Art Therapy During A Mental Health Crisis: Coronavirus Pandemic Impact Report

AMERICAN ART THERAPY ASSOCIATION
MAY 2020 SURVEY

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Introduction

The Coronavirus (COVID-19) pandemic has created unprecedented chaos and stress in the lives of nearly all Americans across the country. People continue to struggle to stay safe from a deadly new virus that is overwhelming our health care system, while trying to pay their bills and cope with anxiety—and for some, deal with inconceivable grief. Amidst this uncertainty, the pandemic has exposed and exacerbated a mental health crisis, disrupting mental health care for many at a time when they need it most.

“I am [an art therapist] on salary insurance after having been infected with COVID and having lost both of my parents to the virus.”

To better understand how art therapists are responding to the Coronavirus pandemic and coping themselves, the American Art Therapy Association (AATA) conducted an online survey of art therapy professionals, educators, and students. Art therapy is a mental health profession that uses active art-making, the creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapists are mental health clinicians with Masters-level degrees or higher, trained in art and therapy. They serve diverse clients, from children experiencing behavioral challenges; victims of violence or trauma, including military service members and survivors of mass shootings; older adults struggling with dementia; and anyone that needs help coping with life’s challenges.

AATA launched the survey on May 4, 2020—well into the Coronavirus crisis. By then, President Trump had declared a national emergency and 95% of Americans were under stay-at-home orders of some sort. More than 1.17 million people had contracted COVID-19, and 68,326 had died. By the time we closed the survey on May 21, 2020, all 50 states had begun lifting restrictions.

“Creating art and processing underlying emotions helps us to describe the response to the pandemic as what it is: trauma. This can lead to increased positive mental health outcomes because we are making sense of the trauma while it is happening, rather than trying to integrate the experience more extensively later on.”

While these results best capture a particular moment in the pandemic, the findings can inform how we address the mental health ramifications of the Coronavirus that continues to ravage communities across the country. More importantly, the findings help raise awareness to the ongoing mental health crisis and how art therapists are providing care and coping themselves. Before the pandemic, more than 10 million American adults had an unmet need for mental health treatment, according to Mental...
Health America, and these survey results demonstrate that mental health care needs are growing.

**Key Findings**

AATA conducted this online survey of 623 art therapy professionals, students and educators in the United States in mid-May 2020. The findings offer a look into the impact of the Coronavirus pandemic on art therapists, the clients they serve, as well as access to mental health care.

The survey found that art therapists, as mental health professionals, are frontline “essential workers” during the Coronavirus pandemic. Half (53.1%) of art therapists surveyed said that they are continuing to go to work in person. Among art therapists who reported they were continuing to work in person, the vast majority (64.5%) said they were considered to be “essential workers” by their employers. Nearly half (47.3%) of “essential workers” said they work in psychiatric hospital settings or outpatient mental health clinics.

Art therapists said that they were hearing about high levels of anxiety, stress and worries from clients. Nearly all art therapists (92.0%) surveyed reported that their clients were experiencing anxiety due to isolation during the Coronavirus pandemic, and two in three (62.7%) said that their clients raised these concerns frequently.

Clients are deeply concerned about their home and family lives. Most art therapists (85.7%) said that their clients were bringing up increased stress due to additional responsibilities at home, including home schooling children. Three in four survey takers also said that their clients were identifying concerns unique to children (78.4%), such as health fears and isolation anxiety, as well as about older family members in isolation (75.7%). Related to this, the survey found that clients were particularly worried about their existing medical illnesses or those of their loved ones: four in five (80.7%) art therapists reported it was discussed in sessions.

Financial anxiety was evident in art therapists’ sessions with clients (83.4%) as well as among survey takers themselves. This wasn’t surprising considering that as art therapists were taking this survey, weekly jobless claims totaled 2.4 million for the week ending May 16, bringing the total number of claims filed since late March to 38.6 million. Art therapists, too, have been financially burdened by the pandemic: a quarter of art therapists (25.4%) surveyed said that they have lost their job, been furloughed or temporarily suspended, or their pay has been reduced. Nearly two in three (63.1%) said that they themselves have been experiencing anxiety as a result of financial uncertainty. Among art therapists who own small businesses such as private practices or art studios, nearly a third (28.5%) said that they have received or applied for a small business loan through the Paycheck Protection Program (PPP).

In order to better respond to the unfolding mental health crisis during social distancing guidances, art therapists report having transitioned to teletherapy either partially or entirely. They said they are using video sessions about a quarter of the time (27%) and telephone...
calls for the remainder (73%). More than a third (37.4%) of art therapists reported that teletherapy has enabled them to “offer services to clients who did not previously have access to mental health care.”

The survey found that art therapists have stepped out of their comfort zones to get creative virtually, incorporating the art-making process into teletherapy sessions and connecting with their clients in new ways during this pandemic. When survey takers offering teletherapy were asked whether they felt “more comfortable using technology during the crisis than previously”, nearly three in four (76.2%) said they agreed—with a third (29.4%) saying they strongly agreed.

However, the adoption of technology has also resulted in many challenges, some unique to the art therapy profession. More than three quarters of survey takers said that they had difficulty viewing clients’ art-making processes (79.8%) and were challenged incorporating art materials (78.2%). Some art therapists reported that teletherapy has made it harder for them to connect with their clients, but also noted that some clients are hesitant to use teletherapy citing discomfort with technology or not having private space to talk.

Methodology

The American Art Therapy Association (AATA) administered this online survey from May 4 - 21, 2020 using a questionnaire on SurveyMonkey. We encouraged respondents to answer questions on their experiences during any point of the pandemic. The survey was open to all art therapists, including AATA members and non-members, as well as art therapy students, educators, and retired art therapists. We circulated the survey via direct email to AATA members and publicly on social media.

About The Survey Takers

In total, 623 people responded to the survey. They also shared their thoughts and experiences in further detail through the open-ended questions (which 85% percent of survey takers answered). Some of these comments are included throughout this report and in the Appendix.

- The majority of survey takers (89.7%) were AATA members. More than one in six (17.9%) said they were a student member and responded to workplace questions based on their internships.

- Half of the art therapists surveyed work either in a hospital setting (23.8%) or in outpatient mental health or community health clinics (26.7%). Over a quarter (26.3%) work in private practice and another one in eight (11.9%) work in a school. (Art therapists are frequently employed in more than one work site, so in this survey, we asked them to identify all their places of work. On average, they identified 1.6 work settings.)

“Walled Off” by Bani Malhotra, ATR, art therapy PhD student at Drexel University.

“Walled Off is the first of the encaustic triptych on the personal, social, political, and geographical impact of COVID-19. Here, I meditate on the process and allow the melted wax to control the background, similar to the pandemic that suddenly altered our lives with great intensity. Despite that, new pathways and doors continue to be carved in spite of feeling walled off.”
The majority (73.1%) of art therapists surveyed said that they were currently working with mood, anxiety or stress related issues, as well as clients with post-traumatic stress disorder (PTSD) or traumatic brain injury (TBI). However, art therapists frequently work with more than one type of issue, so in this survey, we asked them to identify all that applied to their practice. On average, survey takers chose eight client populations or issues when responding.
One in 13 art therapists (7.8%) surveyed reported that they contracted the Coronavirus. Some respondents (2.4%) said that they were tested and diagnosed with COVID-19, and another 5.4% said they believe they had COVID-19 based on their symptoms. A quarter (25.4%) said they were not sure if they previously had or currently have the virus.

More than half (51.3%) of art therapists surveyed said they live in a suburban area, 38.7% in an urban area, and 10.0% in a rural area. By comparison, approximately 52% of American households reside in suburban areas, while about 27% live in urban, and 21% in rural areas, according to the 2017 American Housing Survey.

**Art Therapy is Particularly Effective in Times of Crisis**

Art therapy is a mental health profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience within a psychotherapeutic relationship. Art therapists are clinicians with Masters-level degrees or higher, trained in art and therapy.

In the survey, we asked respondents: “As an art therapist, how would you describe to someone unfamiliar with the profession why art therapy is uniquely suited to support mental health during this pandemic?” The survey takers explained that art therapy is particularly effective during times of crisis, especially in coping with isolation, changes in circumstance, trauma, and grief.

“Being able to visualize the emotional experience and have it witnessed by another.”

“When dealing with new situations we have to create new responses, whether this is around finding solutions or creating new ways to synthesize our experience. This notion of creativity is at the core of art therapy ethos. For many there are no words that can encapsulate their experience at the minute, so being given the chance to make and create around this new experience not only helps to gain an emotional understanding of what is happening, but also returns power to the maker.”

“Most people are experiencing a collective trauma/loss of normal at this point during the pandemic. To process a trauma effectively, a “bottom up” neurological approach is most effective. The higher cognitive processes of the brain don’t function as well during a trauma. Art therapy and other creative arts lend themselves to expressing, incorporating, and then fully processing the material to heal.”

“Corona on My Mind” by Michele D. Rattigan, MA, ATR-BC, NCC, LPC, Clinical Associate Professor, Drexel University College of Nursing & Health Professions, Art Therapy & Counseling Graduate Program.

“The piece started as a doodle that morphed into an exploration of dualities: inside/outside, micro/macro, and individual/collective concerns regarding the pandemic and how our lives will forever be changed. There’s a lot on my mind. Corona is on my mind.”

“Figure 3. Do you have (or believe you had) Coronavirus?”
Research supports their assessment: for example, art therapy helps people feel more in control of their own lives, and helps relieve anxiety and depression, including among cancer patients, tuberculosis patients in isolation, and military veterans with PTSD. In addition, art therapy assists in managing pain by moving mental focus away from the painful stimulus.

“Art Therapy allows for the fear to become an object that can be explored and manipulated.”

Art Therapists Are Frontline Workers during This Pandemic

Art therapists, as mental health professionals, have been frontline “essential workers” during the Coronavirus pandemic. More than half (53.1%) of art therapists surveyed said that they are continuing to go to work in person. Among art therapists who said they were continuing to work in person, the vast majority (64.5%)—or one third (32.4%) of all survey takers—said they were considered to be “essential workers” by their employers. However, one in twelve “essential workers” (8.0%) also said that they lost their jobs or were furloughed or temporarily suspended during the pandemic.

“I was still going into work physically since the pandemic began, the virus then affected many people at my facility including staff and patients leading to an outbreak. I then contracted the virus myself, was out sick for about 2 weeks and then was laid off.”

Nearly one third of art therapists (30.5%) who are considered “essential workers” reported they work in psychiatric hospitals settings. In addition, 16.8% work in outpatient mental health clinics, 14.7% work in private practice, 11.7% work in medical hospital settings, and 10.7% in social service agencies or community health centers. Others reported working in residential-type institutions, such as drug and alcohol programs or rehabilitation facilities (7.6%), residential treatment facilities or group homes (7.6%), corrections facilities (3.1%) and homeless shelters (2.5%).

