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Exploring the Efficacy of the Helen B. Landgarten Art Therapy Clinic's Transition to Telehealth During COVID-19

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By

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Abstract

This research qualitatively explores the impacts of the Helen B. Landgarten Art therapy Clinic's transition to art therapy telehealth services during the COVID-19 pandemic. The purpose of this research was to explore the efficacy of interventions and the clinical themes that emerged as a result of telehealth art therapy services delivered to marginalized communities through the Helen B. Landgarten Art Therapy Clinic. Data that was collected includes anonymous surveys from administrators, teachers, and caregivers of those receiving services and facilitators of services, semi-structured interviews with administrators, teachers, and caregivers of those receiving services, as well as a focus group with facilitators of services. Through the analysis of data several findings suggest that art therapy telehealth can provide a safe space for engagement in mental health and be more accessible to marginalized communities. These findings potentially open new doors for further inquiry into art therapy telehealth.

Keywords: COVID-19, pandemic, telehealth, Art therapy, marginalized communities, qualitative study, case study, surveys, semi-structured interview, focus group

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Introduction

The purpose of this study is to explore the impacts and clinical themes of the Helen B. Landgarten Art Therapy Clinic's transition to telehealth art therapy services as a result of the COVID-19 pandemic. Beginning in March 2020, the world experienced the crisis of the COVID-19 pandemic that caused many individuals and communities significant distress. The Department of Marital and Family Therapy with specialization in Art Therapy was a community among many that experienced significant challenges associated with the onset of the COVID-19 pandemic. To address these challenges both for the department's graduate student facilitators and the communities served, the Helen B. Landgarten Art Therapy Clinic quickly transitioned to offering art therapy telehealth services to youth and families residing in marginalized communities and communities that typically have limited access to mental health services. These telehealth services were primarily facilitated by art therapy graduate student facilitators. Services provided included art therapy workshops to youth through a collective of Catholic Schools that marriage and family therapist (MFT) students were providing services through their practicum; drop-in groups that were offered in the spring; and Summer Arts Workshops offered to a juvenile hall high school, a K-8th Catholic elementary school in South Los Angeles, and a TK-8th grade school in Boyle Heights, Los Angeles and Juvenile Hall High School, Dolores Mission School, and Immaculate Conception. The study is guided by the following research questions: "What is the efficacy of art therapy telehealth interventions?" and "What clinical themes emerged as a result of telehealth art therapy services delivered to marginalized communities?"

The Study Topic

The Helen B. Landgarten Art Therapy Clinic housed in the Department of Marital and Family Therapy with specialization in Art Therapy, was founded in 20007 by Helen B. Landgarten, a renowned pioneer in the field of art therapy. The clinic's mission is to provide pro bono services to the community by offering art therapy interventions to underserved children and families who have experienced trauma or are facing serious obstacles in life. In addition, the Helen B. Landgarten Art Therapy Clinic aims to offer valuable training opportunities for the department's art therapy program graduate student facilitators. The clinic offers a wide range of art therapy services to diverse communities that are predominantly marginalized in Los Angeles. Loyola Marymount's Department of Marital and Family Therapy offered services to students from 10 different Catholic schools via telehealth that were led by MFT students. Drop-in telehealth art therapy was also led by MFT students in the spring. Additionally, telehealth art workshops in the summer were offered to a juvenile hall high school, a K-8th Catholic elementary school in South Los Angeles, and a TK-8th grade school in Boyle Heights. These were led by Loyola Marymount University graduate MFT students, as co-facilitators, with the guidance of professors, community members and a senior mentor (former student of S.A.W.). Due to the nature of COVID-19, the Helen B. Landgarten Art Therapy Clinic went remote, providing services via telehealth. Through this study, the researchers intended to examine the accessibility of art therapy. The researchers examined the concepts of (1) the amount of access low-income communities and marginalized communities have to art therapy services and (2) the degree to which levels of access changed when art therapy services became available through telehealth, as a result of the COVID-19 pandemic. Through the use of a qualitative research approach, the researchers aimed to gain the perspective of the participants' and graduate student

facilitators' experiences to further understand the efficacy and importance of the Helen B.

Landgarten Art Therapy Clinic program and the impact it made during the COVID-19 pandemic.

Significance of the Study

The impact of this research could expand across a variety of groups such as graduate

students, art therapists and educators in mental health programs, communities in need of support

services, and the field of art therapy and mental health as a whole. In measuring the efficacy of a

range of art therapy services used during the COVID-19 pandemic, Loyola Marymount's

Department of Marital and Family Therapy with specialization in Art Therapy and the Helen B.

Landgarten Art Therapy Clinic aims to assess the program's strengths and areas for

improvement, in addition to exploring clinical themes that give voice to participant and

facilitator experiences, and gain understanding for specific mental health needs even beyond

times of social crises. The study also helps give insight for those completing or further pursuing

their education, as art therapy graduate students and mental health professionals continue

providing services to those predominantly impacted by COVID-19 and reach community

members with telehealth and art therapy services. As collaborative artmaking and shared

expression can help bring communities together, and while more people are affected by

depression and anxiety due to COVID-19 closures, art therapy and virtual platforms could help

those unable to physically meet, or have limited access to mental health services. In the midst of

a pandemic, there is a greater need for mental health support services, yet the significance of the

study may also move beyond a time of crisis and advance the field of art therapy and mental

health. The study provides an opportunity to research virtual platforms with methods that could

be used in working with populations more difficult to reach, such as people with compromised

immune systems, developmental disabilities, situated in correctional facilities, or communities

who continue to have limited access when in-person services are unable to be provided. Telehealth can also offer opportunities to reduce anxiety for those seeking support and help increase engagement with therapy services by accommodating personal circumstances within the ease or comfort of home-based environments. With these considerations, this research may possibly benefit diverse communities through increased access to quality mental health services during a global pandemic, and possibly reach nationwide impact for the field of mental health and art therapy.

Background of the Study Topic

In times of social crises, it has been seen that art therapy services can historically help provide community-building opportunities, as emergent clinical themes and art processes have shown the need or value of social connection (Testa & McCarthy, 2004; Brolles et al., 2016; Chilcote, 2011; Howie, 2002; Mohr, 2014; Gonzalez-Dolginko, 2011; Potash et al., 2020), found altruistic meaning to emotional experiences (Mohr, 2014; Chilcote, 2011), and facilitated shared dialogue towards social change (Landgarten, 1978; Slayton, 2012; Berberian, 2003). While art therapy has the capacity to help develop empathic understanding between different cultures, research highlights that it can also reach across communities differently based on education, race and socioeconomic status.

Research findings show that art therapy programs can often be found in major cities with dense urban populations, although services are not always accessible by the communities most impacted within these areas. The COVID-19 pandemic has been found to disproportionately affect Black, Latinx, and Native populations at a higher rate (McBride et al., 2020), and eligibility for limited resources is dependent on one's ethnicity and socioeconomic status; leading to competition between impoverished communities and highlighting a need to scale funding and

publicize quality services relevant to the population being served (Kneebone, 2017; Arellano et al., 2018; McBride et al. 2020).

To increase equity to mental healthcare for communities facing adversities at higher risks, such as groups confronted by barriers to education that lead to lower socio-economic status, people living in rural or remote areas, the elderly and senior adults, or those with disabilities and/or illnesses, the field of telehealth can help provide low-cost support through deliverable services favored by both providers and participants with higher accessibility. Due to unprecedented times of social distancing and isolation, research has found increasing stress, anxiety, and trauma-related symptoms among children and adults (CDC, 2020); while findings have shown telehealth art therapy can help enhance one's well-being, develop resilience, reduce anxiety and depression, and support self-expression and social connection (Blankers et al., 2016; Carlton, 2014; Dunphy et al., 2019; Hsin & Garner, 2013; Landless et al., 2019; Mattson, 2010; Mohr et al., 2019; Vlaescu, 2016).

In adapting therapeutic practice to distance delivery of telehealth services, adequate training for art therapists and trainees is emphasized in helping support the mental health of facilitators (Spooner et al., 2019), as providers are at higher risk of psychological distress with the global pandemic exacerbating symptoms (McClain, 2020; Schneider et al., 2020). Although met by unforeseen challenges in transitioning to telehealth therapy, trainees were able to adapt to crisis work with shared experiences of the COVID-19 pandemic, while the use of telehealth provided a platform that connected clients, trainees, and providers during times of uncertainty (McBride et al., 2020).

Telehealth helps ensure mental health care is accessible against barriers such as stigma, distance or disability (Spooner et al., 2019), and in general, the utilization of art therapy

telehealth platforms during COVID-19 can help address disparities by reaching a broader range of underserved communities. While there is limited research on art therapy's use of telehealth technologies in reaching clients before the onset of COVID-19, existing research demonstrates art therapy's adaptability and potential to surpass traditional in-person models in efficacy due to the intimacy of home-based settings. (Collie & Cubranic, 1999; Collie & Cubranic, 2002; Collie et al., 2006; Levy et al., 2018; Spooner et al., 2019). Virtual artmaking has also been found to create a sense of belonging, as virtual art studios enable people to connect with others with similar interests (Chilton et al., 2020), while digital art media can be used by youth living in underserved communities to enable self-expression and shape how they view life experiences (Lin & Bruce, 2013). This suggests that digital art programs and art therapy telehealth may benefit impacted communities beyond the time of the COVID-19 pandemic through collaborative artmaking and continued provision of mental health services.

Literature Review

Introduction

During Loyola Marymount's spring semester in March of 2020, the Helen B. Landgarten Art Therapy Clinic, housed in the department of Marriage and Family Therapy with specialization in Art Therapy, transitioned to telehealth services in order to respond to the COVID-19 pandemic and nationwide facility closures. The purpose of this literature review aims to explore the efficacy of interventions and clinical themes which emerged as a result of these telehealth art therapy services delivered to marginalized communities. The following literature review will survey current literature related to themes relevant to the topic of the research, including: art therapy in times of crisis, access to art therapy services, benefits of using telehealth, and how art therapy telehealth and arts programming may benefit marginalized and/or isolated communities.

To begin, the literature will explore how art therapy has been used historically during times of crisis as a means to build social connectedness and, in times of isolation and hopelessness, has promoted dialogue for how to take action. The next section in this literature review seeks to further understand how actions are currently being taken to respond in an imperative way and provide access to the needs of communities most affected by COVID-19. It will look into how art therapy is accessed, where services are provided, and attempt to accurately access whom these resources service. In doing so, there is the intention of identifying who would be best served by art therapy resources, and seeing if the access of the current resources align with the communities in which they would be of most benefit. Following this section is a review of literature that provides an overview of the growing field of telehealth. This section presents literature that explores the benefits and challenges of telehealth as it relates to community

members and service providers with particular focus on mental health trainees and art therapy

facilitators in training. Lastly, the literature review will look into how art therapy telehealth and

virtual art programming may meaningfully impact marginalized populations with limited mental

health access, both within the confines of COVID-19 and in the future to come.

Art Expression in Times of Community Crisis

The first section of this literature review explores how art expression has historically

been used in times of crisis as a means to unite and support a diverse range of community

members. For example, Berberian (2003) describes art as a medium of expression that enables

the artist and viewers to join together in a shareable vision, where each art product offers a

community-building opportunity. In response to crisis events, art therapy services were

facilitated to help support affected communities. Group sharing and art themes included a sense

of belonging to the larger community (Mohr, 2014; Gonzalez-Dolginko, 2011), importance of

family or collective life and centrality of cultural heritage or faith (Brolles et al., 2016; Chilcote,

2011; Potash et al., 2020), a hopefulness for the future (Chilcote, 2011; Jones, 1997; Linton,

2017), mutual support and need for social connection (Potash et al., 2020; Brolles et al., 2016;

Mohr, 2014; Berberian, 2013; Jones, 1997), and the act of giving back (Mohr, 2014; Chilcote,

2011).

The use of art media was found to enable the creation of artwork that celebrated family

and community life, traditions, and the embrace of culture by participants (Brolles et al., 2016;

Chilcote, 2011; Potash et al., 2020). Studies also found that youth communicated dreams for

their careers and for the future of their community (Chilcote, 2011; Linton, 2017), while other

research findings emphasized the value of collaborative partnerships in the context of disaster

responses (Linton, 2017; Berberian, 2003). In facing pandemics, research saw that artmaking in

therapy groups enabled communication and feedback, and facilitated solidarity and inspiration for those impacted (Potash et al., 2020). The following sections will go into more detail about how art therapy can impact and contribute to social connection, altruism, social dialogue, and community empathy.

Social Connection and Art Therapy in Response to Crisis

The collaborative impact of art therapy was observed through community dialogue and support for each other's emotional expressions in times of crisis. For example, post-crisis art interventions in group settings have been found to promote social reintegration through shareable work and expressing emotions related to traumatic experiences within a peer support system (Brolles et al., 2016). It was also found that reassurance and unity was experienced through the witnessing of a collective grief with each other (Chilcote, 2011; Howie, 2002). Artwork themes of hope and positive direction were seen (Gonzalez-Dolginko, 2011; Jones, 1997), and also a departure from isolation, loneliness and disconnectedness towards interactive themes of open sharing or the ability to rely on others (Jones, 1997; Potash et al., 2020). The study also found that for those attending art therapy sessions regularly, none had taken medical retirement and were all able to return to work settings (Jones, 1997).

In working with community-led organizations, such as Nepal Children's Art Museum's Child Friendly Spaces, through a participatory design approach, Linton (2017) highlights the need for a shared response in collaborative crisis work and highlights the value of inclusive, nondiscriminatory programs. By valuing what communities had to offer, land reparation into new living spaces was seen through combining different skill sets of involved residents for community strength (Linton, 2017). Other research findings demonstrated a similar pattern of community growth through group mural projects, and saw returned responses to expressed ideas

with themes of support (Berberian, 2003); and for rebuilding trust in their future (Testa &

McCarthy, 2004). For example, the Christian Children's Fund translated the World Trade Center

Children's Mural Project guidelines into 12 different languages, in which children in 22 countries

sent back messages of hope to encourage survivors, while drawings from 14 other states were

received after being virtually promoted (Berberian, 2003).

Testa & McCarthy (2004) found that facilitating art therapy groups enabled open sharing

of feelings within a protective environment, developed peer support, and the ability to work

collaboratively. These studies reflect the benefit of forming strong connections, and building

support systems at the interpersonal, community, and international level (Linton, 2017;

Berberian, 2003; Testa & McCarthy, 2004).

Altruism and Art Therapy in Times of Crisis

With community dialogue, art therapy saw that emotional expression helped bring people

together and exchange ideas for ways to give back. For example, Mohr (2014) found that art

therapy helped create meaning around a crisis event, and facilitated relational awareness for the

need of connection to others. In addition, the study found that losses experienced from a crisis

can be transformed towards interpersonal or community development (Mohr, 2014). The

research saw that participants expressed positive feelings in helping rebuild the community after

the crisis, while another participant expressed "disaster had brought him out of social isolation"

(Mohr, 2014). It also found that participants, who were active helpers in the art intervention,

developed a stronger sense of life purpose and empathy through the act of helping others (Mohr,

2014).

Other findings support research literature on posttraumatic growth, in transforming

experiences of loss into opportunities for giving back to the world, while participatory creative

arts can help reframe trauma narratives and contribute to an exchange of generosity that enables community recovery through active participation (Lantz & Raiz, 2003; Watkins & Shulman, 2008, as cited in Mohr, 2014). A separate study saw a similar finding, as participants offered their artwork to be taken to the United States; in having expressed a desire to help support with tsunami aid relief (Chilcote, 2011). In addition, images of their families were created that conveyed a hope to help support parents unable to provide for themselves (Chilcote, 2011).

Due to confinement at home, the crisis of COVID-19 has led to significant feelings of isolation and loneliness (Braus & Morton, 2020). Families and individuals have been seen participating in forms of art therapy and creative expression to communicate to others; creating sidewalk art and outdoor messages to thank front line workers, as artists and musicians perform or share talents from balconies, and neighborhoods come together to applaud and celebrate medical responders (Braus & Morton, 2020; Potash et al., 2020).

Social Dialogue and Art Therapy in Times of Crisis

The use of art therapy in times of crises has seen similar themes of increased understanding and community dialogue, in addition to ideating on ways to take action. Landgarten (1978) found that when a crisis team was sent into a Black community to provide services at a school impacted by a terrorist shooting, students were able to share in groups their feelings in a more protective environment, and explore non-violent alternatives for how to address members who had broken the law; which in turn reduced anxiety in the children. It was also found that "when good-byes were said, a number of children gave the white therapists a soul brother handshake" (Landgarten, 1978), similar to a separate study that saw an exchange of customary gestures symbolic of respect between participants in Sri Lanka and the therapist at the

time of departure (Chilcote, 2011). These findings reflected a sense of unity and openness of multicultural expression.

One limitation addressed by Landgarten (1978) was that additional feedback from the classroom teacher was not received; which presents future research opportunities to involve school staff for a more integrated experience.

Slayton (2012) found that building a miniature city model enabled a multicultural group of complex trauma survivors to envision social change as a community, as art media and a smaller treatment milieu facilitated empathic interactions for youth members to dialogue about social issues. The traumatic stress field reported that at least 1 million U.S. children are survivors of complex trauma (van der Kolk, 2005, as cited in Slayton, 2012). This population is known to be affected by prevalent social issues reflective of racial oppression, including community and domestic violence, gang-involved activity, ethnic and racial conflict, substance and child abuse, criminal injustice, and poverty; in addition to families with untreated mental illnesses (Slayton, 2012). By joining with each other to construct a city within a safer art therapy setting, a sense of empathy was gained in learning that youth of all races experienced trauma (Slayton, 2012). Themes in the artwork and group sharing included concerns surrounding the safety of other children, a model section of accessibility, and also provided opportunities for listening to others and receiving feedback (Slayton, 2012).

This is similar to a research finding that saw children experiencing homelessness interact with peers without conflict and listen to each other share (Brolles et al., 2016). Another study found that people were struggling with feelings of aloneness after a crisis event and felt compelled to join with others (Berberian, 2003). The study also saw children address cultural differences by comparing hands of various skin tones and share about family origins; holding

group dialogue and a vote that ended unanimously for the city to be a peaceful place (Berberian,

2003). These findings reflect art therapy's capacity to help counter racial discrimination and

foster understanding across diverse cultures, and move participants to ideate for social change

through shared creativity, emotional expression, and group unity.

Facilitator Perspectives and Art Therapy in Times of Crisis

     In seeing how art therapy can contribute to community reintegration, it was found that

facilitators experienced a sense of relatedness through group dialogue and shared emotions. As

co-survivors of a national crisis event, it was seen that therapists were able to embrace their own

experience in witnessing the children's creative art processes with an empathic approach (Howie

et al., 2002). At the Pentagon Family Assistance Center, it was found that the child-therapist

relationship remained constant, with a heightened ability to relate and facilitate emotional

processing (Howie et al., 2002). A possible limitation to this study is how countertransference

could be further explored, such as how participants may have been impacted by personal

traumatic grief of therapists, and possible difficulties due to shared experiences of loss. It might

also explore how supervision can help aid these processes and facilitate artmaking for those

providing services.

     Existing literature reflects the pivotal role of art therapy in times of crises, such as

helping address social environmental factors that traumatic events tend to activate, yet have been

used to encourage a growth response (Mohr, 2014, as cited in Linton, 2017). As art therapy

services can be utilized to build social connectedness and promote community action in times of

crisis, the next section in this literature review will continue exploring where services are being

provided during COVID-19 and which populations are impacted.

Populations with Access to Art Therapy in the U.S.

This section will first highlight the populations that have access to art therapy, analyzing access across racial and ethnic groups as well as socioeconomic status (SES). Then, based on the analysis of access to art therapy, this literature review will explore where, why, and with whom art therapy could be most useful with particular focus on those facing adversity in times of crisis.

In an attempt to contextualize localized access to art therapy, this literature review focused on where art therapy educational institutions are located. The 34 institutions of higher education in the United States that offer art therapy programs are located in the following 21 states/territories: California, Colorado, Connecticut, Florida, Illinois, Indiana, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, Virginia, Washington, Wisconsin, DC (CAAHEP & AATA, 2020). Twelve of the 21 states are on the coasts, with the others in the Mid and Southwest. Additionally, most of the art therapy programs are housed in institutions that are located in major cities that have higher populations than their suburban and rural counterparts. Based on information presented below, this may indicate that art therapy is a resource that can be found in densely populated urban areas, but does not necessarily mean that these resources are accessible to those who most need them within these areas.

Dependent on Ethnicity

COVID-19 has disportionately affected Black, Latinx, and Native communities at a higher rate (McBride et al., 2020). Therefore, this literature review breaks down the racial and ethnic demographics of the states that house art therapy programs that presumably have continued to provide services during the pandemic. A majority of the states where art therapy programs are located, with the exception of New York, New Jersey, Virginia and California, have

a population with a higher percentage of White individuals than that of the United States at large

(76.3%) (U.S. Census Bureau, 2018). Native Americans and Alaskan Native makeup 1.3% of the

United States population (U.S. Census Bureau, 2018). Of the 10 states with the highest

population of Native people, six of them (WA, OR, NM, MN, CO, and CA) are home to schools

with art therapy programs (CDC, 2015). That is not to say that Native people have higher access

to art therapy, but there is the possibility that outreach programs may be more likely to include

them. It should be taken into consideration that many Native peoples have been displaced into

more rural areas that may have less access to resources in general. *Rural vs Urban Living -*

Budgets and Net Worth (2018) explains, "rural areas often [have] less access to healthcare,

schools, libraries and other public services." Black people make up 13.4% of the national

population, and seven of the 21 (FL, DC, VA, NY, NJ, MI, and IL) states/territories where art

therapy programs are located have a percentage higher than the national average of Black people

(U.S. Census Bureau, 2018). Again, this does not necessarily indicate that Black people have

greater access to art therapy, but shows that services are likely available at a state-level. Asian

people make up 5.9% of the U.S. population, and six of the 21 (WA, VA, NY, NJ, MA, and CA)

states/territories where art therapy programs are located have a percentage higher than the

national average of Asian people (U.S. Census Bureau, 2018). Latinx people make up 18.5% of

the U.S. population, and six of the 21 (FL, NY, NM, NJ, CO, and CA) states/territories where art

therapy programs are located have a percentage higher than the national average of Latinx people

(U.S. Census Bureau, 2018). Native Hawaiians and Pacific Islanders make up 0.2% of the U.S.

population, and 3 of the 21 (WA, OR, and CA) states/territories where art therapy programs are

located have a percentage higher than the national average of Native Hawaiians and Pacific

Islanders (U.S. Census Bureau, 2018). These statistics are outlined as a way to contextualize how race may impact one's ability to access art therapy services.

Dependent on SES

Due to the intertwined nature of racial and socioeconomic segregation, Black people live in areas of concentrated poverty at proportionately higher rates than white people (Vaidyanathan, 2016). Of the 21 states/territories where art therapy programs are located, eight of them (WA, VA, WI, CT, NJ, MN, MA, and CO) have poverty rates that are lower than the nation average (10.5%) (U.S. Census Bureau, 2018). In addition to race, education is also a factor that can be considered a determinant for likelihood of being or becoming impoverished. The percentage of people 25 years or older that have a bachelor's degree or higher in the U.S. is 31.5%, and 7 of the 21 states/territories (FL, PA, WI, NM, MI, KY, and OH) where art therapy programs are located have percentages lower than the 31.5%. These compounding factors that bring people into poverty oftentimes keep them in poverty (Kneebone, 2017). Kneebone (2017) explains that community resources are typically found in large urban cities rather than suburban, and assumedly rural communities, noting how the higher poverty rates in urban centers are prioritized by eligibility criteria and program formula. Kneebone (2017) highlighted how a competition over limited resources tend to take place between impoverished communities within these urban centers, "rather than marshaling resources at the scale needed to address shared challenges." Kneebone (2017) necessitates the restructuring the maintenance and establishment of community resources to reflect the ever-evolving "geography of poverty."

Status determines access; "Scarcity of resources is a chronic struggle when working with low-income and marginalized populations. Community-based intervention research can provide participants access to resources and services which might otherwise be unobtainable"

(Forrest-Bank, 2016, p. 439). When our access to resources is limited, "we cannot even

recognize that [sic] other actions are options available to us" (Cervantes and Robey, 2018, p. 17).

Many agree or support the idea of providing more resources for those in greatest need, yet there

is no consensus on how to implement or fund such ideas (Ceci and Purkis, 2009, p. 201). Due to

funding, healthcare providers are often only allowed to provide what is medically necessary.

According to Medicare.gov, medically necessary is defined as "Health care services or supplies

needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet

accepted standards of medicine," which is determined by the severity of a case and the modes of

treatment that have been proven to be effective in alleviating the present symptoms.

The Need for Access to Art Therapy

With an overview of the populations that have access to art therapy, this literature review

will now explain why the imperativeness of prioritizing access to art therapy. In doing so, the

following question must be considered: how do clinicians determine the efficacy of their art

therapy interventions that are often not deemed medically necessary? Ceci and Purkis (2009)

asserts that efficacy of interventions should be determined by interviews with practitioners, who

are able to give their accounts of specific effects attributed to their methods. Additionally,

self-report measures have been used to better understand the participants' "perceptions of

academics, social competence, and multicultural attitudes," which were Forrest-Bank (2016)

targeted effects (p. 429). In a group setting, communal reflection of skills attained through

treatment helps members remember what they may have forgotten, gaining an understanding of

the impactful parts of interventions for different group members (Arellano et al., 2018).

Feen-Calligan et al (2018) noted that participation in community art therapy group outreach has

the propensity to broaden a clinicians understanding of the diversity within the communities where services are provided.

Generalizations of needs based on relatively arbitrary group membership are not comprehensive. McBride et al. (2020) noted, "Individuals may present with population-specific concerns about COVID-19 based on their socioeconomic status, race, or occupation (p. 4)." Similarly, Arellano et al. (2018) illuminated the need for resources that seek to address the varying needs of clinicians' unique clients. Schwan et al. (2018) observed how art has the ability to address many of these needs; "several youth described art making as not merely a contributing factor to their mental wellness, but as absolutely essential for maintaining their mental health. Consequently, some youth framed access to art supplies and/or art programming as a key determinant of their mental state and ability to manage daily life" (Schwan et al., 2018, p. 359).

Clinicians and clients, alike, may be able to intuitively sense the benefits of art therapy, but it is necessary for clinicians to know and be able to articulate the goals of their interventions. For example, Schwan et al. (2018) stated the primary goal of art programming is to allow the client to do what they know is best for themselves in a safe environment that is more conducive to healing. Schwan et al. (2018) and Forrest-Bank (2016) direct clinicians to focus on their clients' strengths. Individuals must find a source of strength from within and recognize the resilience that guides them, which are results of art interventions, such as body-tracing, sculpture creation, destruction, and recreation, and quilt-making (Moxley et al., 2012; Griffith et al., 2015). It is not simply access to art therapy that is important, but rather access to quality art therapy resources that are relevant and specifically suitable for the population that they seek to serve.

A potential problem that may arise with access to community services, and art therapy in particular, is not reaching those with the most need. Therefore, publicizing available resources in a myriad of ways and spaces is key (Forrest-Bank, 2016). For those adults with poor access that have children, that lack of access impacts the child as well. In order to approach a client's health holistically, a clinician must consider social and financial health, and how low social capital and low SES may result in poor access to adequate child-care. Budget cuts of art programs in public schools have a great impact on those from low-SES backgrounds (Forrest-Bank, 2016, p. 431). So where and how will they find access to these services outside of the public education that their taxes pay for?

Telehealth Definitions and Necessity: An Overview

Based on the research gathered, telehealth refers to use of telecommunications technologies, to increase availability of healthcare by making it possible to have access to services from a distance, which can be favorable to both providers and participants. Moreover, Collie et al. (2011), asserted telehealth may increase equality of access to health care and fill the gap of delivery at the same time; aid distance group art therapy and people living in rural or remote areas; and support the elderly, people who are home-based or home-bound, people outside the cultural mainstream, people in lower socio-economic groups, and people with disabilities or disabling illnesses (Brauer, 1992; Collie & Cubranic, 2002; Sampson, Kolodinsky, & Greeno, 1997; Spooner et al., 2019). Other terms might suggest similar platforms for providing remote therapy; those terms might include online therapy, virtual therapy, distance therapy, internet based therapy, text-only internet services, virtual reality therapy, and computerized therapy. For the purposes of our research we will be using telehealth to unify all the terms.

According to the Centers for Disease Control and Prevention (2020) during this uncertain time, social distancing and isolation are increasing stress, anxiety, and trauma-related symptoms among adults and children. Therefore, reducing or coping with the stress and anxiety becomes crucial for individuals and communities during this unprecedented time. Studies show telehealth art therapy enhances well-being through creativity, imagination, interactivity, and problem solving; the process can effectively build gratitude, resilience, and perseverance, which provides opportunity to reduce anxiety and depression, promotes self-care, supports self-expression, and social connection (Blankers et al., 2016; Carlton, 2014; Dunphy et al., 2019; Hsin & Garner, 2013; Landless et al., 2019; Mattson, 2010; Mohr et al., 2019; Vlaescu, 2016). Therefore, the call for easy access, low-cost, and effective telehealth art therapy programs that promote self-compassion and life satisfaction are essential (CDC, 2020; Bansal et al, 2020; Braus & Morton, 2020).

Telehealth Benefits and Impacts

Although research about telehealth in the art therapy field is scarce, studies in the larger mental health field have shown telehealth is effective, acceptable and practical (Andrews et al., 2018), as effective as face-to-face therapy, which tends to have more benefits including privacy (Vlaescu et al., 2016), convenience (Blankers et al., 2016; Mattson, 2010), and fidelity (Mohr et al., 2019) of treatment. Further, research suggested that telehealth treatment models, such as internet-based cognitive behavioral therapy (iCBT), were more effective in reducing anxiety and depressive symptoms than face-to-face (Vlaescu et al., 2016; Wagner, 2014).

Based on the literature reviewed, the main benefits of using telehealth in mental health and art therapy field are: (1) Facilitators or therapists who use computers in assessment during telehealth make diagnosing quick, accurate, objective, and reduce subjective errors (Kim et al.,

2009; Mattson, 2010); (2) Telehealth for treating depression provides effective early detection

and then prevents potential self-harm and suicide, (Rao et al., 2020; Vlaescu et al., 2016) which

may be especially important during the pandemic; (3) Typically, telehealth can be pseudonymous

or anonymous which has lowered resistance in the therapeutic process for participants (Hsin &

Garner, 2013) who have fear of stigma, limited access of media choices, or are unwilling to

disclose mental health issues in person and prefer asynchronous communication (Blankers et al.,

2016; Mohr et al., 2019; Vlaescu et al., 2016; Wagner, 2014), or have barriers of different

cultures and spoken languages (Hsin & Garner, 2013); (4) Telehealth also provides diverse

options for participants in media use, including text, audio, video, cartoon story lines or use of

supplementary materials in digital forms (Blankers et al., 2016; Vlaescu et al., 2016; Wagner,

2014); (5) It can reach unreachable participants and dismantle barriers to access treatment

(Andrews et al., 2018; Kaimal, 2020; Mattson, 2010) for those who are in remote locations, lack

time (Hsin & Garner, 2013; Mattson, 2010; Mohr et al., 2019), or have financial issues (Andrews

et al., 2018; Mohr et al., 2019); (6) Meanwhile, telehealth has more cost efficiency and broader

impact for those who use, manage, and provide health care compared to face-to-face therapy

(Brabyn et al., 2016; Donker et al. 2015); (7) Participants are more satisfied with additional

contact with facilitators when using online treatment than the traditional modality (Blankers et

al., 2016; Mohr, 2019); (8) Telehealth has the potential to improve social outcomes and quality of

life (Kaimal, 2020; Vlaescu, 2016).

Telehealth Challenges and Limitations

Although the review of literature introduces many benefits in using telehealth, multiple

studies indicate some limitations and challenges as well, including security, bias, ethical, and

training issues. One of the main complaints from these studies is the complexity of the login

process when using telehealth treatment systems, but this cannot be avoided or simplified

without compromising the immense security precautions required by the healthcare regulations

(Vlaescu et al., 2016). Other researchers have argued that it is essential to address the security

issues, (Blankers et al., 2016; Mattson, 2010; Mattson, 2012; Vlaescu et al., 2016) without

simply compromising, as weak electronic security measures could affect the assessment and

treatment (Mattson, 2010). In addition to the telehealth security challenges, there are potential

biases and ethical issues that need to be considered.

