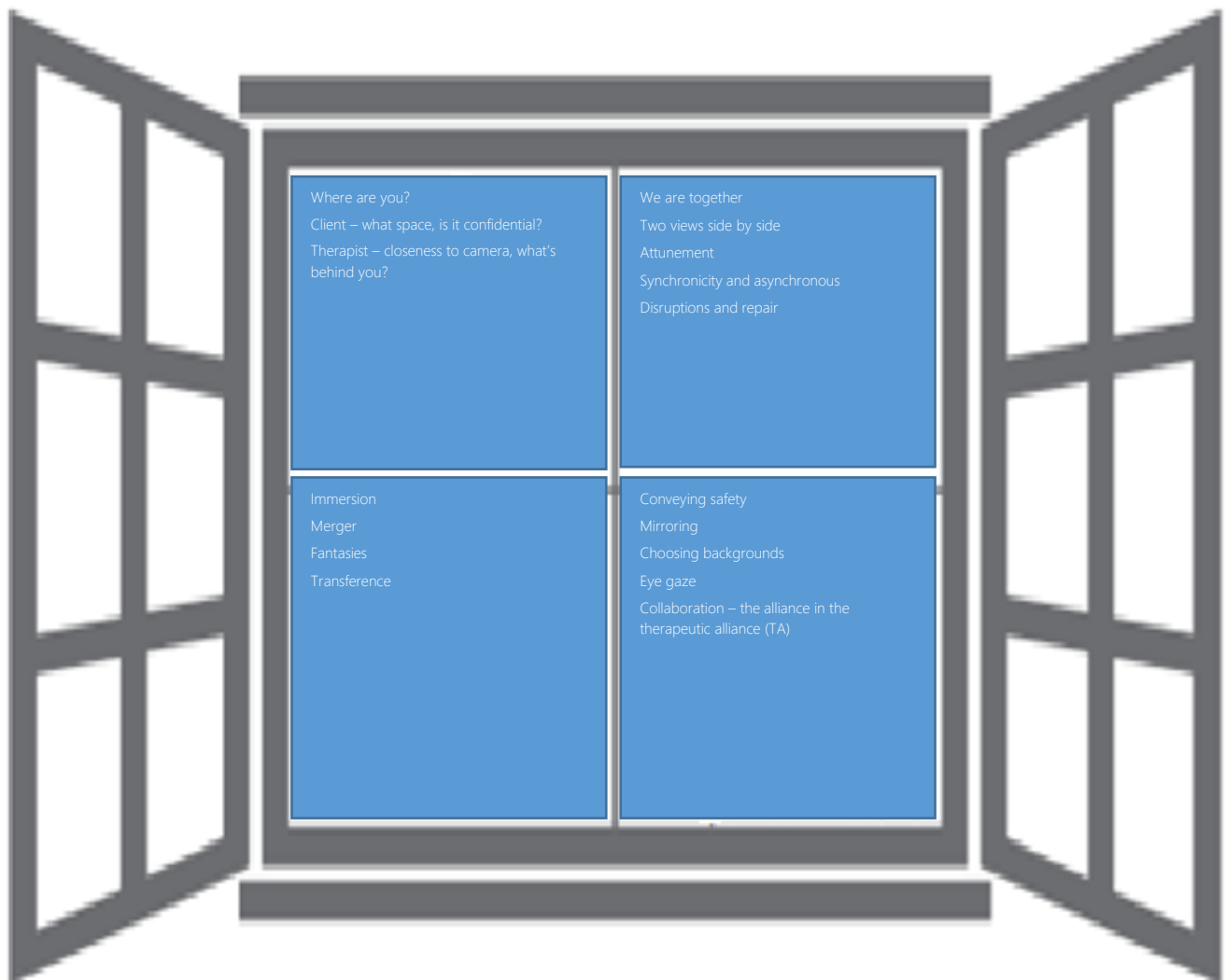
Accountability / Responsibility

➢ Is the implementation and design in accordance with the legal and policy environment or global best practices with regards to quality and safety?

➢ Is there a process in place for continual review and improvement of services?

➢ Is there a system in place for redress and for reporting false information?

(Digital Self-Care: A Framework for Design, Implementation & Evaluation - https://www.psi.org/wp-content/uploads/2020/09/Digital-Self-Care.pdf)

THE ONLINE THERAPEUTIC FRAME[3]

Rachael Klug (2020) has developed a useful picture (Figure 2.1) to summarize the online therapeutic frame.

Presence can be enhanced by using technology to create this effect: height and distance of camera from self, placing of natural light, what is behind the therapist/use of virtual background, all to create the open window.

Where are you?
Client – what space, is it confidential?
Therapist – closeness to camera, what's behind you?