“I have been reassigned from patient care (non-emergency appointments have been cancelled) to staff resiliency. I am developing staff support initiatives for emergency department personnel using art/creative process.”
While they are required to physically go to work, these “essential workers” reported their doubts about the safety measures and precautions in place at their job sites. When “essential workers” were asked whether social distancing guidelines were implemented adequately at their workplace, more than a third (37.1%) responded “no” or “somewhat,” or were “unsure.” Similarly, when asked whether there were procedures in place to disinfect art materials in their workplace, a quarter (25.2%) said “no,” “somewhat,” or that they were “unsure.”

“I am still going to work every day and fear for my health because PPE is in short supply.”

Art therapists who are “essential workers” are particularly concerned about getting infected by the Coronavirus themselves (85.5%), with half (50.5%) very worried. Nearly all (92.5%) said they were worried about the health of their loved ones. Additionally, one in ten (9.6%) “essential” art therapists reported that they have had to alter their living situation: for example, they are no longer living with their family or roommates.

“I work in a congregate shelter where there was no stay-at-home policy and no PPE and I contracted COVID-19.”

As “essential workers,” these art therapists also commented about their own levels of additional work. Half (49.5%) are also doing some work from home, and many said they had taken on additional responsibilities or had been temporarily reassigned to take on different tasks at their workplace.

- More than half (58.5%) said they felt overwhelmed balancing home and work life.
- Two thirds (65.7%) said they felt helpless or burnt out from witnessing client hardships.

“I have had to shift my focus from providing art therapy support to providing support in other areas at the workplace.”

“I work in a psychiatric hospital, and our census has fluctuated through the pandemic so far. We have had a very low census, so fewer groups/patients, but it is beginning to rise again. At the same time, our PRN staff has been cut, so I personally am running more groups and seeing more patients. One of our outpatient programs has transitioned to teletherapy groups, so I’m doing that twice per week as well.”

“Today I don’t feel much hope. Some days I do. I think people are burning out.”
These frontline art therapists also specifically mentioned their fatigue.

“I am currently working 40+ hours weekly overtime at an inpatient psychiatric hospital. A coworker and fellow art therapist has been on a leave for 2 months due to anxiety/acute stress related to COVID.”

“I am an essential worker and my work seems more challenging than usual. I feel fatigued more often than usual.”

Despite their increased workloads and safety risks associated with working in person, these “essential workers” were able to offer support and inspiration—and witness moments of kindness and teamwork from colleagues and their community.

“My team is amazing. I love my team. They are very supportive of each other. I couldn’t do this without their support.”

### Transitioning to Teletherapy has Brought Opportunities and Challenges

During pre-pandemic times, the general consensus had been that art therapists were reluctant to use teletherapy. However, with more than two thirds (69.9%) of art therapists working from home at least some of the time during the pandemic, many have transitioned to teletherapy via video platforms or telephone. For some, the transition has been full of technological challenges such as trying to navigate HIPAA privacy rules or finding the right online platform that works for them and their clients. For others, the pandemic has been the proverbial push into the deep end only to find that teletherapy has some benefits.

“I hope that telehealth will become more readily available to everyone—clients and therapists who might not have given it a chance prior to this [pandemic]. I hope it becomes a viable option for individuals who live in remote areas, or who might have difficulty doing therapy in person. It might allow for more freedom of the clinician as well. Hoping that it will be a positive addition to our practice!”

“Art therapists and counselors are exploring new ways of engaging digitally that they may have been resistant to before.”

The majority (73.2%) of art therapists reported they are working remotely with their clients. Even a handful of art therapists providing on-site care reported that they were working remotely with clients within the same facility due to COVID-19 risks.

Edinboro University Online Open Art Therapy Studio for Wellness. Photo courtesy of Carolyn Brown Treadon, PhD, ATR-BC, ATCS, Program Director, Graduate Art Therapy at Edinboro University of Pennsylvania.

“I’m working at a psychiatric hospital but using Zoom with clients.”

“I work in a Residential Treatment Center in a prison, so we are providing modified services with teletherapy individual sessions for high risk clients or by referral, offering group packets, wellness checks/seg rounds, PCO visits, crisis calls, risk assessments, Division of Mental Health and Addiction, etc.”

Art therapists reported that on average they are using video sessions about a quarter of the time (27%) and telephone calls for the remainder (73%). The most popular video platform among survey takers was Zoom: half (52.0%) said they used it.
A quarter (23.4%) of art therapists who offered group therapy sessions have transitioned to group teletherapy sessions. However, nearly half (48.8%) said they no longer offer group sessions.

“Before COVID-19 I have never been open to conducting remote group art therapy sessions. After working through some technical challenges, I have realized it is possible to emotionally connect with others via the internet for effective group therapy.”

“I was offering 5 in-person group sessions before the shut downs. I no longer offer groups as I was laid off due to Covid-19 shut downs.”

Despite feeling rushed or forced into teletherapy, art therapists are experiencing some positive outcomes. When survey takers offering teletherapy were asked whether they felt “more comfortable using technology during the crisis than previously”, nearly three in four (76.2%) said they agreed—with nearly a third (29.4%) saying they strongly agreed.

- More than one in three (37.4%) art therapists also reported that teletherapy has enabled them to “offer services to clients who did not previously have access to mental health care.

- More than half (54.4%) reported that with teletherapy, they were able to collaborate more with other health care providers.

“I enjoy reaching my field-based clients more consistently through Telehealth and not having to drive around as often.”

“I am seeing a client now that would not have been able to travel to the physical location for services so it is a positive for her. I think teletherapy is not a good fit for inpatient clients that are experiencing psychotic symptoms.”

“Now that I can bill phone calls via telehealth, I’ve had ex-clients want to get back into services for added support since the Covid has caused gyms and 12-step meetings to shut down. Clients seem to need more support now then before. It’s convenient in that they can get more support whether they attend face-to-face or not, whereas before, agencies required more face-to-face in order to provide or receive services with a client.”

However, teletherapy presents new challenges—some unique to the art therapy profession. More than three quarters of survey takers said that they had difficulty viewing clients’ art-making processes (79.8%) and were challenged incorporating art materials (78.2%). Similarly, when asked about the barriers to mental health care they were noticing, nearly two-thirds (62.5%) said that their clients didn’t have access to art supplies.

Art therapists who are providing teletherapy reported many of the difficulties that other professionals are experiencing in working from home. They say they are struggling to maintain boundaries between their work and home lives (59.1%) and are challenged to find physical space to work away from children or disruptions (53.1%). More than two in five (42.3%) said they felt overwhelmed by increased client workload.

“I miss being in a physical space with clients, groups and team. [Virtual] meetings just have an awkwardness for me, with having to look at myself and not knowing who to focus on. I miss being able to read more body language and nonverbal communication, and seeing the art being made is not really possible.”

Figure 5. To what extent do you personally agree or disagree with the following statements regarding teletherapy?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have become more comfortable using technology during this time</td>
<td>29.4%</td>
<td>46.9%</td>
</tr>
<tr>
<td>I have collaborated more with other health care professionals</td>
<td>19.0%</td>
<td>35.4%</td>
</tr>
<tr>
<td>I have been able to offer services to clients who did not previously have access to mental health care</td>
<td>10.0%</td>
<td>27.3%</td>
</tr>
</tbody>
</table>
Some art therapists reported that teletherapy has made it harder for them to connect with their clients, and also noted that some clients are hesitant to use teletherapy. Among survey takers who are offering teletherapy, half (52.2%) reported a lack of personal connection with their clients. When asked what barriers to mental health care they were noticing as a result of the pandemic, half (51.5%) of survey takers reported that their clients were nervous about teletherapy. Some clients were uncomfortable with technology itself, but for others, without a private space to talk, using technology forced them to make compromises in their privacy.

“There are new unexpected interruptions such as neighbors cutting the grass during the middle of sessions. Also a lot of people I work with cannot find a private space for themselves in therapy.”

“Glitchy internet connection has caused problems in many sessions—not user error, just internet irregularity. Compromises sense of safety and motivation to open up when people feel they aren’t being heard and may need to repeat themselves multiple times.”

Half (47.7%) of art therapists offering teletherapy reported that they found it challenging to navigate licensing and HIPAA regulations, but the intensity of their frustration on this matter was rather low. Similarly, while 41.3% noted that they had difficulty selecting or using technology, only 9.2% flagged this as a big issue.

“Concerned about finding joy through working with people in an online setting. Cost of HIPAA compliant online formats that allow for groups is challenging.”

In transitioning to teletherapy, art therapists surveyed have also made adjustments to their sessions. Nearly one in eight (11.7%) said that they have reduced the time of the session, particularly when working with children. Small percentages of survey takers also said that they reduced have reduced their fees for sessions 5.0%) or reduced both fees and session times (4.3%).

“I have not specifically reduced the time of sessions but it is difficult to engage young children for very long via telehealth.”

Art therapists working with children and teenagers said that they had challenges as well as positive experiences in working with them remotely. While many children and teenagers are comfortable with using technology, they and their caregivers are experiencing “screen fatigue,” as several respondents put it, making teletherapy challenging. Art therapists also said that some young children had trouble maintaining focus. Despite this, numerous art therapists surveyed commented on how engaged some of their young clients were and how much they enjoyed virtual therapy in their own space.

“Working with teens and kids in crisis, they continue to surprise me in the amount of work and effort they are willing to put in through virtual sessions.”

Figure 6. To what extent do you personally agree or disagree with the following statements regarding teletherapy?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Total Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had difficulty viewing clients’ art making process</td>
<td>44.1%</td>
<td>35.7%</td>
<td>79.8%</td>
</tr>
<tr>
<td>I have experienced challenges incorporating art materials</td>
<td>35.3%</td>
<td>42.9%</td>
<td>78.2%</td>
</tr>
<tr>
<td>I have struggled to set and maintain boundaries between my work and home responsibilities</td>
<td>21.0%</td>
<td>59.1%</td>
<td>80.1%</td>
</tr>
<tr>
<td>I have had challenges finding physical space to work (e.g. away from children or other disruptions)</td>
<td>20.4%</td>
<td>42.3%</td>
<td>62.7%</td>
</tr>
<tr>
<td>I have felt overwhelmed by my increased client workload</td>
<td>16.7%</td>
<td>53.1%</td>
<td>69.8%</td>
</tr>
<tr>
<td>I have felt a lack of personal connection with my clients</td>
<td>16.2%</td>
<td>62.2%</td>
<td>78.4%</td>
</tr>
<tr>
<td>I have found it challenging to navigate licensing and HIPAA regulations</td>
<td>11.6%</td>
<td>47.7%</td>
<td>59.3%</td>
</tr>
<tr>
<td>I have had difficulty selecting or using technology</td>
<td>9.2%</td>
<td>41.3%</td>
<td>50.5%</td>
</tr>
<tr>
<td>I have had difficulty connecting with my supervisor/supervisee remotely</td>
<td>5.4%</td>
<td>26.7%</td>
<td>32.1%</td>
</tr>
</tbody>
</table>
“It is extremely difficult to work with children who have a physical disability that impedes them from using a device. It is also difficult to work with children who may not have art supplies at home.”

