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Behind the Screens: Informed Consent and Digital Literacy in Art Therapy

Nancy S. Choe and Natalie R. Carlton

Abstract

Art therapists face challenges of implementing digital or new media art practices due to concerns for privacy, confidentiality, and unfamiliarity with legal standards and best practices. This article discusses the ethical challenges of digital media use in art therapy, illustrated with case vignettes. The authors present informed consent guidelines to guide practice and to identify potential ethical concerns, and highlight the importance of digital literacy as it relates to cultural humility. Recommendations are offered for more effectively navigating the complexities of digital media in art therapy.

When mass media theorist Marshall McLuhan (1964) declared “the medium is the message” (p. 7), he recognized the symbiotic relationship between materials, medium, and content—and the social consequences that result from perceptions of media in people’s lives. Today, art therapists are particularly mindful of the diverse characteristics of materials and media and how they affect a client’s experience, process, and content in art therapy. They critically consider the personal, social, and cultural significance of media used in art therapy; however, time, access, environment, and their own capabilities and biases might present barriers to active exploration of new materials viable for clinical practice (Austin, 2009; Carlton, 2014; Orr, 2010, 2012). Added to this reality is the challenge of living in a digitally saturated world where mental health and technology have converged. Art therapists must work with the creative forces, complications, and “messages” that technology-mediated materials convey.

Although computers have been used to create artworks since the 1960s (Christiane, 2015), the term *digital art* has only recently entered the popular vernacular. Highly accessible and creative digital media apps include augmented and virtual reality, animation, film and video, photography, sound and music, and writing features. Their development has been accompanied by

an explosion of social media platforms that enable anyone with a digital device to share their creative works “at their fingertips.” Although not tangible in a traditional art media sense, these digital creations offer an alternative material presence to a person’s memories, thoughts, feelings, fantasies, and the deep unconscious—often in real time. Recent discourse in art therapy reflects a growing appreciation for the therapeutic value provided by the distinct qualities of digital media (Garner, 2016), the influence of social media (Miller, 2017), and the ethical behavior demanded of digital media that require more than a swipe or click (Belkofer & McNutt, 2011; Malchiodi, 2018; Miller, 2017).

According to the trade group Global System for Mobile Communication Association (2018), more than 5 billion people in the world today are connected to mobile services and apps are increasingly becoming part of people’s daily lives. This reality challenges art therapists to recognize the ethical dilemmas and real-life consequences of digital media use and behaviors. In this article we describe the particular relevance of informed consent for technology use in the digital age. We also highlight digital literacy as foundational and vital to ethics training in art therapy. We offer practical guidelines and clinical illustrations involving client and therapist use of everyday apps.

Digital Literacy in Art Therapy Practice

Digital culture affects the lived experiences of clients, some more deeply than others. The way a client engages in the digital world is relevant therapeutic information and often just as compelling as how they interact in the “real world” (a separation that arguably does not exist for many people). However, if an art therapist holds a bias that ignores or is averse to technology, a client’s digital culture might not even be taken into consideration (Carlton, 2014) or discussed with respect to informed consent. Thus, it is vital for art therapists to recognize the strengths and limits of their digital competencies and to maintain an awareness of digital culture. Effective navigation of the digital environment involves the growing learning curves associated with digital literacy (Martin, 2006; Pierce, 2015). Digital literacy has expanded from simply knowing how to operate a computer-mediated device or software to skillfully

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maneuvering the interconnected challenges of information safety, creative problem solving, and the production of multiplatform communication. An art therapist's evolving competence requires both engagement in digital literacy development and a setting aside of personal feelings about digital media use (Choe, 2016), given that digital literacy has no endpoint in today's ever-evolving technodigital culture and is never entirely mastered.

Digital literacy training in art therapy should be incorporated into ongoing ethical and multicultural learning as a discerning awareness of how technological forces affect culture, ethics, laws, and human psychology, including online relationships and communications. The self-reflexive, lifelong learner model of cultural humility (Foronda, Baptiste, Reinholdt, & Ousman, 2016; Hook, Davis, Owen, Worthington, & Utsey, 2013) is relevant for its interpersonal stance of openness to cultural values and identities important to individuals. Thus, digital humility can be defined as an evolving understanding in how one's beliefs, practices, and language within computer-mediated environments are particular to the individual rather than universal to everyone. For example, art therapists do not assume that their own digital access, knowledge, and practices work in the same ways as they do for everyone else. Instead, we are called on to continuously engage in digitally aware agreements and collaborative learning with our clients and colleagues.

Both digital literacy and digital humility have an important role in ethical practice because of the awareness, attitude, and ability required to appropriately manage the effects of the digital environment on the therapeutic relationship. The consumption, creation, integration, dissemination, and protection of digital content in alignment with professional codes needs to be balanced with clients' unique cultural relationship with digital media. Art therapists who have an ethical awareness of their views on digital culture are committed to learning about transmedia materials as potential intermediary tools for therapeutic expression, and hone their skills with specific digital media applications that meet their and the client's needs (Carlton, 2014; Choe, 2016).