We are together
Two views side by side
Attunement
Synchronicity and asynchronous
Disruptions and repair

Immersion
Merger
Fantasies
Transference

Conveying safety
Mirroring
Choosing backgrounds
Eye gaze
Collaboration – the alliance in the therapeutic alliance (TA)

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[3] Klug, R. (2020) Creating a Therapeutic Frame. Academy for Online Counselling & Psychotherapy Diploma teaching slides

SELF-CARE (SCA)

- ➢ Eye care. Ensure that you have glasses that are suitable for your computer use and that they do not glare/mirror.
- ➢ Ears and hearing; A headset is essential for privacy, and the client should use one too. Not using a headset can lead to poor sound for the person at the other end, and you will never be aware of it as you won't hear it. Ask for feedback especially when you have a new headset. A good quality headset is a good investment.
- ➢ Posture is important and will have an effect on your level of fatigue.
- ➢ Try sitting back and looking comfortable with the camera in the right place about 5 cm below the eye and about 45 cm to 60 cm away from the head. Try out different chairs to find the right one for your height.
- ➢ Exercise. Working digitally can mean we are very static. Take breaks and move your body;
- ➢ Fatigue. Creating good boundaries about the times you work will help your levels of fatigue. It may be necessary to take fewer clients on for a while until adapting to online working.

ASSESSMENT OF LEARNING STYLE

Drawing upon the work of Neil Fleming in conjunction with Collen Mills (1992) The VARK model has been used to identify the range of sensory modalities that they identified as Visual, Auditive, Reading and Kinesthetic or Kinesthetic, for which people select information according to their interests or preferences to learn (Appendix 1).

This tool has been applied below in a summary table (Appendix 2) of example activities for youth/children, drawn from EU-wide projects by each of the project partners.

1. Visual Learners: those that need to see pictures and graphs to visualize.

2. Auditory Learners: those who need to hear the information

3. Kinesthetic Learners: those who need to engage in an activity in order to grasp a concept.

However, no one is just an auditory, kinesthetic, or visual learner. Howard Gardner**,** identifies Multiple Intelligences with at least 8 different learning styles. **The beauty of art therapy is that it can apply to any or all of our beneficiaries' learning preferences.**

USEFUL RESOURCES

EUROPEAN CONSORTIUM FOR ARTS THERAPIES EDUCATION,
https://www.ecarte.info/

ECArTE is a consortium of Universities, which was founded in 1991 and currently comprises 33 member institutions from 15 European countries. It is a non profit-making organisation. Its primary purpose is to rep-resent and encourage the development of the Arts Therapies at a European level, in particular courses offering nationally-validated and professionally-recognised education for arts therapists. The Arts Therapies include art therapy, dance movement therapy, dramatherapy and music therapy.

ECArTE was founded in 1991 by the Universities of Hertfordshire, Münster, Nijmegen and Paris. Currently it comprises 34 member institutions from 13 European countries.

https://www.therapyspace.online/

https://zoom.us/signup

https://wetransfer.com/

https://sketch.io/sketchpad/

https://www.calm.com/

https://www.udemy.com/course/dance-therapy/

https://www.youtube.com/watch?v=16QBfWd6HT8

https://v-art.digital/digital-art-therapy/

Music therapy

38 Apps for Music Therapists: https://www.heartandharmony.com/38-apps-for-music-therapists/

https://positivepsychology.com/music-therapy/

Photo editing

https://krita.org/en/

https://www.photopos.com/PPP3_BS/Default.aspx

https://www.getpaint.net/

https://www.gimp.org/

Video editing

https://filmora.wondershare.net/filmora-video-editor.html?gclid=CjwKCAjwgaeYBhBAEiwAvMgp2o0FuXMBwVCqB6dZ3VEX-sZcBvTyoOtjp8FE9ecupUur0o4km4VrrRoCI60QAvD_BwE

https://www.movavi.com/learning-portal/best-video-editing-software-for-beginners.html?

Anorexia story: https://www.youtube.com/watch?v=Ymqo4u-Sh_k

Angela Megino: I'm an Introvert: https://www.youtube.com/watch?v=U8LfG4b_R3Y

Mental Health and Digital Technology – World Innovation Summit for Health 2020: https://www.youtube.com/watch?v=khoNHcN4IfQ

"DON'T CALL ME CRAZY:" MARSHALL UNIVERSITY MENTAL HEALTH INITIATIVE ART EXHIBITION: https://mds.marshall.edu/dont_call_me_crazy_exhibition/

https://expressive-arts-therapy.thinkific.com/pages/trauma-informed-expressive-arts-therapy

British Art Therapists working online are expected to meet The Health and Care Professions Council (HCPC) standards:

https://www.hcpc-uk.org/standards/standards-of-proficiency/

https://www.hcpc-uk.org/standards/standards-of-conduct-performance-and-ethics/

The British Association of Art Therapists: https://www.baat.org/

American Art Therapy Association: https://arttherapy.org/about/

Other international Art Therapy associations: https://redpencil.org/arts-therapy-resources/list-of-art-therapy-associations/