“Despite talking to the guardian about boundaries, I struggle with parents and caregivers respecting the child's privacy with the sessions.”

Art Therapists Are Hearing from Clients about Pandemic-Related Anxiety and Stress

Across the board, art therapists indicated they were hearing about high levels of anxiety, stress and worries from clients. Nearly all art therapists (92.0%) surveyed reported that their clients are experiencing anxiety due to isolation during the Coronavirus pandemic. Two in three (62.7%) said that their clients frequently brought up anxiety from isolation. There were many other concerns and emotions that were captured in responses to open-ended questions, including grief, loss and fear, as well as the long-term ramifications of the pandemic.

“The experience has been traumatic in various aspects, through lack of resources (professionally & personally), loss of loved ones and overarching loss, societal loss of life (professionally & personally), increased hypervigilance, loss of experiences, and isolation.”

“Stress and fear are at the forefront of this pandemic.”

“Grief—a lot of grief, over loss of milestone markers as well as loss of life due to the pandemic.”

Clients are also deeply concerned about their home and family lives. A majority of survey takers (85.7%) said that their clients were bringing up increased stress due to additional responsibilities at home, including home schooling children. More than half said that this issue arose frequently (57.3%).

- Three in four survey takers also said that their clients were bringing up concerns unique to children (78.4%), such as health fears and isolation anxiety, and older family members in isolation (75.7%). Related to this, the survey found that clients were particularly worried about their existing medical illnesses or those of clients’ loved ones: four in five art therapists (80.7%) reported it was mentioned in sessions, and two in five (39.7%) said it was mentioned frequently.

- In addition, one third (34.3%) of art therapists said their clients reported increased experiences of racism, bias and/or discrimination, and many discussed racism or systemic bias in their responses to open-ended questions.

Images by medical trainees who participated as co-leaders or observers of group art therapy for adults in a psychiatry clinic at the University of Mississippi Medical Center (UMMC). (Left) Drawing by Third-Year Psychiatry Resident of subject matter representing work-related challenges and stress. (Right) Drawing by Third-Year Medical Student depicting “How I feel” due to demands on time. Images courtesy of Susan Anand, ATR-BC, ATCS, LPAT, art therapist, Department of Psychiatry and Human Behavior, University of Mississippi Medical Center.
“There are racial and socioeconomic barriers to care in my city.”

“We are being desensitized to mass death, experiencing daily gaslighting and toxic optimism under the pretext of ‘we’re in this together,’ which glosses over the dehumanization that is occurring and used to oppress low income and minority communities struggling to cope and survive in a world actively hostile to their existence to tolerate the intolerable.”

Art therapists in the survey also said that their clients identified increased addiction issues or concerns of physical harm to themselves or their loved ones. Art therapists reported that clients are bringing up increases in addiction issues (59.3%), suicidal ideation (45.3%), and domestic abuse or concerns of violence (40.4%). For many clients struggling with these intense issues, the isolation is particularly difficult, and the challenges of teletherapy are amplified.

“Teen [client] was looking down. I asked her what she was doing. She admitted she was cutting.”

“Domestic violence survivors are financially unstable, [with] limited access to technology, have food instability, and the need to keep therapy private is paramount.”

“It is generally difficult to implement social distancing with patients with thought disorders or in acute stages of mental illness/addiction.”

The majority of art therapists (83.4%) indicated that clients were anxious about finances. As a result, art therapists have responded by trying to find ways to assist their clients.

“Because I am able to do so, I am providing services as a volunteer during COVID-19 crisis for the non-profit where I have contracted services for 9 years, so as not to strain their finances.”

“I use a sliding scale for some clients experiencing financial hardship.”

Despite the high numbers of art therapists still working in person and virtually, the Coronavirus crisis has nonetheless left many people in need without access to mental health care.

- Perhaps most critically, one third (30.3%) of art therapists surveyed reported that residential clients, including those in hospitals, nursing homes and correctional facilities, no longer have access to therapy.

- Additionally, half (52.3%) of art therapists reported that clients were experiencing disruptions in care due to technological challenges, such as the lack of internet access or even difficulties downloading communications apps.

- Financial difficulties as a result of the Coronavirus pandemic is also affecting access to mental health care. One third (32.2%) of art therapists reported that clients could no longer afford therapy.
The pandemic has also affected the discharge and referral process, making it difficult or impossible for patients to transition from one facility to another, such as from a hospital to an outpatient program or residential treatment facility.

“Residential services and homeless shelters are not available to those who need immediate access.”

“Programs are closed and there is no access to daily structure and routine. Patients in the hospitals are stable and ready for discharge but no outpatient programs/group homes/rehabs will take them because of COVID. So they have a longer hospital stay.”

Art Therapy Students and Educators Have Unique Concerns Related to Online Learning

“Amygdala #12” (left) and “Amygdala #26 (Big Fish Syndrome)” (right) by Jonathan Soard, art therapy master’s student at Saint Mary-of-the-Woods College in Saint Mary-of-the-Woods, Indiana. April 2020.

“I have included two drawings from our time of Corona. I had started art-based research this semester centered around the influence of the amygdala on my actions and reactions. In essence, this series became response art in the context of a global pandemic. In retrospect, I can see the exuberance of the semester transforming into something else. I am remaining engaged in active imagination, carrying on a dialogue with this series. Still, it’s safe to say that the latter feels like the passing of a juggernaut, sweeping up all in its path.”

Like most other academic institutions, art therapy education programs have had to pivot to online learning during the Coronavirus pandemic. For students, this has led to dramatic changes in not only how their hands-on, art-focused classes are being taught, but also to their internship programs, where they gain critical experience working with clients. And for many of them, this has been a particularly challenging and stressful time, personally and academically. As one survey taker explained, “We students are all experiencing intense health and mental health problems!

“Extremely frustrated that my program has not offered us the chance to be placed at sites with telehealth capability. Mine does not have telehealth and I have NO idea when I’ll be able to return to in-person practicum. It feels like I’m never going to graduate. I only have 60 client contact hours standing between me and graduation and I have received no support from my program to complete these hours on time.”

“My school was able to pivot immediately, yet there is still a huge loss due to sudden and unexpected changes.”
Notably, only about half (56.1%) of art therapy students said that they were satisfied with the quality of their online classes. One in nine students (11.2%) surveyed reported that they were very unsatisfied by the quality of online classes, and another 21.5% said that they were unsatisfied.

“I am not getting as much information online. I [am] expected to self-teach, which is messed up—I'm not the expert.”

“I am graduating and overall, my school has handled the whole thing well. I have very little anxiety about all of it. I am in the minority though—most of my classmates are freaking out.”

Students also saw their internships affected by Coronavirus. While nearly a quarter (23.0%) of students were able to transition to teletherapy to gain client contact hours for their internships, nearly a third, (27.4%) were unable to continue their internships. In addition, one third (31.0%) of students were able to transition to virtual supervision for their internships.

“I have felt a severe lack of support or accommodations from my program at this time with unrealistic standards being set. I am a student and live with other people so I am unable to offer confidential sessions. My practicum site does not offer remote work so I was unable to finish my hours and was told I could not go to a new site to complete them so my graduation is delayed even though I have completed all class requirements for my degree.”

Despite the tumultuous Spring 2020 semester, the majority of students felt supported by their education programs (73.4%) and supported by their supervisors (75.7%).

Students were extremely nervous about their path to graduation and what lay ahead for them in this Coronavirus economy. Nearly nine out of 10 current art therapy students (88.9%) reported that they were anxious about their job search after graduation. And, most (81.8%) said that they were disappointed their graduation ceremony would be postponed or held virtually. Three in four art therapy students (74.7%) were also concerned that it would take them longer to graduate or complete their studies.

“'I had two school-based field experiences cancelled. One tried to shift to telehealth, but was not able to. My challenge is securing field experience and practicum hours to meet graduate school art therapy program requirements.”

Educators and administrators have made significant adjustments to the way they teach and run programs. The overwhelming majority of educators (88.9%) said that they have changed their curriculum to accommodate online learning, including how they include art making and deliver lectures. Two thirds (62.3%) of educators also reported that they were satisfied with the group discussions in their online classes.
“Extremely complicated time for academia. Many extra hours of work and answering student concerns, especially around concerns of tuition reduction, internships and online classes (what to place online, and what to teach face-to-face).”

Nearly three in four educators (74.5%) say that they are now open to courses online even after the Coronavirus crisis.

Art Therapists Are Feeling the Financial Effects of the Pandemic

Much like the rest of the workforce, art therapists too are feeling the financial ramifications of the Coronavirus pandemic. One in seven art therapists (14.7%) surveyed said that they have lost their job or had been furloughed or temporarily suspended. Another 10.7% say that their pay has been reduced.

- One in eight art therapists (12.3%) say they are worried they may lose their job or their pay may get reduced.
- Nearly two in three (63.1%) say that they are experiencing anxiety as a result of financial uncertainty.

“I lost my job because I had symptoms.”

Among art therapists who own small businesses such as private practices or art studios, nearly a third (28.5%) said that they have received or have applied for a small business loan through the Paycheck Protection Program (PPP). A third (32.3%) said that they have had to give up their physical office or studio space, and a quarter (26.2%) said they have had to make adjustments to their staffing procedures and schedules.

“Most of my clients have insurance. As they start losing insurance, this will impact them greatly. I got the PPP loan that will help me keep providing services for a little while.”

“I have decided to share one of my offices, as I wish to reduce expenses since I am unsure WHEN, or if I will ever be able to safely return to the physical office space...The sharing of one office reduces the financial burden, which is somewhat of a relief.”

“It is a change when it comes to learning how to teach remotely and online, but I think it is the way we will be teaching from now on. I see great possibilities in creating a hybrid learning environment rather than spending time and money in only requiring face to face settings.”

“I have applied for and received the advance on the EIDL loan via the SBA. This is separate from the PPP, which is handled by banks. The SBA provides low-interest loans for small businesses through the federal government. I applied on 3/29 and am still awaiting a response as to the status of my loan.”


“The Octopus is known to symbolize complexity and deep emotions. Here the octopus is attempting to balance the scale without knowing the depth or complexity of what it has.”