The ethical risks of "discriminatory resistance" (Carlton, 2014, p. 44) to digital media, which includes avoidance of acknowledging or discussing media use, might not be conscious to an art therapist who does not recognize the potential for harm. For example, art therapists sometimes assume their younger clients are more informed about social media risks than they really are or might even rely on the youths' so-called expertise, turning digital art making into an ethical minefield. Contrary to popular belief that digital natives (i.e., individuals who were born into the digital age) are technologically fluent and have innate skills (Prensky, 2001), research indicates that their skills and access to digital technologies are highly diverse (Jones & Shao, 2011). Despite a high level of familiarity with the digital environment, they often need guidance in critically examining

what they consume and construct (Boyd, 2014). Confronted with clients who were born into a world infused with ubiquitous technology use and appear to know what they are doing, we must ask this: Are they fully informed of the privacy risks involved and do they understand the long-term media effects of their digital participation? Because social behaviors in online environments often mirror offline social behaviors (Ivcevic, & Ambady, 2013; Sandy, Gosling, & Durant, 2013), exploring these and other relevant questions at the beginning of therapy can help establish informed consent agreements and a more accurate understanding of their digital culture.

Ethical Guidelines and Informed Consent in Digital Art Making

Recent art therapy literature on the ethics of using digital arts (e.g., Alders, Beck, Allen, & Mosinski, 2011; Malchiodi, Cutcher, & Belkofer, 2018; Orr, 2015) have provided general ethical guidelines for practice. More specifically, Cohen, Johnson, and Orr (2015) articulated six areas of consideration for ethical clinical practice that apply to digital art making: (a) well-being of clients and therapists, including level of readiness to use the media and expectations for both therapists and clients; (b) assessment of potential trauma and risk levels regarding potent content or narrative; (c) access for all participants; (d) activation of informed choices within the therapeutic process, dialogue, and relationship, including identity protection and confidentiality regarding consent, copyright, and data protection; (e) ideas and dilemmas related to ownership and the client's right to diverse media choices; and (f) balance of benefits versus risk while engaging with and choosing dissemination formats and routes of creativity.

The "behind the screens" reality and inner workings of digital media apps, devices, and communication platforms might be intimidating and out of clinical view, but the decision-making process of thoughtfully considering all aspects of communication and material choices remains the same with digital media as with any other creative media (Orr, 2015). Critical components to digital art making in therapy include an understanding of digital media limitations and benefits in art therapy (Choe, 2014) and assessment of their material qualities (hardware and software) as well as potential ethical issues of ownership, privacy, and therapeutic boundaries (Alders et al., 2011; Malchiodi et al., 2018; Orr, 2015). Art therapists who are uninformed about Internet safety or the storing, accessing, sharing, and securing of digital data leave themselves open to a multitude of ethical issues. Fortunately for U.S. art therapists, the Art Therapy Credentials Board (ATCB) and the American Art Therapy Association (AATA) are essential resources to address some of the ethical and professional issues related to the use of technology in clinical settings.

Table 1. Therapist–Client Agreement for iPad and Art App(s) Use in Informed Consent

Internet Connection	In general, the digital device used in art therapy is offline, with its wireless functionality turned off. In case Internet connection is necessary, the art therapist always uses a secure Wi-Fi network.
Authentication	Utilization of authentication technology is essential. The art therapist protects and routinely changes password(s) on the device and its apps.
Lost and Stolen Hardware	In case the device is lost, stolen, misplaced, or must be disposed, the art therapist prevents unauthorized use via an auto-lock feature or enables remote wiping that deletes data stored on the device.
Security Updates	The art therapist regularly installs the operating system and its application(s) updates and patches.
Hardware Storage	The art therapist always maintains physical control of the device and stores it in a secured location when not in use.
Artwork/Storage	All art making, including digital artwork created during session, is confidential; the art therapist may keep client artwork as part of the client's clinical record. Digital artwork may be stored (a) as a physical print/copy of the artwork in a secure location with all digital traces of the image permanently deleted; (b) on a securely maintained external physical hard drive; or (c) in a secure cloud storage with HIPAA compliance support.
Software/Apps	Current art apps are not developed specifically for art therapy use and have inherent privacy risks. The art therapist downloads apps from trusted sources and generally does not download apps that mine private information, have obtrusive advertisements, and/or are riddled with defects or bugs.
Professional Consultation	The art therapist restricts any identifying information of the client and client artworks when third-party consultation is necessary (e.g., professional colleague or technical consultant).

Note. HIPAA = Health Insurance Portability and Accountability Act.