List of masters in art therapy: https://redpencil.org/arts-therapy-resources/list-of-masters-in-art-therapy/

In order to get information on **national European art therapy associations** you can find it as a separate document: **APPENDIX 3 "The European Federation of Art Therapy (EFAT)"**, uploaded on the project's site or you can consult it directly at: https://www.arttherapyfederation.eu/ and https://www.arttherapyfederation.eu/art-therapy-on-the-map.html

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- Zubala, A., Kennell, N., Hackett, S., Art therapy in the digital world: An integrative review of current practice and future direc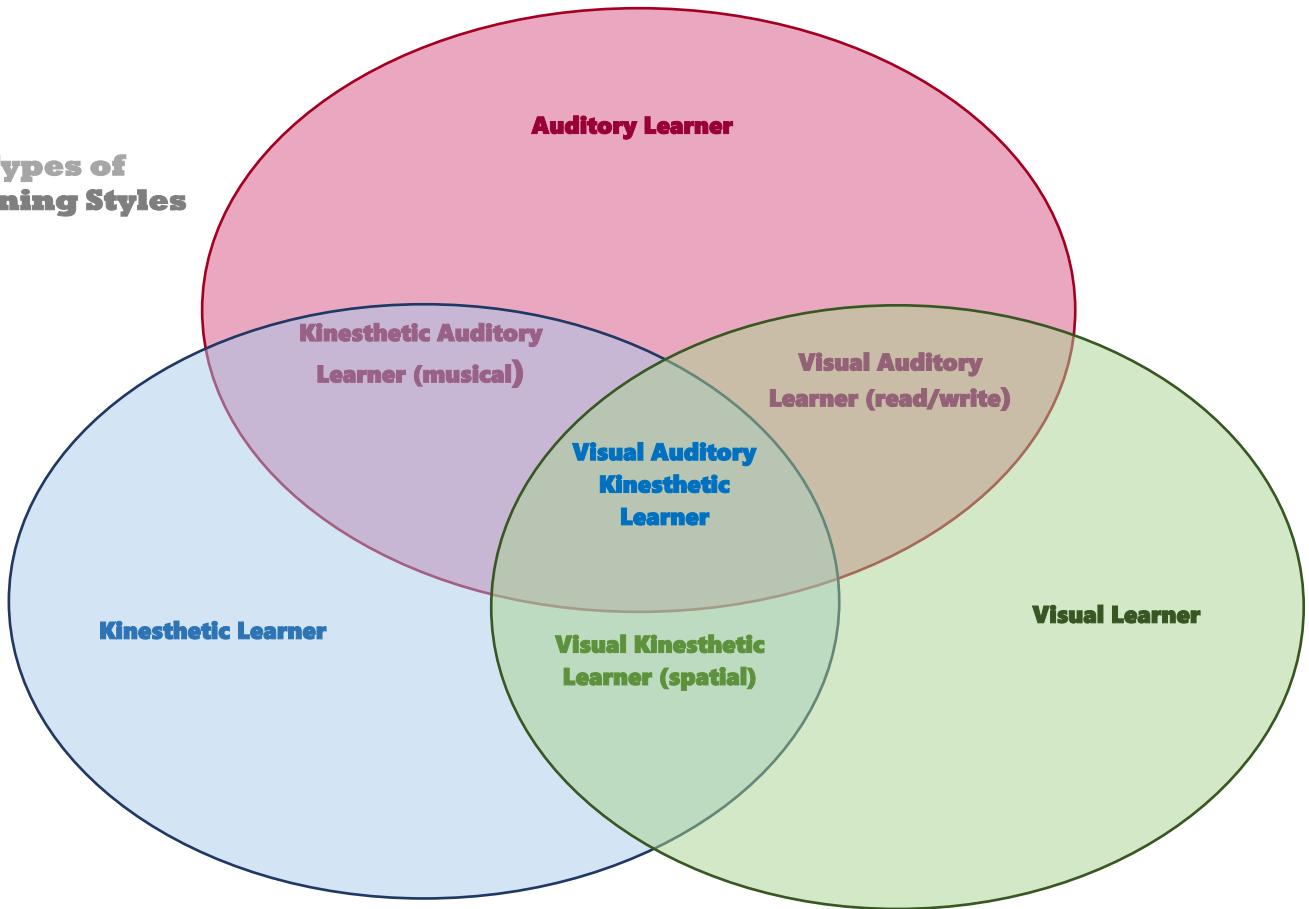tions, Front. Psychol. 12:595536. 2021, Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyg.2021.600070/full