“I have applied for and received the advance on the EIDL loan via the SBA. This is separate from the PPP, which is handled by banks. The SBA provides low-interest loans for small businesses through the federal government. I applied on 3/29 and am still awaiting a response as to the status of my loan.”
How Art Therapists Are Coping

The health concerns about their families and their own health top the list of how the Coronavirus pandemic is affecting art therapists surveyed. An overwhelming majority of art therapists said they are worried about the health of their loved ones (90.4%), with more than half (56.8%) saying they are very worried. More than three-fourths (79.3%) of survey takers reported that they are worried about getting infected themselves. Additionally, more than half (52.0%) have experienced anxiety related to health issues unrelated to COVID-19.

“I live with my mother who was diagnosed with breast cancer and I have been worried about becoming infected and transferring it to her.”

“Adapting to working through telehealth has been an opportunity to think about adaptability in general in my work. I have also been personally leaning into using art to cope with my stress being pregnant during this time which has been a profoundly simple reminder of why I am an art therapist to begin with.”

“I have dealt with the impossible grief of losing both of my parents within four days of one another to this virus.”

“I haven’t seen my daughter (who has her own medical issues) since this broke out. She has some cognitive deficits. But she lives only half a mile away. Normally she visits every weekend. I’m so worried that if we were to get together, she might get ill.”

Art therapists are also experiencing significant interruptions to both their work lives and their daily routines. Three in four (77.0%) say that they are experiencing disruptions in normal habits and needs such as sleep and eating. A majority (59.7%) of survey takers report that they felt “overwhelmed balancing work/study and home life, especially with caregiving and home-schooling responsibilities.” They are also feeling stress from disruptions to another household member’s work (53.8%).

“It is taking a big toll on my marriage and ability for us to parent our toddler.”

“COVID-19 response artwork by Ori Cruz, MPS, LCAT, art/rehabilitation therapist with the department of state hospitals in Coalinga, California. May 2020.

“I have felt stress being the caregiver of an elderly parent, worrying about both of our health status, physical and mental, due to social isolation.”

“It isn’t the isolation that is hitting me hard. I absolutely love being able to be home with my family. And to be honest, I am going to miss it. I am not worried about my job—I am still working. But, my husband has a job that I do worry about. Though he is getting paid for part of the time he is unable to work, I am afraid of what happens if his employer decides that they do not need as many employees down the line.”

Not surprisingly, art therapists are feeling debilitated by what their clients are going through as a result of this pandemic. More than half (55.0%) surveyed agreed with the statement that they “felt helpless or burnt out from witnessing my clients’ hardships,” with 18.7% strongly agreeing.

“I am just as stressed and overwhelmed as they [my clients] are.”
Much like the general population, art therapists too are feeling anxiety from social isolation as a result of the pandemic. More than two in five (61.0%) said that they felt anxiety related to social isolation.

“I have felt stress being the caregiver of an elderly parent, worrying about both of our health status, physical and mental, due to social isolation.”

Despite the amount of stress and anxiety art therapists are experiencing—and their added workloads—nearly a quarter of art therapists surveyed said that they are also volunteering their time to help their communities. Survey respondents said they have been volunteering in a mental health capacity (12.0%) and some (11.8%) said they are making supplies like cloth masks and PPE. Another 8.1% said they are volunteering in other ways, including facilitating community art-making virtually, offering free art workshops, volunteering with their churches or local food banks to help feed people, assisting older adults get groceries, and donating money and supplies.

Finding Silver Linings during the Pandemic

Art therapists surveyed also shared where they get their inspiration during this crisis. Many were encouraged by family members and friends, and their community more broadly. Others looked to spirituality and God for guidance through these challenging times. Art therapists also relied on self-care, such as art-making, going for walks or practicing yoga. “Art” was most frequently mentioned when asked, “what, if anything, is giving you hope or motivation?”

“Even during these uncertain times I have had clients “graduate”, meaning they worked through issues and got better.”

“My faith and trust in God, staying connected to friends, family, and church via phone/video/etc. Doing kind things for others and witnessing kindness in the community.”

“What color would you paint your world?” by Gretchen Miller, ATR-BC, ACTP, art therapist in the Partial Hospitalization and Intensive Outpatient program in the Division of Psychology & Psychiatry at Akron Children’s Hospital. This artist trading card was made for a swap that offered an opportunity for art therapists and art therapy students to keep connected to community and creativity while staying at home during COVID-19, March-May 2020.
“I have had the opportunity to create artwork for myself and have found joy in creating art when typically I am too busy with my many other responsibilities in my daily life. I have also found joy in creating art for others, sending something special to loved ones that hopefully brightens their day.”

More broadly, art therapists have noticed that the pandemic has elevated the importance of mental health in the public consciousness. Art therapists in the survey specifically commented about the mental health care needs of particular communities including children, as well as their colleagues and other health care workers. In addition, several survey takers mentioned that more people were talking about mental health issues, and bringing it out into the open, perhaps reducing the stigma.

“That this has brought some focus on mental health and illuminated health disparities that have existed in many disenfranchised communities. It has opened the dialogue on telehealth and it’s relevant for access to art therapy. It has also encouraged clinicians to seek new and innovative ways to offer art therapy services.”

The more I connect with others, the more I realize that my anxieties and frustrations are not mine alone and are shared by many. This offers me comfort and relief.”

The pandemic has also given art therapists the opportunity to get innovative and try new things in their practice.

“If this is changing how we work going forward, I’m overwhelmed with ideas but excited to make opportunities happen. Thinking out of the box is a comfort zone but planning in an unpredictable climate is daunting.”

“I am finding ways for art therapy to be more accessible for individuals who may not have art materials or who can’t afford them so non-traditional art materials are used, such as found objects, nature materials, and even soap.”

“Added a second aerial webcam for demos of art process. However, even without it, clients and I seemed to organically rise to the creative task and keep the relationship going through the screen. Resiliency is abundant. Our creative instincts are shining through in my experience.”
Mental Health Policy Implications during the Coronavirus Pandemic

While the results of this survey of art therapists capture a particular moment during the Coronavirus pandemic when 95% of Americans were under some sort of stay-at-home policy, the findings remain relevant as the number of COVID-19 cases continue to rise. These results will help inform how we address the ongoing mental health ramifications of the pandemic, and how policy makers can support mental health professionals.

➢ Our nation’s mental health crisis must be addressed with more awareness and access to care.

It is clear from the survey results that we are in the middle of a mental health crisis. Overall, access to mental health care has declined as a result of the Coronavirus pandemic, according to the art therapists that took this survey. A third (32.2%) reported that their clients’ financial situation had changed and they no longer could afford therapy. And nearly a third (30.4%) reported that residential clients (e.g. in hospitals, nursing homes or correctional facilities) no longer have access to therapy.

This reduced access to mental health care is particularly concerning given that art therapists also reported they are more frequently hearing from clients about addiction issues (59.3%), suicidal ideation (45.3%), and domestic abuse or concerns of violence (40.4%). For many struggling with these issues, the isolation has been especially debilitating, and the challenges of teletherapy are amplified due to lack of privacy, internet connectivity, or finances.

However, many art therapists surveyed are hopeful and see the pandemic as an opportunity to heighten awareness of mental health care.

“I have hope that I am doing my part as an AMFT [associate marriage and family therapist] student and that the world will be better off if we prioritize mental health during this time.”

“The Coronavirus and the government reaction has created heightened awareness of societal and systemic problems, including but not limited to mental health.”


“I created this art rendering after sheltering in place during the first three weeks when COVID-19 erupted. Varying people of all ages and nations reach out for clarification regarding the fundamental elements of the pandemic, while trying to organize all the interfering information. Light bulbs turn into balloons and float away, as there are no answers; the colors used are garish and uncomfortable. The result is I ‘can’t quite grasp this.’ The title, ‘Psychotically Lively,’ reflects our current lives with an insidious disease that overwhelmingly threatens our ability just breathe.”
Telehealth has been critical to continue care during this pandemic, but has its own challenges, particularly for vulnerable communities.

While technology has made it possible for some people to access mental health care during this pandemic, for others, technology has been a barrier to care. As art therapists have transitioned to teletherapy, half (52.3%) said they are noticing a technology gap. For some clients, technology is causing disruptions in their care, including the lack of internet or difficulties downloading video-conference apps.

Art therapists also said that they are having fewer sessions with clients. The number of art therapists who are not seeing clients (virtual or in person) during the pandemic almost doubled, and the number of clients seen decreased overall. Among art therapists who offered group therapy sessions, nearly half (48.8%) no longer do.

“Overall I think the technology is fantastic and much good has come from this connection. I can see clients who would not otherwise be seen.”

“Clients are living in poverty and have limited access to technology. Clients live with many people in the home and have limited access to private spaces. Clients are young children and do not use their own devices yet. Clients have learning disabilities and struggle with communication over technology.”

Figure 11. What barriers to mental health, if any, are you noticing as a result of the Coronavirus pandemic? (Check all that apply.)

- Clients do not have access to art supplies
- Clients are having disruptions due to technology
- Clients are nervous about teletherapy
- Clients’ financial situations have changed; no longer can afford therapy
- Residential clients no longer have access to therapy
- Nothing has changed so far

Figure 12. If you offer individual art therapy sessions, approximately how many clients do you see per week?
Mental health professionals are “essential workers” and need PPE.

Many art therapists, as mental health professionals, are on the front line during this pandemic. More than half (53.1%) of art therapists surveyed said that they are continuing to go to work in person. Among them, two thirds (64.5%) said that they were considered to be an “essential worker” by their employer, and one in eight (12.5%) said that they have completely or somewhat modified their living situation due to Coronavirus (e.g. they are no longer living with their family or roommates). Half of “essential workers” (49.5%) are also doing work from home.

- Art therapists, like other frontline workers, are in need of greater access to testing and PPE. One in 13 (7.8%) survey takers believe they had contracted COVID-19. Among those, 2.4% reported being tested. Among art therapists considered “essential workers,” more than a third (37.5%) report that their employers are not adequately implementing social distancing guidelines.

- Art therapists, in addition to PPE, are also in need of products and protocol to clean their art supplies. Among art therapists considered “essential workers,” a quarter (26.3%) report that procedures to disinfect art materials at their workplace are not adequate.

“I feel stress and lack of support in a workplace culture of denial. Supervisors are not adequately enforcing staff to wear face coverings, probably due to lack of supply. There has been an OSHA complaint regarding my workplace’s inability to supply adequate masks, gloves, disinfectant to all departments (including nursing.)”

As small business owners, some art therapists are looking for financial relief.