Telehealth and the Role of the Trainee Facilitator

According to researchers, biases against telehealth come more from therapists than

participants (Carlton, 2013) and despite the purported benefits of using telehealth, many art

therapists are reluctant to use it (Mattson, 2010). Most of the scholars surveyed here hold that the

possible reasons for this bias (Mohr et al., 2019) come from the notion that machines might take

over human expertise and that technology will create unforeseeable problems.

Carlton (2013) argued that art therapists felt under-skilled to engage in digital media with

clients due to low exposure to applications and ethical practice in graduate programs. Since

digital systems are easy to use, there is potential for untrained practitioners to abuse the

assessment. Further, Spooner et al. (2019) asserted using technology in art therapy becomes

increasingly important for providers to receive adequate training and develop comfort and

confidence in adapting their practices to distance delivery. Also, Mohr et al. (2019) argued that

uncoached telehealth likely has much lower adherence and effectiveness. Similarly, Mattson

(2010) argues that technology holds the potential for abuse by those who are wholly untrained in

clinical assessment. Whether facilitators or trainees can ethically facilitate telehealth art therapy

depends on how frequently laws and ethics are updated, specifically regarding technology

(Pennington et al., 2017). To dismantle those challenges and potential issues, proper training for facilitators is required.

At the same time, the onset of COVID-19 and stay-at-home orders necessitated art therapists —including trainees — to make the immediate switch to providing therapeutic services through telehealth, without the proper training. This has had a detrimental impact on trainee health and mental health. Trainees are often faced with unique challenges as students, facilitators, and practitioners-in-training, such as balancing coursework, research, therapy training, financial stress, time constraints, long hours and anxiety surrounding evaluations and grades (King, 2020). Yet, with the onset of COVID-19, they also experienced a new unique challenge: the termination of their internship or an unexpected transition to telehealth, which resulted in a disruption in their progression, development, and left feelings of sadness, confusion, frustration and worry for their clients (King, 2020). Trainees are also in unique positions in which there are inherent power differentials, resource deficits, and professional risks compared to fully trained providers (Schneider et al., 2020).

Often viewed as a source of strength and comfort to clients, providers and trainees are nonetheless at increased risks of psychological distress, including elevated anxiety, stress, depression and burnout, with the global pandemic exacerbating and prolonging symptoms (McClain, 2020; Schneider et al., 2020). Research during a previous infectious disease outbreak, the SARS epidemic, suggested that providers also experience psychosocial and physical effects, such as burnout, vicarious trauma or caregiver fatigue (McBride et al., 2020). This impacts their ability to not only take care of themselves, but also their clients; thus, they may require extra support, communication and advocacy from their training programs (Schneider et al., 2020).

Furthermore, while trainees had little to no experience conducting telehealth therapy,

research illustrates they are nevertheless trained to be flexible and adaptable (King, 2020; Spooner et al., 2019). This adaptability may help trainees to connect with clients when pivoting to crisis work and supporting patients in adjusting to the present needs of the COVID-19 pandemic (McBride et al., 2020, p. 4). As suggested by the literature, the shared experiences of trainees and clients — which include concerns for elderly relatives, fear of financial loss, experiences of anxiety, and rampant fear and uncertainty — may have allowed them to build stronger rapport (McBride et al., 2020). Likewise, telehealth provides a platform of connection not only for clients, but also for trainees, facilitators and providers (McBride et al., 2020). Feeling connected through the telehealth platform, facilitators are positioned to support people through a time of uncertainty and may at the same time find meaning in helping others, perceiving themselves as useful (McBride et al., 2020). They may even feel energized by community involvement and social discourse (McBride et al., 2020). While there are still lingering questions regarding how to effectively, ethically, and legally use technology in therapy, evidence from the research suggests the use of telehealth may be beneficial for both trainee facilitators, as well as clients, particularly clients from marginalized communities who have decreased access, which will be explored next (Pennington et al., 2017).

Art Therapy Telehealth: Providing Access to Marginalized Communities

A review of the art therapy literature suggests that prior to the onset of COVID-19, telehealth platforms may have been underutilized and understudied as an effective tool for providing art therapy interventions to various populations. However, as noted above, telehealth provides many advantages. In particular, telehealth has proven as an effective tool to bridge gaps of access for marginalized communities to better have an opportunity to express their resiliency and amplify their voices. Telehealth ensures mental health care is accessible, regardless of

barriers or challenges such as access, stigma, distance or disability (Spooner et al., 2019). Still,

little research about telehealth exists within the art therapy literature, which suggests art

therapists may lag behind other disciplines in offering telehealth to populations who may benefit

most from its use. While the COVID-19 transition to telehealth was unexpected globally, it

provided a new area of interest and research, which may provide a roadmap for the future of art

therapy as a way to access previously unreachable groups due to location, ethnicity, and

socioeconomic status. In general, the utilization of art therapy telehealth platforms have the

capacity to address disparities due to healthcare access and reach a broader range of underserved

or marginalized individuals (Spooner et al., 2019).

Telehealth Art Therapy and Art Programming During COVID-19

To date, there is limited research exploring the field of art therapy's utilization of

telehealth as a way to address mental health concerns of clients during COVID-19. However, as

noted by Hebblethwaite et al. (2020), the COVID-19 pandemic has highlighted feelings of

loneliness and isolation that affect people of all ages, particularly people who are regularly

subjected to marginalization and isolation (p. 1). Hebblethwaite et al. (2020) evaluated how

telehealth art programs could help isolated and lonely Canadian aging populations flourish,

despite experiencing intersectional oppression due to age and lack of ability (p.4). According to

their cited research, art brings meaning to life, increases levels of resilience, and supports

physical, mental, social and spiritual wellbeing (Mohseni et al., 2019). Additionally, art created a

sense of meaningfulness, which has also been associated with being creative, feeling connected

to self and others, providing opportunity for choice and self-determination, and reflecting one's

own identity (Baumeister et al., 2013 & Dattilo et al., 2017, as cited in Hebblethwaite et al.,

2020). This suggests that despite the limited research in COVID-19, art therapy may be an

effective tool in creating meaningful experiences for participants, particularly as the pandemic has necessitated its expansion.

Art Therapy Telehealth with Marginalized Communities

As the use of telehealth continues to expand, there is a need for creative art therapists to develop comfort and familiarity with telehealth (Spooner et al., 2019). The dearth of research centered around art therapy telehealth during COVID-19 is only compounded by the limited research pertaining to art therapy's utilization of telehealth technologies to reach clients before the onset of COVID-19, particularly those who are already at a disadvantage of receiving services. There is relatively little literature on the use of telehealth as a tool for providing creative arts therapy services to vulnerable populations (Levy et al., 2018). Nonetheless, the limited existing research suggests art therapy is an effective and adaptable tool, which may even surpass conventional in-person models in efficacy, due to the intimacy of entering a person's home (Collie & Cubranic, 2002; Collie et al., 2006; Levy et al., 2018; Spooner et al., 2019). Previous research has established the efficacy and adaptability of art therapy telehealth in treating communities that may be marginalized based upon location or severe illness, such as rural veterans and those with traumatic illnesses, such as cancer (Collie & Cubranic, 1999; Collie & Cubranic, 2002; Collie et al., 2006; Levy et al., 2018; Spooner et al., 2019).

Within these studies, the utilization of art therapy telehealth allowed clients to be more active in their treatment and to have greater autonomy; to feel more aware of and stable in their emotions; to be able to explore difficult events; to promote confidence, self-care and coping; and to be able to facilitate a sense of connection during a time when clients felt particularly alone (Spooner et al., 2019). Art-based telehealth also lends itself to family and community engagement, integration and involvement (Levi et al., 2018; Spooner et al., 2019). Collie and

Cubranic (2002) found effective art activities included those that encourage empowerment; build confidence, competence and agency; and let people see themselves as creative and capable, while also seeing their problems as solvable (p. 167). Indeed, activation of participant/facilitator videos is not always necessary, as there may be value in remaining unseen and using "concentrating listening," which also allows communication forms to adapt to the medium in order to focus on what is most important when there are fewer channels of communication (Collie & Cubranic, 1999; Collie & Cubranic, 2002).

In addition, although not specifically art therapy, research suggests that making art virtually can give a sense of belonging to an individual and create feelings of self-worth. Studies have found that virtual art programs increase self-esteem and empower individuals to use art as a way to express themselves (Chilton et al., 2020). Creating art in a virtual art studio creates an opportunity to connect with other people who potentially might have the same interest (Chilton et al., 2020). Most importantly, research suggests digital art media has been especially helpful with the youth, who live in communities that are considered underserved. Through the use of digital media, one art education program enabled underserved youth to focus on social, cultural, and political topics that could potentially be shaping the way they are living their life experiences (Lin & Bruce, 2013). Another digital photography and video program helped young mothers tell their story through technology and explored how art and technological media could help them in retelling their lives (Levy & Weber, 2011). This suggests that both art therapy telehealth and digital arts programming may provide ongoing benefits to providing services to isolated and marginalized communities long after the conclusion of the COVID-19 pandemic.

At the same time, the use of art therapy telehealth includes limitations. In addition to technology, privacy, legal, and connectivity issues, it is important to consider art therapists'

heavy reliance on the image as an integral component of therapy (Levy et al., 2018; Spooner et al., 2019). Without a high-quality image in front of them, art therapists may need to rely more heavily on client verbal descriptions and may miss subtle details (Levy et al., 2018). Similarly, the therapist must choose between viewing clients' facial expressions or viewing their art process, but is rarely able to view both (Levy et al., 2018). Nonetheless, having technical assistance, resources and support in place can greatly increase the chances of a smooth telehealth delivery (Spooner et al., 2019).

In order to best support diverse populations, telehealth art programs should avoid oversimplified approaches that are regarded as "one size fits all," which risk further marginalization at the expense of personalization, contextualization, quality control and safety (Hebblethwaite et al., 2020). Since there are no telehealth platforms that have been labeled as "successful," research suggests virtual programming must be deployed with skill, purpose, conscious, and care; additionally, individuals should be able to make choices about their involvement (Hebblethwaite et al., 2020). Finally, according to the research, appropriate human and social systems (e.g. content and language; literacy and education) must be in place to allow technology to make a difference (Hebblethwaite et al., 2020).

Telehealth/Telepsychology Efficacy during COVID-19

While there is sparse research in the art therapy literature evaluating the use of art therapy-specific telehealth to address the COVID-19 pandemic, there is an abundance of pre-pandemic research looking at the transition of exclusively talk therapy to telehealth platforms. Moreso, recent research evaluating the transition of talk therapies to telehealth platforms during COVID-19 suggests telehealth is an effective and adaptable tool for addressing the concerns of groups heavily impacted by the pandemic, including those in isolation or coping

with illnesses who may have diminished treatment options as a result of few qualified providers. This may suggest that talk therapy in conjunction with art therapy may also be an equally or more effective tool. In particular, McClain (2020) states he felt honored and humbled to see his clients within their own spaces or homes, as it opened up unexpected, different, meaningful and moving opportunities to see his young clients in a personal and intimate setting (p. 138). In particular, several studies have highlighted the potential for providing effective and accessible telehealth evidenced-based practices to affected aging populations and youth during this public health crisis, such as those with eating disorders, childhood post-traumatic stress, trauma or behavioral and/or emotional difficulties (Gurwitch et al., 2020; Mathewson et al., 2020; Stewart et al., 2020; Zublatsky et al., 2020). This research suggests telehealth evidenced-based therapy may provide connection during loneliness and isolation, give a sense of independence within the home, lower stress and depression, foster positivity, and create clinically-meaningful reductions in symptoms (Gurwitch et al., 2020; Mathewson et al., 2020; Stewart et al., 2020; Zublatsky et al., 2020).

Ultimately, the benefits of transitioning to telehealth platforms may extend beyond the current public health crisis and may pave the way for more readily available treatments in the future for impacted populations, who currently have limited access due to a scarcity in qualified providers (Mathewson et al., 2020). Yet, clinicians providing telehealth should strive to be flexible to the particular needs of individual clients, recognizing they may change or evolve over time (Mathewson et al., 2020).

Conclusion

This literature review explored the literature that is most pertinent to the programming provided by the Helen B. Landgarten Art Therapy Clinic during the transition to telehealth

services, which occurred in response to the COVID-19 pandemic. This literature review first

delved into the important role of art therapy in addressing crisis and disaster. Next, it looked at

who currently has access to art therapy services, and barriers to access. Third, it explored the

potential benefits of utilizing telehealth services, both for clients and service providers, as a way

to bridge access. Finally, it evaluated how art therapy telehealth and virtual art programming may

be used as an important tool to provide meaningful experiences for marginalized communities,

which will be the focus of the present study.

Research Approach

This research followed a qualitative research design (Bender et al., 2015), which is

intended to deeply and descriptively explore the impacts and clinical themes that transpired as a

result of the Helen B. Landgarten Art Therapy Clinic's transition to art therapy telehealth

services during the COVID-19 pandemic, as seen by both participants and graduate student

facilitators.

Researchers chose to use a qualitative case study model for multiple reasons. For one

researcher intended to use the Helen B. Landgarten Art Therapy Clinic's response to the

COVID-19 pandemic as a way to further expand assertions in established literature about the use

of art therapy in times of crisis. A qualitative case study was also selected because it is "found in

many fields, [and] develops an in-depth analysis of a case, a program, event, activity, process, or

one or more individuals" (Creswell, 2014). Moreover, it has been suggested that cases are

"bounded by time and activity," and researchers collect data "over a sustained period of time"

(Stake, 1995; Yin, 2009, 2012, as cited in Creswell, 2004), which makes a qualitative case study

approach appropriate. Additionally, researchers can make sense of the meanings of human

experiences through vigorous inquiry processes, which allow the meanings to culminate (Creswell, 2014; Linesch, 1995) rather than starting with a theory (Creswell, 2014).

Among other data sets, the research will include a qualitative interview conducted via Qualtrics survey, including Likert and open-ended questions, which means information will be inductively built from particulars to general themes (Creswell, 2014). The more open-ended the questioning, the better, as the researchers listen carefully to what participants say or do in their life settings (Creswell, 2014). By avoiding the reductive tendencies of quantification, qualitative approaches respect the complexity of human experience and allow for the emergence of meaning and provide comprehensive understanding (Linesch, 1995). Clinical themes may emerge through in-depth analysis of the data collected through surveys, interviews, and a focus group that will explore both the efficacy of Helen B. Landgarten Art Therapy Clinic programs, as well as clinical themes from the perspective of the participants and facilitators, providing guidance for future programming in times of crisis and/or for those that have limited access to traditional in-person art therapy services.

Methods

Definition of Terms

The following section will define key terms applied within the literature review and research project. Key concepts included terms that may have multiple meanings or there is limited acceptance of a singular definition. Researchers used resources such as the dictionary, connected literature, and definitions used by other researchers in order to provide consistency in meaning throughout this research proposal.

Access

Researchers used the following Merriam-Webster definition "access," which most closely

aligned with the intended meaning of "access" in this paper: "freedom or ability to obtain or

make use of something."

Crisis

Again from Merriam-Webster, researchers derived the definition of crisis, which is "an

emotionally significant event or radical change of status in a person's life."

Telehealth

The Office of the Coordinator (2019) defined "telehealth" as "the use of electronic information

and telecommunications technologies to support long-distance clinical health care, patient and

professional health-related education, public health and health administration. Technologies

include videoconferencing, the internet, store-and-forward imaging, streaming media, and

terrestrial and wireless communications."

Marginalized Community

In an attempt to contextualize the term "marginalized community," researchers utilized the

following National Collaborating Centre of Determining Health (2020) definition: groups and

communities that experience discrimination and exclusion (social, political and economic)

because of unequal power relationships across economic, political, social and cultural

dimensions."

Design of Study

The following section will provide a thorough explanation of the procedures utilized in

this qualitative research study. The design of this study is a qualitative case study approach that

will explore the impacts of the Helen B. Landgarten Art Therapy Clinic's transition to telehealth

art therapy services as a result of the COVID-19 pandemic. The study will look at the clinic's

program offerings since the beginning of the pandemic in March 2020, including: graduate

student practicum, Summer Arts Workshop, and additional outreach programs with the

community in connection with a collective of Catholic Schools Collaborative, LMU affiliated

elementary schools, and a juvenile hall in Los Angeles. Efficacy and clinical themes will be

explored through the lens of school administrators/teachers/staff and caregivers of youth

participants, as well as through the lens of art therapy graduate student facilitators. The

qualitative design will consist of several data sets; (1) a digital survey followed by (2) a

semi-structured individual interview with electing school administrators/teachers/staff and

caregivers and, (3) a focus group that will explore experiences through dialogue and artmaking

with electing art therapy graduate student facilitators who provided art therapy telehealth within

the aforementioned services.

The following subsections will include the methods used for determining sampling, the

process of gathering data, and the process for analyzing data.

Sampling

Researchers will contact adult participants through email addresses volunteered through

engagement with the Helen B. Landgarten Art Therapy Clinic telehealth art therapy services

during the Spring and Summer of 2020. The participants of this study are consenting adults,

representing a wide range of ages belonging predominantly to populations of (1) graduate

students, and (2) professional school administrators/teachers/staff and caregivers/parents of

children who participated in Helen B. Landgarten Art Therapy Clinic telehealth art therapy

services. The Helen B. Landgarten Art Therapy Clinic partnered with a collective of Catholic in

Los Angeles, a nonprofit organization whose aim is to support the most underserved Los

Angeles communities within their partnering schools. This organization seeks to serve about 60

Catholic schools in Los Angeles, including a K-8th Catholic elementary school in South Los

Angeles, and a TK-8th grade school in Boyle Heights.. Like many of the other schools served by

the collective of Catholic Schools, the two schools mentioned above are made up of a

predominantly Latinx student body with a majority of students on free or reduced lunch.

Additionally, the Helen B. Landgarten Art Therapy Clinic worked with youth in a juvenile hall

high school in Los Angeles, who often lack resources and do not typically have access to mental

health art therapy experiences like those delivered through the Helen B. Landgarten Art Therapy

Clinic.

      The identified sample of Loyola Marymount University art therapy graduate students

facilitated various experiences to the populations of marginalized communities mentioned above

through the Helen B. Landgarten Art Therapy Clinic. Graduate student facilitators provided the

following services via telehealth platforms (Zoom, Microsoft Teams, and Google Voice):

one-on-one, family, sibling and group art therapy to the Catholic School Collaborative; drop-in

groups for students in the collective of Catholic Schools and LMU affiliated elementary schools;

and facilitation of the Summer Arts Workshop for a juvenile hall high school, a K-8th Catholic

elementary school in South Los Angeles, and a TK-8th grade school in Boyle Heights.

      Potential sampling bias within this research may include limitations associated with

asking for secondary information about the efficacy of the interventions from school

administrators/teachers/staff and parents/caregivers. As school administrators/teachers/staff and

parents/caregivers were not direct participants in the art therapy experience, they may not have a

comprehensive understanding about its efficacy and their youth/student's experiences. School

administrators/teachers/staff and parents/caregivers may also be predisposed to respond

favorably in survey and interview responses, due to some schools having a long-standing

relationship with the university such as the school in Boyle Heights. To address these concerns,

researchers provided repetition of similar questions throughout the survey and interview process

to check for consistency of participant answers. Additionally, an analysis of art created during

the graduate student facilitator focus group was used to identify cross-sectional themes and

correlations among verbal responses, broadening results from an individual level to a more

communal experience. Additionally, it should be noted that the survey, interview and focus group

responses were captured several months following the conclusion of the Helen B. Landgarten Art

Therapy Clinic's telehealth program offerings, which may mean participants' memories about the

experience may not have been as complete. Researchers attempted to address this concern by

looking for recurring trends across verbal responses, artwork, and various data sets. Finally, it

should be noted that several of this study's researchers were adult participants and facilitators

within the Helen B. Landgarten Art Therapy Clinic's telehealth services. To account for this

concern, researchers purposely took on specific roles and tasks within the evidence-collecting

process that would eliminate bias.

Digital Surveys

To begin, a digital survey of nine questions will be distributed via the Qualtrics survey

manager. Written in both Spanish and English, the initial survey will be distributed to adults over

the age of 18 whose students, children, or youth participated in the Helen B. Landgarten Art

Therapy Clinic's telehealth art therapy services during the spring and summer 2020 periods of

the COVID-19 pandemic; this includes administrators/teachers/staff from each of the

participating school sites and parents/caregivers of youth participants, and community

collaborators, which include mentors. The survey questions are designed to capture the

experiences of participation within telehealth art therapy services and perceived levels of access

to mental health and/or art therapy services. An optional final question will serve as an invitation

to a 20-minute individual semi-structured interview, hosted via Zoom, for adult participants to

further describe their youth/students/child's experiences of the telehealth art therapy services.

The individual semi-structured interview will include the following threads for inquiry: overall

effectiveness of the curriculum (including strengths and weaknesses) and the emergence of

clinical themes.

   The survey includes the following questions:

1. Which of the following best describes your participation (or role) in the online art therapy

services offered by the LMU HBL Art Therapy Clinic?

2. Please specify your race/ethnicity?

3. In order to explore issues related to access to therapeutic services, could you please indicate

your current employment status?

4. Before participating in online art therapy services offered by the LMU HBL Art Therapy

Clinic myself, my youth, or my student(s) participated in other therapy services?

5. If you answered "a little bit" or "not at all" - what prevented you, your youth or your student(s)

from participating in therapy services?

6. Briefly describe what was valuable about your/your youth's/your student's participation in the

online art therapy services offered by the LMU HBL Art Therapy Clinic during the COVID-19

pandemic?

7. Briefly describe your observations or experiences with the technology while participating in

online art therapy services during the COVID-19 pandemic?

8. Briefly describe is there anything else you would like to share about your/your youth's/your

student's experience participating in LMU HBL Art Therapy Clinic's online art therapy services?

9. Would you be willing to participate in a 15-20min individual phone or Zoom interview with a graduate student researcher?

Additionally, a digital survey of eight questions will be distributed via the Qualtrics survey manager to the identified sample of Loyola Marymount University art therapy graduate students who facilitated telehealth art therapy services through the Helen B. Landgarten Art Therapy Clinic during the spring and summer 2020 periods of the COVID-19 pandemic. The survey questions are designed to explore the graduate students' role in providing services for the Helen B. Landgarten Art Therapy Clinic, their personal experiences providing services, and the experiences they observed in their clients. An optional final question will serve as an invitation to a 60-minute focus group, hosted via Zoom, for graduate student facilitators to describe more of their experiences transitioning to and facilitating art therapy via telehealth. The focus group will include dialogue and an art experience. The focus group will include the following threads for inquiry: overall effectiveness of the curriculum (including strengths and weaknesses) and the emergence of clinical themes.

The survey includes the following questions:

1. What art therapy telehealth services offered by the HBL Art Therapy Clinic during the 2020 COVID-19 pandemic did you facilitate?

2. Briefly describe what was valuable for you in providing art therapy telehealth services offered by the LMU HBL Art Therapy Clinic during the COVID-19 pandemic?

3. Briefly describe what you observed to be valuable for participants as a result of art therapy telehealth services offered by the LMU HBL Art Therapy Clinic during the COVID-19 pandemic?

4. Briefly describe your experiences with technology while providing art therapy telehealth services through the clinic during the COVID-19 pandemic?

5. Briefly describe your observations of your participants' experiences with technology while receiving art therapy telehealth services through the clinic during the COVID-19 pandemic?

6. Briefly describe what themes you observed in the participants' art process or product while engaged in art therapy telehealth services through the clinic during the COVID-19 pandemic?

7. Is there anything else you would like to share about your experiences providing art therapy telehealth services through the HBL Art Therapy Clinic?

Semi-structured Interviews with Caregivers/Parents and Administrators. This twenty-minute semi-structured interview, conducted via the telehealth platform Zoom, will include verbal conversation/responses. In particular, the interview process will focus on exploring perceived levels of access to mental health and art therapy, the overall efficacy of telehealth art therapy programming, and attitudes of participants' caregivers and/or administrators about technology and telehealth art therapy services. Researchers will gather data during the interview through audio recording, video recording, and transcription. Prior to the date of the interview, interviewees will review consent, will be informed of their voluntary involvement, and will be provided a copy of the Human Subject Rights in Research handout, in order to ensure understanding of confidentiality, and risks and benefits. Interviewees will be informed the interviews would be audio and video recorded.

Graduate Student Facilitator Focus Group

Lastly, researchers will conduct a focus group with Loyola Marymount University graduate students who facilitated programming offerings through the Helen B. Landgarten Art Therapy Clinic via telehealth starting at the onset of the pandemic. In March, in response to the

COVID-19 stay at home mandate, the graduate student facilitators transitioned to providing

services utilizing a variety of telehealth platforms, including but not limited to Zoom, Microsoft

Teams and phone calls utilizing Google Voice. This focus group, conducted via the telehealth

platform Zoom, will center around the creation of reflective artmaking, based on graduate

student facilitator experiences transitioning to and facilitating art therapy via telehealth, as

researchers seek to gain a fuller understanding of the Helen B. Landgarten Art Therapy Clinic's

efficacy during the pandemic and its impact on graduate student facilitators. Prior to beginning of

the group, participants will be informed that the group would be audio and video recorded.

Participants will review consent, will be informed of their voluntary involvement, and will be

provided a copy of the Human Subject Rights in Research handout, in order to ensure

understanding of confidentiality, and risks and benefits. Researchers will begin the group with

the following prompt, "Please use art materials available to you to create an image that

represents your transition to and facilitation of telehealth art therapy services through the HBL

Art Therapy Clinic with the community due to the COVID-19 pandemic." After participants

finish their images, they will be invited to share what they made and why. Themes identified in

the artwork will provide supplemental data to the information collected through the verbal

portion of the focus group.

Analysis of Data

Researchers will analyze data derived from the four data sources of the (1)

administrator/teachers/staff/caregivers' Qualtrics survey responses, (2) semi-structured interview

video recordings, and corresponding transcripts with administrators/teachers/staff/caregivers, (3)

graduate student facilitators' online survey responses, and (4) video recordings, artwork, and

corresponding transcripts from the graduate student facilitator focus group. The survey,

semi-structured interview, and focus group data will be systematically assessed and reviewed by researchers and then explored for emerging themes. This includes coding and categorizing written survey responses, audio recordings, and observation notes in order to uncover trends that have emerged across data sets. Artwork will also be analyzed by researchers, as a way to further contextualize, validate, and provide specific examples of emergent themes identified from survey and verbal responses. Once emergent themes have been identified, researchers will reexamine data again to reconfirm specific examples or quotes of themes throughout the data sets. These emerging themes will then be triangulated with previous researchers' findings for consistency and to evaluate program efficacy.

Presentation Of Data

The purpose of this research is to explore the efficacy and clinical themes that arose when the Helen B. Landgarten Art Therapy Clinic transitioned to telehealth art therapy, in response to the COVID-19 pandemic. Specifically, this research aims to explore themes related to access to mental health, the role of the artmaking, from both the participant's perspective and the facilitator's perspective. The data sets presented below are organized in the order they were collected and consist of 1) online survey responses from both administrators/teachers/staff and caregivers and graduate student facilitators, 2) semi-structured interviews with administrators/teachers/staff and caregivers, and ending with 3) data collected in a 60-minute focus group with graduate student facilitators, which included discussion and artmaking. The data will be presented in chronological order, following the research process from start to finish.

Administrator/Teacher/Caregiver Online Survey Results

The following section will present the data gained from the administrator, teacher, staff and caregiver online survey results. Using the online survey software Qualtrics, the survey was distributed via email and asked administrators, teachers, staff and caregivers nine questions, five of which were closed and four were open-ended. Twelve administrators, teachers, staff and caregivers responded. All questions aimed to attain information with regards to the participation (or role) of administrators, teachers, staff and caregivers within telehealth art therapy services offered by the Helen B. Landgarten Art Therapy Clinic and perceived access – currently or in the past – to mental health and/or art therapy services. The last question invited administrators, teachers, staff and caregivers to participate in an individual semi-structured interview that would expand on observations of experiences with the clinic's services. The data is presented below; each question was summarized by researchers via a graph or short descriptive paragraph.

Question 1: Which Of The Following Best Describes Your Participation (Or Role) In The

Online Art Therapy Services Offered by The LMU HBL Art Therapy Clinic?

Figure 1a

Role in Telehealth
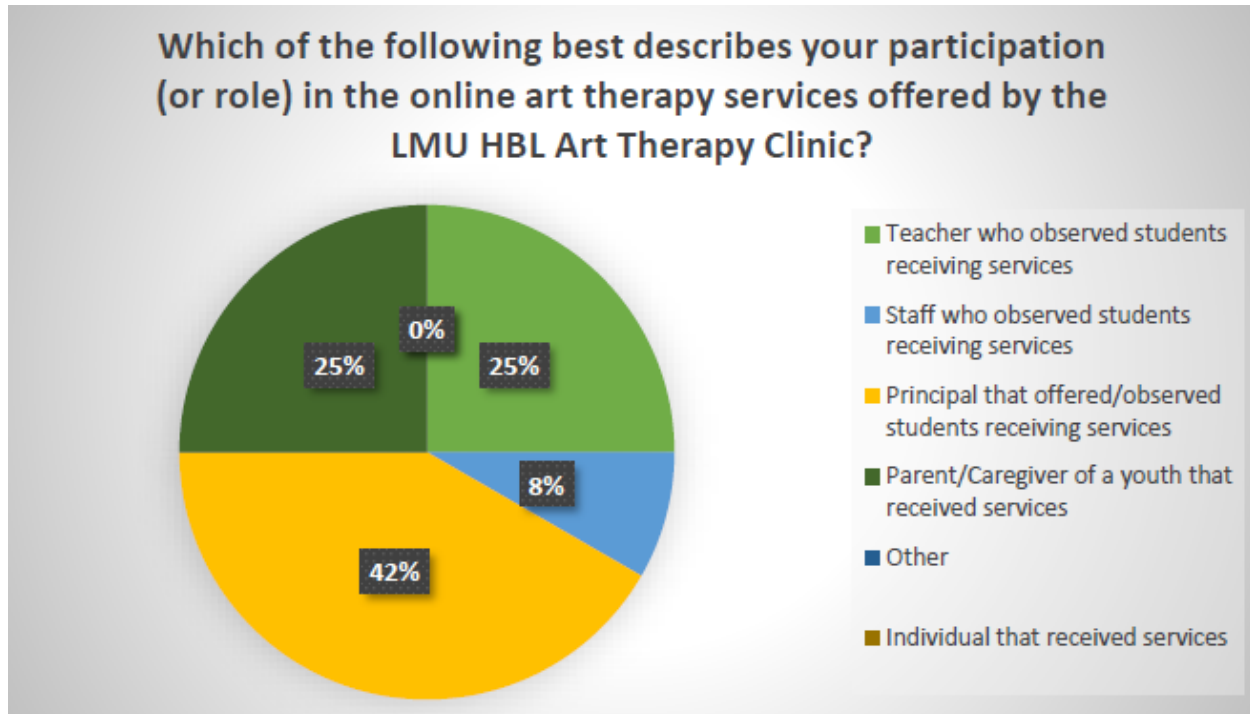
Note. In surveying administrators, teachers, staff, and caregivers who directly participated in art

therapy telehealth services or observed their students or youth participating in art therapy

telehealth services offered by the LMU HBL Art Therapy Clinic, 42% identified as a school

principal that offered/observed students services, 25% identified as a parent/caregiver of a youth

who received services, 25% identified as a teacher who observed students receiving services, and

8% identified as a staff member who observed students receiving services.