APPENDICES

APPENDIX 1: Use of VARK teaching styles to identify modes of learning

Teaching Strategies for VARK Learning Styles[4]

Teaching strategies for visual style	Teaching strategies for auditory style	Teaching strategies for reader/writer style	Teaching strategies for kynesthetic style
Use of: • Written Instructions • Conceptual maps • Diagrams, models, synoptic tables • Computer animations • Videos, transparencies, photographs and illustrations.	**Use of**: • Verbal Instructions • Repeat similar sounds • Audio • Debates, discussions and confrontations • Brainstorming • Read the same text with different reflection • Guided and commented reading	**Use of:** • Write a minute • Literary compositions, journals, blogs and reports, • Elaboration summaries, reviews and synthesis of texts, • Review of peer texts	**Use of:** • Role-play and dramatization • Group dynamics that require sitting and standing • The chalkboard to solve problems • Manipulation of objects to explain phenomena • Gestures to accompany oral instructions

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[4] Antonia Mireles Medina, Planning and Allocation of Digital Learning Objects with Augmented Reality to Higher Education Students According to the VARK Model, 2018

Types of Learning Styles

Auditory Learner

Kinesthetic Auditory Learner (musical)

Visual Auditory Learner (read/write)

Visual Auditory Kinesthetic Learner

Kinesthetic Learner

Visual Learner

Visual Kinesthetic Learner (spatial)

Howard Gardner- Multiple Intelligences [5]

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[5] https://www.educationcorner.com/learning-styles.html
https://oaklearners.ca/learning-styles-student-differentiation/

APPENDIX 2: EU-wide relevant programs, relevant studies, reports, guidebooks and toolkits

Type of Therapy	CYPRUS	GREECE	ITALY	ROMANIA	SPAIN
Visual:					
Digitized Art		**ATHENS DIGITAL ARTS FESTIVAL (ADAF)**		**PLATFORM FOR THE PROMOTION OF DIGITAL ART IN ROMANIA**	
Light painting					
Phototherapy		**Therapy – Photography as a therapeutic experience**	**Art therapy practices and methodologies used in the treatment of victims of abuse and violence)**		
Video		**Video – Photo Therapy**			**REC Reflect Experiment Capture**

Type of Therapy	CYPRUS	GREECE	ITALY	ROMANIA	SPAIN
Augmented virtual reality					
Auditory:					
Virtual music therapy					
Narrative therapy (story telling)					
Collaboration	**Cyprus Art Therapy Association**				**Art therapy and disability**
Reading and Kinesthetic					
Creative residencies		**Art Mentoring in Mental Healthcare Facilities**			

Type of Therapy	CYPRUS	GREECE	ITALY	ROMANIA	SPAIN
Publications			[Art Therapy During A Mental Health Crisis: Coronavirus Pandemic Impact Report](#)	[ART-Therapist's Guide](#)	[Art therapy and art education papers for social inclusion](#).
			[Art therapy in the time of Covid](#)	[ART THERAPY IN EMOTIONAL DISORDERS OF CHILDREN AND ADOLESCENTS](#)	
			[Art Therapy: A Children's Game](#)		
			[The Coloring Book boom and Art Therapy: what is the relationship between the two?](#)	[ART THERAPY IN ADDRESSING PSYCHOPATHOLOGICAL DISORDERS IN](#)	

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Type of Therapy	CYPRUS	GREECE	ITALY	ROMANIA	SPAIN
				CHILDREN AND ADOLESCENTS	
Kinaesthetic:					
Visual arts, music, drama, dance, architecture, new media and design.	Art psychotherapy	ART4MORE	**Psychodrama and Moviemaking in a Death**	**Work guide with art therapy techniques for parents**	**ICT Digital Art Therapy Project** **Danya Loyola - Meu Turó**
					La Candela - Theater and Community
Dance -therapy (video-dance)					
Interactive games (play therapy)				**EDULIER- INTERACTIVE DIGITAL ROOM FOR CHILDREN WITH**	

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Type of Therapy	CYPRUS	GREECE	ITALY	ROMANIA	SPAIN
				LEARNING DIFFICULTIES (DI)	
Multi-sensory activities (fiber-optics)					
Creative	**Music Therapy**				**Connect-Art**
					Art therapy session with people with intellectual disabilities **Sesión de Arteterapia con personas con discapacidad intelectual**

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Type of Therapy	CYPRUS	GREECE	ITALY	ROMANIA	SPAIN
Emotional expression	**Art Therapy**		**Art supporting through innovative tools for youth work**	**Intervention plan to reduce students' anxiety**	**Picasso art therapy workshop**
			D.R.E.A.M Project Giving realization and empowerment to minors	**Applying art-therapy in the work with children and youth in risk situations (project)**	

Painting by Radu Plopeanu,
Christal Children Association,
Brasov, Romania