Art therapists as owners of private practices, art studios or other small businesses are struggling like many other businesses. More than a quarter (28.5%) said that they have received or applied for a small business loan through the Paycheck Protection Program (PPP). A third (32.3%) say that they have had to give up their physical office or studio space.

“The Paycheck Protection Program (PPP) gave me only $1600! Could not contest or would have to get back in line and risk getting $0!”

Policies addressing the pandemic must also address underlying racial inequities and bias.

Art therapists surveyed also reported that they are hearing about increased experiences of racism during Coronavirus. One third (34.3%) of art therapists surveyed said their clients brought up increased experiences of racism, bias and/or discrimination, with 9.2% of survey takers saying increased racism was coming up “frequently” during their client sessions.

As state governments end restrictions, art therapists are concerned about ensuring public safety.

As the national dialogue has moved to re-opening despite the rising numbers of Coronavirus cases, art therapists are concerned about returning to in-person work, especially due to a shortage of PPE and sanitation equipment needed to clean art supplies. Many art therapists were worried about the public health implications of re-opening without having enough guidelines or equipment.

“As I plan to tentatively re-open in-person sessions, I am struggling to acquire the cleaning supplies and masks necessary to resume.”
Appendix

The responses, particularly to the open-ended questions in the survey, were so thoughtful and compelling that we wanted to share more of them in the report. We sincerely appreciate everyone that took the time to share their experiences during this stressful time.

Additional comments about the effectiveness of art therapy during a pandemic

"Art therapy is uniquely suited to support mental health during this pandemic because it is a resource to access self-awareness, expression, and coping/regulating. In times when we feel like things are out of our control, we naturally find ways to gain a sense of control whether that be through our environment, relationships, or emotions. Art therapy can be a way to build on a sense of control."

"Art therapy is perhaps more accessible to clients as it can help to focus and process feelings which one cannot put into words. Sometimes the creative process can help distance oneself from overwhelming thoughts and emotions which appear and dominate the thought process. Art making is affordable and sometimes, extremely enjoyable. It can offer moments of relaxation and can offer a safe place to imagine and consider positive alternatives to the very negative Coronavirus time that we are all having."

"Using the art media to give voice to thoughts and feelings is especially helpful at this time, when so many feelings arise due to the unpredictability of our world currently. Art offers a safe arena for exploring feelings, expressing them, working on self-regulation, providing soothing moments through the physical relationship with the art materials, and it also aids with insight—which then leads to post-traumatic growth."

"There are few words to express the collective distress and trauma we are experiencing. Our minds and bodies are weighed down more than ever with worry and uncertainty. Art can be an entryway to moments of peace, calm, and even joy. We can release pent-up emotional energy onto the paper or canvas and transform our fear. The art can open us up to solutions we may not see or at least give us space to just be in whether form we are in at the moment."

"Stress and fear are at the forefront of this pandemic. We need a release and words are not easily found when we are scared. Art is a tangible resource that can act not only as a catalyst for emotion, but also a tool for connection and safety. We put up a lot of defenses when we feel fearful and vulnerable, the art will not let that hide, and it will aid in helping process all those big feelings."

"It can be hard to put into words the complicated feelings that one might be having during this pandemic. Art is a release that might provide some insight into the self and these complex systems during this stressful time. Intentional art-making can be a very grounding and calming experience for people."

"We are experiencing global trauma, there will be unforeseen PTSD responses for possibly years. Art therapists are uniquely trained and equipped to address and facilitate healing around fears, relationships, anxiety, and growth beyond the entanglements of the moment."

"For one, a lot of clients are tired of talking all day for their jobs now and welcome expressing themselves using art materials giving their brains a new task and their mouths a break."

"Art therapy is a non-threatening way to treat trauma since it works on a pre-verbal level; art making can alleviate symptoms of digital overload through focusing on a specific task using one’s hands."

"It provides clients with tools they can utilize on their own. A medium to place their emotions that are hard to pinpoint or put into words. There are so many expectations. So
many people suffer in similar ways. It provides a bridge to that suffering.”

“Art therapy can often express abstract ideas. In this time of uncertainty, little if any structure, loss of the familiar, isolation, art therapy can empower expression of this and other related issues that may be difficult to verbalize.”

“Art therapists aid in creating emotion regulation and decreasing states of heightened arousal through sensory-based, somatic interventions. Engaging in repetitive, rhythmic acts inherent in art making create opportunities to calm the body and the mind, strengthen self-soothing, mindfulness, and strategies for coping with these times of high anxiety, stress, and uncertainty. The creative process activates the imagination and divergent ways of thinking to foster problem-solving, solutions, and explore possibilities.”

“Pictures are worth a thousand words. While my talk therapy colleagues are continuing to process with patients on their issues, art therapy counteracts as a safe place for them to vent and unload issues that talking doesn’t cover. On the other hand, art therapy was a great place for my patients to stop verbalizing issues that are very hard to keep talking about. Hands-on directives are a great way to release, redirect my patients from negativity and feel successful which is positive. Art therapy is one of the highest rating treatments on patient satisfaction surveys at my facility.”

“Art therapy is uniquely suited to support mental health during this pandemic because it is a resource to access self-awareness, expression, and coping/regulating. In times when we feel like things are out of our control, we naturally find ways to gain a sense of control whether that be through our environment, relationships, or emotions. Art therapy can be a way to build on a sense of control.”

“I would stress that art therapy enables one to put into words things that are difficult to talk about or express, either as concepts or simply put into words. Right now, there’s a lot to process and art therapy can help externalize, contain, and make sense of the complex layers of thoughts and feelings one may have at any given moment. When words are not enough, art therapy gives one the ability to still express one’s self and feel heard, understood.”

“When one’s thinking about this situation goes in circular patterns without resolution, putting feelings into art leads to new, more holistic perspectives as well as a deep sense of connection with the person witnessing your art.”

“The emotional impact of having to transition to changes in physical abilities, hospitalization, and increased limited access to family and friends has made our services more essential than ever because art making and the creative process allows for: increased sense of self-efficacy; increased relaxation; coping strategy for emotional regulation; and externalizing stress, anxiety, and depression.”

“There are many aspects of our human experience of living in quarantine that are similar and directly in line with symptoms of trauma and a unifying experience of shared helplessness and unpredictability. This shared humanity automatically creates new needs within us that many have never gone through before that are difficult to put into words. Art-making is particularly ideal for self-expression of what we are feeling and working through and out the stress(es) we feel inside, whether from new experiences related to quarantine or if these shelter-in-place protocols are bringing up reminders of past difficult times. Art therapy can help gently with realizing the positives of what you are capable of for your own healing using creativity in a safe and supportive manner.”

“Art therapists are creative and excellent problem-solvers with a strong desire to help others. No words are needed during/after the process of art making. Art media and materials can be found around the home and do not need to be what one might expect such as paint and pencils...recycled materials are available in most home settings and can be used creatively for meaningful self-expression.”

“Art Therapy allows families a unique way to address complex grief related to bereavement of a loved one afflicted with COVID-19. We are able to engage in legacy art making to engage more family [members] who were not permitted to be at the bedside during end of life as a way to process the loss and have a lasting memory of their loved one.”

“Just yesterday, a friend approached me about her child who is experiencing severe depression and has been self harming. I referred her to an art therapist colleague. We talked about how art “gets there” when nothing else is working.”

“It is very difficult to verbally comprehend and express what is going on in these times. Words do not do the seriousness of this situation justice. Art therapy can be a catalyst for expressing and processing some of these very difficult emotions.”

“Frequently words are difficult to express the amount of deep effects and grief people are experiencing during the current confinement. Art is a way to discharge unprecedented levels of chaotic feelings and reduce anxiety around the sense of helplessness.”

“This experience is just that—an experience. As such it’s difficult to put into words—that’s why we show/post photos of our experiences. Using art to express our feelings related to this experience, and/or our experiences themselves is a more effective way to communicate what we’re going through.”

“This global crisis and pandemic has exposed social, systemic, race, and health inequity that many of us live and witnessed prior to Covid-19. Other stressors have undoubtedly contributed to widespread emotional distress and increased risk for mental illness. This is a traumatic event and art therapists must make a serious investment for the mental health of our frontline workers and others across the globe experiencing acute behavioral problems or new mental health issues.”

“Art allows people to express what they are feeling before they are even aware of the words needed to describe it and at the same time allows them to escape the incessant messaging and find joy and beauty in the process of creating and expressing themselves.”

“There are so many new feelings and thoughts at this time and a visual expression is not hampered by vocabulary or a need to be “organized” into language. The visual expression provides a basis and a shared platform for bringing words to those feelings. It helps to access nuances as well as unique feelings in response to this confusing and possibly scary time.”

“The times we are living in are unprecedented. Similar things may have happened such as the Spanish Flu, but we did not have the resources and lines of communication we do now. When dealing with new situations we have to create new responses, whether this is around finding
solutions or creating new ways to synthesize our experience. This notion of creativity is at the core of art therapy ethos. For many there are no words that can encapsulate their experience at the minute, so being given the chance to make and create around this new experience not only helps to gain an emotional understanding of what is happening, but also returns power to the maker. They might not be able to change much of their situation but within art therapy, they can make it how they want, think about it how they want and regain control over some part of their experience in an otherwise seemingly out of control world.”

Additional comments from frontline workers

“Inescapable Scourge “ by Kari Bleich, art therapy graduate student at Ursuline College. “This piece was actually done a few years ago (10/26/2015), but was re-titled and re-applied to a new situation. It was originally a grief and loss piece. I had no idea how relevant it would become in 2020.”

“I have felt overwhelmed by the nonstop admissions to the psychiatric hospital. We have had an increase in admissions since many outpatient programs are closed. We have been asked to run more groups to promote social distancing so it feels like the workload has doubled.”

“Art therapy continues to be considered essential within our hospital and many are excited about the legacy work I am doing with COVID+ patients and their families. It is motivational to see others observe the importance of our work in providing normalcy, routine, anxiety reduction in our patients and staff.”

“I have taken initiative to disinfect my art supplies between all group [sessions]. We are out of sani-wipes throughout the whole hospital and are using spray for now. I have had to bring my own disinfectant and sanitizer I purchased with my own money. I have consistently needed to advocate for adequate masks and disinfectant for the (adjunctive therapy) department, which includes 3 art therapists and was not approved due to lack of funds related to the crisis (and each of us four were given a pack of 10 markers, and this is to serve a hospital of 134 patients). Luckily, there are some supplies remaining from previous orders!”

“I continue to work at a psychiatric facility, masked-face to masked-face with additional group sessions to relieve client anxiety.”