Question 2: Please Specify Your Race/Ethnicity

Figure 2a

Respondents' Race/Ethnicity
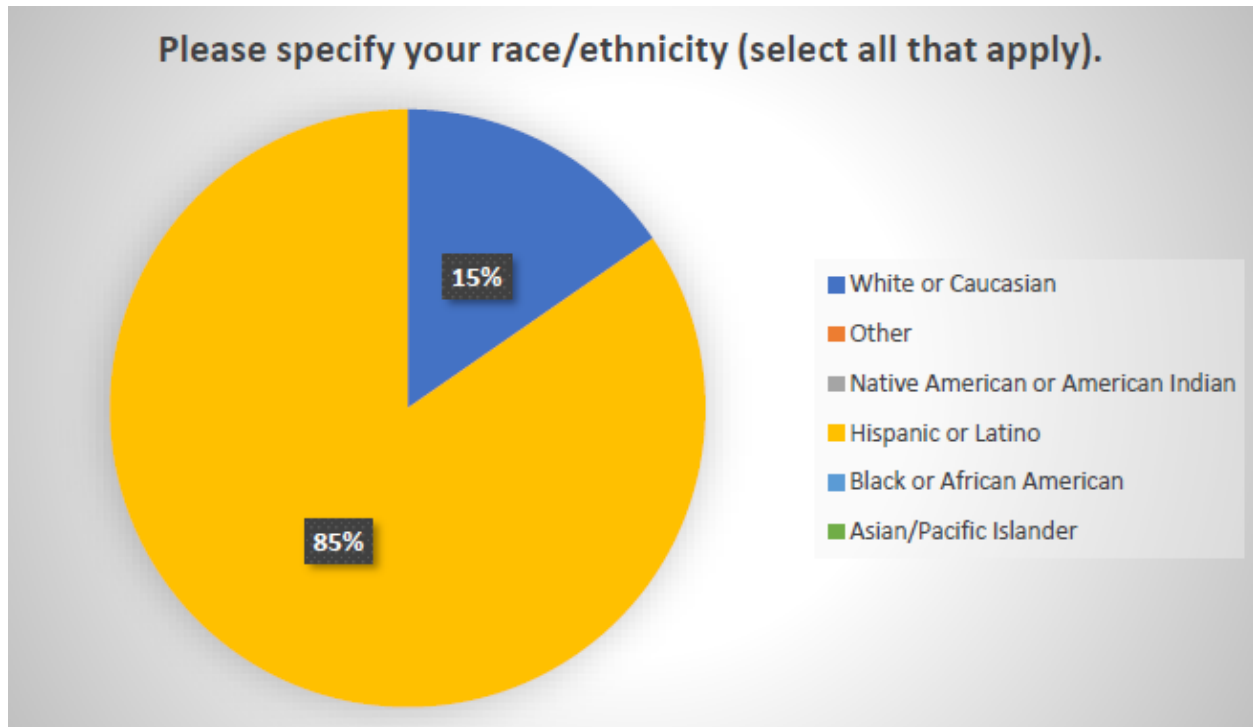
Note. 85% of administrator/teacher/staff/caregiver survey respondents identified as Hispanic or

Latino and 15% identified as White or Caucasian. (A respondent may have identified as both

Hispanic/Latino and White/Caucasian due to a 13 choice count for 12 recorded survey

responses.)

Question 3: In Order To Explore Issues Related To Access To Therapeutic Services, Could You

Please Indicate Your Current Employment Status?

Figure 3a

Respondents' Employment Status
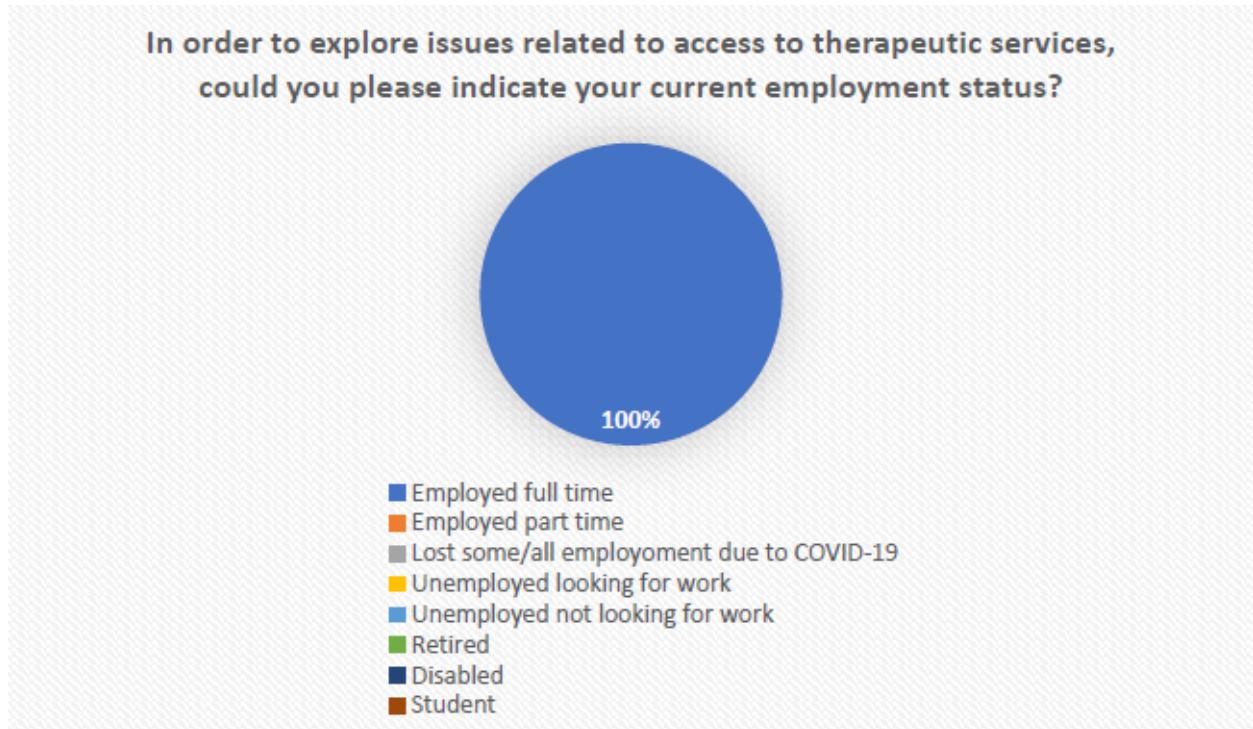
Note. 100% of survey respondents identified with a full-time employment status.

Question 4: Before Participating In Online Art Therapy Services Offered By The LMU HBL Art Therapy Clinic Myself, My Youth, or My Student(s) Participated In Other Therapy Services:

Figure 4a

Respondents' Previous Frequency In Participation
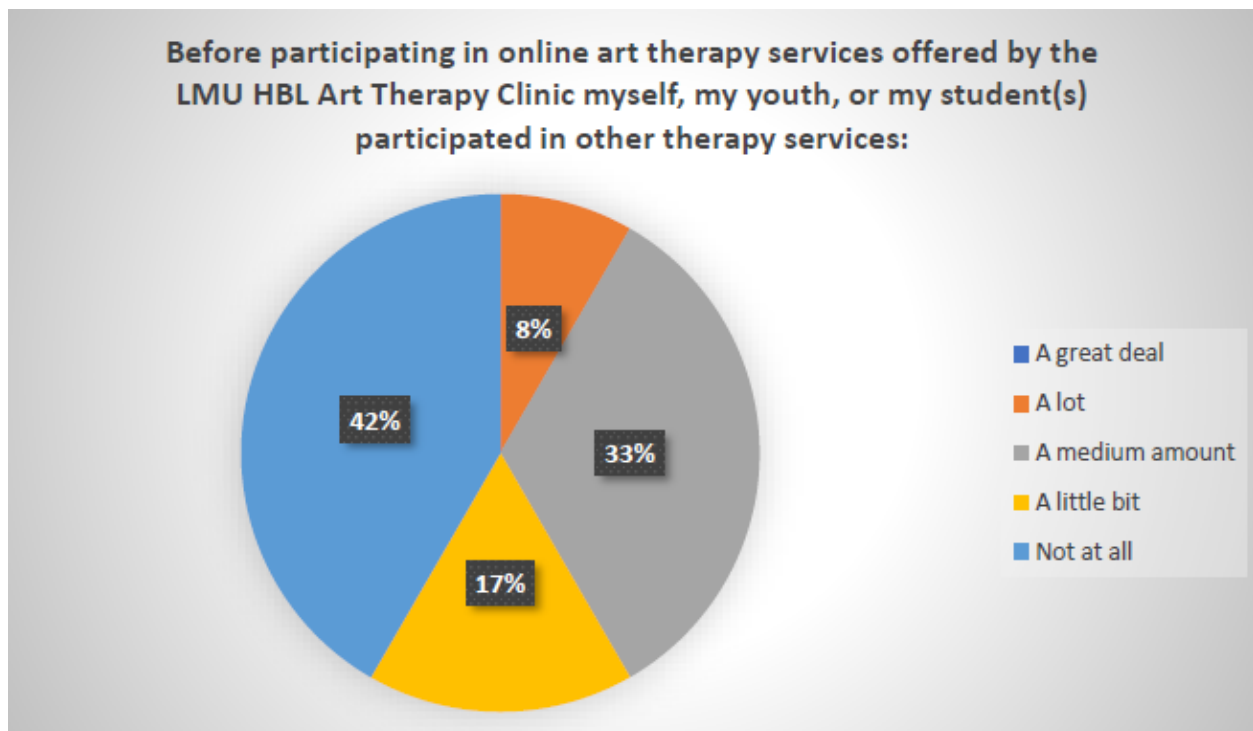
Note. Before participating in LMU HBL Art Therapy Clinic's art therapy services, 42% of survey respondents reported that their youth, students, and/or themselves did not participate in other therapy services at all, 33% reported "a medium amount" of participation, 17% reported "a little bit" of participation, and 8% reported "a lot" of participation, 0% reported "a great deal" of participation.

Question 5: If You Answered "A Little Bit" Or "Not At All"- What Prevented You, Your Youth

Or Your Students(s) From Participating In Therapy Services?

Figure 5a

Respondents' Reasoning For Lack of Previous Participation
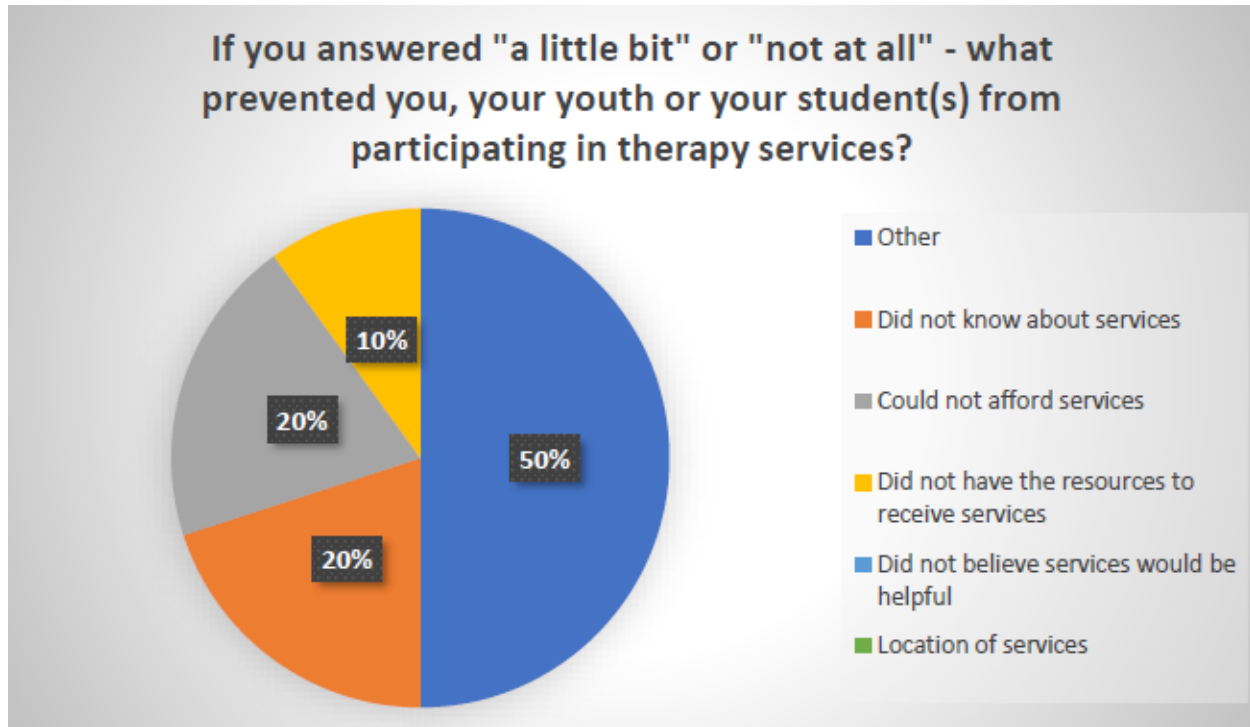
Note. For those who reported participation in other therapy services as "a little bit" or "not at

all," 20% reported prevention factors as not knowing about services, 20% reported not being able

to afford services, 10% reported not having resources to receive services (transportation,

technology, a confidential space), and 50% reported other factors. For those who answered

"Other" to Question 5, survey respondents reported other prevention factors that included:

"couldn't find a good fit," "we have two counselors, but they are limited," "didn't think she

needed it or showed any signs of needing therapy" and "because of the time."

Figure 6a

Word Cloud Descriptions Of The "Other" Response From Question 5

couldn't find a good fit
we have two counselors but they are limited
didn't think she needed or showed any signs
because of the time
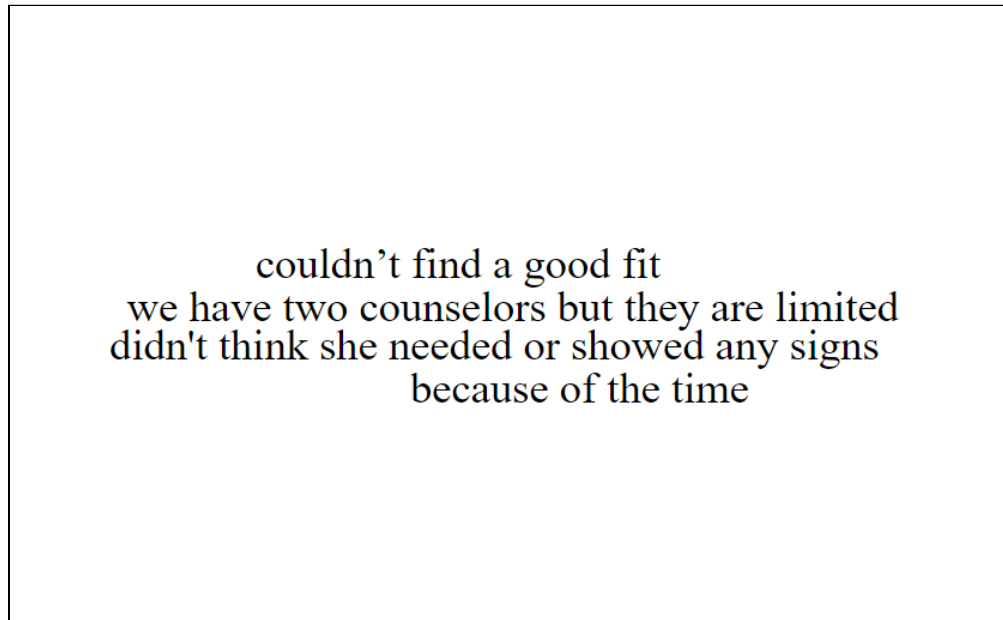
Note. Using a word cloud feature from worditout.com, the following words were highlighted as named prevention factors. For those who answered "Other" to Question 5, survey respondents reported other prevention factors that included: "couldn't find a good fit," "we have two counselors but they are limited," "didn't think she needed it or showed any signs of needing therapy," and "because of the time."

Question 6: Briefly Describe What Was Valuable About Your/Your Youth's/Your Student's Participation In The Online Art Therapy Services Offered By The LMU HBL Art Therapy Clinic During The COVID-19 Pandemic?

In describing what was valuable about their/their youth's/their student's participation in online art therapy services, administrators, teachers, staff, and caregivers reported various factors

that included: "my students was [*sic*] able to continue to participate with the art process;" "it was

helpful to have my children have an outlet, to use their love for art in expressing themselves;"

"trying to get him out of the box and help to deal with this unprecedented circumstances;" "I

think this was perfect for the pandemic. Talk therapy can be impaired online but I think the art

creates a medium that is more impactful online;" "the valuable part of the students being able to

continue with the art therapy program online was that they were able to express their feelings.

Students having a difficult time before were able to cope a bit better because of the program;"

"art therapy has and is helping our students let out their anxiety, frustrations, [and] issues they

are currently dealing with;" "I hope that the students are having a place where they can open up

and express their feelings;" "it was a great opportunity for her to engage in artistic activities with

other students. It helped her talk about social justice and what was happening around the nation

with her peers and in a safe and open way;" "I had a student who pulled out last year before

COVID. She seemed to enjoy the sessions;" "students created a strong bond with one another;"

"our students have been home for almost a year. They need an outlet and someone to talk to;" "it

was very meaningful for my students to interact with graduate students, which served as a great

motivator for them to think about higher education. In addition, the kids were able to participate

in activities that allowed them to explore their feelings in a safe and structured way."

***Question 7: Briefly Describe Your Observations Or Experiences With The Technology While
Participating In Online Art Therapy Services During The COVID-19 andemic?***

In describing their observations or experiences with technology while participating in

online art therapy services during the COVID-19 pandemic, administrators, teachers, staff, and

caregivers provided the following survey responses: "I liked the detail in maintaining their

privacy;" "at first it was challenging, but now after almost a year, my son is doing exceedingly

well. The teachers are 100% to blame for the success we've had. They have to work harder

during this time;" "our students participated in S.A.W., as well as online art therapy, and I

thought online would make it more difficult. I was so impressed with S.A.W., especially because

middle schoolers are notoriously uninvolved and unengaged;" "students were able to access the

class with no problem. The school issued devices to all students who were in need of technology.

The school's iPads have access to WiFi so students were able to meet with the art therapist

without any problems;" "even though it's difficult, our students are benefiting from that art

therapy tie;" "I only have three students who are in the program. One of these students is not

involved much in the online classes with me so I cannot tell if there has been any change (he still

is the same in terms of not doing his work and, as always, he is never a disruption in class). As

for the other three, I cannot say that I see any real change, mostly because the online teaching

makes it hard to see these things when many times I am only seeing half a face or a blank

screen;" "n/a," "students were encouraged to be creative and to use their technology skills

effectively;" "our faculty Zoom'd [*sic*] with LMU. That was the only form of technology used,

and it worked well;" "the LMU HBL Art Therapy Grad students were able to quickly adjust to

the technological platform used by the juvenile hall. The learning curve was very fast because of

the amazing collaboration and flexibility of the LMU team."

Question 8: Briefly Describe Is There Anything Else You Would Like To Share About
Your/Your Youth's/Your Student's Experience Participating In LMU HBL Art Therapy Clinic's
Online Art Therapy Services?

In describing and expanding upon their own and/or youth experiences when participating

in LMU HBL Art Therapy Clinic's online art therapy services, administrators, teachers, staff and

caregivers reported the following: "My children enjoyed engaging with their therapist on a

weekly basis;" "we appreciate this opportunity and look forward to it in the future;" "I wish we could do art therapy for all kids!!!! [*sic*];" "the Art Therapy program helps our students express their feelings;" "she enjoyed it and every day shared with me her work and what she talked about. I think it made her feel part of something;" "I have only [had] a brief connection to the therapy but I [did] have art lessons that I received from therapist that I am anxious to try with my students;" "opportunities such as these are [a] necessary part of students' educational process;" "our parents are very appreciative of the opportunity to receive services for their family;" "the students at [Juvenile Hall] are very marginalized form the education system. It takes very special and caring people to break through and engage the students in a meaningful way. What is more remarkable is the amazing progress that was made in such a short time where a strong rapport was able to be established so that the students felt trusting enough to fully engage."

Graduate Student Facilitator Survey Results

The following section will present the data gained from the graduate student facilitator survey. Using the online survey software Qualtrics, the survey was sent via email to all graduate students who facilitated services for the Helen B. Landgarten Art Therapy Clinic (referred to as "LMU HBL Art Therapy Clinic" in survey questions) during the spring and summer 2020 timeframe. Eleven graduate student facilitators responded. The survey consisted of eight questions, one of which was closed and seven were open-ended. These questions were designed to explore the graduate students' role in providing services for the clinic, their personal experiences providing services, and the experiences they observed in their clients. The last question invited graduate student facilitators to participate in a 60-minute focus group, which included discussion and artmaking. The data is organized based on each question; due to their lengthiness, researchers have summarized some open-ended question responses.

Question 1: What Art Therapy Telehealth Services Offered By The HBL Art Therapy Clinic During The 2020 COVID-19 Pandemic Did You Facilitate (Select All That Apply)?

Figure 7a

Facilitators' Participation in HBL Art Therapy Clinic
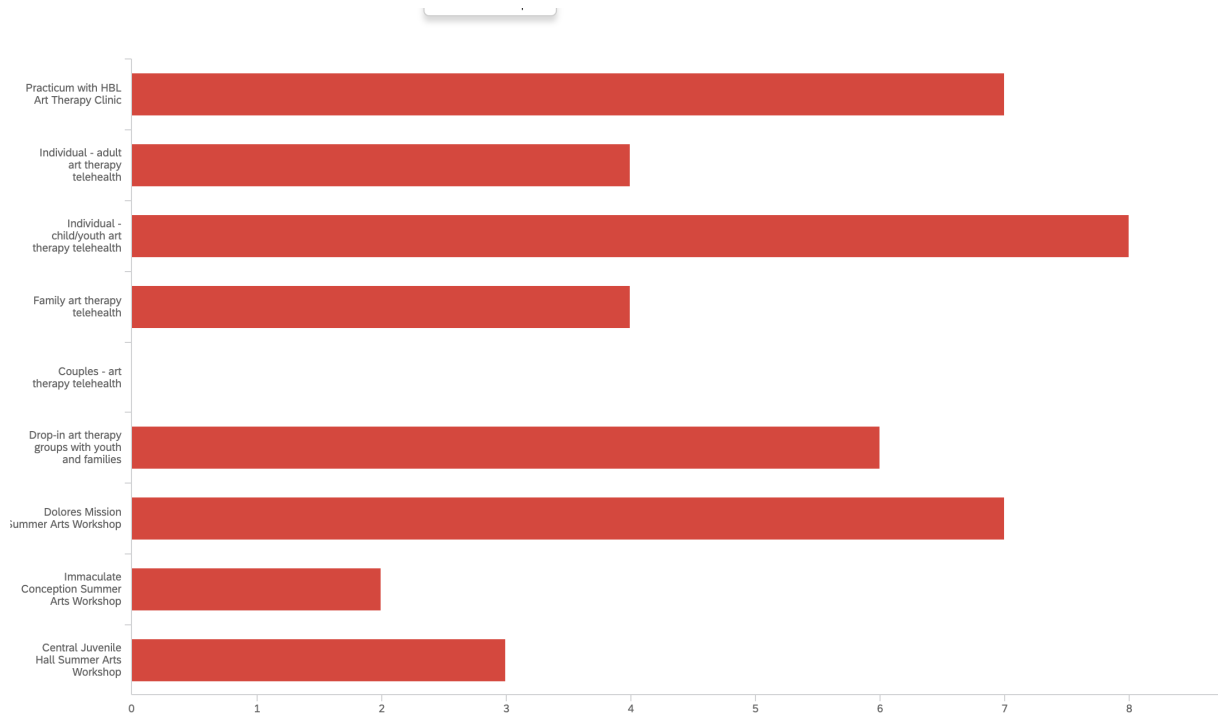
Note. Surveyed graduate student facilitators most commonly reported facilitating individual - child/youth art therapy telehealth services (8 survey participants). Graduate student facilitators next most commonly reported facilitating the Dolores Mission Summer Arts Workshop (7 participants) and having a practicum with the Helen B. Landgarten Art Therapy Clinic (7 participants). (Note: Graduate students were able to select multiple service options they offered through the HBL Art Therapy Clinic).

Question 2: What Was Valuable For You In Providing Art Therapy Telehealth Services

Offered By The LMU HBL Art Therapy Clinic During The COVID-19 Pandemic?

In describing what was valuable about providing art therapy telehealth services offered by the Helen B. Landgarten Art Therapy Clinic during the COVID-19 pandemic, graduate student facilitators stated that providing telehealth art therapy services gave them a sense of opportunity during a difficult time, and helped them stay active by providing services and support during the pandemic that brought stress. One response stated, "While there were certain limitations, I found facilitating S.A.W. groups via telehealth to provide unique opportunities that may have been otherwise inaccessible. This circumstance gave us the opportunity, especially during the work with youth at a juvenile hall as we only had audio access, to shed our biases and see through the participant's eyes." Another participant stated, "In retrospect, providing telehealth during this time allowed me to feel like I was active in doing something to provide some time of service or support during such a strange, fearful and stressful time."

Facilitators stated they felt as though the services they were offering to participants were valuable. One response stated, "I also found the continuity of community care and the commitment to adapting the program for telehealth to be very valuable in terms of honoring and respecting the community and the clinic's connection with the community."

Graduate student facilitators reported a sense of safety, stating they appreciated the value and power in being able to create a space for those to speak about social justice and address injustice. One response stated, "I also found great value in creating a safe and communal space for these youth and facilitators to process, speak and learn about social justice and injustice." Graduate student facilitators also stated they felt grateful for the ability of technology to create an "intimate space for therapist and clients to work together."

Graduate student facilitators stated that delivering therapeutic services via telehealth allowed them to become more creative in how they "use art in sessions and rapport building." If it were not for the pandemic, facilitators stated, they probably would not have worked with families or such a variation of populations over the video conferencing platform of Zoom. One survey response stated, "It was valuable to practice different ways of offering care and to expand the populations that I have been working with." Noting "a sense of community" during times of isolation and that "we are all in this together," facilitators stated that it was valuable to provide services and to have art therapy groups.

Graduate student facilitators stated the Helen B. Landgarten Art Therapy Clinic provided them with a multitude of opportunities to work with unique populations, particularly incarcerated adolescents. One response stated, "[What was valuable was the] clinical hours and valuable experience with diverse populations, particularly in addressing social justice."

Naming the new skills gained through their experiences delivering telehealth services, graduate student facilitators attributed value to the crisis intervention skills required to create a therapeutic setting while providing services via Zoom during a global pandemic. One response stated, "It was valuable to learn firsthand that creating art in a therapeutic setting could still occur over Zoom and create a sense of intimacy that I previously believed could only be achieved in person."

Question 3: What Did You Observe To Be Valuable For Your Participants As A Result Of Art Therapy Telehealth Services Offered By The LMU HBL Art Therapy Clinic During The COVID-19 Pandemic?

In describing what they observed to be valuable for participants during art therapy telehealth services offered by the Helen B. Landgarten Art Therapy Clinic during the COVID-19

pandemic, graduate student facilitators observed that the virtual Summer Arts Workshop

(S.A.W.) provided participants "something to look forward to, a space of connection, [and]

something new and exciting to break up the monotony of quarantine life." As one response

stated, what was valuable was gained "personal insight, relational connection, emotional

regulation, crisis support, processing of social injustice, and empowerment for social change."

As youth participants were in quarantine, being a part of the workshop gave them an opportunity

to "process their feelings" and "take an active role in the fight for social justice and systemic

change." The services appeared to be valuable in a time of uncertainty. One response stated, "It

appeared valuable for clients to continue to be able to access these services despite being isolated

at home due to the pandemic. Many clients appeared to be struggling with this new isolation and

the process of grieving the experiences they had lost due to the pandemic, such as a normal

childhood at school, and I think it was valuable for them to be able to process these emotions via

art therapy telehealth services and continue to seek connection and support during this

challenging time."

Graduate student facilitators stated that telehealth services allowed participants to have a

more flexible schedule and opportunities to work from home. One response stated, "Convenience

of telehealth allows for more flexible scheduling, having someone to talk to and provide[s]

emotional support during times of crisis." Another response stated, "Having the opportunity to

work at home and not having to drive could be a valuable factor in participating in art therapy

telehealth."

Graduate student facilitators stated that it allowed participants to feel heard and allowed

them to express and share their art. One response stated that what was most valuable for

participants was "being heard [and] having someone who cared and checked in, [which] gave a

space to express and share. [This created] the opportunity to connect with others outside of your home, [providing] validation [and] normalization." Graduate student facilitators observed participants to seem "invested in making art" and "enjoy[ing] sharing." One response stated, "The participants seemed to enjoy making art or showcasing their skills during S.A.W. and students during telehealth seemed to enjoy having someone to talk to besides people in their family, or engage in artmaking in a new way." Another response stated, "The teens seemed to value having access to new media and the freedom to experiment with it."

Other graduate student facilitators noted that art therapy telehealth gave participants a sense of control and agency. One graduate student facilitator stated that their impression was that youth participants at a juvenile hall wanted to show their true identities and for "people to know who they were as a result of feeling misrepresented by the media and the criminal justice system." Another graduate student facilitator observed participants having more control in therapeutic sessions, which included making decisions about such factors as what materials to use, how to engage in an art directive, and what the therapist was able to see. One response stated, "I observed that clients were able to have some control over the session which may have provided a positive holding environment for them."

In addition, graduate student facilitators observed participants to feel comfort in sharing their feelings and feeling safe. One response stated, "I observed that participants found comfort, socialization, mental health support, and a safe place to vent as a result of services offered by the HBL ATC during the pandemic."

Question 4: Describe In A Few Words Your Experiences With Technology While Providing Art Therapy Telehealth Services Through The Clinic During The COVID-19 Pandemic.

In describing their experiences with technology while providing art therapy telehealth services during the pandemic, graduate student facilitators stated that the technology allowed them to connect with participants "during a time of disconnection."

Multiple graduate student facilitators noted difficulty in using technology while providing art therapy telehealth services. As one respondent stated, "I found my experience with technology particularly difficult at first during our work with the youth at a juvenile hall due to audio-only access. Initially feeling this to be a barrier, by the end I came to view it as an opportunity to shed biases and truly see through participants' eyes." Another response said technology "can be tricky with clients who may not be as comfortable showing their face on camera [because I] need to be sensitive and gauge their comfort level [with their camera being on]." Various survey responses noted technological problems with internet stability and/or connectivity, having the correct login information/password, navigating online sites, and needing to have participants repeat themselves. Other responses noted difficulties pertaining to the art while online. One response stated it was "more difficult to see clearly the artmaking process of the art product, and having to adjust the way art is used in session," which included working with materials participants had access to or comfort with using. Another response stated, "Zoom was sometimes challenging as sometimes co-facilitators couldn't stay connected, but overall a very powerful tool for art therapy specifically due to the whiteboard feature."

Other multiple graduate student facilitators reported having no problems with technology. As one response stated, "I didn't have any issues. I am pretty tech savvy, so that may have something to do with it. I enjoyed having to think about different ways of providing care given the situation." Another response stated, "Thankfully technology was not an issue -- if I had to name something [bout my experiences with technology], it would be learning to provide

telehealth over zoom and getting creative." Another response stated, "I found Zoom to be the best way to conduct telehealth services — it's easy to use and provides the whiteboard and shared screen tools, which increased opportunities for digital artmaking to occur with clients. My experiences with Microsoft Teams were less smooth, as I found it difficult to navigate and more limited in function."

In survey responses, graduate student facilitators noted that technology encouraged creativity and learning. One response stated, "Enhanced creativity in our approach was required in order to create a safe environment in which the participants were engaged and found value in the experience." Another response stated, "I don't consider myself a tech savvy person, but I learned a lot and am grateful to have had this chance to learn about telehealth and all the online resources there are available." Another response stated, "I learned how to use Microsoft Teams, which was a new program to me. I feel the training we received prepared me to lead groups with confidence."

Graduate student facilitators said technology had advantages, such as providing safety and opportunities for participants. Three separate survey responses noted the advantages of using the collaborative whiteboard feature on Zoom. One participant stated, "Although the students at juvenile hall were not allowed to have their cameras on, they were able to make it work. It gave them a chance to show leadership by helping each other, as well as empowering them to describe their art work on their own terms." It also gave them control of their environment, including dictating if and when they wanted to participate. As stated by one participant, "Clients have more control with their environment when utilizing telehealth services. Thus, they may choose not to attend more frequently, especially if their home environment does not or cannot allow or provide for a space where a therapy session is viable. . . When sessions did occur, the technology allowed

for additional ways for artmaking to take place — such as through whiteboard on Zoom. Or

conversations to even occur through the chat function — which seemed to enhance, or at the

very least, change the experience."

One participant placed blame on the pandemic itself, instead on the barriers related to

technology. As the response stated, "My experience with technology was a positive one while

delivering telehealth services during the pandemic. It was frustrating to not be in person with

clients and to experience technical difficulties that interrupted sessions, but I blame these

difficulties on the context of the pandemic rather than on technology. Instead, I am very grateful

for the platform, although imperfect, that technology provided to continue services."

Question 5: Describe In A Few Words Your Observations Of Your Participants' Experiences

With Technology While Receiving Art Therapy Telehealth Services Through The Clinic

During The COVID-19 Pandemic.

In describing what they observed of participants' experiences with technology while

receiving art therapy telehealth services through the Helen B. Landgarten Art Therapy Clinic

during the pandemic, graduate student facilitators observed participants' experiences with

technology to vary, depending on numerous factors, although technology allowed for a

"sustained connection, which appeared to be meaningful to participants." As one response stated,

"I observed participants' experiences with technology to vary, depending on location, access,

familiarity etc." One response discussed participants' difficulty using Zoom for families with a

low socioeconomic status. The response stated, "Many of the families were low SES and

therefore did not have access to Wi-Fi or tablets/laptops/computers or their cell phone were

prepaid so having long conversations was difficult. Additionally, they didn't always have a

'loaded' cell phone so I couldn't always reach them. Another issue that arose was low SES

clients who were not familiar with using the internet and devices and programs and finding ways to navigate that sensitively."

Multiple graduate student facilitators noted participant difficulty or frustration when using technology. One response stated, "Some participants were not tech savvy or had poor internet connection issues. . . The poor connection seemed to be more of a hindrance than the tech savvy portion because others pitched in to help work around the tech issues." Another response stated, "Some [participants] seem to be having a difficult time being on Zoom all the time, but so far participants seem to be willing to work through telehealth to get art therapy services." Another response described participants having a"frustration with Zoom links and internet instability/poor connection, and having to repeat themselves when talking about more sensitive topics." This response also stated that having to show the artmaking process seemed "unnatural."

Different survey responses noted how participants easily managed difficulties with technology. As one response stated, "It seemed most participants were able to navigate Zoom with ease. Internet connections at times were spotty, which would interfere with sessions and the flow of things, but overall it was manageable."

Other graduate student facilitator survey responses noted telehealth-specific tools or other benefits of technology in proving art therapy virtually. One response stated, "It seemed that many of the clients were comfortable with the artmaking process through technology. Some of the younger clients (school age) would use the Zoom functions in a playful way — such as turning the camera off and on. This may have also been coupled with the novelty of the experience." Another survey response noted how the ability to turn cameras on and off provided safety for participants. As one response stated, "Being able to choose whether they had their cameras on or

off seemed to give the students a sense of safety. Some used novelty Zoom backgrounds to assert

their individuality and express their views. At a juvenile hall, students used the ability to change

their screen name to similar ends." Another response stated, "Some students appeared to enjoy

being able to create their own background or to show things that were in their home thanks to the

technology. I noticed a lot of students during S.A.W. would keep their video and mic off,

although this may be because the internet improves when the mic or video is off." One response

telehealth noted how the Zoom chat feature could be used when family members were nearby or

when internet connection became unstable. Another response noted how the art directives

specific to telehealth had advantages. As the response stated, "I observed [participant]

interactions with novel art and music technology to bring apparent enjoyment and excitement to

their experience. I also observed the . . . final product . . . to foster an enhanced sense of pride for

some participants."

Another survey response described how various participant difficulties with technology

were addressed by facilitators. As stated in the response, "Children seemed to use the technology

without issue, however many prefer to leave their cameras off, which is challenging for

attunement. One of my older adult clients seemed to struggle at times getting logged in / mic and

video connected. In the youth drop-in group some clients were on their phone so couldn't use the

whiteboard - they verbally told us what they wanted and we added it to the whiteboard, or they

made art on paper and showed it. Many weren't comfortable turning on their video so they did

not show their art. Sometimes they would just describe it in the chat."

One respondent noted age may have factored into the level of difficulty participants had

with technology and telehealth. As the response stated, "Likely because all of my clients were

under the age of 18, I did not observe any of my clients becoming openly upset or bothered by

experiences with technology. However, I do know that my clients disliked experiencing school

through technology, and wished they could be in class in person rather than on screen."

Question 6: What Themes Did You Observe With The Participants' Art Process Or Product

While Receiving Art Therapy Telehealth Services Through The Clinic During The COVID-19

Pandemic?

When describing the themes they observed in participants' art process or produce in

survey responses, graduate student facilitators stated seeing the following themes: social justice,

racial justice, environmental justice, identity, culture, anxiety, longing for normalcy, pandemic,

racial justice, feminism, connection and unity, community, online games, restlessness, desire of

control, personal interests, Earth/nature themes, hope, resilience, memories, emotions, identified

needs, and coping mechanisms. Two survey responses stated there were no generalizable art

product themes. Four responses discussed depictions of participant pre-pandemic interests,

activities, or hobbies (e.g. online games, family time and vacations). Two survey responses noted

"social justice as a dominant theme." Two other survey responses noted participants "expor[ing]

the idea of a 'new normal,' a desire for control, or a desire to return to normalcy.

One survey response noted that the age of participants factored into their art process and

art product. The response stated, "I primarily worked with school-aged children, so many themes

in the art product were drawings of school memories and activities they longed to participate in

again once the pandemic was over. . . Most clients had markers or pencils to draw with at home,

so these were the most commonly used materials. I also noticed that older children were drawn

to the Zoom whiteboard and seemed to be highly engaged in the artmaking process when they

used this tool. With younger children, the artmaking process was a bit more unpredictable, as

attention spans waned more quickly and it appeared more difficult for kids to sit still for a

session in general, so getting them engaged could be difficult at times." One graduate student

facilitator stated a perceived benefit of the whiteboard in allowing the therapist to see the art

process and reflect with participants, "This is a benefit of the whiteboard — you can reflect the

art process in the here-and-now and visually collaborate, which provides opportunities for

mirroring, visual attunement, and creation of a safe holding environment."

Survey responses also discussed the level of depth and time participants gave to art

responses. One survey response stated, "I found the participants went deep. I don't know if they

went deeper than they would have in person, but perhaps because they were in their own spaces,

using their own materials, they felt more at ease." Another response stated, "In the art process, it

seemed that clients would spend less time on their artwork in telehealth, than what I observed in

the same clients when therapy took place in person."

Three survey responses also described prevalent participant use of art materials from

around their home, such as pencils or markers. One response stated, "Themes I observed in

participants' artmaking was a consistent use of basic materials found at home." Another response

stated, "some clients used found materials at home — foliage, old food containers, etc."

Question 7: Is There Anything Else You Would Like To Share About Your Experiences Providing Art Therapy Telehealth Services Through The HBL Art Therapy Clinic?

When sharing any other information about their experience providing art therapy

telehealth services through the Helen B. Landgarten Art Therapy Clinic, graduate student

facilitators gave the following responses:

(1) "I continue to be inspired by the connection the HBL Art Therapy Clinic has created

and continues to foster in the community. Keep up the great work!"

(2) "Something I found incredibly powerful was the ability for students/therapists to work

together to reach out to families who were Spanish-speaking only. It seems like there is

something interesting and sort of revolutionary in the teamwork that occurred which might not

have taken place in pre/non pandemic times. We were able to provide more or reach further than

would have possible in years past."

(3) "I'm grateful to the faculty for giving us an opportunity to earn hours and work with

new populations."

(4) "While this was not the experience I was hoping to get when applying to this program

in the first place, and I found it challenging at times to only be able to connect with clients over

Zoom, I still think it was a highly valuable experience that taught me to be more creative,

problem-solve, and use technology as an art therapist in ways I may not have learned otherwise. I

was also grateful to be able to continue to provide accessible services to families in need during

this difficult time.

(5) "I'm grateful for the opportunity because I got to work with a wide range of clients,

wider than has been possible in my other practicums."

Individual Semi-Structured Administrator/Teacher/Staff and Caregiver Interviews

This section will present the data collected from four semi-structured interviews

conducted with four interviewees. These interviewees include two school principals, a vice

principal, and a parent. Each interview is presented based on the chronological date the interview

was conducted. Audio and visual interviews were conducted and recorded via Zoom, and were

approximately 15 to 20 minutes. The questions that loosely guided the interview were as follows:

1. What has been your prior experience with therapy services and art therapy services?

2. What are your feelings about being able to access services?

3. Could you describe what you experienced/observed with the services the Helen B.

   Landgarten Art Therapy Clinic provided and how you observed your students/children

   engaging in services?

4. Can you talk about the transition to receiving online services? What were the challenges

   and benefits?

5. Can you describe the experiences with online art therapy? What were some of the themes

   you observed, and how did the artmaking fit in with this experience? What role did the

   art play?

   Each of the interviewees and their responses will be presented below using a brief

summary and relevant direct quotes..

Respondent 1

Respondent 1 is a principal at a K-8th grade Catholic elementary school, based in South

Los Angeles. It enrolls 275 students in grades Pre-Kindergarten through eighth grade. The

population is 55% female presenting and 45% male presenting. The majority of the students

(99.5%) come from a minority ethnic background: 91.9% Latinx, 3.8% Asian, 1.9% two or more

races, 1.4% Black, 0.5 Pacific Islander, and 0.5% White

(www.niche.com/k12/immaculate-conception-school-los-angeles-ca/).

Respondent 1 stated her school received art therapy services in 2020 for the first time and

due to the pandemic, the art therapist trainees had to transition to providing telehealth services.

Respondent 1 stated that she referred multiple students "right and left," including "anybody who

needed it," stating she witnessed students having difficulty due to family job loss, economic

security problems, and health concerns. Respondent 1 stated she thought 80% of her students

have had COVID-19. Respondent 1 stated she referred her own children, who participated in art therapy in summer 2020.

Respondent 1 stated that she had no prior experiences with art therapy. Respondent 1 stated that the school received talk therapy through the Counseling Partners of Los Angeles for three years, which was part of a grant from Carrie Estelle Doheny Foundation. Respondent 1 stated her school has had counseling services for about nine years and three years with Counseling Partners. Respondent 1 stated, "We had Outreach Concern so we've probably had counseling for . . I think this is our ninth year having counseling." Respondent 1 stated that she sometimes encouraged students to try art therapy services because they provided "an opportunity, a chance for [them] to explore [their] feelings, generally, that's non-threatening."

As they were limited to providing services to ten children, Respondent 1 stated that she wished more kids could have more access to art therapy services, whether they were provided in person or through telehealth. Respondent 1 stated, "I love it. I wish that we could have more kids do this. I think, from what I've seen, kids are a lot more willing to do art. It's something they're excited about. My own children were very excited about it, each week."

Respondent 1 stated she referred her own children for services because they were "fighting" with one another and because she wanted them to form connections with others. Respondent 1 stated her son had been in talk therapy since he was three years old and states, "he liked art therapy way more and he was more into it." Respondent 1 stated that her younger daughter also liked art therapy. Respondent 1 stated that "the fact that it's online makes it very difficult, but I think art is a medium that translates that boundary of the computer, so I think it was ideal." Respondent 1 said that because her and her husband were working from home due to the pandemic, they were also able to join some art therapy sessions with their children, with each

family member creating an art piece. She said the act of putting the individual art pieces together encouraged her family to connect and communicate without talking; she said the end result was something they could all talk about and look at and "say we did together."

Respondent 1 stated she noticed differences between in-person art therapy services compared to telehealth. On campus in 2020, she stated her students seemed really excited to use the materials and go to art therapy. She also stated that she observed the students to be "having a blast." While in-person, Respondent 1 stated that she was able to check in with students, which she found to be more challenging when the pandemic and transition to telehealth and art therapy services occured. Even with telehealth, she stated it was still nice that students received art supplies, such as Crayola clay, pencils and pens, which "makes them feel special." While Respondent 1 stated telehealth art therapy was different than in person, she stated she did not see any challenges with the transition to telehealth services. Respondent 1 stated, "I did not see any challenges, because I think art therapy was something the kids were much more wanting to do."

Respondent 1 stated her own children's experiences with art therapy were fun, but stated it was challenging to do family therapy since her daughter would become frustrated with her own drawing abilities when compared to her parents. Respondent 1 stated her daughter at times would scream, but stated "it was nice to have something." Respondent 1 stated the art played a role that allowed for her family to talk and do something together.

Respondent 2

Respondent 2 is the vice principal at a partnering TK-8th grade school in Boyle Heights, Los Angeles which serves 260 children; she has been working with Loyola Marymount University's Helen B. Landgarten Art Therapy Clinic for seven years. Her students participated in the Summer Arts Workshop and individual therapy with a graduate student facilitator. The

school campus is surrounded by three housing projects, which house families who earn only

10-30% of the median income in Los Angeles County. The student population is 97% Latino;

60% are classified as English Language Learners; nearly 94% of the students qualify for a free or

reduced breakfast and lunch program; and 100% receive financial aid to pay for their tuition.

Seventy-five percent of families live below the federal poverty level, despite one or both parents

working full time (www.doloresmissionschool.org/school-history).

Respondent 2 stated that the transition from providing in person services to using

telehealth was "pretty seamless." She stated the graduate student who previously met with

students in-person moved to meeting students virtually via Zoom, with services being provided

to the same types of students who were identified by teachers and administrators before the

pandemic. She stated these students were identified as needing assistance in interpreting and

articulating their emotions. Respondent 2 stated the primary difference she noted in the transition

from in-person to art therapy telehealth was the change in referral form, which began to include

more detailed information about the student after the start of telehealth services so the graduate

student could make the decision if art therapy services were a good fit.

Respondent 2 stated the students and families who are tied to her school tended to have

more access to mental health services, due to the school's partnerships and contracts with various

mental health providers. Respondent 2 stated, "I would say our school population probably has

more access than the average family in Boyle Heights. The reason I say that is because we have

things like mental wellness classes that are sponsored." Outside the school, which is the "first

place" families think to access mental health services, Respondent 2 stated the community has

less access, particularly as she described how mental health services may be viewed as "taboo"

within the community served by her school. Respondent 2 stated, "the idea of going to see a therapist is a little bit taboo if we think about the Latino Hispanic community."

Respondent 2 stated that the transition of S.A.W. programming to telehealth actually increased interest. Respondent 2 noted that the virtual platform made it more accessible to families, as it required less time commitment and logistics. Respondent 2 stated, "A lot more parents were interested and a lot more kids were interested because it's just a Zoom call away." Respondent 2 stated students are tired of Zoom, but doing the workshop gave a sense of being at home and in a safe space, which provided relief to families.

Respondent 2 stated that regardless of whether the art therapy services were offered in person or virtually, she observed students to like art therapy services. She said students found art therapy to be worth prioritizing. She said the students viewed it as "a reflective" and "serious" activity, which had purpose and was "worth their time." Respondent 2 said, "In their heads, that was important enough; [they said,] 'I showed up because art is serious, it's reflective.'" She said this sense of seriousness has also spread to students' parents, who informed her that they prefer art therapy services compared to other mental health services offered by her school because their children were able to express themselves through art.

Respondent 2 said she appreciated how S.A.W. included a component of connection to the community, which she said positively encourages students to question their community and context. She said she liked how the activities have purpose and made students think about their community, family and parents. Respondent 2 stated, "It's always connected to the community, and so it makes them question their context in a good way."

Respondent 2 stated it was difficult for graduate student facilitators to engage students virtually when they were at home, due to the number of distractions in students' home

environments. Respondent 2 described how students often had other tasks to complete at home (e.g. cooking) and had other family members at home, including younger siblings, who they needed to sometimes supervise. Respondent 2 stated she believed constant interruptions at home discouraged some participants from sharing their artwork with other participants through Zoom, as they were unsure if their family members would overhear.

Conversely, Respondent 2 noted how participating in facilitated telehealth art therapy services while home provided students a sense of safety and comfort. She said this fostered connection between parents and their children who engaged in art creation and art therapy together. Respondent 2 stated, "yeah they were home, I don't know, it just gave a different sense of being home and being able to create those projects in a safe place."

Respondent 2 said the challenge for graduate student facilitators was finding "innovative" ways to keep students engaged while at home. She stated a strategy that she liked and continues to use in her own virtual teaching, is how the S.A.W. graduate student facilitators invited students to choose between using their camera to show their faces or angling the camera's down to show their artwork. Respondent 2 stated this provided a sense of relief to students if they did not want to be on camera.

Due to distractions outside their control, Respondent 2 said she felt the reflection process of telehealth art therapy was not as deep as in-person services. Noting the innovative ways graduate student facilitators addressed telehealth concerns like frequent distractions, he said she did not think there was any more the student graduate facilitators could have done to minimize the impact.

Respondent 2 noted an on-going need for the Helen B. Landgarten Art Therapy Clinic and all art therapists to provide further education about art therapy practices and what it art

therapy entails. She said this includes "expanding the conversation" to describing what happens in art therapy sessions, and the actual process of implementing art therapy. Respondent 2 noted that even after participating with the Helen B. Landgarten Clinic for seven years, she is still not able to accurately describe art therapy and the process to her school's parents. She feels further education to the public and those who could potentially receive services would be beneficial in expanding the reach of the art therapy field.

Respondent 3

Respondent 3 is a therapist and parent of two students at the same partnering school in Boyle Heights, Los Angeles as Respondent 2. Her two children received one-on-one art therapy services from one of the Helen B. Landgarten Art Therapy Clinic's graduate student facilitators. Her son, 12, transitioned from receiving in-person art therapy services to telehealth services; her daughter, 7, received services entirely via telehealth art therapy. Respondent 3 stated her children attended sessions alone in a separate room and she was not able to observe her children's interactions with the graduate student facilitator. However, she shared her observations about the impact of services outside of session.

For both her children, Respondent 3 said she felt art therapy was a "positive" experience and helped in providing them an "outlet" and a "neutral person," with whom they could share their emotions. Respondent 3 noted that both her son and daughter showed their excitement by always having their materials ready prior to the session. For both children, she said she felt art therapy telehealth and the art made in sessions became part of their "safe zone" at home, as the artmaking engaged her children in something they liked and enjoyed. Since Respondent 3 was not present for her children's session, she said she was unsure if the topics of COVID-19 or

quarantine came up during sessions, but that she believed art therapy helped her children while they experienced the pandemic.

Respondent 3 stated she viewed art therapy as a way of addressing her son's anxiety, where sessions and artmaking focused on his artistic strengths. "Why not use what he loves to also help him through some of his own emotional needs," she said. Respondent 3 stated art therapy used "his strengths [more] versus having talk therapy. It's something more engaging for him." While Respondent 3 stated her son struggled with implementing non-art therapy-specific techniques after his session, he enjoyed art therapy, but did not always grasp the suggestions made by the graduate student facilitator.

Respondent 3 said it was also a good experience for her daughter, even though her daughter did not have any prominent emotional or mental health needs. Respondent 3 stated, " I know my daughter really looked forward to it because there was somebody else to talk to, aside from her mom and dad." Respondent 3 stated that the art therapy telehealth provided a "safe space" to talk openly about her feelings. Respondent 3 stated, "For her it was just kind of an opportunity for her to talk to somebody else, but I think it provided her a safe space to be able to talk openly about her feelings."

Respondent 3 stated that mental health access in her community is "very scarce" and there are "not enough services," adding that she felt that there is a need to better introduce what mental health care entails to the community. As a therapist herself, Respondent 3 shared that she believes everybody would benefit from access to mental health services. "There is not enough awareness, across the board, especially with the Latino community," she said. "People of color do not have enough information to decrease the stigma that already exists." Respondent 3 stated she thought art therapy access was needed, but is very limited on both a micro and macro scale,

due to the quaint but growing nature of the art therapy field. Respondent 3 said she believes there

is a lack of certified art therapists, who she feels are "really needed, because I think it is a very

non-threatening way to introduce people, individuals and families to mental health." Respondent

3 also stated, "I think everybody would benefit from [art therapy], whether there's any presenting

problems or not, I think everybody would find some benefit to it."

As far as technology, Respondent 3 said her son did not face many challenges when

transitioning to online art therapy telehealth. She stated it was not a drastic change and her son

did not have a negative response to moving to telehealth services. She stated the benefit of online

art therapy services was that it allowed her to better accommodate her whole family's schedules,

which included not interrupting her son's recess or academic classes. She said it was less

disruptive to her family's day, as it did not interfere with the structured schedule of school.

Respondent 3 said the only struggle with telehealth was "technology in itself was a bit

challenging," citing issues of connectivity as the main concern for her family, with poor

connection and internet disruptions, which resulted in frozen screens. She stated that although

she would try to reconnect her children to telehealth, sometimes it was beyond her control. At the

same time, she did not see it having a strong impact on the overall efficacy of treatment: "It

didn't get to a point that they were highly affected by it," she said. "There wasn't any significant

reaction to where it really affected them in a negative way."

Respondent 3 stated that the themes she noticed within the artwork included her

daughter's repetitive depiction of her family. Her son repeated images of his interests,

particularly soccer and his favorite soccer player. Respondent 3 stated that her son began to share

his artwork more with her once he moved to telehealth services; this was different than before

the pandemic, when he did not share his artwork with her. She said she was unsure what his

motivations were for sharing it more when he received services at home.

Respondent 3 concluded her interview by stating, "I appreciate the fact that the program

is offered in the school. It's a wonderful program and I'm so happy there is a connection with the

schools."

Respondent 4

Respondent 4 is a principal at a juvenile hall high school in Los Angeles and has been

working with Helen B. Landgarten's Art Therapy Clinic since the summer of 2020. The juvenile

hall high school is a Title 1 high school serving approximately 200 middle and high school

students in East Los Angeles. Nineteen percent are female presenting and 81% are male

presenting. Ninety-six percent of the students are coming from a minority ethnic background:

57% Latinx, 35% Black, 4% White, 1% Asian, 0.5% American Indian/Alaskan Native, and 0.5%

two or more races. Ninety-nine percent are identified as economically disadvantaged and 94%

are eligible for the Free Lunch Program. The school has an 8% graduation rate. Respondent 4

describes the students participating in art therapy telehealth services as "high-needs classes"

within the enhanced supervision unit. These youth participated in one online art therapy

workshop with graduate student facilitators, which was a week in length

(www.prepscholar.com/sat/s/hs/central-juvenile-hall-los-angeles-ca).

Respondent 4 stated that juvenile hall previously received on-site mental health services

by the Department of Mental Health and Juvenile Court Health Services, in addition to school

psychologists and school counselors who provide more academic-focused counseling services to

students.

Respondent 4 stated accessing art therapy services enabled students to become more vulnerable, and display "self expression" in the form of sharing their identities and emotions with graduate student facilitators. Noting how adults have historically "let down" the adolescent students (e.g. broken promises), Respondent 4 described the importance of the relationship between his students and the graduate students. He stated the graduate student facilitators gave juvenile hall students an adult figure to trust. Respondent 4 stated that the youth created more freeform art products and he saw "the kids personalities in the art;" identifying that he felt the biggest accomplishment was having the students be in a space where they felt comfortable enough to be vulnerable and self-express. Respondent 4 said, "You can really see the kids' personalities in the art, and I don't mean the exterior that they put on, but what they are underneath all that facade, and again, to get them into a place where they were comfortable enough and allowed themselves to be vulnerable."

Respondent 4 stated graduate student facilitators were able to build rapport with students in a short period of time and that he felt this was "a testament to how strong the program is." Respondent 4 stated, "For the graduate students to make the connections that they did through this [telehealth] medium, where they're not able to meet with the kids in person, was absolutely amazing. These kids could be rough to connect [with], unless that rapport is really built and it generally takes time. However, the grad students were able to do that in a week."

Respondent 4 stated that navigating an online platform during the onset of the pandemic helped provide opportunities for innovation, collaboration, and flexibility among juvenile hall administrators, graduate student facilitators, and program faculty. Respondent 4 stated, "Even as we were learning and going through that shift, the grad students, the professors, [and] everyone

— we just had to be flexible and we were able to learn." He also stated. "I think everyone, all the partner agencies, we recognize that this was something that the kids could only benefit from."

While juvenile hall had not received services from the Helen B. Landgarten Art Therapy Clinic before the onset of the pandemic and the transition to telehealth services, Respondent 4 stated how he perceived telehealth to be different from in-person art therapy services. Respondent 4 stated, "The online platform was different than in person, but I will say that it creates an opportunity for innovation, and so the graduate students who are really good about making the necessary adjustments like finding music, for instance, to create a background atmosphere."

Respondent 4 stated a benefit to receiving online services was the distance the virtual platform provided. Despite engaging in art therapy services from the intimacy of their living spaces, distance afforded the youth more comfort in becoming vulnerable and interacting with unfamiliar and "stranger" graduate student facilitators. Respondent 4 stated, "The distance of the online platforms allows a certain comfort in that no one's in their space. They know they can still interact without feeling the pressure of, 'who are these people, why are they here and so on.'"

Respondent 4 stated the experience allowed for collaboration between partner agencies, which worked together on the coordination of the art therapy telehealth programming. Respondent 4 stated that the art projects were referenced across different partner agencies with the youth, such as in probation, where the students built upon the skills gained through their art experiences. "Now the probation officer tells the kids, 'Hey! Look at how amazing you guys did with these art projects. Look at how you were able to interact with these people that you didn't know in respectful ways. So now we know what you're capable of and that's the standard we want to start seeing.'" Respondent 4 says he sees that as a confidence builder for the students,

which "creates a whole different environment" of possibility for the students. Respondent 4 stated, "We didn't even go in with the intention of having probation involved," he said. "But because they're present and they just see this excitement with what the kids are doing, all their interest is captured, so what's cool is I've been able to see probation now use this experience to interact with the kids in a positive way."

Respondent 4 stated that the online art therapy services provided a medium for the youth "to show what they're capable of without the pressure" of being graded or evaluated as they might in a traditional academic setting, which led to youth developing confidence in producing new and "valued" work. Respondent 4 said the art therapy programming allows his students to have age-appropriate self-expression experiences. Respondent 4 stated, "We wanted to give them opportunities to be kids and smile and feel uncomfortable and go through those range of emotions." He stated the art therapy workshops empowered students to try something new and "uncomfortable." Respondent 4 stated the students at Los Angeles Central Juvenile Hall were able to "engage in activities that they're not used to," using art as a medium for exploration of feelings and emotions, which is different from the typically academic-focused therapeutic services they typically receive. Respondent 4 stated his students were able to "just engage in activities that they're not used to, and it was facilitated amazingly well to establish a very comfortable and safe space, so that the kids could engage."

Respondent 4 stated he hopes the art therapy programming grows at juvenile hall, as it "needs to be a regular part of the curriculum for the kids." Respondent 4 also stated, "The kids really benefited and were able to reflect and generate just such amazing work."

Graduate Student Facilitators Focus Group

The following section will present data gained from one 60-minute focus group and an

one-on-one focus group with seven art therapy graduate student trainees who facilitated art

therapy telehealth through the Helen B. Landgarten Art Therapy Clinic. Audio and visual data

was received and recorded via Zoom. The researchers conducted the focus group interviews via

Zoom and took place at their homes or a private space. The focus groups consisted of seven adult

female members. Five of them identified as facilitators in Summer Arts Workshops for a juvenile

hall high school and partnering Catholic schools in Los Angeles. In addition, six facilitators

provided mental health services for schools who have partnered with Helen B. Landgarten Art

Therapy Clinic. Populations they worked with included, but are not limited to, children aged

4-14 and families, middle schoolers, high schoolers, and adults.

Artmaking And Video Recording

After collecting the graduate student facilitators' verbal consent for participating in the

research and being recorded on Zoom, researchers introduced the intention of this research and

the purpose of the focus group, then invited graduate student facilitators to create art about their

experiences transitioning to art therapy telehealth using the following prompt:

> "Please use art materials available to you to create an image that represents your
>
> transition to and facilitation of telehealth art therapy services through the HBL Art
>
> Therapy Clinic with the community due to the COVID-19 pandemic."

After all graduate student facilitators had finished artmaking, the researchers invited the

group to share and discuss the content of their artwork with the group. Some of the graduate

student facilitators described their artwork directly and some of them chose to speak solely about

their experiences, providing little or no description of their created artwork. The quotes used in

this section are the direct transcriptions from the Zoom video recordings. In addition, the artwork

made during the focus group will be presented on the following pages.

Figure 1b

Facilitator 1's Artwork

Note."Scrying"

Facilitator 1's artwork (Figure 1B). Facilitator 1 facilitated telehealth art therapy services

for Summer Arts Workshops (S.A.W) at a juvenile hall high school and at a middle school in

Boyle Heights, Los Angeles. Facilitator 1 did not describe the imagery in her artwork but she

stated, "There's this kind of intimacy with Zoom where me and the client are both in our homes.

Also, I think it changes the power dynamics a little bit between me and the client where it's not

like they're entering my space but we're both in our own space." She stated, "I think the biggest

challenges for my clients have been privacy. It's really, really hard for them to find an

environment where they can talk to me confidentially." She noted how she was able to see more

clients through telehealth and expressed that having time efficiency is a main benefit to

telehealth. She said, "I've been able to see more clients in more different locations, it would be

impossible for me to know how to commute around the city quickly enough to see all these

people. Yeah, I feel like I'm making good use of my time." Although she did not directly

describe her drawing, she described sensations of being "disembodied" or feeling like a

therapeutic "tamagotchi." These motifs are reflected in the artwork and Facilitator 1's artwork

title, "scrying."

Figure 2b

Facilitator 2's Artwork

Note."Exploring (new and old) Senses to Enhance Hope"

Facilitator 2's artwork (Figure 2B). Through the Helen B. Landgarten Art Therapy Clinic, Facilitator 2's practicum was at a high school for primarily pregnant and parenting teens, as well as other at-risk teens. She was able to continue seeing clients through telehealth after the transition due to COVID-19. She noted, "They just needed some extra support," particularly with behavioral issues. Facilitator 2 also facilitated the Summer Arts Workshop. She chose to use pre-cut images to create a collage. Facilitator 2 stated she had done a similar exploration of her senses in her own reflection journal through her art therapy supervision. When discussing how her experiences of being a facilitator and clinician changed with the transition to telehealth, Facilitator 2 stated she hoped to enhance what sense she felt was missing or miss utilizing in telehealth sessions through the process of artmaking with clients; she also shared her hopes for

how she could grow through the telehealth experience and into the future. She stated she has been more focused on her senses of sight and hearing, but she felt "I'm losing a lot of what I'm seeing [...] I'm losing so much." She noted that she observed her student participants spending less time spent on artmaking through telehealth. She noted that via telehealth, clients seemed to spend less time on their art, whether it was done virtually or with materials they had in their own space. Further describing her experience transitioning from providing in-person art therapy to telehealth art therapy, she stated a personal growth in her "comfortability with exploring." Although her artwork largely focused on the lack of senses attributed to telehealth, she expressed feelings of remaining "hopeful for beautiful experiences," which she indicated by the passion flower. She also mentioned that the small window in her art represented the telescope-like view she had of her clients through telehealth, referring to her clients as far away stars. She shared the following regarding the experiences of telehealth, "Zoom was a space where artmaking could be a cathartic practice. And it was a break as well. So maybe [participants] were going on Zoom for school or going on Zoom to have meetings, but the [art therapy and artmaking] space that we provided was a pause." Relating to statements made by Facilitator 3 (described below) regarding the increased and novel access to clients and their families, Facilitator 2 added that rapport was built and information was gained differently because therapists were virtually in the homes/rooms of their clients. Regarding her overall telehealth experience, Facilitator 2 identified possibility and growth in her comfortability with exploring novel techniques.