“Prior to our program going on hiatus, I limited supplies to paper, coloring designs, and markers. We observed social distancing, wore masks, and shared the responsibility of cleaning our workspace, chairs, and markers with sanitizing wipes at the end of sessions. Gloves were available. Patients were reminded by posted signs and by me, to wash their hands or use hand sanitizer upon entering the art room and before leaving. This was at the beginning of the pandemic. I believe this helped my patients develop the tools and healthy habits to help them through this. We shared our fears as the pandemic arose, but were able to discuss ways of coping. Hopefully all are well and were able to use the “goodie bags” of art supplies I gave them from my stash to reduce stress.”

“I am a doctoral student and my work as an essential worker in the epicenter of the COVID crisis has significantly impacted my ability to do my schoolwork—primarily because of fatigue.”

“Social distancing and procedures are in place for patients. Staff has difficulty distancing. Staff is expected to clean the group therapy rooms after each use with disinfectant. Staff (therapists) are also expected to clean the patient lounge and bathrooms 3x a day. I refuse to do that last part. It’s a hospital. They can figure it out to clean it appropriately.”

“I work at a special needs school (150 students total). During the first two weeks of school closures, I operated as a school employee working from home and providing weekly sessions to the families and students. On week three, the school changed our contracts and deemed us essential health care workers and reopened the school to the residential students (40 total). So now I work both at school and at home. I still have to provide weekly Zoom sessions to the community students, provide weekly art therapy sessions/resources handouts to the community students, provide sessions in person to half of the residential students and provide supplies and projects to the other half of residential students. My workload has doubled!”

“Because of the [corrections facility] setting, social distancing can only partially be followed. In certain slides there’s not enough space, getting patted down, our office size for the number of employees, etc. In addition, we have some disinfecting by DOC [Department of Corrections], however, with our recent company/contract change we are missing certain access to disinfectants/hand sanitizer that we previously had.”

“I continued to work in an inpatient unit with no social distancing or masks and tested positive for Covid-19.”

“More demand in the hospital and poor PPE accessibility lead to high anxiety and unpaid leave requests.”

“I am still working in a psychiatric hospital in conditions that are beyond less than ideal.”

“I have kept my day job as an art therapist with additional hazard pay. I continued and finished teaching by switching online.”

“I work in a hospital and continue to go into work. I worry that I am not being protected properly at work.”
“I work at a large hospital in Nashville, Tennessee and I have fears coming in through the doors knowing we have geriatric patients with high Covid-19 risks in my groups. We do wear masks, and change from regular clothes to scrubs.”

“I have felt anxious related to my organization’s policies regarding COVID-19; how they do (or do not) protect us and patients, and how we as art therapists are unable to advocate for our needs or best and safest care for our patients.”

“I have felt stressed by co-workers fears and anxiety despite so many safeguards put into place and their poor coping skills. They do not seem to respond to efforts made or take advantage of supports available.”

“My inpatient unit was converted to Covid+ and I can no longer do groups. I now provide brief 1:1 sessions to review packet and drop off directives with written direction.”

“In inpatient psych, little has changed. We have just transitioned back to group therapy and I feel more endangered than ever. My patients are also being endangered.”

“I have advocated for transitioning to teletherapy within my organization to maintain social distancing and limited contact with my immunocompromised patients seeking inpatient medical care; however, my employer has encouraged me to continue seeing patients in person.”

“Difficulty connecting with senior clients while wearing PPE. Communication is next to impossible with the hearing impaired.”

“We have recently had some patients test positive for coronavirus, so the entire adult unit is in quarantine, which means no patients are receiving expressive therapy at this time.”

“Covid-19 came into the homeless shelter I work at and infected 25 out of 500 people. Safety policies were implemented.”

“With our residents who have cognitive disruption, Alzheimer’s or other disease diagnosis are not able to physically distance, and will be in our spaces. We do not have N95 Masks, but are all wearing cloth masks. The issue is more us bringing the COVID to them than they giving us COVID, as they are the one’s isolated and restricted.”

“I wear a face mask and either a face shield or goggles, which make communication and connection more of a challenge with patients.”

“We are in a lockdown/quarantine and I’m assigned to one unit and my role has changed. I do art therapy but help in other ways to keep the unit moving smoothly such as escorting, assisting nursing, etc. I also work to create projects to connect the hospital as a whole and engage staff and patients in self-care.”

“I work in a congregate MICA shelter. The facility is not adequately cleaned and there is no PPE for staff who must have prolonged and close contact with clients. Clients are unable to socially distance during meal times and where they sleep 10+ a room.”

“I work with immunocompromised patients who are admitted for inpatient medical care. While other supportive psychosocial services have ceased in-person support to limit contact, we have been asked to continue providing bedside support through a myriad of policy changes and various PPE requirements (and lack thereof). We have have limited contact with staff, however our managers prefer in-person support.”

“I have been asked to visit clients in their homes, but there is not enough PPE for this and not appropriate access to safe transport in the city so I am unable to take on these clients.”

Additional comments about private practice

“Considering closing our office if this virus is going to run into 2021.”

“EIDL loans dried up quickly in PA. I do not need PPP as a solo practitioner. I had to scramble for the first 3 weeks to figure out telehealth and insurance but am full now for a long time.”

“I was just starting to develop my private practice and those plans have been somewhat derailed and, in other ways, escalated.”

“I am a small business owner, and I am horrified by the idea of being beholden to the government. Thankfully, I have been able to continue working, so I am not impacted.”

“I applied for EIDL loans and a grant and received the grant so far; I have also lost a few clients during this time, less inquiries to start therapy as well.”

“My bank was not accepting any further applications; very distressing.”

“I closed my art therapy business.”

“I am paying for my office space but I am not using it and will not be able to use it until I feel safe seeing people in person, and also when I have some sort of childcare coverage for my child.”

“I had to close my private practice.”

Additional comments about teletherapy

“I see myself and patients experiencing fatigue with telehealth therapy. This is in part for the pediatrics population who are also engaging in long hours of online/video education.”

“Teletherapy is a great asset that permits regular contact with most patients, but not all. Most of my patients tell me that they don’t experience a great deal of difference in the quality of the therapy. One difficulty is the HIPAA rule that we can only practice via teletherapy in states for which we are licensed. This presents a problem as patients do move and wish to be followed. There should be some special ruling that a patient who has begun therapy in one state can continue with the same therapist after a move.”

“There are significant disruptions in the clients homes: other people, talking, eating, daily activities, clients walking around… very difficult to get clients to focus or have a dedicated therapy space.”

“I run a small practice and am now only offering telehealth. My practice has doubled.”

“I am now very excited to use teletherapy and will probably continue after.”

“My group art therapy was in a jail setting. Unable at this time due to their quarantine protocols.”

“I’ve reduced the time for kids and the cost for people whose income has been affected by the quarantine.”

“Costs have stayed the same. However, some parents have requested more feedback/support time and permitted add-on fees. Also, individual sessions have at times...
I offer trauma group therapy in schools. Due to confidentiality and safety concerns I can no longer offer trauma groups via telehealth. Instead, I began to connect with students individually via telehealth. I’m about to begin coping skills, problem solving and mindfulness groups via telehealth until schools reopen.

“It was very important to me to use a HIPAA-compliant platform, which is why I chose Simplepractice. I am concerned with the ease with which some practitioners felt with using social video platforms that are not HIPAA-compliant.”

“I am working full-time at a hospital doing phone therapy, not allowed to work from home.”

“Increased access to the Aphasia community at home. Difficult with some clients due to low income, spotty WiFi, less technically savvy. Privacy at client end is difficult to achieve.”

“The positive outcome is that people who could not be seen at the shelters I work in due to work schedules can now be seen. It is more convenient for them to do telehealth. The downside for me is the lack of true energy in the room that is present in face-to-face contact. I have thought a lot about this and wondered why I feel more drained now at the end of the day then when working with the same number of persons/sessions during the day. There are two things: 1) I have to listen in a way that is not natural to me. I now have to write down notes of highlights of the session whereas before, I would literally just absorb and store the information about the session when in person. 2) There is no flow of energy via video or phone contact alone. There feels as if there is a barrier via technology that does not allow for true circular energy flow between client and therapist. I think this is what leaves me drained at the end of the day. There is no circling back, only a one way path outward of energy.”

“I’ve had fewer cancellations which is both a positive outcome but also a downside as an increased level of work. I’ve had additional contacts from clients seeking therapy for the first time due to the pandemic and increased access due to telehealth.”

“It takes a lot more effort and energy to connect; clients lose the Zoom link, they’re really late, they forget. Even with reminders, it is exhausting to have to manage this to the extent I do.”

“I work in the community through a county grant with a vulnerable aging/older adult population mostly with very low income. The downside has been that many of my clients do not have the means or technology to participate in telehealth or videoconferencing, art making and other essentials (visual cues, body language, etc.) a challenge. However, I have found most of my clients very receptive to the telephone sessions. It has been a struggle to connect with a few of them. I personally found without having my client present and in front of me I was getting distracted more easily. I started making art/doodling during sessions while on the phone with clients and found it help with my concentration and also turned into a nice art process note.”

“I find groups much more challenging, even when I have limited size to 4 participants. Ending each session with a short standing breathing exercise to ritualize the end of session (since participants are in their homes) has been well received.”

“Speaking with clients and supervisees in my personal space is uncomfortable and I worry that my services are not up to par since I am unable to compartmentalize these efforts within the office.”

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“For us, it has delayed some children and adolescents’ discharge due to residential treatment facilities not accepting patients for the past several weeks.”

“Patients experiencing homelessness are dealing with lack of beds in shelters and many group homes/sober living have limited the amount of intakes, leading to readmission to acute psych hospitals. Patients that typically would attend regular AA and NA meetings, and do not have access to technology due to low income, are not able to attend meetings (same goes for other telehealth).”

**Additional comments about client concerns**

“We are struggling with referrals once they leave rehab…A lot of residential [facilities] are closed and a lot of programs are not accepting patients. Most of our patients are homeless and scared to return to shelters. Our patients also struggle with mental illness and services are not easily available. Lastly our patients do not do well with technology or do not like the phone sessions that are available and there are no AA/NA support groups available.”

“I have several clients who have made great progress with treatment goals during COVID, and others I feel as though I am in a holding pattern and solely doing crisis management each session.”

“[For] the population I work with (domestic violence, rape, and human trafficking), there are many safety concerns making some clients unable to engage in remote telehealth.”

“Increased conflict with divorced families, less support for clients which increases risks if at risk of harm.”

“Increase in acuity re: psychotic symptoms and substance relapses. Homeless patients being at increased risk due to many NJ shelters being closed.”

“Fear of the future, seeing other people as enemies (potential threats) rather than potential friends.”

“People with severe mental health challenges such as schizophrenia may develop delusions regarding feeling responsible for the virus, or they believe they have it even with negative Covid-19 results.”