Figure 3b

Facilitator 3's Artwork
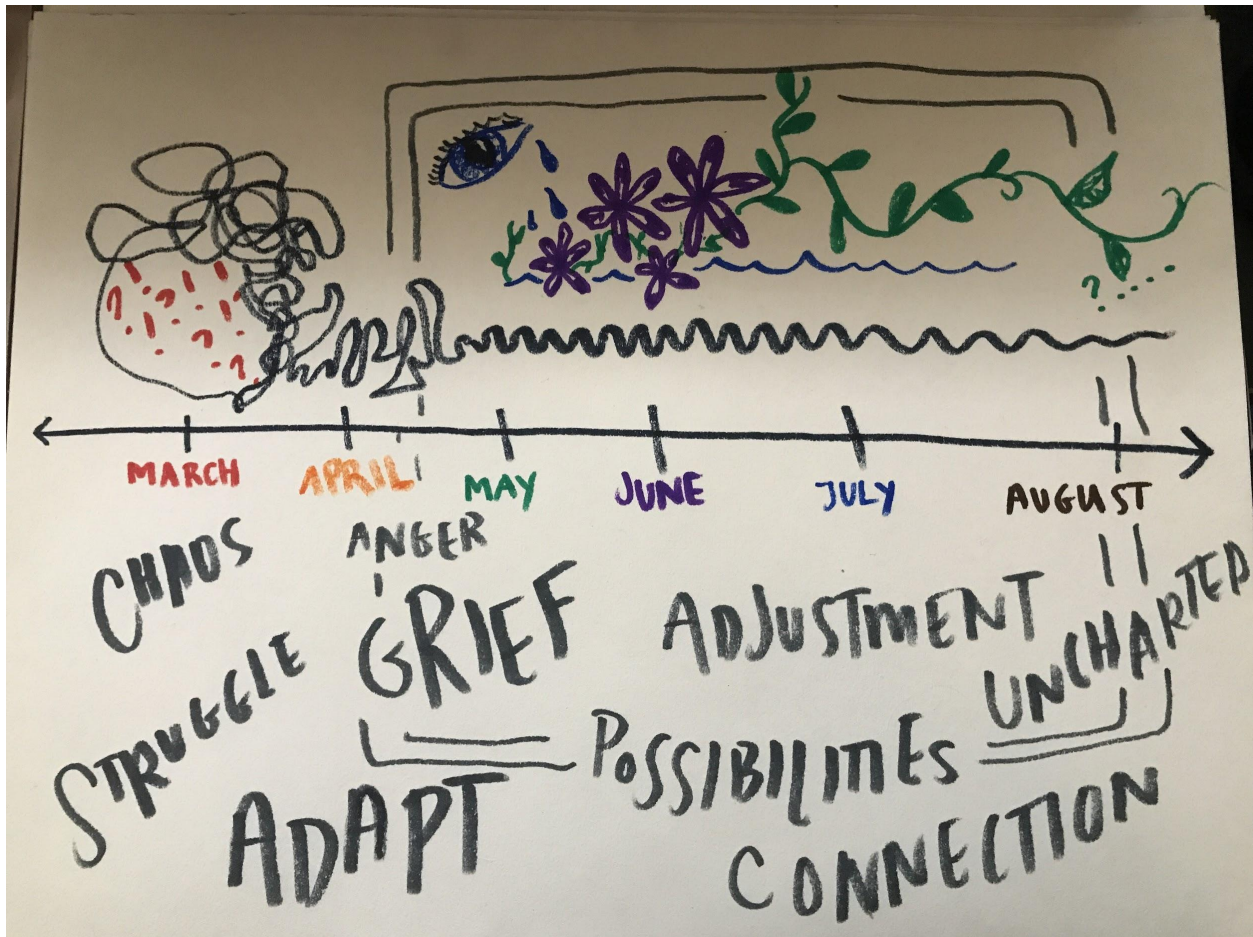
Note. "Being Pushed to Think Outside the Box."

Facilitator 3's artwork (Figure 3B). Facilitator 3 facilitated art therapy services at one of

the Helen B. Landgarten Art Therapy Clinic's partner schools, with kids aged 4 to 13. She

additionally participated in all three Summer Arts Workshops, one with a juvenile hall high

school and two others with middle schoolers. Facilitator 3 shared she had written down the

words used by Facilitator 2 on her art. She said that like Facilitator 1, she felt as though "this

square [referring to Zoom] is where I get to be a therapist." She felt making art in the form of a timeline made the most sense in order to capture her experience as a facilitator. In describing how her drawing captured her experience, Facilitator 3 noted her inclusion of particular words (noted in quotations below), including a feeling that there was so much "chaos" surrounding the transition to telehealth, which she represented in the form of squiggle lines. She stated the words "anger," "grief," and "struggle" were further symbolized as the crying eyes contained in the screen. Facilitator 3 said she began to feel a sense of "adjustment," which resulted in the squiggle lines smoothing out and the crying eyes beginning to bloom into images of vines and flowers. Although she stated she has somewhat come to terms with the "new normal," she still recognizes the "grief" that she hopes will transform into something different, hoping that she and others are able to "adapt" and remain "connected." She stated, "Over time it sort of became a little bit more like our 'new normal' and it's easier and I'm used to it, but still feeling that grief. At the same time, [I'm] seeing that grief maybe blooming into something different, that I wouldn't have otherwise gotten to experience or offer my clients." She also stated, "There's just something beautiful about how we've been able to turn this situation into something that we wouldn't have otherwise gotten to explore, but still feeling like grieving the whole time." She noted that although telehealth can be limiting at times, she was still able to tune in more closely in some ways. Facilitator 3 stated, "The beauty of those workshops, specifically [was] there was so much space and time." Facilitator 3 shared that she believed the artmaking served as a way of grounding the clients and "counteract[ed] Zoom fatigue," sharing it fostered "playful exploring and having fun." She stated that she found a new access to clients' families, which allowed her to work with families in a way that may not have been possible without the use of telehealth. Facilitator 3 stated, "[Telehealth provided] access to clients' families, especially working with

kids; it was easier too. It kind of pushed me to connect more with their families, and I was calling parents on the phone and that allowed for some family work." She stated she perceived themes from clients' work to include images of school and what the clients wished they were able to do when not in quarantine. In describing her transition to telehealth, Facilitator 3 stated she was "pushed out of my comfort zone, making it work, and thinking on my toes."

Figure 4b

Facilitator 4's Artwork
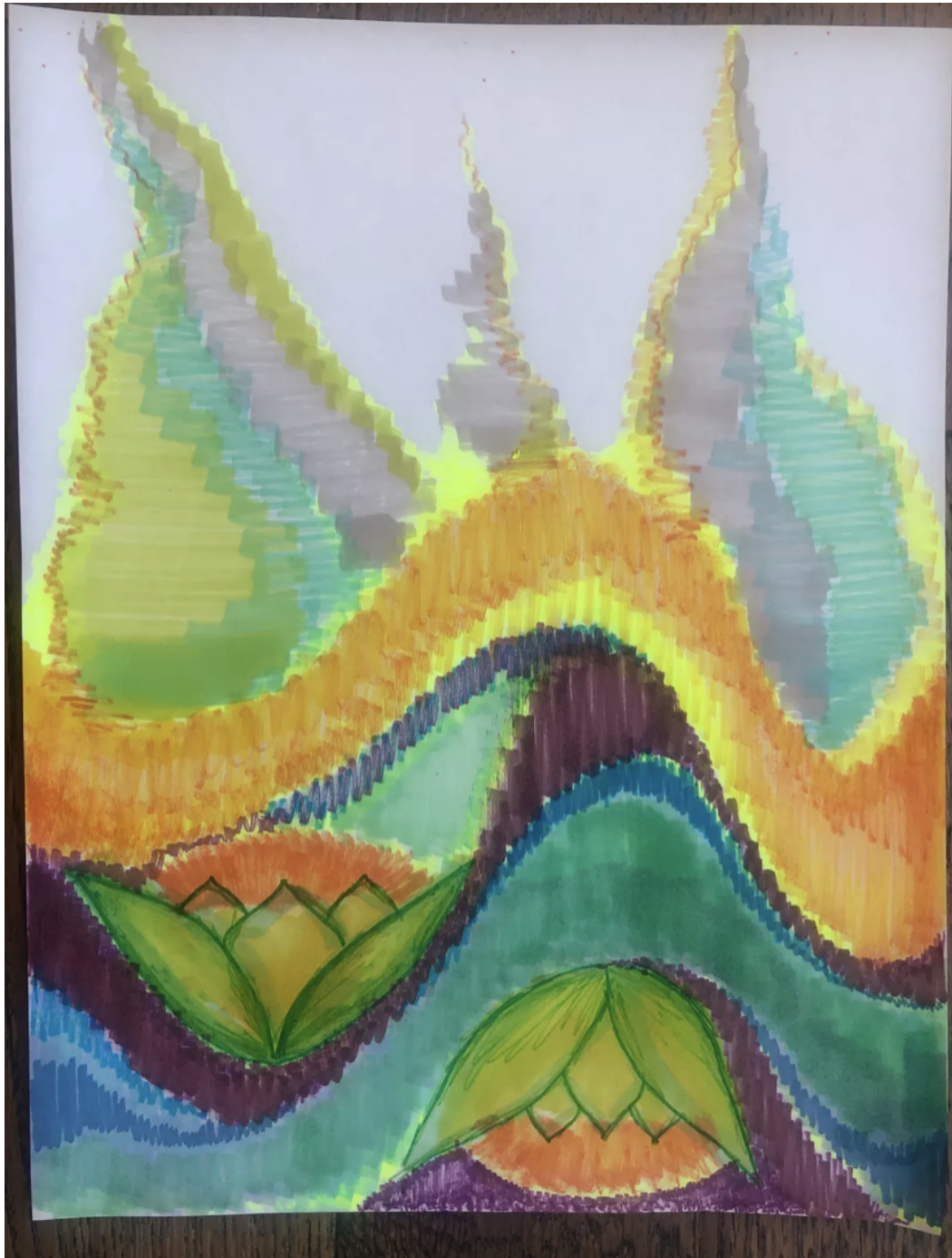
Note."Making it work, flexibility. Looking for unique possibilities."

Facilitator 4's artwork (Figure 4B). Facilitator 4 facilitated the Summer Arts Workshop

with middle school youth and a juvenile hall high school. Facilitator 4 did not directly describe

her artwork, but instead talked more about her experiences as a graduate student facilitator. She

noted that there were many limitations, but when considering the positives she suggested that the

familiarity of video and voice calls has seemingly allowed clients to open up more than they

might have previously. Facilitator 4 stated, "That person is contained on the other end so I

definitely see a lot of people being able to open up more, maybe in ways that they wouldn't have

otherwise." She noted that she too felt the lack of privacy on her end, and resonated with

Facilitator 6 (described below), who emphasized how technical difficulties can be a determinant

to effective telehealth. Facilitator 4 stated, "Sometimes you have no video and you're just

chatting. It felt like a huge limitation." Compared to in-person artmaking, Facilitator 4 stated that

art made virtually is created in a different context, creating a different dynamic through the

screen, particularly if the clients choose to engage with video off. She also stated that she

believed clients need to have a safe presence, and the connection provided through telehealth

was helpful in meeting this need. She described noticing the themes of connection or wanting to

connect in her clients' artwork. Facilitator 4 shared she was focused on the novelty and ingenuity

of the art clients/participants created in telehealth, particularly related to how the technologies

were used to create it; she stated the digital format may have created artistic solutions to arising

limitations.

Figure 5b

Facilitator 5's Artwork
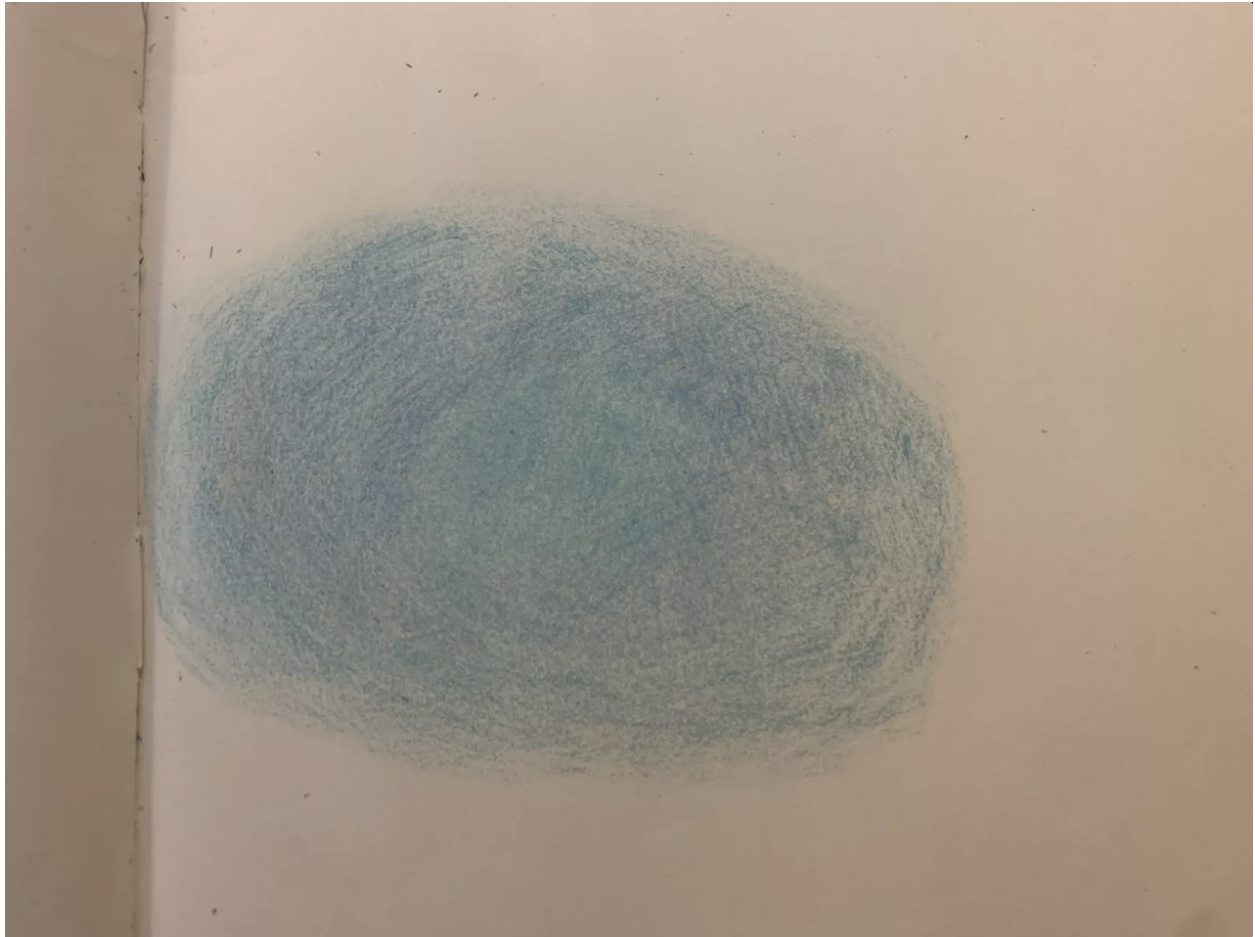
Note. "Untitled"

Facilitator 5's artwork (Figure 5B). Facilitator 5 stated she had supplemental practicum

through the clinic with middle-school aged children and their families. While Facilitator 5 did

not directly describe her artwork, she described her experiences as a graduate student facilitator

of telehealth art therapy and observations from her work. She described how much she gained

from being able to see the family dynamics within the client's home environment in real time via

the virtual format. She stated that a detriment of telehealth is a loss of information in the art, but

a gain in verbal information. Facilitator 5 added, "I was able to get more information verbally

[from clients]. They feel a little more comfortable sharing." She continued saying that it seemed

as though clients were more willing to share their artmaking process over Zoom, with some

clients even creating art on the Zoom shared screen whiteboard. Facilitator 5 stated, "They were

able to open up a lot more and kind of focus on what we can do together." She described the

process of transition to telehealth as, "For me it's learning how to swim for both me and the

client."

Figure 6b

Facilitator 6's Artwork
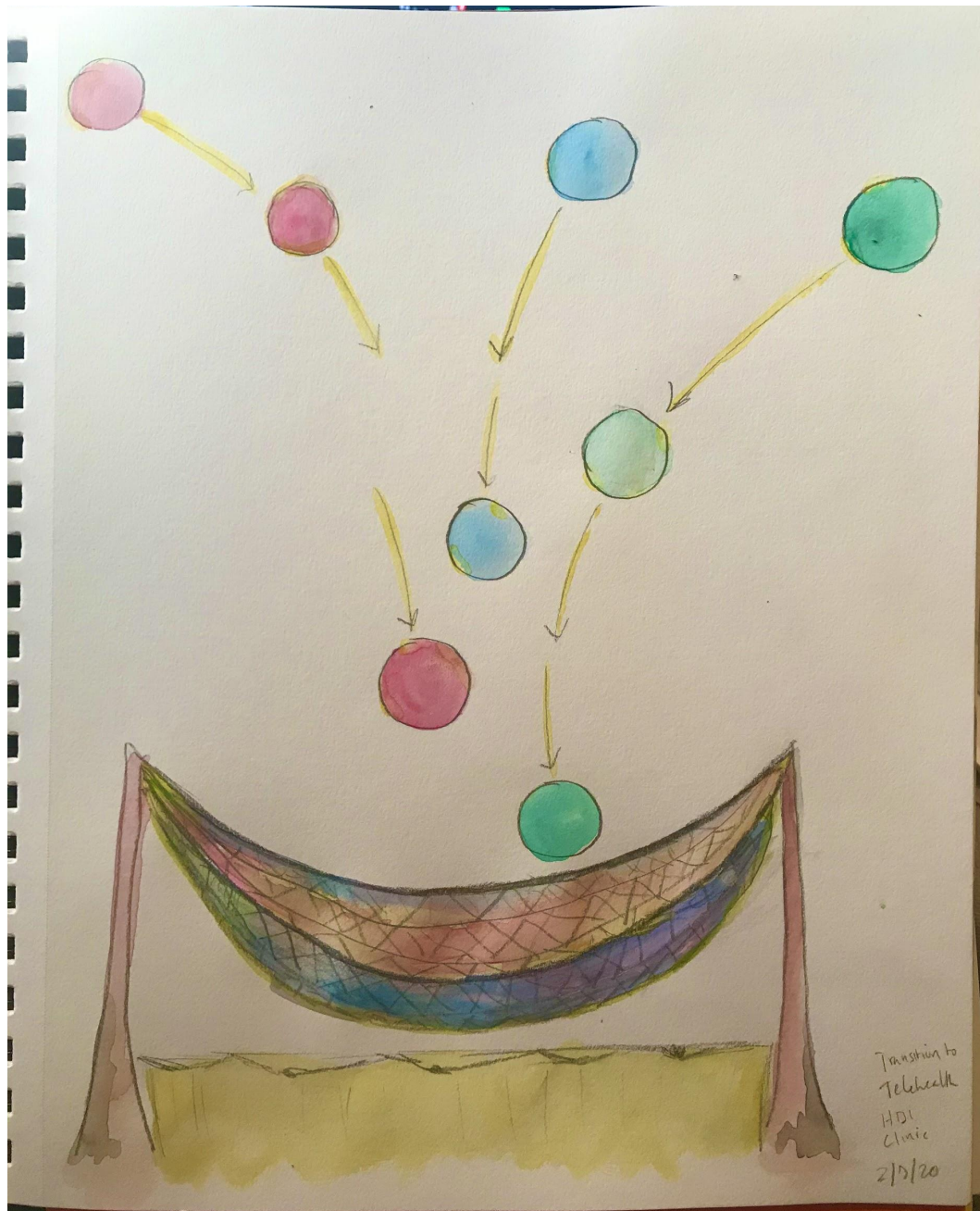
Note."Safety Net: Not sure if you're going to land in the net, but then you do, clients do too. A

safe holding space during [a] crisis."

Facilitator 6's artwork (Figure 6B). Facilitator 6 facilitated art therapy services with families, individual children and adults, and a group of transitional age youth. She also participated in the Summer Arts Workshop. Facilitator 6 depicted the uncertainty of the transition to telehealth as a safety net with bouncing balls. She continued to identify some challenges that she faced early on, including technical difficulties and poor/no attendance of her groups. Despite these challenges, she noted that she was able to proceed with her training as a novel art therapist during these times due to the possibilities of telehealth, which acted as a "safety net." Facilitator 6 stated, "[Without the access via telehealth] you wouldn't be able to see clients even and you wouldn't really know what their space was like." She stated that she appreciated the fact that she was able to provide crisis resources for those that were struggling. She stated, "For people [who] were really struggling just to function, just to get through the day. . .[telehealth] was like this safety net of being able to connect." She stated that even when technology was not working in the way that it should, clients found ways around the difficulties, such as "describing their art in the chat [of Zoom]." Viewing her telehealth facilitation through an attachment lens, she named that the Zoom whiteboard created a safe space for mirroring and reflecting in a "visual and very intuitive and containing" way. She continued, stating that the whiteboard acts as a "communal space, where everybody could add something, which was harder to do in person." When speaking about themes within the imagery of clients' art, she noted that suns, growth, flowers, and even rainbows were common, which she interpreted as signs of hope. Describing her transition to telehealth she stated, I was "learning to work with the unknown."

Figure 7b

Facilitator 7's Artwork
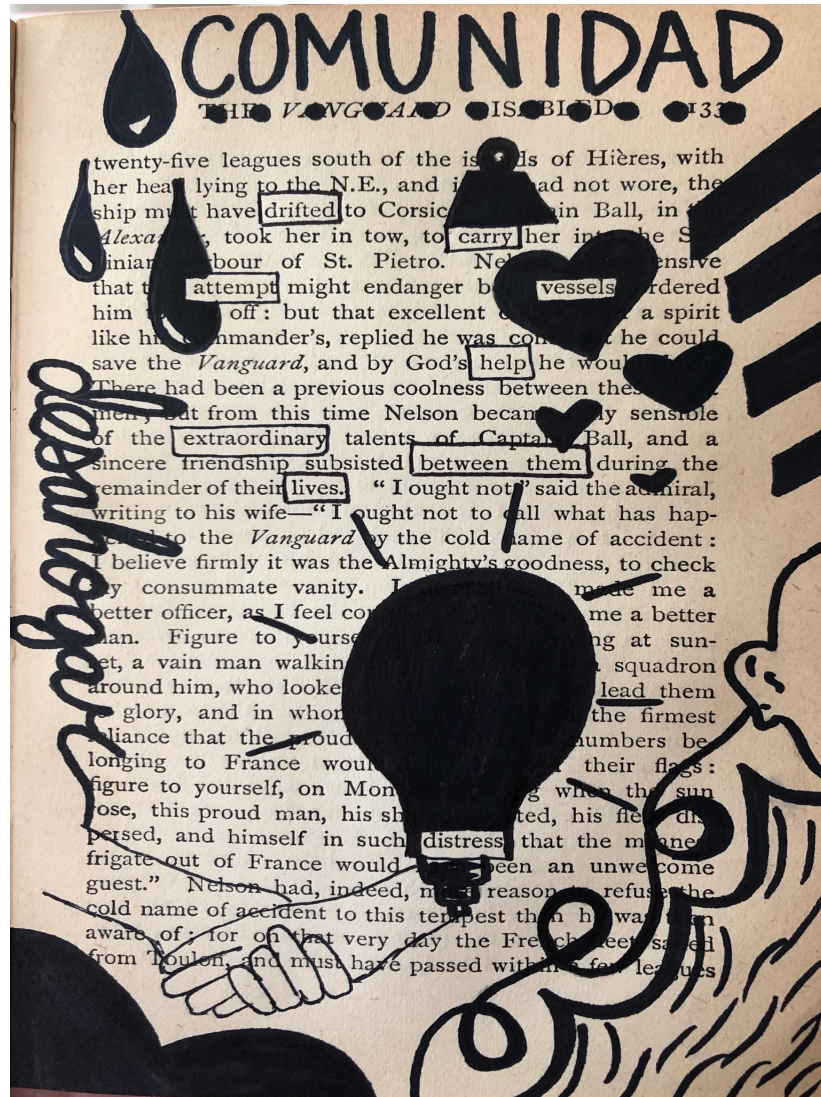
Note."Extraordinary (unusual). Creative. Supportive. Holding Space."

Facilitator 7's artwork (Figure 7B). Facilitator 7 facilitated art therapy services for families, as well as at a private Catholic school and at a homeless shelter based in the Boyle Heights area for women over the age of 60. She also facilitated a Summer Arts Workshop. She chose to make an altered book. She used black thick Sharpie to circle the words, "Carry,

Attempt, Extraordinary, Help, Distress" on the page, which she stated represented the whole

telehealth experience. She wrote "community" in Spanish as "comunidad" at the top of the page

and "unburden" in Spanish as "desahogarse" on the left. She stated that she drew the tears to

symbolize how much she had listened to clients' crying, as well as how many clients cried to her.

Further, the heart symbols represent clients that are "in need of love," "care," "attention," or

needing to feel "heard." Meanwhile, the symbol of the weight represented the client and family

space/weight carried by Facilitator 7. Lastly, she expressed that there were elements in the art

therapy facilitation process that were "out of control" and required her to "think on [her] toes."

Facilitator 7 stated, "[Clients] cell phones weren't always consistently working, so I would call

and they were disconnected at that time and then the following week, they were back. They were

connected again so [there were the] inconsistencies of having access to a telephone, not knowing

how to use the technology to support their kids to join the artmaking sessions or the art therapy.

Also [I was] trying to troubleshoot resources that they might have access to." She said the

"intimate experience" of artmaking she provided — especially for marginalized communities —

was something they could "hold on to" and help "ground them," similar to "a physical

connection" in a time of disconnection. She stated that she was able to reach out via telehealth to

many families, who told her it "felt like having someone there to hold on to and to guide and to

sort of ground them and give them the space to process everything."

Data Analysis

Introduction

The researchers began analysis through a systematic review of all data sets, including; 1) administrator/teachers/staff/caregivers' Qualtrics survey responses, 2) semi-structured interview video recordings, and corresponding transcripts with administrators/teachers/staff/caregivers, 3) graduate student facilitators' online survey responses, and 4) video recordings, artwork, and corresponding transcripts from the graduate student facilitator focus group. Each data set was individually analyzed and color-coded with reference to preliminary categories found in the literature review: access, technology, and the role of the art. Cross-analysis of the different data sets allowed researchers to compare and contrast identified categories with the purpose of identifying significant trends. Once identified, researchers extricated quotes from the individual data sets to support discovered trends. The following data analysis will be organized using the three main identified trends: (1) access to mental health and art therapy services, (2) the impact of using technology for art therapy services, and (3) the role of art in telehealth. Additionally, other emerging trends outside of previously-identified trends from the literature review will also be discussed. Data analysis will first begin by exploring trends identified in the administrator, teacher, staff, and caregiver data sets.

Figure 8a

Steps of Data Analysis

Step 1		Step 2		Step 3		Step 4
Start with the preliminary categories from surveys, interviews, and focus group: 1. Access 2. Technology 3. Art	➡	Code the data guided by the 3 categories, and identify Benefits & Challenges within the coded data.	➡	Identify emergent themes within the coded data that remain separated into the original 3 categories.	➡	Triangulate data from all data sets to compare and contrast emergent themes from each.

Note. The researchers followed these steps, in order to analyze and triangulate the multiple data sets obtained through the methods of this study.

Administrator, Teacher, Staff, and Caregiver Data Sets

Administrator, Teacher, Staff, and Caregiver Survey Responses

Researchers began analysis by reviewing the 12 Qualtrics survey responses gained from administrators, teachers, staff, and caregivers. Scaled Likert question responses were tallied and produced into graph form. In addition, researchers analyzed open-ended survey questions, coding for repeated trends. In congruence with preliminary categories found in the literature review, researchers discovered preliminary trends centering around concepts of access, technology, and the role of the art. The following are emergent trends discovered through analysis of the survey data responses, both Likert question responses and free response questions.

Levels of Access to Mental Health and Art Therapy Services. With regards to the theme of access, researchers noticed the majority of respondents had minimal past participation

in mental health therapy services, as 7 of 12 respondents (58.33%) reported their youth or students previous participation in therapy services was "not at all" (5 respondents) or "a little bit" (4 respondents); 5 of 12 respondents (41.67%) reported their youth or students previously participated "a medium amount" (4 respondents) or "a lot" (1 respondent). No respondents reported their students or youth participated "a great deal."

When reporting the reasons that prevented their youth/students from participating in therapy services, there were trends in respondents' survey responses of not being aware of services, not being able to afford services, the limitations of traditional talk therapy, and a need for more students to participate. Two respondents reported "they did not know about services;" two reported they "could not afford services;" and one reported they "did not have the resources to receive services (transportation, technology, a confidential space)." Five other respondents reported "Other" reasons that prevented their students/youth from participating in services; these free responses included "couldn't find a good fit;" "we have 2 counselors, but they are limited;" "didn't think she needed it or showed any signs of needing therapy;" and "because of the time."

This trend of wanting more art therapy services was repeated in the free response questions, with one respondent stating, "I wish we could do art therapy for all kids!!!! [*sic*]" Another respondent stated, "We appreciate this opportunity and look forward to it in the future."

Researchers also noted respondents were predominantly school administrators and staff, which accounted for 9 of 12 survey responses. These roles included school principals (5 respondents), teachers (3 respondents), or staff (1 respondent) who "observed students receiving services." Three of 12 respondents reported their role as "parent/caregiver of a youth that received services." Researchers found that 11 respondents reported their ethnicity as Hispanic or Latino; 2 reported their ethnicity as White or Caucasian (a respondent may have identified as

both Hispanic/Latino and White/Caucasian); no other ethnicities were reported. All 12

respondents reported being employed full time.

      Technology and Ease of Use. With regards to the use of technology in providing

telehealth services, researchers noticed a trend in responses that indicated that respondents had

no or minimal difficulty accessing computer platforms or using technological devices to access

art therapy telehealth services. One respondent stated, "Students were able to access the class

with no problem. The school issued devices to all students who were in need of technology. The

school's iPads have access to WiFi so students were able to meet with the art therapist without

any problems." Another stated, "I liked the detail in maintaining their privacy." Another

respondent stated, "My students was [*sic*] able to continue to participate with the art process." A

different respondent stated, "Our faculty Zoom'd [*sic*] with LMU. That was the only form of

technology used, and it worked well." Finally, another respondent stated, "Students were

encouraged to be creative and to use their technology skills effectively."

      Other respondents noted that using technology was initially difficult but became easier, or

they noticed the benefits outweigh the difficulties. One respondent stated, "Even though it's

difficult, our students are benefiting from that art therapy tie." Another respondent stated, "At

first it was challenging, but now after almost a year, my son is doing exceedingly well." Finally,

another respondent stated, "The LMU HBL Art Therapy Grad students were able to quickly

adjust to the technological platform used by the juvenile hall. The learning curve was very fast

because of the amazing collaboration and flexibility of the LMU team."

      Respondents also stated the use of art therapy telehealth technology allowed engagement

with groups that are typically less participatory. One respondent stated, "I thought online would

make it more difficult. I was so impressed with S.A.W. [the Summer Arts Workshop] because middle schools are notoriously uninvolved and unengaged."

Finally, researchers noted trends within survey responses that stated art therapy techniques and artmaking itself were able to fill the distance created by telehealth. One respondent stated, "I think this was perfect for the pandemic. Talk therapy can be impaired online, but I think the art creates a medium that is more impactful online." Conversely, one respondent stated she did not notice a change in her students participation and engagement: "I cannot tell if there has been any change (he still is the same in terms of not doing his work and as always he is never a disruption in class). As for the other 3 [*sic*}, I cannot say that I see any real change, mostly because the online teaching makes it hard to see these things when many times I am only seeing half a face or a blank screen."

Role of the Art in Telehealth. The researchers noticed the art played a significant role in transcending barriers created by telehealth, as administrators, teachers, staff, and caregivers repeatedly mentioned words and/or phrases about trends of engagement, safe spaces, and connections created by the artmaking process. These trends will be expanded upon in the following paragraphs.

Engagement and Enjoyment Through Art. After reviewing the surveys, the researchers found the administrators, teachers, staff, and caregivers had witnessed art therapy telehealth participants engaged in services. This "engagement" was described as participants expressing their emotions and feelings, talking with other participants and/or graduate student facilitators, finding motivation, or creating and sharing art. The word "engage" was mentioned 8 times in the administrator/teacher/staff/caregiver surveys. One respondent stated, "My children enjoyed engaging with their therapist on a weekly basis." Additionally, another respondent stated, "I was

so impressed with S.A.W., especially because middle schoolers are notoriously uninvolved and unengaged." Another respondent stated, "It was very meaningful for my students to interact with graduate students, which served as a great motivator for them to think about higher education." Lastly, another respondent stated she witnessed participants engaged in sharing their creations. The respondent stated, "She enjoyed it and every day shared with me her work and what she talked about. I think it made her feel a part of something."

  Creation of a Safe Space. Researchers found that survey respondents frequently observed the ability for artmaking via telehealth to create a safe space and sense of safety for youth participants amid a global pandemic. A safe place is a setting in which clients or participants feel comfortable in disclosing personal feelings and connecting with the art therapists. While one respondent shared how they liked the detail in maintaining privacy, the word "safe" itself was used twice in different survey responses. One respondent stated, "The kids were able to participate in activities that allowed them to explore their feelings in a safe and structured way." Another respondent noted how their student/youth also felt safe in exploring wider social issues with peers. As the respondent stated, "It was a great opportunity for her to engage in artistic activities with other students. It helped her talk about social justice and what was happening around the nation with her peers and in a safe and open way." While other survey respondents did not use the word "safe" specifically, researchers noticed they described similar trends of having a "place" or "outlet" where participants could comfortably engage in expressing themselves. One respondent stated, "Our students have been home for almost a year. They need an outlet and someone to talk to." Another survey response stated, "I hope that the students are having a place where they can open up and express their feelings." Another respondent stated, "It

was helpful to have my children have an outlet, to use their love for art in expressing

themselves."

Art Creating Connections. Researchers found that administrators, teachers, staff, and

caregivers observed youth participants making connections with peers and facilitators.

Administrators, teachers, staff, and caregivers also observed participants connecting with social

justice themes and making ties to community. One respondent stated, "Students created a strong

bond with one another." Another respondent stated, "Our students have been home for almost a

year. They need an outlet and someone to talk to." A different respondent stated, "It was a great

opportunity for her to engage in artistic activities with other students. It helped her talk about

social justice and what was happening around the nation with her peers and in a safe and open

way." Finally, another respondent said, "It takes very special and caring people to break through

and engage the students in a meaningful way. What is more remarkable is the amazing progress

that was made in such a short time where a strong rapport was able to be established so that the

students felt trusting enough to fully engage."

Art as a Means to Cope with Pandemic. Researchers found that administrators, teachers,

staff, and caregivers observed youth participants using artmaking and art therapy as a way of

coping in a time of unprecedented circumstances relating to the pandemic. One respondent

stated, "I think this was perfect for the pandemic. Talk therapy can be impaired online but I think

the art creates a medium that is more impactful online." Another respondent stated, "Art therapy

has and is helping our students let out their anxiety, frustrations, issues they are currently dealing

with." Another respondent stated, "Trying to get him out of the box and help to deal with this

unprecedented circumstances." A final respondent stated, "Students were having a difficult time

before were able to cope a bit better because of the program."

Administrators/Teachers/Staff/Caregivers Interviews

While administrators, teachers, staff, and caregivers participated in the Qualtrics survey, only administrators and caregivers volunteered to participate in semi-structured Zoom interviews with researchers. The researchers embarked on analysis of these four interviews by individually analyzing and color-coding each administrator and caregiver interview transcript and video recording to identify preliminary categories; transcripts responses were then cross-analyzed among all interviewees to look for emerging trends; finally trends were organized based on the preliminary analysis gained from the literature review. All of the interview transcripts were read numerous times and researchers extricated quotes from the individual interviews to support discovered trends. Respondents included two school principals, one school vice principal, and one parent. With reference to previously-identified trends found in the literature review, the following analysis of the semi-structured interviews will be organized using three main themes: (1) access to mental health and art therapy services, (2) the impact of using technology for art therapy services, and (3) the role of art in telehealth.

Access to Mental Health and Art Therapy Services. Overall, respondents described a limited number of mental health services available within their communities, which included limited access to art therapy services. In particular, respondents described a perceived value of art therapy services and wanting art therapy services to be expanded to more clients. These trends will be discussed below.

Lack of Access in Communities. Researchers noted recurring comments across respondent interviews about a lack of and need for mental health services. Respondents stated that there is a lack of services within their communities, which is compounded by cultural barriers and perceived community stigma about receiving mental health treatment. Respondent 3

stated, "There is not enough awareness across the board, especially with Latino community" and "people of color don't have enough information to decrease the stigma that already exists." Additionally, Respondent 2 stated, "the idea of going to see a therapist is a little bit taboo if we think about the Latino Hispanic community."

Respondents also stated that mental health services are more easily accessible if community schools receive grant funding and/or have other links to mental health services. Respondent 1 stated that her school is funded through grants and has had prior mental health services at her site. Respondent 1 stated, "We had Outreach Concern so we've probably had counseling for, I think this is our ninth year having counseling." However, local residents who are not connected or affiliated with community schools experience more difficulty finding and accessing mental health services. Respondent 2 noted that community access to mental health services is predominantly centered around offerings by her school, noting it's the "first place" families think to access mental health services. Respondent 2 stated, "I would say our school population probably has more access than the average family in Boyle Heights. The reason I say that is because we have things like mental wellness classes that are sponsored." Respondent 2 added that outside the school, adults and other community members have less access to mental health services.

Opportunities to Expand. Within semi-structured interviews, respondents also repeatedly voiced a desire and need to expand art therapy services, describing the positive impact they witnessed within youth participants. Respondent 1 stated, "I love it. I wish that we could have more kids do this. I think, from what I've seen, kids are a lot more willing to do art. It's something they're excited about. My own children were very excited about it, each week." Respondent 3 stated, " I know my daughter really looked forward to it because there was

somebody else to talk to, aside from her mom and dad." Respondent 3 also stated, "I think

everybody would benefit from them, whether there's any presenting problems or not, I think

everybody would find some benefit to it." After witnessing his students' experience in S.A.W.,

Respondent 4 described ways a juvenile hall high school was looking to expand a partnership

with the Helen B. Landgarten Art Therapy clinic in the future because "the kids really benefited

and were able to reflect and generate just such amazing work."

 Value of Services. Lastly, researchers noted a recurrence in respondent interview

statements about the observed positive impact of art therapy services for youth participants;

many respondents noted a perceived value in receiving art therapy treatment, if services were

available and or accessible. As stated by the respondents, the services were valuable because

they allowed participants to be vulnerable, feel confident to engage and excel, expressive their

feelings, and feel more comfortable in a created safe space. Respondent 2 stated art therapy was

valuable in helping her students express their feelings through art; she noted parents at her school

find this self-expressive aspect of art therapy to be more attractive and valuable, particularly

compared to other mental health options offered at her school. Respondent 2 stated, students see

their time in art therapy as "a reflective" and "serious" activity with "purpose." She added that

the art therapy services provided through telehealth provided students a valuable sense of being

home and being in a safe place. Respondent 3 stated art therapy allowed her children to have a

valuable "outlet" that allowed them to express their own thoughts and feelings to another

"neutral" person outside of their own family. Respondent 3 stated, "It provided her a safe space

to be able to talk openly about her feelings." Respondent 4 stated he perceived value in the art

therapy services provided to students at a juvenile hall high school because they gave his youth

opportunities to explore and be "vulnerable," which led them to develop confidence in producing new and "valued" artwork.

Technology as Means to Deliver Art Therapy Services. Throughout administrator and caregiver interview responses, there were three trends researchers observed with regards to using technology as a means to deliver art therapy services. The trends can be described as the (1) impacts of telehealth, (2) innovation achieved through technology, and (3) unexpected benefits of technology. These trends will be discussed in detail below.

The Process of Telehealth. Researchers noted school administrator and caregiver respondents frequently described the process of using technology as part of art therapy services to be both challenging and rewarding. Some respondents noted no problems with technology. Respondent 1 stated, "I did not see any challenges." Other administrators and caregivers reported witnessing problems when technology was used to deliver art therapy services; these problems included poor or unstable connections, internet disruptions, frozen computer screens, and distractions associated with being at home. Respondent 3 reported how "technology in itself was a bit challenging," citing examples of internet outages, and poor connection that caused the screen to freeze. Yet, she stated she did not see internet disruptions as having a strong impact on the overall efficacy of treatment. Respondent 2 also noted how she thought her students did not have as much privacy while at home because of the constant presence of other family members. She stated she believes frequent interruptions by family members inhibited participants' desires to share their artwork with other student participants or graduate student facilitators through Zoom. Conversely, respondents also noted ways in which participants and graduate student facilitators adapted to technological problems. Respondent 2 and Respondent 4 described "innovative" ways graduate student facilitators kept participants engaged, describing how music

and Zoom cameras were utilized creatively during services. Respondent 4 stated, "The online platform was different than in person, but I will say that it creates an opportunity for innovation, and so the graduate students who are really good about making the necessary adjustments like finding music, for instance, to create a background atmosphere." Respondent 4 also stated, "Even as we were learning and going through that shift, the grad students, the professors, [and] everyone — we just had to be flexible and we were able to learn." He also stated. "I think everyone, all the partner agencies, we recognize that this was something that the kids could only benefit from." Finally, another respondent noted how art seemed to transcend any technological problems that occurred as a result of telehealth. Respondent 1 stated, "I think art is a medium that translates that boundary of the computer, so I think it was just ideal."

Unexpected Benefits of Telehealth. Researchers also found interview respondents to repeatedly describe unexpected benefits in using technology to receive art therapy services. Respondents stated unexpected benefits such as: easier accessibility to services, opportunities for collaboration, and the creation of a safe space.

Multiple respondents stated ways technology made art therapy services more accessible for participants. Respondent 2 noted that the virtual platform made art therapy more accessible to families, as it required less time commitment and logistics. Respondent 2 stated, "A lot more parents were interested and a lot more kids were interested because it's just a Zoom call away." Respondent 3 further stated the benefit of online art therapy services was that it allowed her to better accommodate her whole family's schedules, which included not disrupting her son's structured schedule of school. She said this meant online art therapy services were less disruptive to her family's day.

Further, respondents noted the ways technology provided an unforeseen opportunity for

connection and collaboration. Respondent 3 identified how her children connected to the

graduate student facilitator as a "neutral person," with whom they could share their emotions.

Respondent 2 identified ways art therapy directives fostered participant connection to their

communities, as well as connection within families (e.g. between father and daughter). Further,

Respondent 4 noted how the use of technology actually allowed another program within juvenile

hall to engage with students in a new and meaningful way. He stated, "We didn't even go in with

the intention of having probation involved," he said. "But because they're present and they just

see this excitement with what the kids are doing, all their interest is captured, so what's cool is

I've been able to see probation now use this experience to interact with the kids in a positive

way."

In interviews, multiple respondents also stated how technology created a safer space for

clients to engage and participate in artmaking. Respondent 2 noted how participating in

facilitated telehealth art therapy services while home provided students a sense of safety and

comfort. She said this fostered connection between parents and their children who engaged in art

creation and art therapy together. Respondent 2 stated, "It just gave a different sense of being

home and being able to create those projects in a safe place." Additionally, Respondent 3 stated,

"I think it provided [my daughter] a safe space to be able to talk openly about her feelings."

Finally, Respondent 4 stated online services created a sense of comfortable distance for students

in juvenile hall, which afforded the youth more ease in becoming vulnerable and interacting with

unfamiliar graduate student facilitators. Respondent 4 stated, "The distance of the online

platforms allows a certain comfort in that no one's in their space. They know they can still

interact without feeling the pressure of, 'who are these people, why are they here and so on.'"

Respondent 4 also stated, "It was facilitated amazingly well to establish a very comfortable and safe space, so that the kids could engage."

Role of the Art in Telehealth. As observed by caregivers and administrators, researchers identified four main trends pertaining to the role art played in the telehealth setting for participants in art therapy services offered by the Helen B. Landgarten Art Therapy Clinic in Spring and Summer 2020. The four recurring trends that emerged through analysis include the ability for the artwork and art process to 1) create engagement, 2) encourage expression of emotions, 3) form a safe space, and 4) create personal connection. These trends will be explored further in the sections below.

Engaged In and Excited By Artmaking Opportunities. One emergent trend researchers found through analysis was how the process of participating in artmaking provided an opportunity for engagement and self-expression. Multiple caregivers and administrators stated they observed their students/children "engaged" in, "excited" by, and "liking" the telehealth art therapy services offered through the Helen B. Landgarten Art Therapy Clinic. Respondents 1, 3, and 4 talked about their students or children being "excited" by or "looking forward" to their art therapy activities. The words "engage," "engaging," "engagement," and "reengagement" were counted 10 times across multiple respondents. Respondent 3 noted her children always had their art supplies ready for sessions and Respondent 1 noted students' excitement in using the art materials and supplies, including Crayola clay, pencils, and pens, which she felt made the experience "special." Respondent 3 and 4 both referred to the experience as "positive" for their students and children. Respondent 1 stated that not only did her students see art therapy as something her students were wanting to do and being "a lot more willing to do art [because] it's something they're excited about," but she also stated "my own children were very excited about

it, each week." Respondent 1 stated her son "liked art therapy way more" and was "more into it" than traditional talk therapy. When discussing her son's experiences in one-on-one therapy, Respondent 3 stated art therapy used "his strengths [more] versus having talk therapy. It's something more engaging for him." She said art therapy engaged her children in something they already liked and had talent in. Respondent 2 noted that her students prioritized art therapy opportunities as important for themselves and "worth their time" and engagement. Respondent 2 said, "In their heads, that was important enough; [they said,] 'I showed up because art is serious, it's reflective.'" She said she felt this sense of seriousness has spread to parents, who have informed her that they prefer art therapy services over other counseling options offered through the school because their children are able to express themselves through art. Respondent 4 stated the students at a juvenile hall in Los Angeles were able to "engage in activities that they're not used to," which included being "vulnerable" by exploring art as a medium for exploration of feelings and emotions, which is different from the typically academic-focused therapeutic services they typically receive. While Respondent 2 stated she felt it was more difficult for the graduate student facilitators to engage her students through telehealth, due to the distractions that come with students being at home, she felt the graduate students found "innovative" ways to keep the students engaged.

    Expression of Self and Emotion. Thorough analysis of the caregiver and administrator interviews, researchers discovered a recurring trend that the art process allowed children participants to express their feelings and find ways to share emotions with others. Respondent 2 noted that students within her school who were having trouble interpreting and articulating their emotions were more readily referred to art therapy services. Respondent 1 stated that she sometimes encourages students to try art therapy services because it's "an opportunity, a chance

for [them] to explore [their] feelings, generally, that's non-threatening." Respondent 3 stated

one-on-one art therapy allowed her children to have an "outlet," or a "neutral person" for

expressing their own thoughts and feelings. Respondent 2 noted her students found art therapy

opportunities to be a "serious" time for reflection. Respondent 4 noted that his students were able

to be vulnerable and express their feelings and emotions; he also reported that he found the

impact of expressing their feelings allowed students to build confidence and "to show what

they're capable of without the pressure" often associated with the measures and evaluations of

being in school, which he found to be empowering for students. Noting a general trend of "self

expression" in the artwork, Respondent 4 said, "You can really see the kids' personalities in the

art, and I don't mean the exterior that they put on, but what they are underneath all that facade,

and again, to get them into a place where they were comfortable enough and allowed themselves

to be vulnerable."

Conversely, Respondent 2 noted she felt the reflection process of telehealth art therapy

was not as deep as in-person services, due to the impact of distractions while being at home, but

feels as though nothing more could have been done to minimize the impact.

Creation of a Safe Space. Another emergent trend found through analysis was the ability

of the artmaking process to create a safe space for participants. A safe space may be defined as a

setting or place that encourages creativity, expression, and personal disclosure, while also

providing feelings of relief, connection, and comfort. This creation of safe space allowed

participants to engage in the therapeutic process.

Within interview responses, the word "safe" was used five total times by three different

respondents. Respondent 4 stated graduate student facilitators "facilitated amazingly well to

establish a very comfortable and safe space, so that the kids could engage." Respondent 4 stated

that students in juvenile hall are often "let down" by adult figures in their lives and are typically

cautious of trusting adults; yet his students were able to build enough rapport with the graduate

student facilitators to the point where they felt able to be "uncomfortable" and "vulnerable" to

experience a range of emotions. Respondent 4 said he believes the distance created through

telehealth allowed his students to feel more comfortable with the "stranger" graduate students to

enter into their living space. As stated by Respondent 4, "The distance of the online platforms

allows a certain comfort in that no one's in their space. They know they can still interact without

feeling the pressure of, 'who are these people, why are they here and so on.'"

Respondent 2 described how being at home naturally created an additional feeling of

safety for families. Respondent 2 said facilitated art therapy experiences between family

members while they were at home fostered cross-generational connection, as well as feelings of

safety and comfort, particularly when children and parents were able to engage in art creation

together.

With regards to her children's experience participating in one-on-one telehealth art

therapy during the pandemic, Respondent 3 stated art therapy sessions created a "safe zone." In

discussing her 5-year-old daughter's experiences, Respondent 3 stated, "I think it provided her a

safe space to be able to talk openly about her feelings." While Respondent 1 did not label the

experience as a "safe space," she discussed her actions of referring families and individuals from

her school "right and left," as she estimated 80% of her students have had the virus; this

suggests, she saw services as a safe space in a community that was particularly hard-hit by the

pandemic.

Creation of Personal Connection. The final trend that emerged with regards to the role

of art within the telehealth experience, was the ability to create connections through artmaking.

Connections were formed between participants and the graduate student facilitators, within

families themselves, and across communities and programs.

Respondents described how participants were able to make a connection with art therapist

facilitators. Respondent 4 stated, "for the graduate students to make the connections that they did

through this [telehealth] medium, where they're not able to meet with the kids in person, was

absolutely amazing. These kids could be rough to connect [with], unless that rapport is really

built and it generally takes time. However, the grad students were able to do that in a week."

Respondent also 3 stated, "I know my daughter really looked forward to it because there was

somebody else to talk to, aside from her mom and dad."

Respondents also noted how parents were able to create connections with their own

children through art therapy telehealth services. Respondent 2 described how facilitated

telehealth art therapy services fostered connection between parents and their children who

engaged in art creation and art therapy together. For Respondent 3, the art created a connection

because her son and daughter both shared their artworks from one-on-one art therapy telehealth

sessions with her. Respondent 3 stated her son previously did not share his art with her when

services were offered in-person at school. Respondent 1 stated she referred her own children for

services so they could form a connection with another person because they were "fighting" with

another. She said that because her and her husband were working from home as a result of the

pandemic, they were also able to join some sessions with their children, with each family

member creating an art piece and then putting them together, sometimes having to connect and

communicate without talking; she said the end result was something they could all talk about and

look at and "say we did together."

According to respondents, connections were also formed within participants' larger

communities. Respondent 2 noted that she liked how the S.A.W. art activities always included an

intention of creating a connection with the community, families, or parents. Respondent 2 stated,

"It's always connected to the community, and so it makes them question their context in a good

way." For Respondent 4, the empowering and self-confidence-building experiences of his

students were used to create connections with other programs within a juvenile hall, including

the probation program: "We didn't even go in with the intention of having probation involved,"

he said. "But because they're present and they just see this excitement with what the kids are

doing, all their interest is captured, so what's cool is I've been able to see probation now use this

experience to interact with the kids in a positive way." He said the probation program used

participants' experiences in the art therapy programming as evidence of how they can make

connections and have positive effects across various spheres: "Now the probation officer tells the

kids, 'Hey! Look at how amazing you guys did with these art projects. Look at how you were

able to interact with these people that you didn't know in respectful ways. So now we know what

you're capable of and that's the standard we want to start seeing.'" Respondent 4 says he sees

that as a confidence builder for the students, which "creates a whole different environment" of

possibility for the students.

Telehealth and Art Therapy in the Future. One additional trend that emerged in

interview responses was how administrators and caregivers would like to see the role of art

therapy develop in the future. Three respondents reported they wished more art therapy services

were available to their populations in the future. Respondent 1 stated, "I wish that we could have

more kids do this." Respondent 3 said she believes there is a lack of certified art therapists,

which she feels is "really needed, because I think it is a very non-threatening way to introduce

people, individuals and families to mental health." Respondent 4 said he sees and hopes the art

therapy program will grow at his school, stating art therapy "needs to be a regular part of the

curriculum for the kids."

Additionally, in terms of expanding the reach of art therapy services, Respondent 2 stated

she feels a need for the Helen B. Landgarten Art Therapy Clinic and other art therapists to

continue "expanding the conversation" about art therapy, specifically by providing information

on what happens in art therapy sessions and how it works. She said that while she has been

engaged with S.A.W. for seven years, she still has limited understanding of how art therapy

works and what it entails. She stated that she feels that sharing more information about the

process of art therapy with teachers and school administrators would be beneficial because

schools are the first point of contact when families seek mental health services. Providing school

teachers and administrators with a better understanding will ensure vital information about art

therapy treatment is passed along to families, parents, and those in the school community who

may benefit from services.

Having looked at trends identified within administrator, teacher, staff and caregiver data

sets pertaining to trends of access, technology, and the role of the art, data analysis will now

explore emerging trends identified in the graduate student facilitator data sets.

Graduate Student Facilitator Data Sets

Graduate Student Facilitators Survey Data

The researchers started analysis by individually reviewing each of the eleven graduate

student facilitator Qualtrics survey responses and color-coded into preliminary categories. Then

researchers compared and contrasted all survey responses to look for emergent significant trends.

Guided by the preliminary categories found in the literature review, the following data analysis

of the emergent trends will be explored in the following order: access, technology, and the role of

the art.

Considerations of Access for Participants and Graduate Student Facilitators. When

analyzing graduate student facilitator survey data, researchers identified two emerging trends.

They are as follows and will be expanded upon below: 1) graduate student facilitators gained

access to clinical hours required for their program, and 2) clients' access to art therapy mental

health services was seemingly unrestricted by their socioeconomic status (SES), ethnicity, and/or

diverse cultural/linguistic backgrounds. While researchers did not initially intend to focus

analysis upon the personal experience of the graduate student facilitators, researchers found it

imperative to not disregard a highly-valued outcome of their experiences in facilitating telehealth

art therapy services; this highly-valued outcome included graduate student facilitators gaining

training hours through the Helen B. Landgarten Art Therapy Clinic at a time when many

graduate students had hours severely reduced because of the pandemic. Without the Helen B.

Landgarten Art Therapy Clinic, graduate students facilitators would have gained fewer training

hours and fewer clients would be able to access art therapy telehealth services. Researchers

thought it was imperative to mention the symbiotic relationship between clinicians increased

access to clients, and clients increased access to care.

Student Clinicians' Access to Continued Hours. One of the trends to emerge from

graduate student facilitator survey responses was the importance of being able to receive

on-going trainee hours through art programming provided by the Helen B. Landgarten Art

Therapy Clinic. Of the art therapy services offered by the graduate students facilitators, survey

responses suggest the most frequently facilitated service was individual child/youth art therapy

services, followed closely by the Summer Arts Workshop, and Drop-in Art Therapy groups with

youth and families, as shown in Figure 7a. Naming what was valuable about the experience, a graduate student facilitator stated that they gained "clinical hours and valuable experience with diverse populations, particularly in addressing social justice." Multiple graduate student facilitators described how they were able to utilize the Helen B. Landgarten Art Therapy Clinic's offerings as a way of supplementing the hours lost at their original practicum sites, as part of their graduate program. By continuing to provide services as facilitators of these workshops, the graduate students emphasized the value in being able to continue to put the skills garnered in their courses to use, virtually. For these graduate student facilitators, the clinic acted as a source of supplementary education that they would not otherwise have had available to them, due to the unexpected closure of their practicum sites in response to the COVID-19 pandemic. A graduate student facilitator stated, "While there were certain limitations, I found facilitating S.A.W. groups via telehealth to provide unique opportunities that may have been otherwise inaccessible."

Some of these graduate student facilitators noted that they participated themselves in drop-in sessions offered to graduate students. This personal participation may suggest that the Loyola Marymount University art therapy graduate students needed to partake in these art therapy opportunities for their own wellbeing, which supports the proposed beneficial nature of these services.

Clients' Access in Areas/Institutions with Poor Access. Recognizing the need for services that are inclusive and accessible, the graduate student facilitators noted in their survey responses that they were pleased that the Helen B. Landgarten Art Therapy Clinic provided them with the opportunity to work with a variety of populations, from a multitude of racial/ethnic and linguistic backgrounds. The community fostered by the Helen B. Landgarten Art Therapy Clinic

inspired a feeling of connectedness amongst the graduate student facilitators, and assumedly amongst the clients that participated in the services facilitated and delivered by these students. One graduate student facilitator stated, "I also found the continuity of community care and the commitment to adapting the program for telehealth to be very valuable in terms of honoring and respecting the community and the clinic's connection with the community."

The graduate student facilitators also noted a sense of purpose that was strengthened by the services they were able to provide. In spite of the stress caused by the pandemic, these graduate student facilitators stated they were able to keep busy, supplement the hours required for their degree, and contribute to the mental wellness of those who had little or no access to art therapy services previously. A facilitator said, "I've been able to see more clients in more different locations, it would be impossible for me to know how to commute around the city quickly enough to see all these people. Yeah, I feel like I'm making good use of my time." Working with notably disenfranchised incarcerated youth and Black, Indigenous, and People of Color (BIPOC) participants and clients, graduate student facilitators noted within their survey responses about the value in being able to provide essential work to those needing support during the troubling and traumatic times of the COVID-19 pandemic, particularly as graduate student facilitators working towards completing their own degrees as clinicians-in-training. As one graduate student facilitator stated, "This circumstance gave us the opportunity, especially during the work with youth at a juvenile hall as we only had audio access, to shed our biases and see through the participant's eyes."

Technology As Means to Facilitate Art Therapy Services. Throughout graduate student facilitator survey responses, there were two main trends researchers observed with regards to using technology as a means to facilitate art therapy services. The trends can be

described as a (1) way to prioritize and continue mental health (2) the process of adapting to the new normal.

     Prioritizing Mental Health. With the limits brought by telehealth, the graduate student facilitators noted in survey responses that they were able to contribute to the far-reaching community resources offered through the Helen B. Landgarten Art Therapy Clinic. The graduate student facilitators emphasized that the technology utilized created an avenue for existing and new clients to continue treatment, as many mental health resource centers had to reduce their service due to COVID-19. In a survey response, one graduate student facilitator stated that art therapy telehealth gave participants and clients "something to look forward to, a space of connection, [and] something new and exciting," as well as a space to "process their feelings" and "take an active role in the fight for social justice and systemic change." Additionally, a graduate student facilitator stated major benefits they witnessed within their clients was their ability to be feel "heard [and] having someone who cared and checked in, [which] gave a space to express and share. [This created] the opportunity to connect with others outside of your home, [providing] validation [and] normalization." While the COVID-19 pandemic naturally required participants and clients to prioritize their physical health and wellbeing, graduate student facilitators noted that the Helen B. Landgarten Art Therapy Clinic allowed for clients/participants and facilitators alike to prioritize mental health, at a time when it was needed most. One graduate student facilitator noted that the technology created an "intimate space for therapist and clients to work together." The graduate student facilitators attributed the ability to connect when so many felt isolated, out of necessity and to stay physically healthy, to the various forms of technology used to provide treatment.

   Adapting To The "New Normal." According to the graduate student facilitators, the

novelty of the telehealth technology caused some difficulties, but overall created opportunities

for innovation in the therapeutic space, which required adaptability from both facilitators and

clients/participants. Within graduate student facilitator survey responses, it was noted that

clients/participants had a space to process the ever-changing and increasingly distressing state of

the country and world. In times of social distancing and quarantining, the graduate student

facilitators emphasized in their survey response that calming spaces are few and far between. A

graduate student facilitator stated, "It was valuable to practice different ways of offering care and

to expand the populations that I have been working with." From the graduate student facilitator

perspective, the Helen B. Landgarten Art Therapy Clinic recognized the necessity of filling the

gaps anticipated and seen within the Los Angeles community during the pandemic.

   Through the art therapy services, graduate student facilitators observed

clients/participants receiving encouragement, compassionate listening, and sharing a sense of

grief, which could be reflected upon in a cathartic manner. One facilitator stated, "Over time it

sort of became a little bit more like our 'new normal' and it's easier and I'm used to it, but still

feeling that grief. At the same time, [I'm] seeing that grief maybe blooming into something

different." Another noted, "Zoom was a space where artmaking could be a cathartic practice."

The validation elicited in this space was expressed by graduate student facilitators to be a prime

benefit of the service, particularly group-based, that was provided by the Helen B. Landgarten

Art Therapy Clinic. One graduate student facilitator stated that the "convenience of telehealth

allows for more flexible scheduling, having someone to talk to and provide[s] emotional support

during times of crisis." Without the technology — laptops, cell phones, and tablets equipped with

WiFi, cellular service, and video conferencing platforms — the graduate student facilitators

noted in their survey responses that providing therapeutic services would be impossible.

Graduate student facilitators also described what they perceived to be participant/client

difficulties in using technology. Some of the highlighted difficulties are as follows: difficulties

with Zoom links, "internet instability," and difficulties in hearing one another that, at times,

resulted in clients/participants having to repeat sensitive information about themselves. One

graduate student facilitator stated, "I found my experience with technology particularly difficult

at first during our work with the youth in a juvenile hall due to audio-only access. Initially

feeling this to be a barrier, by the end I came to view it as an opportunity to shed biases and truly

see through participants' eyes." Additionally, another graduate student facilitator mentioned how

it "can be tricky with clients who may not be as comfortable showing their face on camera, and

that the facilitators needed "to be sensitive and gauge their comfort level." A paradoxical

challenge was noted by another graduate student facilitator; they stated, "I noticed a lot of

students during S.A.W. would keep their video and mic off, although this may be because the

internet improves when the mic or video is off."

Despite these challenges, the graduate student facilitators stated that their

clients/participants found a way to utilize telehealth art therapy services, as best as they could. In

the graduate student facilitators' experience, the facilitator and client shared the collaborative

nature of troubleshooting to figure out how to meet the clients' needs. Describing this

collaboration, one graduate student facilitator named, "It seems like there is something

interesting and sort of revolutionary in the teamwork that occurred which might not have taken

place in pre/non pandemic times." Another graduate student facilitator stated how facilitators

worked collaboratively to provide treatment to clients, "Something I found incredibly powerful

was the ability for students/therapists to work together to reach out to families who were Spanish speaking only."

Role of the Art in Facilitating Telehealth Services. As identified by the graduate student facilitators in their survey responses, the following were common trends reflected within participant and client artwork: social justice, racial justice, environmental justice, identity, culture, anxiety, longing for normalcy, pandemic, racial justice, feminism, connection and unity, community, online games, restlessness, desire of control, personal interests, Earth/nature themes, hope, resilience, memories, emotions, identified needs, and coping mechanisms.

As with in-person treatment, graduate student facilitators expressed in their survey responses that clients/participants seemed to utilize the therapeutic space and art to reflect on their internal state, as well as the state of their local and countrywide environment. One graduate student facilitator stated, "It was valuable to learn firsthand that creating art in a therapeutic setting could still occur over Zoom and create a sense of intimacy that I previously believed could only be achieved in person." Another graduate student facilitator also stated, "I also found great value in creating a safe and communal space for these youth and facilitators to process, speak and learn about social justice and injustice." From the loneliness and isolation that has characterised much of American existence during the pandemic, to the hopeful determination of the protests for Black lives, graduate student facilitators stressed in their surveys that clients/participants did not stifle their feelings in session. Due to the pandemic and calls for social justice occurring during Spring and Summer 2020, communities may have felt emotional transparency was the only option.

Graduate student facilitators also noted feelings of loss, pertaining to their ability to not see the art and artmaking process fully via telehealth. One graduate student facilitator stated it

was "more difficult to see clearly the art making process or the art product, and having to adjust the way art is used in session," which included only being able to work with materials participants had access to or comfort with using.

Graduate student facilitators also noted in survey responses that the art allowed participants to authentically and vulnerably express themselves. The graduate student facilitators who worked with the adolescents from a juvenile hall described how the art created by the youths was a form of authentic representation, which the youth do not typically allow themselves to explore.

Additionally, facilitators noted how the whiteboard function allowed for artistic reflection, in real time, with a collaborative function not quite replicable in-person. One graduate student facilitator stated, "I also noticed that older children were drawn to the Zoom whiteboard and seemed to be highly engaged in the art-making process when they used this tool." A different graduate student facilitator stated, "This is a benefit of the whiteboard — you can reflect the art process in the here-and-now and visually collaborate, which provides opportunities for mirroring, visual attunement, and creation of a safe holding environment."

The graduate student facilitators expressed that the art was not only a space for reflection, but also a form of cathartic distraction from the less than pleasant state of the world. A facilitator noted the art created on the Zoom whiteboard provided a safe space for mirroring and reflecting in a "visual and very intuitive and containing" way.

Graduate Student Facilitators Focus Group

The researchers started data analysis of the focus group through reviewing the video recording, observation notes, and transcripts multiple times, while simultaneously viewing the artwork created by graduate student facilitators in the focus group. The transcripts from the focus

group were all placed chronologically onto a single document; they were then analyzed and

color-coded with reference to preliminary categories found in the literature review in order to

formulate emergent trends, which will be explored in the following order: access, technology, the

role of the art, and other emergent themes.

Graduate Student Facilitators Perceptions of Participant Access to Mental Health

and Art Therapy Services. After reviewing color-coded transcripts from the focus group video

recordings, researchers identified three emergent trends related to access: (1) increased

accessibility to mental health and art therapy services for both telehealth participants and

graduate student facilitators, (2) unique challenges in access for graduate student facilitators and

participants, and (3) unforeseen and unexpected unique outcomes in the accessibility.