**Additional comments about working with young clients and children**

“For children specifically, [art therapy] is an age-appropriate and non-threatening way to support expressing fears and anxiety about this unusual situation. Children may not know how to talk about how they are feeling and may not fully grasp what is happening right now and why they have to stay home. Art Therapy gives them an outlet to express how they feel if they aren’t able to put it into words.”

“Since I work primarily with children, Art therapy is especially helpful in how kids process and express their feelings, particularly when they are scared and worried.”

“Our students are fortunate that they have been provided Chromebooks and internet access if they did not have it before SIP. I have provided art supplies to a handful of students who could not afford them. A few students use their bathrooms for privacy.”

“As a school-based provider the telehealth platform increases my contact with parents/caregivers, siblings and the student’s ‘whole system.’ This offers an opportunity to initiate more family engagement as well as get a sense of homelife for the client.”

“I work in a special needs school. So my groups during the school day are harder to implement more specific therapy goals with the students. Now on telehealth sessions, it has been easier to target those goals.”

“The conflict with the younger ones is not being able to physically engage with them. Their attention span is shorter online then in my office. Setting perimeters for boundaries for sessions is another issue I have to work with parents on. They at times will not provide a space in which the client feels comfortable addressing issues and the client will hesitate to discuss certain topics.”

“Kids are very receptive to having sessions from home. The familiar environment has them much more open and comfortable.”

“Families do not let minors have privacy during sessions. Minors are required to use guardian’s technology for access.”

“Increase in familial issues: sibling rivalry, arguments with parents, etc. Boredom.”

“Some teens really miss socializing with their peers, and are struggling emotionally. One person is afraid that they won’t be able to get out in public after isolating for so long.”

“Mental health services to students with developmental and behavioral disabilities have ceased in the public schools in which I work.”

“Children seem to love showing me around their space at home and in some cases are more open about their feelings.”

“With the children I see individually I am frequently challenged by maintaining consistent attention and desire to focus and be present.”

“Feel distant with the screen and frustrated in trying to work with kids and the art.”

“Because the pandemic is elusive, the virus is invisible…the children I work with need a way to make it concrete, make it something they can understand.”

“It is incredibly difficult to engage and provide for younger clients in impoverished homes. However, if a younger client is self-motivated, they are very easy to engage over teletherapy and may even be more comfortable than if they were in an office.”

**Additional comments from art therapy students**

“I love taking online classes and feel prepared to utilize telehealth if needed. I have no problems navigating online platforms for education and enjoy the virtual conversations with classmates and instructors.”

“My school was able to pivot immediately, yet there is still a huge loss due to sudden and unexpected changes.”

“The trauma my cohort experienced with the closure of Maryhurst was exacerbated by the closure of our school due to Covid-19. We are particularly and extremely affected by these conditions.”

“We were supposed to start internships in the Fall, they are now moved to next year, delaying our graduation by at least one year.”

“I have opportunities to gain indirect hours and am getting direct hours via live community art therapy studios on facebook, and creating directives for my site’s social media pages, but have not had the opportunity to directly interact...
with clients outside of the two individuals who comment on the Facebook live videos."

"I am allowed client contact as an essential worker. Finding clinical supervision within the organization has been difficult. They are not on site."

"Been removed from internship site at a hospital, challenging to look for a job in the field"

"I am in my last semester, so I am finishing my program online. I cannot attend an in-person graduation, so I feel that I do not have closure."

"I just graduated and am waiting to hear back from a job interview :)

"Though these times are difficult, it has afforded me to continue my studies online and also be in another state caring for my mother."

"I have felt anxious about completing my training without the full placement and anxiety around are the additional components added in going to be enough to make me feel confident in my future role as an art therapist."

"I have extreme anxiety about how this will impact my ability to get a job and pay my bills after graduation."

"I have amazing and supportive professors which have helped ease the transition to an online format. I also am part of a wonderful cohort of graduate students who have always supported one another throughout the program."

"I have felt a heightened awareness of mental health and have taken advantage of my studies in art therapy by using several self-care coping mechanisms"

"Art Therapy is not meant to be online."

"I am generally able to pivot well. I am an older student and so I have been through a lot in life which informed my ability to graduate, which I just did (with several honors and awards)"

"Internship ended early with no closure with clients. Hours were limited and reduced to accommodate the early closure. I feel supported by my program but very sad to have had no closure with my clients."

"Speaking from a student’s perspective, it’s honestly been difficult to start creative projects or pick up to start any sort of creative expression. However, when I do, it’s been an immensely healing and energizing process. The main reason I’ve been able to though is because I’ve had to, whether during our class or because of commissioned work."

"I am allowed client contact as an essential worker. Finding clinical supervision within the organization has been difficult. They are not on site."

"Extremely frustrated that my program has not offered us the chance to be placed at sites with telehealth capability. Mine does not have telehealth and I have NO idea when I’ll be able to return to in-person practicum. It feels like I’m never going to graduate. I only have 60 client contact hours standing between me and graduation and I have received no support from my program to complete these hours on time."

Additional comments from educators

"Moving five classes online and responding to students, administrators, and others’ growing needs is a 12+ hour a day job."

"Online teaching has more than doubled the time spent weekly interacting with 50 students."

"I am most concerned about my students with regard to their practicum and fieldwork experiences. There are many aspects I really appreciate about online teaching. There are most definitely challenges. I am not being paid or given any support for upgrading my internet which has been required."

"I previously taught online and attended a hybrid program, which made the transition somewhat easier for me than for others. My primary concern is that colleagues really do not seem to be willing to even consider how we can provide quality education for students in a temporary online environment. The rigidity and lack of creative problem solving are tiring for me (a younger/newer faculty member). The privileges of being a tenured and full faculty member and the deep divides between those of us who are newer and not as stable are showing up in interesting ways."

"I decided to be trauma informed and keep the class time the same so we can continue with what we know before. I only offered pre-recorded content a couple of times and it took too much time. Live classes were much better and easier to do. I think the students appreciated staying the same format."

"I am most concerned about my students with regard to their practicum and fieldwork experiences. There are many aspects I really appreciate about online teaching. There are most definitely challenges."

"I have experienced that online forum discussion posts have been very rich and robust. However, the actual synchronous conversations are not as rich as in person discussions."

"Students are burnt out and quality of discussion is lacking. Online platforms which incorporate more distance allow the students to not have to be as present in their studies, and “hide” emotionally as well as physically behind the screen."

"As an ATR-BC working in private practice, adjunct faculty and attending a PhD program, I feel all the areas of my life are affected and feel supported within all three areas."

"Much support has been provided by a range of sources including my employer, by stakeholders and by the major national and international art(ists) therapy organizations in regard to standards, ethics and best practices."

"The stress of colleagues is always high. This shift to emergency remote learning only increased it for many; also added stress with cancelled ACATE site visits."

"I have seen how my team and other colleagues have stepped up to volunteer to help with whatever is necessary to continue to serve our population (senior citizens) and provide them with resources."

Additional comments about financial effects on art therapists

"I am a single mom, no stimulus check, still no unemployment, little to no PPP because they disagreed with my income since all of my places of work do not give 1099’s at the end of the year. “I do groups (paid by grants) in different hospitals and they have temporarily suspended all non-emergent care, treatment, visitors...Therefore I am out of work from 4 places."

"Have not had any art sales and this is a big impact to my income, but therapy money is flowing."

"I am paying a lease for a space I cannot use. If the income, but therapy money is flowing."

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“My bank was not accepting any further [PPP] applications...very distressing.”

“I have been unable to proceed with applying to new jobs due to no childcare.”

“I’m on voluntary unpaid leave due to the dangerous environment.”

“I have my main job, lost my private practice.”

“I am paying rent for an office I can’t use and am locked into a lease.”

“I continue to hold and bill for 55 minute sessions. I am being paid as normal for my work except for one insurance company that has relieved patients of their co-pay. I am fine with this. Would rather earn less per session than not continue the work.”

“Having extra expense of upgrading the internet and creating a home office while still paying rent for a physical space I am not using. Also trying to get materials from the office for conducting my sessions at home, because returning to my office for supplies creates an increased risk of infection. Also, as I plan to tentatively re-open in-person sessions, I am struggling to acquire the cleaning supplies and masks necessary to resume.”

**Additional comments about how art therapists are coping**

“I work on the IDEA grant so I am definitely in fear of losing my job, but not nearly as much as I worry about losing my life. So I stay home like the boss tells me. I am waaaaay more blessed than many, just having food and a backyard. But the trauma of this event will last a lifetime for all of us.”

“I have experienced anger for being asked to work without protective equipment in the beginning of the shut down. I have since advocated for myself and my colleagues. We have worked with protective equipment I MADE in the beginning, until the city started to offer them weeks later.”

“My husband passed away in September of 2019, so my grief process has been disrupted and my support group is now meeting when I can’t join them due to [the fact that] I am still working. I have one college child who is home 3 days a week and the other college-aged child who I haven’t seen for 4 weeks. That is getting very hard. Then again, my residents have only seen their family through weekly video conferencing. And they are MUCH more isolated than I am.”

“Clients aren’t mentioning bias/racism but many of the issues affecting them are rooted in systemic woes. This is hard to witness. I don’t know how to intervene. Very frustrating, causes a lot of stress.”

“I have validated my journey by being a part of this community supporting my high school students/clients mental health via telehealth. I was called to Art Therapy later in my life. Now that I am actively supporting my students/clients in navigating their loss of school/peers/friends and end of senior year/graduation activities, I hear from them (and their parents) that seeing/hearing me brings them comfort. The transition to utilizing services through telehealth was challenging, and yet, we all have been able to continue with Art Therapy in our sessions. The best part is they are creating gallery walls in their bedrooms, and committed to using their “Summer Toolkits” to share with me when we eventually return to our campus in August. We are ALL in this together!”

“Everything is a disaster. As a school-based art therapist, our school was closed and moved to remote learning. I work with students with severe autism, making it very difficult to both conduct sessions and have a family member or staff assist them/me through a session. My husband is a teacher so he works full time from home. I take on the primary parent role for my 3-year-old who can’t make it through being away from me for 30 minutes so I can run a session. My attention is pulled in two directions and my heart is breaking. Thank goodness I have skin and bones to hold onto everything inside that feels broken.”

“I’ve been very busy with video sessions and have felt the need at times to switch to phone sessions because of looking at the computer screen too much. [I] have had the most difficulty finding time to take care of myself in between sessions, which have been back-to-back.”

“I am most frustrated by imposed government control and its impact on mental health. Tanking the economy leads to job loss, which leads to depression, anxiety, and suicide, along with increased DV [domestic violence], substance abuse, etc.”

“I was infected with COVID-19 along with my partner, so my anxiety about being infected is no longer as heightened as before. However, there is still anxiety around whether we could be reinfected.”