Advantages in Access for Graduate Student Facilitators and Participants. Among the

seven graduate student facilitators in the focus group, six of them reported that they noticed

convenient, intimate, and effective elements for clients in accessing art therapy services via

telehealth. They described the intimacy in visually seeing and hearing clients through the

computer screen, being able to observe family dynamics, being able to tune in to clients more

closely with more personal information, and perceiving alterations in typical therapeutic power

dynamics. Facilitator 1 stated, "There's this kind of intimacy with Zoom where me and the client

are both in our homes. Also, I think it changes the power dynamics a little bit between me and

the client where it's not like they're entering my space but we're both in our own space."

Additionally, Facilitator 2 stated that her clients' experiences of seeing her, as a therapist,

through a tiny screen may have brought them comfort, connection, and a sense of playfulness.

Facilitator 3 stated, "This square [referring to Zoom screen] is where I get to be a therapist."

Facilitator 3 said while she found this to feel limiting at times, it still allowed her to tune in more

closely in some ways. Facilitator 4 also stated, "That person is contained on the other end so I definitely see a lot of people being able to open up more, maybe in ways that they wouldn't have otherwise." Facilitator 5 stated, "They were able to open up a lot more and kind of focus on what we can do together." Facilitator 6 stated, "[Without the access via telehealth] you wouldn't be able to see clients even and you wouldn't really know what their space was like."

Further, graduate student facilitators repeatedly described the effectiveness and convenience in accessing art therapy services via telehealth, citing reasons such as: (1) being able to more efficiently use their time (e.g. less commuting/driving), (2) helping to build rapport, and (3) providing services to families who were struggling in the pandemic, have childcare responsibilities, or are from marginalized communities. As Facilitator 1 stated, "I've been able to see more clients in more different locations, it would be impossible for me to know how to commute around the city quickly enough to see all these people. Yeah, I feel like I'm making good use of my time." Facilitator 6 stated, "For people [who] were really struggling just to function, just to get through the day. . .[telehealth] was like this safety net of being able to connect." Finally, Facilitator 7 discussed the powerful benefit for marginalized communities to have the access to service. She stated that she was able to reach out via telehealth to many families, who told her it "felt like having someone there to hold on to and to guide and to sort of ground them and give them the space to process everything."

Challenges in Access for Graduate Student Facilitators and Participants. Despite all the advantages of telehealth services graduate student facilitators named in the previous section, they reported in the focus group that telehealth also presented numerous challenges. The most significant challenge mentioned by all graduate student facilitators is limitations in privacy. Most graduate student facilitators reported that they themselves and clients had limited private space to

talk during quarantine, have other responsibilities (e.g. childcare) in the home, or may only get

technology access in public spaces. Facilitator 1 stated, "I think the biggest challenges for my

clients have been privacy. It's really, really hard for them to find an environment where they can

talk to me confidentially." Moreover, another significant drawback to telehealth services is the

inconsistency in connectivity, which graduate student facilitators perceived to be more prominent

among marginalized communities or those from a lower SES. Facilitator 4 stated, "Sometimes

you have no video and you're just chatting. It felt like a huge limitation." Similarly, Facilitator 7

described how sometimes her clients did not know how to use technology. She explained her

experience as, "[Clients] cell phones weren't always consistently working, so I would call and

they were disconnected at that time. And then the following week, they were back. They were

connected again so [there were the] inconsistencies of having access to a telephone, not knowing

how to use the technology to support their kids to join the artmaking sessions or the art therapy.

Also [I was] trying to troubleshoot resources that they might have access to."

  Unexpected Outcomes for Graduate Student Facilitators and Participants. Finally,

researchers noted unexpected outcomes in graduate student facilitators' responses. One

unexpected statement was about how graduate student facilitators experienced "disembodied"

feelings as they conducted telehealth art therapist services; this included feeling as though they

were simply a therapy cellphone application, providing services via distant body, or feeling as

though their bodies did not exist at all because they were simply a "device", or "tamagotchi."

  Another unexpected outcome researchers discovered in focus group responses was

graduate student facilitators feeling like they were only able to intimately connect to

clients/participants through a designated virtual space; they described this as the "screen shape,"

"square," or "telescope" of the Zoom application window. Through this small and intimate

square application window, three graduate student facilitators stated they felt able to connect

with clients/participants on a more intimate personal level because participants opened up more

to facilitators. Overall, this provided graduate student facilitators with a sense that this was the

"new normal" of how art therapy services would be conducted. While this "new normal"

provided a new level of intimacy within family work, graduate student facilitators also reported

feeling contained and grounded through this unique virtual experience. Facilitator 3 stated, "The

beauty of those workshops specifically, [was] there was so much space and time." Facilitator 5

added, "I was able to get more information verbally [from clients]. They feel a little more

comfortable sharing." Facilitator 3 also stated, "[Telehealth provided] access to clients' families,

especially working with kids; it was easier too. It kind of pushed me to connect more with their

families, and I was calling parents on the phone and that allowed for some family work."

Facilitator 3 said that she is still grieving the "new normal," but she feels as though it bloomed

into something different, an experience she otherwise would not have gotten to offer her clients.

Using Technology For Delivery of Art Therapy Services. Researchers identified three

emergent trends in graduate student facilitator focus group responses regarding technology as

part of the Helen B. Landgarten Art Therapy Clinic's transition to providing art therapy services

via telehealth due to the COVID-19 epidemic. These trends include: (1) graduate student

facilitators' difficulty in adapting to technology, (2) unique outcomes in utilizing technology, and

(3) identifying the significantly impacted communities that were most impacted by technology

limitations.

Challenges in Adapting to Technology. All seven of the graduate student facilitators

expressed varying levels of "frustration," "anger and grief," "difficulty", lack of "privacy," or

feelings of loss, when discussing their transition to using telehealth to provide art therapy

services. Facilitator 1 stated they experienced "an altered state"of being "disembodied," stating

she felt like she was turned into a "tamagotchi" therapy phone application. Then Facilitator 3

continued to explain that felt "detached from" the body and "not as grounded" as when she was

able to provide art therapy services while in-person. Facilitator 7 said she felt it was challenging

for her or for participants to find a "safe space" to talk on the phone. Two graduate student

facilitators stated they felt telehealth required them to be "creative" and "think on your (their)

toes" in using technology. Three graduate student facilitators felt a loss, as they viewed

participants as "far away" via "screen," "telescope," or "snapshot," which they felt resulted in

them missing information vital to the therapeutic relationship. Overall, all graduate student

facilitators admitted that despite all the challenges they faced or observed participants might

have faced, there were significant values and unique outcomes in using technology during this

pandemic.

    Unique Outcomes in Utilizing Technology. In their focus group statements, graduate

student facilitators stated the most significant value in technology used during COVID-19 was

the "intimate" therapeutic relationship offered to clients/participants at a time when both

facilitators and clients/participants needed connection. Specifically, intimacy resulted from

entering participants' homes, seeing their living spaces, observing family interactions, listening

through headphones, and obtaining more personal information through "snapshot" screen views.

All of the graduate student facilitators agreed that using technology was a different experience to

them and participants. Six out of the seven graduate student facilitators mentioned technology

provided opportunities to work more closely with participants and families. Further, four of the

graduate student facilitators stated technology provided containment through the "screen(s)" or

on the phones. Four of them mentioned that using technology is convenient for participants who

have other childcare responsibilities, are in different locations, or for those on the move.

Facilitator 6 specifically mentioned that the Zoom whiteboard feature "created this place for

mirroring and reflecting in a way that was visual and very intuitive and containing" which

seemed like a safer "communal" space. Overall, based on their focus group responses, graduate

student facilitators reported feelings of connectedness, effectiveness/convenience, containment,

and intimacy in using technology to provide services in COVID-19.

      Identifying the Significantly Impacted Communities. Graduate student facilitators

reported limitations for all populations in accessing technology for telehealth art therapy

services. Most significantly, graduate student facilitators stated populations from marginalized

communities and lower SES were the *most* impacted by technology limitations. Facilitator 6

mentioned that no clients showed up immediately following the transition to telehealth services,

due to unfamiliarity in using technology. Describing her clients as coming from homelessness,

marginalized communities and lower SES backgrounds, Facilitator 7 described challenges her

participants faced; she stated they lacked access to technology, did not own or have access to

devices or WiFi, or were limited to data on prepaid cell phones. However, Facilitator 7 felt it was

hard for both participants and graduate student facilitators to keep consistent access to

technology. Despite these challenges with technology, during the focus group, all the graduate

student facilitators stated that art therapy services were still able to reach individuals and families

in a way that was meaningful, valuable, and it "felt like a physical connection" or "a relationship

was formed."

      Role of the Art in Creating Telehealth Spaces. Upon analyzing the data collected from

focus group video recording, transcripts, and artwork, researchers identified three emergent

trends in the graduate student facilitators' descriptions of the artwork itself, as well as within the

process of artmaking during art therapy telehealth services during the transition to telehealth in COVID-19. The significant trends are: (1) participants and graduate student facilitators both experienced intimacy and connectedness in the art and artmaking, (2) art allowed opportunities to process emotions and feelings, and (3) art and artmaking in telehealth provided a unique and hopeful experience.

Experienced Intimacy and Connectedness. All seven graduate student facilitators noted an experienced sense of intimacy and connectedness in observing participants' engaging in artmaking through telehealth during the COVID-19 pandemic. Four graduate student facilitators stated participants seemed to have opened up more in artmaking, meaning graduate student facilitators could get "more verbal information" after the artmaking. Additionally, Facilitator 5 noted how participants seemed more comfortable in sharing the artmaking process with facilitators, making the experience even more intimate than when in-person services were provided. Moreover, Facilitator 6 noted that participants used the Zoom chat feature to describe their art with a larger group, which provided feelings of connectedness and safety. Facilitator 7, who worked with mostly marginalized communities, noted that there were prevalent artwork themes of nature, the outdoors, normalcy, friends, and sports; Facilitator 7 said they seemed to enjoy "the intimate experience." Two facilitators also noted that artmaking via telehealth helped facilitators feel grounded and reconnected to their bodies, as well. Graduate student facilitators noted other common themes in participants' art, including: (1) a sense of hope for themselves and for each other, which was depicted through images of the sun, flowers, and rainbows; (2) wanting and attempting to connect and return to "normalcy", which was depicted through images of friends/social, sports, and outdoor activities.

Processed Emotions and Providing Containment. Three graduate student facilitators made similar comments about how artmaking through telehealth offered opportunities for exploring, processing, and containing emotions — for both participants and graduate student facilitators, simultaneously. Researchers noted recurring themes of chaos, loss, grief, anger, frustration, and hope depicted in graduate student facilitator artwork from the focus group, as well as in the descriptions graduate student facilitators provided of their own clients' artwork. Facilitator 6 reflected that artmaking using the Zoom whiteboard feature created a place for "mirroring and reflecting" between participants and graduate student facilitators — visually, intuitively, and containing. Researchers also observed these common themes in the reports of graduate student facilitators about their clients/participants' art. In describing themes of sadness, loss, longing for connection, and wanting containment, graduate student facilitators shared how clients/participants created artworks that included images of places they used to go or activities in which they used to engage before COVID-19.

Art Provided a Unique and Hopeful Experience. According to statements shared during the focus group, graduate student facilitators found the process of engaging in digital artmaking to provide unexpected, unique, and hopeful experiences and outcomes. For one, Facilitator 4 noted that observing participants' artmaking, while making art herself, has become an unique experience via telehealth. Further, Facilitator 2 stated that while there were limited traditional art materials available to clients, participants were creative in working with the materials they had within their homes in order to engage as best as possible. Facilitator 6 stated that digital artmaking platforms, like the Zoom whiteboard, created a big mural-like "communal space" for everyone to "add something, which was harder to do in person." Two other facilitators noted how artmaking through telehealth platforms counteracted Zoom fatigue by offering a cathartic

practice and/or break. As Facilitator 3 summarized, artmaking was "playful exploring and having fun."

Other/General Emergent Themes. Based on their statements made during the focus group, researchers have found the graduate student facilitators' experience transitioning to telehealth in the Helen B. Landgarten Art Therapy Clinic can best be described as paradoxical — filled with both tragedy and triumph, both bringing grief and new life. As Facilitator 3 stated, "Over time it sort of became a little bit more like our 'new normal' and it's easier and I'm used to it, but still feeling that grief. At the same time, [I'm] seeing that grief maybe blooming into something different, that I wouldn't have otherwise gotten to experience or offer my clients." The present paradox could be attributed to the resiliency and adaptation that grew within graduate student facilitators and their clients as their familiarity with telehealth expanded. What started out as new, unusual, and awkward became a weekly sigh of relief for many. Facilitator 3 stated, "There's just something beautiful about how we've been able to turn this situation into something that we wouldn't have otherwise gotten to explore, but still feeling like grieving the whole time."

Without avoiding the unsavory qualities of telehealth services attributable to the pandemic, both clients/participants and graduate student facilitators were able to find silver linings, remain positive, maintain hope, and highlight the usefulness of the grief they shared as a result of the pandemic. Graduate student facilitators noted how the novelty of these experiences added to their initial discomfort as much as it added to their excitement. As their comfort grew, so did their skills. As budding art therapy and MFT clinicians, these graduate student facilitators strengthened their abilities to create safe spaces, foster community, and grow through tragedy. One graduate student facilitator highlighted her widening comfort with silence. Kindness, care, and understanding of one's limits was particularly required from graduate student facilitators, but

also at times may have also been needed from clients/participants, as they likely understood that

graduate student facilitators were experiencing the same global tragedy. Facilitator 5

encapsulated this notion by stating, "For me it's learning how to swim for both me and the

client." For these graduate student facilitators, "thinking on [their] toes," as one facilitator put it,

was not an option, but a necessity. With clinicians virtually in the homes of their

clients/participants, and vice versa, trust was forged in a way that may not have been achieved in

any other form.

Findings

Throughout the research process and analysis of the data, several key findings emerged.

These findings address the research questions: what were the efficacy of interventions, and what

clinical themes emerged as a result of art therapy telehealth services offered by the Helen B.

Landgarten Art Therapy Clinic during COVID-19 to marginalized communities? The following

section will begin with a brief overview and visual conceptualization of overall keys findings.

This overview and visual conceptualization will then be followed by discussion on key findings

related to those *facilitating* the telehealth art therapy services. The remainder of this section will

then explore key findings as they relate to participants with regards to each of the categories

identified in the literature review and preliminary analysis: access, technology, and role of the

art.

Before going into each section with detail, the below visual conceptualization presented

as a diagram (Figure 8a) provides an overview of key findings specific to the categories of art,

access, and technology from our analysis. Research showed that art and access to services saw

shared themes of social connection, visual collaboration, community, and social justice, and that

technology enabled access and accommodation of client circumstances, although there was an

observed need for increased equity of access to technology. It was also found that technology and art brought ease of collaboration, safe spaces, and communal spaces. Within all categories of art, access, and technology, research saw shared themes of an increased hope for art therapy services and the capacity for art to extend beyond boundaries. These findings were interrelated and interwoven with areas of overlap. Findings and connections will be further explored in the next sections.

Figure 9a

Overview of Correlativity Between Key Findings
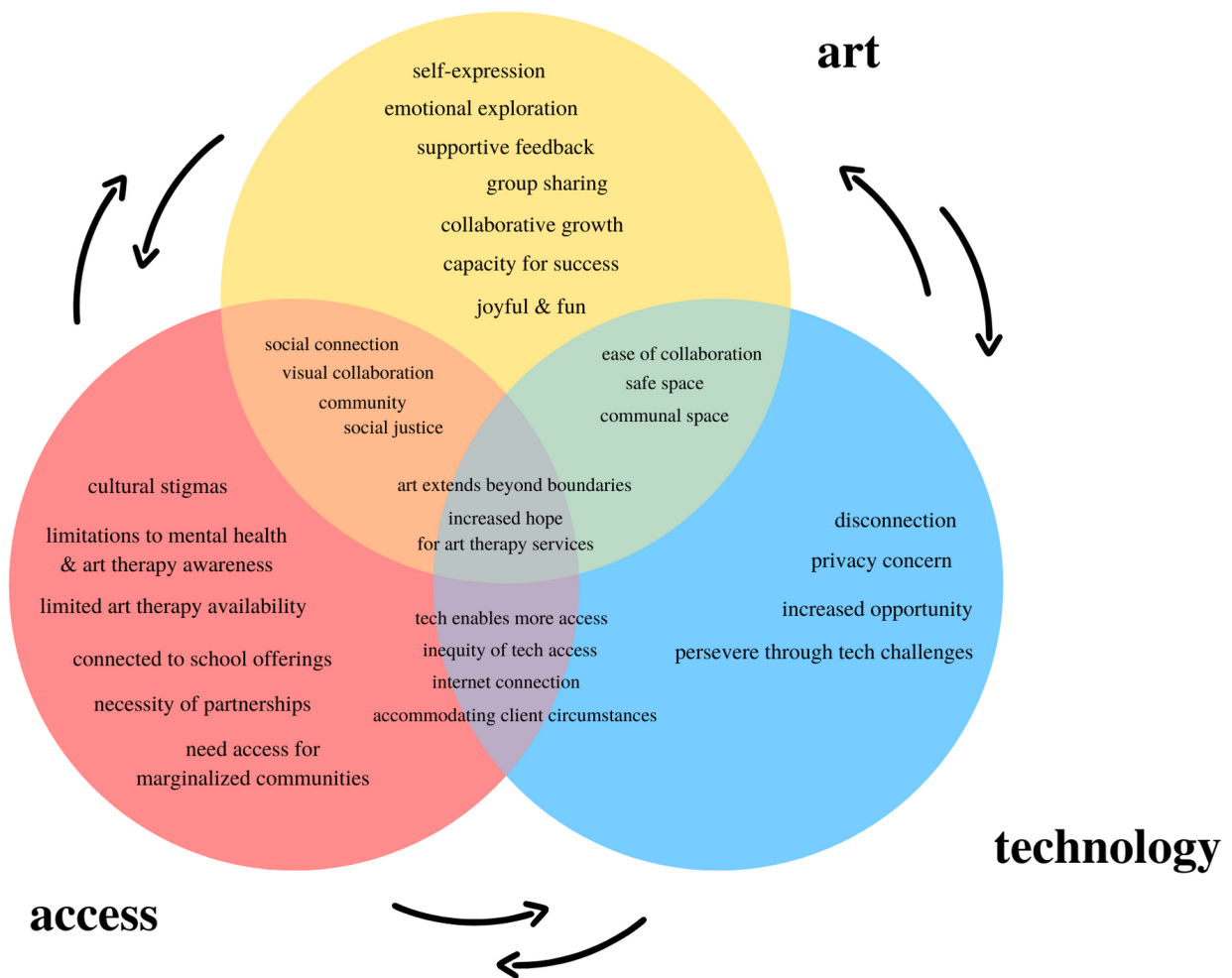
Graduate Student Facilitator Experience: Empathy and Healing Through Helping Others

One finding researchers discovered through the process of data collection and analysis

was the unique ways graduate student facilitators, amid the unique setting of the pandemic, were

able to build purpose and empathy through the act of helping others, which was directly linked to

the standing literature. As stated by King (2020), graduate student facilitators faced a unique

challenge in their traineeships, the termination of their internship or an unexpected transition to

telehealth, which resulted in a disruption in their progression and development, and left feelings

of sadness, confusion, frustration and worry. In direct alignment with the existing research,

graduate student facilitators expressed their feelings pertaining to Covid-19 in the focus group,

describing their transition to providing services through telehealth; graduate student facilitators

described fears of uncertainty, as well as feelings of out-of-control chaos, isolation, grief, and

loss. While previous research suggests that many art therapists felt reluctant to use telehealth,

stemming from feelings of being under-skilled, uncomfortable, under-trained, as well as having

fears of low adherence, low effectiveness, potentials for abuse, unforeseen problems, and the

capacity to make human expertise obsolete (Carlton, 2013; Spooner et al., 2019; Mattson, 2010;

Mohr et al., 2019), graduate student facilitators were forced to transition to providing services

via telehealth as a result of Covid-19 quarantine orders. At risk for psychological distress, like

elevated anxiety, stress, depression, caregiver fatigue, vicarious trauma, loneliness, isolation and

burnout (Braus & Morton, 2020; McBride et al., 2020; McClain, 2020; Schneider et al., 2020),

graduate student facilitators in the focus group nonetheless simultaneously expressed feelings of

hope, trying to connect and adapt, and a sense of safety, which were created through their

facilitation of telehealth art therapy services. As stated by Facilitator 6, the Helen B. Landgarten

Art Therapy Clinic was a "safety net" that provided her a sense that things were going to be

okay, as well as a needed structure for her to continue learning and connecting with clients.

Facilitator 6 noted that suns, growth, flowers, and even rainbows were common themes in client

artwork, which she interpreted as signs of hope. As is congruent with research pertaining to

in-person art therapy services provided during times of crisis, this suggests therapists were able

to experience their own healing by witnessing participants' art processes with an empathic

approach, while simultaneously broadening their understanding of the communities where

services were provided, as proposed by prior research (Feen-Calligan et al., 2018; Howie et al.,

2002).

Within the art therapy literature about telehealth, researchers wanted to note the novelty

of findings pertaining to the graduate student facilitator experience. Whereas previous research

has predominantly focused on the experience of *participants*, naming themes of hope and

positive direction when receiving art therapy telehealth services, current findings are rare in

evaluating how *facilitators* experienced feelings of hope through the actions of providing art

therapy telehealth services to others (Chilcote, 2011; Gonzalez-Dolginko, 2011; Jones, 1997;

Linton, 2017). For example, previous research suggests that art therapy participants developed a

stronger sense of life purpose and empathy through the act of helping others (Mohr, 2014). While

not reported as prominently by telehealth art therapy participants, this finding was reported by

the focus group with graduate student facilitators. As previously put forward by the little existing

research, this may be because graduate student facilitators were positioned to support people

through a time of uncertainty, which provided graduate student facilitators an opportunity to find

meaning, purpose, and usefulness through helping others (McBride et al., 2020). Therefore,

while little art therapy literature exists to support the findings of the current study, the limited

research that *does* exist supports researchers' findings that graduate student facilitators had a

hopeful experience, which instilled a sense of purpose, usefulness, meaning and empathy through helping others.

Access

The researchers will now focus on describing the findings related to the experiences of the people who observed the services or directly received them. The observations of graduate student facilitators will also be woven throughout to illustrate overlapping themes throughout the data sets.

Limits to Access

As the researchers honed in on the findings with regards to access, the researchers found it necessary to highlight the expressed limitations to previous access within the populations served by the Helen B. Landgarten Art Therapy Clinic. One contributing factor that was brought up by administrators and caregivers is the cultural stigma that keeps many from seeking out mental health services. Within her semi-structured interview, Respondent 2 who identified as Latina stated, "The idea of going to see a therapist is a little bit taboo if we think about the Latino Hispanic community." Additionally, Respondent 3 stated, "There is not enough awareness, across the board, especially with the Latino community." She added, "People of color do not have enough information to decrease the stigma that already exists." As described by interviewees, there can be a negative connotation attached to mental health treatment, which is exacerbated in communities with little familiarity with said treatment. That leads to the second contributing factor that results in poor access, which is limited mental health awareness, or even limited awareness about art therapy. When potential clients are unaware of these things they are unable to access the resources that may be available to them. Ceci and Purkis (2009) outlined how there is typically support regarding the offering of more services, but controversies seem to

occur when the conversation of who's to pay for these services arises. Because art therapy is not

usually deemed medically necessary, difficulties with funding can make it challenging to access

these resources. There is the issue that many spaces, specifically school sites, have limited

availability of what they are able and do provide. Respondent 2 described the imperative nature

of school-provided therapeutic services, noting how members of the local community who are

not connected to the school tend to have less access to mental health services. Respondent 2

further stated that the school is the "first place" families think of to get that mental health service.

Kneebone (2017) also highlighted how limited resources tend to lead to competition, "rather than

marshaling resources at the scale needed to address shared challenges." Thus, the third factor is

availability of resources; without local resources, many will not have access to care. This leads to

the necessity of community partnerships, such as those the Helen B. Landgarten Art Therapy

Clinic has formed with schools in the Los Angeles area. These partnerships allow for providers

to be connected to clients. Particularly in the time of the COVID-19 pandemic, connections like

these create a bridge that helps meet the needs of many.

Benefits of Access

From the responses shared during the focus group, the researchers found that the graduate

student facilitators were able to access more clients and diverse populations, which they may not

have been able to work with prior. A graduate student facilitator described this experience in a

survey response by stating, "While there were certain limitations, I found facilitating S.A.W.

groups via telehealth to provide unique opportunities that may have been otherwise

inaccessible." Within a survey response, it was reported by a graduate student facilitator that the

most beneficial aspects of art therapy telehealth were as follows: "Clinical hours and valuable

experience with diverse populations, particularly in addressing social justice."

Prior to their engagement with the services provided through the Helen B. Landgarten Art Therapy Clinic, most of the school administrators, teachers, staff, and caregivers reported they had minimal past participation in therapy services, with 7 out of 12 stating they had no prior therapeutic experience. This is important to highlight as we consider the marginalized racial/ethnic backgrounds of the majority of the participants, especially during the pandemic. McBride et al. (2020) noted that COVID-19 has disportionately affected Black, Latinx, and Native communities at a higher rate, which shows the need for the Helen B. Landgarten Art Therapy Clinic's therapeutic services. Citing such reasons as a lack of knowledge regarding services or an inability to access services due to cost or location, school administrators, teachers, staff, and caregivers described in surveys and semi-structured interviews the multiple factors that limited them from accessing resources that they stated they appreciated, enjoyed, and wanted to increase.

As McBride et al. also (2020) noted, "Individuals may present with population-specific concerns about COVID-19 based on their socioeconomic status, race, or occupation (p. 4)." The Helen B. Landgarten Art Therapy Clinic sought to meet population-specific concerns by increasing its outreach during the pandemic to diverse populations, which was made possible through the virtual means. Additionally, graduate student facilitators described how they found it helpful to be able to deliver treatment to families, since many families found themselves together at home during the pandemic. Graduate student facilitators reported a more intimate connection that was possibly attributed to the fact that clients and therapists alike were virtually in each other's homes. A graduate student facilitator stated in a survey response that, "I also found the continuity of community care and the commitment to adapting the program for telehealth to be very valuable in terms of honoring and respecting the community and the clinic's connection

with the community." This connection was apparent to not only graduate student facilitators, but also administrators, teachers, staff, and caregivers. School administrators stated a desire for more art therapy, as they noted there were many transferable skills gained from art therapy. They saw value in art therapy, and hope that their students would be able to benefit from it in the future. In his semi-structured interview, Respondent 4 noted, "The kids really benefited and were able to reflect and generate just such amazing work." Respondent 4 further stated he hoped that his school's partnership with the Helen B. Landgarten Art Therapy Clinic would continue to expand. According to Respondent 4, the biggest accomplishment of services was having the students be in a space where they felt comfortable enough to be vulnerable to self-express, producing something that is valued and allows the students to excel in ways that they may not have previously. As cited by previous sources in the existing literature, the efficacy of provided services is about more than simply access, but rather access to quality art therapy resources that are relevant and specifically suitable for the population that they seek to serve.

Technology

Through analysis, researchers found the following key findings related to technology. Technology used in art therapy telehealth in COVID-19 appeared to have technological challenges for graduate student facilitators and participants; however, it increased opportunities and access for getting and providing art therapy services in times of crisis. The technology used in art therapy telehealth also pushed graduate student facilitators and participants to be flexible and creative, persevere through technological challenges, and adapt by focusing on the positivities.

Perseverance Through Technological Challenges

The first emergent theme found under the technology category is perseverance through technological challenges among participants and facilitators. Findings suggest that the need for connection during COVID-19 prompted adaptation and perseverance amid challenges with technology in delivering art therapy telehealth services. During the focus group, three graduate student facilitators mentioned that they initially felt negative feelings and experiences; yet, they were contained in the "screen shape" space created by telehealth art therapy service and the artmaking process. Then, over time the graduate student facilitators negative experiences appeared to "bloom" into something that they "wouldn't have otherwise gotten to experience." Three graduate student facilitators found the technology used in art therapy telehealth was a "humbling" experience and over time the challenging experience pushed them to figure out how to move forward in order to connect more with participants. After processing the feelings of chaos, grief, and anger, two graduate student facilitators described that the challenges caused by using technology in art therapy finally "bloom(ed) into something (different)," and they wanted to "tune in more (with clients)". In addition, graduate student facilitators commented on the process of perceiving technological issues as "not a barrier," just a process to "move forward," or needing to "keep going," which aligned with the literature that revealed that the process of facing technology issues in art therapy telehealth can effectively build gratitude, resilience, and perseverance (Blankers et al., 2016; Carlton, 2014; Dunphy et al., 2019; Hsin & Garner, 2013; Kaimal et al., 2019; Mattson, 2010; Mohr et al., 2019; Vlaescu, 2016).

Higher Expectations from Graduate Student Facilitators vs. Administrators/Teachers/Staff and Caregivers

Through the analysis of interview and focus group data sets, researchers also found that graduate student facilitators appeared to have higher expectations for the art therapy services

they provided, in comparison to what the participants expected to receive. Graduate student facilitators expressed how using technology in art therapy telehealth created intimacy, but there were drawbacks created by the high personal expectations they had in providing services while in crisis. For example, one graduate student facilitator shared that she felt a disembodied feeling, suggestive of what she termed being a therapy "tamagotchi," or similar to a therapy device or mobile app. Therefore, the distanced service via technological devices created a sense of disconnected "out of body" and "wild" feelings. Other graduate student facilitators stated they felt participants lacked privacy when they received telehealth services in their home, which potentially threatened confidentiality. In addition, there were disparities in getting services dependent on the clients' access to technological resources, such as WiFi or computers. However, data analysis of the participants' experiences found that using technology created challenging issues at the beginning of the pandemic, but participants and graduate student facilitators were able to ultimately move forward and be creative in addressing challenges so technology was less of or no longer a barrier. Observers of participants (administrators, teachers, staff, and caregivers) did not express that technology challenges were an issue. Instead, this group of participants expressed that the art therapy telehealth services they received were only beneficial to their communities in the times of crisis. These findings were similar to studies found in the literature review, which stated that trainees often had high expectations in balancing coursework, research, training, financial stress, time constraints, long hours, and anxiety surrounding evaluations and grades (King, 2020). As part of their role, graduate student facilitators were also expected to not only take care of themselves in this time of COVID-19 crisis, but also their participants/clients; the existing research suggested that extra support and advocacy from their training programs would give facilitators the capacity to be flexible and

adaptable within this dynamic (King, 2020; Schneider et al., 2020; Spooner et al., 2019). The

current research supports the existing literature, as the Helen B. Landgarten Art Therapy

Program at Loyola Marymount University was reported by graduate student facilitators to

provide a "safety net" for them to care for themselves and others. As reported in the focus group,

graduate students frequently noted feelings of gratitude to the Helen B. Landgarten Art Therapy

clinic in providing additional opportunities to gain clinical hours, as well as provide a "safety

net," or the needed structure for facilitators to continue learning and connecting with clients.

Graduate student facilitators and school administrators also frequently cited the ability of

facilitators to be flexible in addressing the various challenges of technology and telehealth. As

suggested by the research, the ability of graduate student facilitators to adapt and be flexible

allowed them to connect with clients in crisis work in adjusting to the needs of the COVID-19

pandemic, (McBride et al., 2020, p. 4) which leads to the following finding.

Increased Opportunity and Access

The researchers found technology in art therapy telehealth to open opportunities to

connect and to provide services to diverse populations in diverse forms, including populations

that one graduate student facilitator described as "really struggling (in COVID-19)." Specific

populations described in the analysis included (1) families who are low SES, (2) individuals who

have childcare responsibilities, (3) participants who are in different locations, and (4) youths who

have been mistreated or underserved. This finding is in alignment with what recent research

suggests, stating that telehealth has the potential to persevere in times of difficulties (Blankers et

al., 2016; Carlton, 2014; Dunphy et al., 2019; Hsin & Garner, 2013; Kaimal et al., 2019;

Mattson, 2010; Mohr et al., 2019; Vlaescu, 2016). Moreover, previous literature has established

art therapy telehealth as effective and adaptable in treating communities marginalized because of

location or severe illness (Collie & Cubranic, 1999; Collie & Cubranic, 2002; Collie et al., 2006;

Levy et al., 2018; Spooner et al., 2019). The literature review also suggested that technology in

artmaking has been especially helpful with the youth who live in communities that are

considered underserved, because youth focus on social, cultural and political topics that may

potentially shape the way they are living (Lin & Bruce, 2013). As was reported in Collie and

Cubranic (1999), telehealth, and specifically art therapy telehealth, is valuable and increases

access to mental health care. As Respondent 3 stated in her semi-structured interview, she

believes everybody would benefit from access to mental health services. She said, "I think

everybody would benefit from them, whether there's any presenting problems or not, I think

everybody would find some benefit to it."

While all graduate student facilitators voiced a need to be flexible during the focus group,

this view was also mirrored by school administrators and caregivers in the semi-structured

interview. Respondent 4 stated, "Even as we were learning and going through that shift, the grad

students, the professors, [and] everyone — we just had to be flexible and we were able to learn."

These findings appeared to be in alignment with the literature that trainees had little to no

experience conducting telehealth therapy, but they are nevertheless trained to be flexible and

adaptable (King, 2020; Spooner et al., 2019). Further, the adaptability may help graduate student

facilitators to connect with clients in crisis work and to support clients in adjusting in the times

of COVID-19 pandemic (McBride et al., 2020, p. 4).

Researchers also found that technology increased containment, intimacy, and

connectivity among and between participants and graduate student facilitators, as well as in the

community. One semi-structured interview respondent noted that both her son and daughter felt

art therapy telehealth became part of their "safe zone" at home. Another respondent shared a

story about how a father could better communicate and connect with his daughter through the technological use of art therapy. In a survey response, a graduate student facilitator observed that technology allowed for a "sustained connection, which appeared to be meaningful to participants." Facilitator 6 saw themes of "connection, unity, and community" in the technology used in art therapy telehealth services, especially the Zoom whiteboard feature used in the artmaking process, which she identified as a "communal space" for "mirroring and reflecting." When speaking about the whiteboard feature, this same graduate student facilitator stated the whiteboard technological tool "was visual and very intuitive and containing," which allowed for a means to connect by making art with participants and using the whiteboard like a "communal space." Research findings pertaining to themes of safety in the space, intimacy, and connectivity were also found in the literature review, which established the ways in which technology usage at home created opportunities for clients to open up unexpectedly and differently in personal and intimate settings (McClain, 2020, p. 138). Telehealth provides a platform of connection not only for clients, but also for trainees, facilitators and providers (McBride et al., 2020).

Positives Outweigh the Negatives

Technology used in art therapy during the COVID-19 pandemic suggested that the *positives outweigh the negatives,* specifically meaning that the advantages of providing services via a technology platform outweighed the challenges. Technology used in the services provided by the Helen B. Landgarten Art Therapy Clinic appeared to reach diverse populations and provided more services. The literature revealed that telehealth can increase equity in access to mental health care such as: filling the gap of delivery; providing services to people living in rural or remote areas; providing services to those that lack time due to childcare or work demands; supporting the elderly or people who are home-based or home-bound; supporting people outside

the cultural mainstream; supporting people in lower socio-economic groups, and supporting

people with disabilities or disabling illnesses (Andrews et al., 2018; Brauer, 1992; Collie &

Cubranic, 2002; Collie at al., 2011; Hsin & Garner, 2013; Mattson, 2010; Mohr et al., 2019;

Sampson, Kolodinsky, & Greeno, 1997; Spooner et al., 2019). In addition, technology used in art

therapy telehealth can be pseudonymous or anonymous, which can lower resistance in the

therapeutic process for participants (Hsin & Garner, 2013) or those who have fear of stigma,

limited access of media choices, are unwilling to disclose mental health issues in person

(Blankers et al., 2016; Mohr et al., 2019; Vlaescu et al., 2016; Wagner, 2014), or have barriers of

different cultures and spoken languages (Hsin & Garner, 2013).

     While the technology at times used in art therapy telehealth was challenging, there

appeared to be many advantages observed by both graduate student facilitators and participants.

Graduate student facilitators noticed telehealth creating a long distance feeling to "tune in more"

with participants/clients and to utilize other senses in communication, such as hearing or

observing. Graduate student facilitators also noticed that there was a value in using

"concentrating listening" which allowed communication to adapt to the technology form in order

to focus on what is the most important (Collie & Cubranic, 1999; Collie & Cubranic, 2002). As

noted in the literature, the shared experiences of trainees and clients — which include concerns,

fear, and uncertainty — may have allowed them to build stronger rapport (McBride et al., 2020).

     Lastly, data from graduate student facilitators indicated that technology was useful in

providing more services to more clients. For example, art therapy telehealth gave graduate

student facilitators an opportunity to see more clients in a shorter amount of time and cut down

on transportation times. In addition, graduate student facilitators felt that they were able to build

rapport faster, more able to observe family dynamics, and amplify connection with diverse

groups of participants. As was reported in the current study, telehealth ensures mental health care is accessible, regardless of barriers or challenges such as access, stigma, distance or disability (Spooner et al., 2019). Moreover, the limited existing research suggests and the current research findings that art therapy telehealth is an effective and adaptable tool, which may even surpass conventional in-person models in efficacy, due to the intimacy of entering a person's home (Collie & Cubranic, 2002; Collie et al., 2006; Levy et al., 2018; Spooner et al., 2019). In addition, studies have shown telehealth is effective, acceptable and practical (Andrews et al., 2018), as effective as face-to-face therapy, which tends to have more benefits including privacy (Vlaescu et al., 2016), convenient (Blankers et al., 2016; Mattson, 2010), and fidelity (Mohr et al., 2019) of treatment. Nonetheless, as suggested in the current study as well, having technical assistance and resources and support in place can greatly increase the chances of a smooth telehealth delivery (Spooner et al., 2019).

Role of Art Within Art Therapy Telehealth

In this last section, researchers will explore the emerging themes pertaining to the specific role of the art in the delivery of art therapy services via telehealth, comparing current findings to the results from existing academic literature. In particular, researchers will explore key findings that suggest themes of safety, engagement, expression of emotions and self, and connection.

Creation of a Safe Space

Throughout the multiple analyzed data sets, researchers observed numerous examples of school administrators, teachers, staff and caregivers, as well as graduate student facilitators, discussing the ways in which telehealth created a safe environment for participant engagement. The safe environment created by the telehealth platform was reported to provide a felt sense of

comfort in disclosing hidden aspects of their identity and expressing personal feelings. These

findings correlate with the findings of Schwan et al. (2018), who stated the primary goal of art

programming is to allow the client to do what they know is best for themselves in a safe

environment that is more conducive to healing. Testa & McCarthy (2004) described this as a

"protective environment," which enables open sharing of feelings. As was stated by Facilitator 4,

the physical distance created through the online telehealth platform, was actually beneficial in

allowing his students at a juvenile hall in Los Angeles to express more openly because it

provided them comfort without the additional pressures of graduate student facilitators entering

into their living spaces. These findings support the benefits of telehealth described in the

previous literature, as Hsin & Garner (2013) stated telehealth can be pseudonymous or

anonymous, which lowers resistance in the therapeutic process for participants who have fear of

stigma, or are unwilling to disclose mental health issues in person (Blankers et al., 2016; Mohr et

al., 2019; Vlaescu et al., 2016; Wagner, 2014).

This aligns with the statements of the graduate student facilitators as well, who referred

to safe spaces as a "safety net." While they noted that telehealth services created personal

feelings of detachment, they also stated participating in artmaking through telehealth platforms

allowed a sense of pause and to be more present to their clients. This suggests that not only was

safety created by the distance of telehealth, but additionally, a sense of containment was created

through the art and artmaking experience itself. This is further evidenced by the graduate student

facilitators' descriptions of feeling deeply connected with participants by engaging in artwork

together via the Zoom whiteboard feature. These novel digital art forums provided opportunities

for participants to engage collaboratively with graduate student facilitators, which created new

ways to connect with each other. Therefore, the digital telehealth platforms and art process

opened unique opportunities for engaging participants in safe and containing ways. As

Respondent 2 noted, telehealth allowed students to make the decision about how they felt safest

to participate, particularly with regards to their use of the video camera feature. As McClain

(2020) stated, the digital telehealth framework allowed facilitators to see clients within their own

spaces or homes, opening up in ways that were unexpected, different, and meaningful; simply,

telehealth provided moving opportunities to see participants/clients in a personal and intimate

setting (p. 138).

Providing Opportunities for Enjoyment and Engagement

Multiple school administrators, teachers, staff and caregivers also stated in survey

responses and informal interviews that they observed their children or students "engaged" in,

"excited" by and "liking" the telehealth art therapy services provided. This suggests that as a

result of feeling safe and contained, the art process provided an opportunity for student

engagement and self-expression, which participants found enjoyable and likeable. For example,

Respondent 1 stated her son "liked art therapy more" and was "way more into it" than traditional

talk therapy. In particular, school administrators, teachers, staff and caregivers noted how the use

of art materials made the therapeutic experience feel special or unique. This aligns with the

previous research findings suggesting that telehealth allows diverse options for participants in

media and material use and that access to art supplies and/or art programming is a key

determinant in a youth's mental state and ability to manage daily life (Blankers et al., 2016;

Schwan et al., 2018; Vlaescu et al., 2016; Wagner, 2014). Similarly, Schwan et al. (2018) and

Forrest-Bank et al. (2016) stated clinicians should focus on their clients' strengths in order to

garner resiliency. This was supported by responses by parents in the current study, who noted

participation in telehealth art therapy was able to play to student strengths. For example,

Respondent 3 stated the art played to her son's strengths and interests, in a way traditional talk

therapy could not. Finally, the enjoyable and strengths-based art experience was named by

interviewees as preferable to other types of services, with Respondent 2 stating parents at her

school specifically requested art therapy services over other mental health services because it

allowed their children to express themselves through art. As suggested by the research, this may

be because the enjoyable art process created a sense of meaningfulness, which has been

associated with being creative, feeling connected to self and others, providing opportunity for

choice and self-determination, and reflecting one's own identity (Baumeister et al., 2013 &

Dattilo et al., 2017, as cited in Hebblethwaite et al., 2020).

Providing Opportunity for Safe Emotional and Self-expression

Additionally, results from the various data sets suggest the telehealth art therapy process

allowed student participants to safely express themselves and their emotions, sometimes in

deeper ways than they had previously expressed themselves before, as stated by Respondent 4,

who noted the high school students at a juvenile hall vulnerably expressed deeper sides to their

identity. School administrators, teachers, staff and caregivers said in survey responses that the

most valuable aspect of students' participation in online art therapy programming was that

students had an "outlet" where they were able to express their feelings, including anxiety and

frustrations. One survey respondent said, "The valuable part of the students being able to

continue with the art therapy program online was that they were able to express their feelings.

Students having a difficult time before were able to cope a bit better because of the program."

These results are supported by the previous research, which found virtual art programs

empowered individuals to use art as a way to openly express themselves, express emotions, and

share feelings in a protective environment, which allowed them to have greater autonomy in their

treatment and feel more aware and stable in their emotions (Brolles et al., 2016; Chiltorn et al., 2020; Mohr, 2014; Testa & McCarthy, 2004). Other studies showed how telehealth art therapy enhanced well-being through creativity, imagination, interactivity, and problem solving; the process effectively built gratitude, resilience, and perseverance, which provided opportunity to reduce anxiety and depression, promote self-care, and support self-expression and social connection (Blankers et al., 2016; Carlton, 2014; Dunphy et al., 2019; Hsin & Garner, 2013; Kaimal et al., 2019; Mattson, 2010; Mohr et al., 2019; Spooner et al., 2019; Vlaescu, 2016). Respondent 4 stated he believed the open-ended nature of the telehealth art prompts allowed opportunities for high school students to more deeply explore themselves and their emotions. This finding is supported by Hebblethwaite et al. (2020), who cautioned that telehealth art programs should avoid oversimplified approaches that are regarded as "one size fits all," which risk further marginalization at the expense of personalization, contextualization, quality control and safety (Hebblethwaite et al., 2020).

While several administrator and parent interviewee respondents noted the ability of telehealth art therapy to allow a deeper level of personal expression, other respondents stated telehealth did not allow their students to have as deep of a self-reflective experience. For example, Respondent 4 stated he felt in person services were more "effective." Furthermore, as described by Respondent 2, she observed her students' art and level of reflection as not being as deep during virtual programming, as when art therapy services were provided in-person. While Respondent 2 stated she did not believe there was any further way graduate student facilitators could have addressed the issue, Respondent 2's statements are in alignment with graduate student facilitator statements from the focus group, in which they stated they perceived participant artwork themes centered around interests and hobbies. While these themes may be an exploration

of interests and hobbies lost as a result of Covid-19 quarantine, they may also be viewed as more peripheral, compared to deeper themes of self identity or emotional exploration. The discrepancies in the various levels of reflection may be explained through previous research, as Hebblethwaite et al. (2020) suggested open-ended prompts allow individuals to make choices about their own involvement. Therefore, participants were given the autonomy to choose how deep they wished to go in their reflections and explorations. This may explain why graduate student facilitators saw both peripheral imagery, as well as other common themes in participants' art, which included a sense of hope for themselves and for each other (e.g. imagery of suns, flowers, and rainbows), as well as wanting and attempting to connect and return to "normalcy" (e.g. imagery of friends/social, sports, and outdoor activities).

Furthermore, as suggested by the evidence, the lack of emotional and expressive depth may be further explained by the art therapy graduate student facilitators' heavy reliance on the image as an integral component of therapy (Levy et al., 2018; Spooner et al., 2019). As the graduate student facilitators needed to choose between viewing client's facial expressions or viewing their art process, facilitators needed to rely more heavily on client verbal descriptions of artworks and may have missed subtle details, which could account for the lack of depth (Levy et al., 2018).

Provided Opportunity for Connection and Community Growth in Times of Crises

Former research has shown that art provided opportunities to support impacted communities in times of crises, and contributed to cultivating social connection, community life, and social dialogue. These findings are similar to the present research in showing how the role of art can help facilitate social interactions, bonding and collaboration between students, family and community members, and youth discourse across a variety of social issues.

Through art expression and group sharing, research studies have found that common themes include a sense of belonging to a larger community (Mohr, 2014; Gonzalez-Dolginko, 2011), mutual support and need for social connection (Potash et al., 2020; Brolles et al., 2016; Mohr, 2014; Berberian, 2013; Jones, 1997), and social reintegration through shareable work (Brolles et al., 2016). The present research found similar findings with collaborative art experiences and shared dialogue, as the ability to create connections was commonly identified by respondents, spanning from facilitator-student to parent-child to peer-peer interactions. One respondent stated in a survey that "students created a strong bond with one another." Another stated, "they need an outlet and someone to talk to." Meanwhile a graduate student facilitators observed higher student engagement with Zoom's whiteboard art tool as "you can reflect the art process in the here-and-now and visually collaborate" with opportunities for mirroring and visual attunement. It was also reported that "students felt trusting" to participate fully, as the research project found that art helped facilitate social connection and open sharing, which created strong bonds between students and provided an outlet for expression. This was similar to previous studies that saw the benefit of forming strong connections and support systems (Linton, 2017; Berberian, 2003; Testa & McCarthy, 2004), and how art therapy groups increased peer support, the ability to work collaboratively, and open sharing within a safe environment (Testa & McCarthy, 2004).

Previous researchers have also found art themes that celebrated family and community life, and importance of cultural heritage or faith (Brolles et al., 2016; Chilcote, 2011; Potash et al., 2020), resembling common trends that graduate student facilitators identified across clients' artwork in this research project, including "identity," "culture," "connection and unity," and "community." One study found that a hope to help support other parents in need for post-crisis

relief had been expressed in youth artwork (Chilcote, 2011) The theme of connection through family and community was similarly found in the present research, as one respondent shared a story of a father being able to connect with his daughter through art therapy, and that it had opened a new way of communicating to each other. Another parent respondent shared that creating family art provided an experience to connect and communicate non-verbally at times, and led to something they could reference and say "we did together." This research project also found similar findings to past studies that have found themes of mutual support and need for social connection (Potash et al., 2020; Brolles et al., 2016; Mohr, 2014; Berberian, 2013; Jones, 1997), as one respondent referred her children for services with a hope for them to connect with others, while another respondent placed a positive emphasis on the intention of the Summer Art Workshops activities, in focusing on creating connection with the community, families, and parents.

Research findings have also emphasized the value of joint partnerships in responses for disaster aid relief (Linton, 2017; Berberian, 2003), in highlighting a need for collaborative crisis work (Linton, 2017). Similarly, the present research found that during the pandemic, a juvenile hall's educational program and probation agency were able to collaborate on the students' art therapy experiences and, with the process of artmaking, develop transferable skills that showed the youth's capacity for success and increased self-confidence. Respondent 4 shared that through the art therapy services, all the partner agencies were able to work together, collaborating in unusual and new ways to "interact with the kids in a positive way." It was also shared that integrating art therapy services as a regular part of their curriculum was needed, as partner agencies emphasized continuance of services after seeing cross-functional benefits.

Other research findings have also shown similar patterns of community growth through the art process, including globally returned artwork from children to survivors after the World Trade Center Children's Mural Project guidelines was translated into 12 languages by the Christian Children's Fund (Berberian, 2003), and an art therapy group's mural project that not only gave voice to youth's ideas but allowed others to respond to their art expressions with themes of support and rebuilding hope for the future (Testa & McCarthy, 2004). Similarly, this research project saw a trend of community growth, in learning that a juvenile hall's probation program was able to build on the youth's creative experiences for providing supportive feedback, such as "look at how amazing you guys did with these art projects," and how the art process "create[ed] a whole different environment" of possibilities for the youth.

Furthermore, the role of art has been found to enable social dialogue with a sense of safety, as "social justice," "racial justice," "environmental justice," and "feminism" were common trends seen across participant and client artwork, while one survey respondent shared that services helped their student "talk about social justice and what was happening around the nation with her peers and in a safe and open way." These research findings present similarities to those reported in previous studies, as the use of art therapy in times of crises have been found to initiate social dialogue and cultural understanding (Landgarten, 1978; Slayton, 2012). For example, one study found that students were able to share their feelings in a more protective space and explore non-violent alternatives for how to address members who had broken the law (Landgarten, 1978), while another study found that a smaller treatment milieu and art media helped facilitate empathic interactions to dialogue about social issues and envision change as a community (Slayton, 2012). Graduate student facilitators also observed that youth were able to "take an active role in the fight for social justice and systemic change," and use art forms to

freely express themselves against negative stereotypes held about youth within the justice

system. In addressing the marginalization of their students from traditional school settings, the

administrator at a juvenile hall in Los Angeles shared that artmaking had provided a means for

students to show a different side of their identity. Respondent 4 stated, "You can really see the

kids' personalities in the art, and I don't mean the exterior that they put on, but what they are

underneath all that facade." As art services were also provided during the protest for Black lives,

a graduate student facilitator noted finding personal value in the creation of a safe, communal

space for both youth and student facilitators to process, share, and dialogue about social justice

and injustices. The present research, along with previous study findings, show how art therapy

can provide opportunities to facilitate social connection and cross-functional teamwork,

encourage personal growth and social change, and support impacted communities in times of

crises.

Conclusion

The final section of this study will end with a brief summary of the broad findings and

relationships to the field of art therapy, consider the limitations of this study, share personal

reflections on the overall research process, and make suggestions for further study.

While the unexpected COVID-19 pandemic forced delivery of art therapy services to

transition to technology platforms, telehealth opened a new area of interest and research

(Spooner et al., 2019). Researchers were able to learn from limited studies in art therapy

telehealth literature, mediate personal physiological and psychological stress, conduct a

qualitative case-study research, and gather and analyze information from surveys,

semi-structured interviews, and focus groups.

The researchers gained valuable understandings into the efficacy and several clinical themes with regards to the telehealth programming offered by the Helen B. Landgarten Art Therapy Clinic during the COVID-19 pandemic. Moreover, researchers uncovered information relevant to the whole field of art therapy, specifically with regards to how art therapy may reach populations through telehealth. This information has implications for the present status of the art therapy field, as well as implications into the distant future, as art therapy adapts to an ever-increasingly digital world. As noted by graduate student facilitators in the current study, the art therapy field has entered a "new normal," where art therapy had to adapt to be incorporated into telehealth services. What does this mean for the future of art therapy? Findings from this study suggest that the art therapy telehealth services provided by graduate student facilitators in the Helen B. Landgarten Art Therapy Clinic created opportunities for more diverse populations to access services, provided safe spaces to promote self expression, created a sense of hope in the community, and increased connectedness in the time of crisis. These findings provide promising opportunities for the future of telehealth in the art therapy discipline.

Limitations

Due to the limits of the Internal Review Board (IRB) proposal that was created for this study, researchers were not permitted to work directly with minors during research. As a result, researchers were unable to collect data directly from a large number of participants, since a vast majority of them were children. Taking into consideration this limitation, researchers hoped that gaining responses from adults who observed and/or had direct contact with participants who received services would accommodate this limitation. For similar reasons, researchers also did not have access to youth participants' artwork. Instead, researchers needed to rely on the secondary reports of artwork themes observed by graduate student facilitators and school

administrators, teachers, staff and caregivers. While these groups were able to identify recurring

themes throughout the artwork, it may be possible that researchers missed a deeper level of

artwork exploration, as the voices of the primary participants were absent. Future research would

benefit from collecting data directly from participants in order to more fully evaluate their

perceptions of provided services.

Additionally, it should be noted that all of the researchers involved in this study

participated in some way to provide art therapy telehealth services through the Helen B.

Landgarten Art Therapy Clinic. The fact that the researchers held a role within the clinic and

might have a biased perception of the services is something to consider, and one of the

limitations of the study. Since the researchers are also students, many of them gained their

practicum assignments through the department. When practicum sites closed as a result of

COVID-19 quarantine protocols, many of the student clinicians provided services through the

Helen B. Landgarten Art Therapy Clinic in order to continue accruing clinical hours towards

graduation requirements, as described in the access section. What served as a benefit to the

student clinicians, in terms of hours, may present itself as a challenge or additional bias within

this study. Connected to facilitator bias, could be potential bias from the participating community

partners that were recipients of the services provided by the clinic. Many of these recipients have

been long-standing partners of the Helen B. Landgarten Art Therapy Clinic and rely heavily on

the services provided by the clinic.

Lastly, a possible limitation might include the length of time between providing art

therapy telehealth services and the evaluation of the services. Services began in March 2020 at

the beginning of the pandemic but due to the nature of the course that structures this masters

research project, data was not collected from facilitators or participants until January 2021. The

length of time between receiving and reflecting on the art therapy telehealth services might have impacted the quality of data. Future research might benefit from more timely collection of data upon receiving services.

Personal Discoveries

Due to the qualitative and exploratory methodology that guided this research project, researchers found themselves continually discovering new aspects about themselves as both art therapists as well as researchers. The following are some of the researchers' personal discoveries.

First, researchers had to discern which approach would be most appropriate to delve into the question at hand. There are many ways to research efficacy, and many researchers may prefer to "prove" efficacy through quantitative data. There was a bias held by some in the group that qualitative data was substandard, when compared to quantitative data. Throughout the research process, the researchers noted that the chosen approach depended on what kind of nuance researchers wanted to highlight and gain a deeper understanding. For the sake of this study, The researchers made the choice to highlight participant experience through a more subjective means and take a qualitative case study research approach. The researchers hoped that the recipients of the art therapy telehealth services would be able to guide the research through their rich descriptions of their experiences. This research approach involved multiple data sets including survey responses, semi structured interviews, a focus group and the evaluation of visual art, all of which deepened the content of this study. The qualitative approach triangulating the multiple data sets helped identify overlapping trends and allow for "grey area" to be explored unrestricted by the black and white nature of a quantitative research approach.

Additionally, while researchers recognize the potential biases of being both researchers and Helen B. Landgarten Art Therapy Clinic facilitators, they believe the efficacy of the art therapy telehealth services provided in COVID-19 also reflect necessary amplifications of social dialogues and needed actions in creating safe environments. Through many of the services provided by the Helen B. Landgarten Art Therapy Clinic, the youth clients and participants were able to amplify their personal voices and actions in support of social equity and justice, in ways that allowed them to be seen, their voices to be heard, and their bodies to take action. These efforts were of particular importance given the societal experiences of this time, a global pandemic that was significantly impacting under resourced communities, rising political strife with a divicive political administration, and civil uprising in response to the murder of George Floyd, a Black man murderd by police officers in Minneapolis.

Lastly, researchers learned from the administrator and caregiver interviews about the importance of needing to further educate and advocate about art therapy services, not just at schools sites, but within the communities beyond. Multiple interviewees described how there is limited understanding and access to art therapy. Researchers feel passionately that art therapy needs to reach more people, particularly those who have the least access to mental health services, have stigmas about mental health, or who lack awareness that art therapy services exist.

Suggested Future Studies in the Field of Art Therapy

Although research about telehealth in the art therapy field is scarce, multiple studies indicated some limitations and challenges in telehealth before COVID-19, including security, bias, ethical, and training issues. With the onset of COVID-19, it is clear that research needs to continue exploring art therapy telehealth best practices, ethical and legal standards, and guidelines for proper training of clinicians and trainees. Proposed questions for further study

include but are not limited to: will art therapy telehealth continue as part of the "new normal"

after COVID-19? What would be the difference in art therapy telehealth services vs. in-person

art therapy services? What populations benefit the most from telehealth or in-person art therapy

services? How do art therapists reduce stigmas within marginalized communities tied to mental

health and art therapy services? How do graduate student facilitators reduce psychological

distress in times of crisis to provide more structured services?

In inviting opportunities for upcoming study and envisioning the future of art therapy

with many unknowns, researchers want to humbly bring our attention to how art may transcend

the digital platform. For one, (1) art therapy on digital platforms (e.g. Zoom whiteboard) creates

connection among participants, between facilitators and participants, between participants and

their communities, and between the art and people around it. The art made through digital

platforms connected people without physical boundaries or limitations. Secondly, (2) art may be

used as leverage, pushing both clinicians and participants to move forward, encouraging both

groups to be more flexible, creative, and comfortable with giving and receiving mental health

services on digital platforms. Third, (3) with lower levels of resistance and higher levels of

enjoyment, art can be a tool to empower and engage more people to join in art therapy sessions

on telehealth, which might address issues of mental health stigma, lack of awareness, lower

levels of access, and/or lack of artmaking experiences and traditional artmaking resources.

Finally, (4) new telehealth art therapy approaches offer novel opportunities for experimentation,

allowing clinicians to create different narratives in treatment and explore human experiences in

more playful ways.

While researchers noticed how art made on digital platforms lacks physical contact, such

as touch or feel, perhaps technology can compensate for the missed sensation in the future.

While wearing special glasses or gloves, one might actually feel or touch art made via digital

platforms, mimicking the experience like the art is right in front of you. When art meets more

technologically-advanced digital platforms, what will it bring to the field of art therapy?

Appendix A

Online Student Survey

1. What art therapy telehealth services offered by the HBL Art Therapy Clinic during the 2020 COVID-19 pandemic did you facilitate (select all that apply).

    a. Practicum with HBL Art Therapy Clinic
    b. Individual - adult art therapy telehealth
    c. Individual - child/youth art therapy telehealth
    d. Family art therapy telehealth
    e. Couples - art therapy telehealth
    f. Drop-in art therapy groups with youth and families
    g. Dolores Mission Summer Arts Workshop
    h. Immaculate Conception Summer Arts Workshop
    i. Central Juvenile Hall Summer Arts Workshop
    j. Dolores Mission Artbreak for Educators
    k. Dolores Mission Family Art Time
    l. Other:

2. What was valuable for you in providing art therapy telehealth services offered by the LMU HBL Art Therapy Clinic during the COVID-19 pandemic?

_____
_____
_____
_____
_____

3. What did you observe to be valuable for your participants as a result of art therapy telehealth services offered by the LMU HBL Art Therapy Clinic during the COVID-19 pandemic?

_____
_____
_____
_____
_____

4. Describe in a few words your experiences with technology while providing art therapy telehealth services through the clinic during the COVID-19 pandemic.

_____
_____
_____

_____

_____

5. Describe in a few words your observations of your participants' experiences with technology while receiving art therapy telehealth services through the clinic during the COVID-19 pandemic.

_____

_____

_____

_____

_____

6. What themes did you observe with the participants' art process or product while receiving art therapy telehealth services through the clinic during the COVID-19 pandemic?

_____

_____

_____

_____

_____

7. Is there anything else you would like to share about your experiences providing art therapy telehealth services through the HBL Art Therapy Clinic?

_____

_____

_____

_____

_____

8. We would love to learn more about your experiences providing art therapy telehealth services through the HBL Art Therapy Clinic during the COVID-19 pandemic. We would like to invite you to a 60min focus group with other graduate student facilitators on either Sunday, Feb. 7th, 2021 or Tuesday, Feb. 9th, both at 11:00. If you can attend, please leave your name, email and time preference below.

_____

_____

_____

_____

_____

Appendix B

Online Administrator/Caregiver Survey

Thank you so much for your feedback about your experience with online art therapy services offered by LMU's Helen B. Landgarten Art Therapy Clinic during the COVID-19 pandemic in Spring and Summer of 2020. Your feedback is important so that we can understand your experiences and improve future programming. You will have the option at the end of the survey to leave your name, phone number, and email address in order to participate in an individual interview; otherwise, your answers will be anonymous. Thank you again for your participation!

1. Which of the following best describes your participation (or role) in the online art therapy services offered by the LMU HBL Art Therapy Clinic?
    a. Individual that received services
    b. Parent/Caregiver of a youth that received services
    c. Principal that offered/observed students receiving services
    d. Teacher who observed students receiving services
    e. Staff who observed students receiving services
    f. Other

2. Please specify your race/ethnicity (select all that apply)
    a. Hispanic or Latino
    b. Black or African American
    c. Native American or American Indian
    d. Asian/Pacifi Islander
    e. White or Caucasian
    f. Other

3. In order to explore issues related to access to therapeutic services, could you please indicate your current employment status?
    a. Employed full time
    b. Employed part time
    c. Lost some/all employment due to COVID-19
    d. Unemployed not looking for work
    e. Retired
    f. Disabled
    g. Student
    h. Other
    i. Prefer not to say

4. Before participating in online art therapy services offered by the LMU HBL Art Therapy Clinic myself, my youth, or my student(s) participated in other therapy services…
   a. A great deal
   b. A lot
   c. A medium amount
   d. A little bit
   e. Not at all

5. If you answered "a little bit" or "not at all"- what prevented you, your youth or your student(s) from participating in therapy services? (select all that apply).
   a. Did not know about services
   b. Did not believe services would be helpful
   c. Could not afford services
   d. Did not have the resources to receive services (transportation, technology, a confidential space)
   e. Location of services
   f. Language of services
   g. Other

6. Briefly describe what was **valuable** about your/your youth's/ student's participation in the online art therapy services offered by the LMU HBL Art Therapy Clinic during the COVI-19 pandemic?

   _____
   _____
   _____
   _____
   _____

7. Briefly describe your observations or experiences with **the technology** while participating in online art therapy services during the COVID-19 pandemic?

   _____
   _____
   _____
   _____
   _____

8. Briefly describe is there anything else you would like to share about your/your youth's/your student's experience participating in LMU HBL Art Therapy Clinic's online art therapy services?

_____

_____

_____

_____

_____

9. We would love to learn more about your experiences with the LMU HBL Art Therapy
    Clinic's online art therapy services during the COVID-19 pandemic. Would you be
    willing to participate in a 15-20min individual phone or Zoom interview with a graduate
    student researcher? If yes, please leave your name, phone number, and email address
    below. Your information will only be used for contacting you.

    Name:_____
    Phone Number:_____
    Email Address: _____

Appendix C

Online Administrator/Caregiver Interviews

1. What has been your prior experience with therapy services and art therapy services?

    _____
    _____
    _____
    _____
    _____

2. What are your feelings about being able to access services?

    _____
    _____
    _____
    _____
    _____

3. Could you describe what you experienced/observed with the services the Helen B Landgarten Clinic provided and how you observed your students/children engaging in services?

    _____
    _____
    _____
    _____
    _____

4. Can you talk about the transition to receiving online services? What were the challenges and benefits?

    _____
    _____
    _____
    _____
    _____

5. Can you describe the experiences with online art therapy? What were some of the themes you observed, and how did the artmaking fit in with this experience? What role did the art play?

    _____
    _____
    _____

Appendix D

Online Student Focus Group Art Directive

1. Please use art materials available to you to create an image that represents your transition to and facilitation of Telehealth art therapy services through the HBL Art Therapy Clinic with the community due to the COVID-19 pandemic.

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