“I’m currently pregnant (38 weeks and 2 days) with my first baby, which adds to my current state of concern, stress, and anxiety.”

“My sense of agency feels removed from my usual ability to set boundaries. I am required to use my own home and devices for my work, like all of us. My agency requires me to have virtual meetings during my lunch hour now, to accommodate the frequent protocol changes.”

“I live alone and can’t see my family because I don’t know if I’m asymptomatic since I work in a nursing home.”

“I have felt very disillusioned with art therapy during this time, and can not justify to myself or my clients the importance of finding art materials, space for creating, and connecting with the impulse to create when so many other basic needs are going unmet. Seeing a client in person, in an office, provides some separation and respite. Asking people to create and produce in their own home without access to materials that are normally readily available, without space to spread out freely, without storage or privacy, is just added pressure right now for the vast majority of my patients. My work has pivoted to offering crisis intervention, short-term support and problem-solving verbally. It’s all I can realistically offer and it’s all that many of my patients are able to realistically accept right now. Expecting patients to engage in art making right now feels elitist and disconnected from their reality.”

“My partner is a physician and became infected and I continued to work; I never got sick but have tested positive for antibodies.”

“I have struggled with isolation in regard to my program of recovery (12 step). Isolation is a trigger for me and so many others. Zoom meetings are available and the work but they do not nearly provide the same structure as in-person fellowship and meetings.”

“Our life has been blessed by the Coronavirus. I get to be with my incredible son just about all the time. I like working from home. While this has been a tragedy for many, causing many difficulties, my immediate family and I have been affected in mostly a good way.”

“I am mainly concerned by the level of government control being forced on United States citizens and the mental, physical, and financial implications which are taking place...very distressing.”
and will continue to do so for most Americans. It is disgusting and unconstitutional."

"It has given me time to slow down and take care of things and spend more time with immediate family. I feel less pressure and stress."

"I have verbal and written processing disabilities, the online format is very difficult for me. Being in person with clients or people in general is how I learn and process best. I may start doing teletherapy however this is a concern of mine as it is a very exhausting experience."

"My work relationships have changed. Teams are divided—the work environment feels hostile, tense, and the microaggression is out of control. We’re short staff yet asked to manage unrealistic tasks/projects. I’m expected to be creative and work effectively during a CRISIS!"

Additional comments about hope and motivation

"CREATIVITY has been key for me in all of this. As a creatively-minded person, I feel uniquely prepared to take on this new way of existing. Within the limitations there are so many opportunities to be creative and try new ways of doing art therapy, approaching problems, and just getting through the day."

"I receive hope from my spiritual and religious beliefs and from my family."

"Perspective [on] what my patients are experiencing which refuels me to continue on; shared experiences with my coworkers and knowing I am not in this alone; the human spirit and love sent from others; knowing that my services are helping others navigate and hold space for their emotions; making sure I care for myself."

"The essential role mental health services will play in the coming weeks and months has motivated me."

"Being drawn back to my art to give voice to my disrepair and stress."

"The sense of the world having to adjust all together to a new way of life provides a sense of community. Awareness of increased needs for mental health treatment is motivating. The incredible amount of artwork and the artists’ communities’ support for each other has provided hope."

"Taking one day at a time, busying myself with tasks or activities, connecting with friends via Zoom, trying to move and get outside each day."

"I’m hopeful businesses will appreciate workers’ ability to work from home and allow it to continue on some level. The couples I work with are realizing they are still in love with one another and just need more time together. People’s priorities are changing in a positive way. I’m grateful insurances are covering copays to help people access mental health more easily."

"Seeing the children I work with smile on Zoom meets!"

"Connection with friends and my parents getting better after contracting Covid."

"My residents are meeting with their families. Everyone is so thankful to see each other. Families are so thankful and supportive. We started doing Zoom meetings with our college students and that has made a HUGE difference. The Zoom Spelling bee has become the event of the week!"

"Possibility to shift old norms and move towards a better future.“

"Honestly the best motivation is seeing my clients and creating moments of delight for them during these difficult times."

"My spiritual and faith life, my marriage, my 12 Step programs, a compassionate workplace."

"Using technology to connect and not disconnect."

"Knowing other art therapists are going through similar struggles and our work is becoming of even more value."

"Even during these uncertain times I have had clients “graduate”, meaning they worked through issues and got better."

"I have begun an art project in support of staff wellness at my hospital. It gives me a way to encourage people around me to acknowledge their stress and gain support from each other. So far it has been well-received."

"As a working professional in my mid-sixties, I have endured prior chaos and uncertainty in life. ‘This too shall pass’."

"What gives me hope and motivation is my family. I get to see my father and sister from my front porch every day. I get to Zoom with family at least once a week. I have friends who text once a week too. I do not feel a lack of communication or need to go out and do anything. I am so very content being at home and with my family. I live out in the country and have space to roam, which helps tremendously."

"I feel supported by my coworkers who are showing up to work everyday with me. Many staff are out on medical leave or quit when the pandemic started, but our clinical directors have stepped in to run groups and have made sure that we are still taking time off and leaving work on time."

"My clients’ feedback about getting relief, the surge in their independent art experiences and the knowledge that I’m providing a valuable service to others in need."

"That people are resilient and that we can show solidarity through this! And the therapists themselves are resilient!"

"More awareness of anxiety and other mental health struggles as well as how trauma affects us all. A forced slow down on extra activities that take away from time with family. Forced reprioritizing and sense of what is most important in day to day. Forced reprioritizing of previous boundaries and responsibilities that now seem menial."

"Increased acceptance of art therapy mental health services, especially telehealth. Also, increased awareness of the need to re-evaluate societal priorities and think of others."

"Immediate visibility of the larger community seeming closer and intertwined, accessible, and supportive more than ever in my career! Clients doing deeply transformative work and noticing their own capabilities in more profound ways during quarantine! Expanding and stretching each of our clinical skills, the art of noticing more, and creativity in all its meaning."

"Want to be ready to help when PTSD-type fallout presents in the coming months. Trying to use the time wisely and model what I preach to clients."

"I am leaning into my sense of purpose to cope. I can do this because I am needed and my work is important."
Additional comments about art therapists volunteering

“I have taken on some free support groups to support others, it feels good and is very draining.”

“I am giving away free washable masks and trying to spend time connecting over the phone. I’m action-oriented and don’t do well without goals every day.”

“Knowing that being a part of a 200 person sewing team that is making a measurable difference helps. We have measured, marked, cut, constructed, and distributed almost 20,000 face masks for our community. Who knew my simple talent of sewing would come in handy.”

“I have volunteered to make and send cards to the elderly. I have also donated my bonus and travel reimbursement to my agency’s Mutual Aid Fund we employees set up for coworkers who are struggling financially during the crisis.”

“As a member of my agency’s crisis response team, I am volunteering to run resiliency coping groups at the agency.”

“I have provided some art therapy/relaxation groups via Skype to support my social community.”

“I continue volunteering with the American Red Cross, both Disaster Mental Health and Facilitating Resiliency, Reconnection and Stress Management during COVID-19 workshops for active military and vets.”

“Volunteering to help with contact tracing.”

“I have been taking Front Porch Portraits in exchange for donations to the local food depository.”

“I have seen how my team and other colleagues have stepped up to volunteer to help with whatever is necessary to continue to serve our population (senior citizens) and provide them with resources.”

Additional comments about innovating in art therapy

“I am pleased I can continue to work. Being a creative arts therapist is a true benefit right now: How can I continue with experiential therapy with a whole new environmental backdrop? I believe I am facilitating some of the best sessions ever, and I have been practicing since 1991.”

“I offer art workshops to children in foster care through the nonprofit I work for. Generally I work with the children in person and am very fortunate to work for a well funded organization with an array of quality art materials. I am currently providing videos of at home art projects for the children to do in their foster homes or group homes using a flexible combination of whatever drawing materials they own and upcycled household items (cereal boxes, shoelaces, etc.).”

“The hospital mental health clinic where I work doing individual talk therapy and Art Therapy groups suspended all groups. Generally, our population (extremely low income) does not have the technology hardware or know-how to do online groups. However, I mailed a packet of activities to clients, including all in the groups. Activities included papers with framed edges, with a letter explaining some directives. I enclosed SASE with an explanation to mail one artwork back to me and I would mail it to someone else in the group. Since mail service is available to all clients, it’s what I used. I am awaiting responses.”

“I have had the opportunity to pursue roles/departments that I never could before, because there was a recognized need to prioritize staff wellness (my personal and academic interest), which was previously not a serious interest. I also saw problems not directly related to art and I had creative ideas to solve them; I was given support to do so. For example, patients were dying alone (in isolation due to COVID) so I volunteered to do bedside video calls with their loved ones.”

“I am contributing to a cookbook that is incorporating art-based therapeutic activities for families with young children during the COVID-19 crisis.”

“One client talks on the phone while she walks. She is more focused and doing incredible work. Childhood trauma. We think the moving is essential and will continue this. Even in person walking, I have been reading up on others who do therapy walking.”

“I have changed my focus from my client’s mental health to my co-workers mental health. I am providing weekly projects and open studio sessions for them to come, make art and have community during this time.”

“One thing I have been thinking about is the idea of offering art as a tool for self-expression and coping that clients can do on their own as well as during a session. We have been doing an altered book project as a way to contain and transform this experience, as well as creating a transitional object that patients can continue to work on between sessions and after we go back to in office sessions.”

“The art media allows my residents to intuitively explore their feelings in regard to their diagnosis and feelings—particularly about any concerns with Covid-19. I also incorporate movement, meditation, breathing, into the process creating a slow, mindful, body-aware approach to teach skills and reduce anxiety and stress.”

“I have changed my focus from my client’s mental health to my co-workers mental health. I am providing weekly projects and open studio sessions for them to come, make art and have community during this time.”

“I have started Mental Health Mondays (simple art directives to center and help alleviate stress) at my job to care for my co-workers.”

“A big increase in disinfecting processes and introducing art history, through the lenses of mental health, into weekend sessions.”

“I have altered how I distribute supplies, arranged the group to support social distancing, and have implemented the use of power points for group discussion purposes.”

“I believe we are more adept at going with the flow, changing course mid-session, and coming up with new creative solutions.”

“I work in juvenile corrections and have been giving out art therapy worksheets in lieu of having groups. I have found that the youth have been more vulnerable in their image making than if I were to have them in groups where their guard is up. I have gained a new perspective on how this population really needs opportunities for expression and reflection in their down time. I believe art therapy is uniquely suited to support mental health during this pandemic because the art process is a meaningful way to spend time and discover things about yourself. Time flies when you are making art!”

“We are not only artists but we are creative thinkers, and that is applicable in our work and in our sites beyond the specific use of art.