Alders et al. (2011) also discussed client-tailored written informed consent for digital media use in art therapy. Having an open discussion about digital media use with clients can help art therapists establish concrete guidelines for art expression within the reproducible, ephemeral, and often fluid boundary qualities of art therapy.

Informed consent in the context of art therapy is not a one-time legal hurdle; rather, it has a paramount role in protecting a client's privacy and developing a therapeutic alliance within digitally diverse populations and practice settings. Although the AATA's (2013) Ethical Principles Section 16.0, Conducting Art Therapy by Electronic Means, was written with telehealth service in mind, the basic concepts of providing information on risks and limitations, protecting confidentiality, obtaining informed consent, and following regulatory protocols also apply to digital media use in art therapy. Of course,

no form can address all of the various, complex, and multilevel ethical questions that might be encountered. However, a thoughtfully crafted, comprehensive form that explains basic risks, benefits, processes, and policies can both alleviate formidable outcomes and educate clients about potential challenges. The inherent privacy risks that come with using hardware and software should be explicitly stated in the informed consent form and should consider the client's needs and goals of the treatment as well as his or her cognitive abilities (Section 15.3, p. 13).

In addition to outlining the benefits and limitations of participating in digital art making, to prevent any misunderstanding the written informed consent should explicitly state the procedures the art therapist and client will both follow. Tables 1 and 2 are examples of procedural guideline agreements that articulate these mutual

Table 2. Client Acknowledgment of Digital Media Use in Informed Consent

Confidentiality	The art therapist follows measures to ensure confidentiality. However, the client is aware that digital media have inherent privacy risks, and hardware and software have security limitations.
Exhibition and Sharing	The client acknowledges that online exhibition or sharing of artwork may lead to potential problems and agrees to safeguard their own privacy by not posting, sharing, or sending artwork created in art therapy sessions without prior discussion with the art therapist.
Client's Use of Own Device	The client who uses their own devices in or outside of session is fully aware of potential privacy and confidentiality breaches. The client acknowledges that maintaining the security of their own device and digital artwork is their sole responsibility.
Location-Based Services (LBS)	The client who brings a mobile device to the art therapist's office is aware that LBS-enabled apps may compromise privacy, as others may be able to surmise therapy attendance due to regular or frequent online check-ins near the office location.
Client's Rights	The client, at any point, may refuse to use digital media and technology in art therapy and agrees to notify the art therapist of any discomfort or concerns with digital art making.

commitments. They denote three categories of potential ethical dilemmas that are the most frequently cited in psychotherapy: professionalism, therapeutic boundaries, and confidentiality (Jain & Roberts, 2009). These ethical agreements also attempt to directly address the unique art therapy challenges of ownership, storage, and exhibition of client artwork, and the client's autonomy to collaboratively negotiate confidentiality within digital media boundaries. The protocol steps to protect privacy and a contingency plan in case there is a breach of privacy also are essential to include in the informed consent form.

The agreements described in Tables 1 and 2 are not meant to be definitive and only serve as possible guidelines to art therapists in designing practical forms. Table 1 is also specific to the use of iPads with an iOS operating system and a mobile device with a different operating system may require alternative or additional security recommendations. Laptops follow similar guidelines and, depending on operating system variables, might also require customized precautions in the protocol to address the use of apps. Although some art therapists address security concerns by restricting their clients' access to the Internet during sessions, this is a limited solution. Applications and devices need to be connected to the Internet to receive regular updates and downloads of new apps might be needed to enhance the client's art-making process. Moreover, many apps have not been developed for art therapy use. Thus, additional challenges to confidentiality, storage, and the therapist's desired control over options and tools could arise (Choe, 2014).

Given that ethical codes are written as broad standards rather than detailed "how to" instructions, when it comes to technology use in art therapy, specific skills and knowledge must constantly be discovered, updated, articulated, and shared among practitioners so that these cumulative practices will ultimately guide professional training and ethical standards. Ongoing understanding of informed consent can empower clients to commit to their own protection of confidentiality and privacy. Privacy regulations and emerging technologies are always in flux; therefore, informed consent agreements should be reviewed, updated, and discussed routinely.

Clinical Vignettes of Digital Media Apps Use in Sessions

Digital art making involves a broad spectrum of means, applications, and structures that cannot be addressed adequately in a single article. The following vignettes focus on ethical issues that can arise with various software apps because of their current dominance in mobile media usage in the United States. Although we purposely fictionalized names, demographics, and clinical details to protect the clients who inspired these vignettes, the dynamics are isomorphic to real clinical situations faced by contemporary art therapists and clients, both within and outside of sessions. Each example serves to portray the usefulness of digital media in art therapy while highlighting ethical responsibilities and areas of

informed consent. The ethical dilemmas presented point to the need for explicit agreements in areas of practice that are specific to safe and effective digital media use.

An Animated Husband on Facebook

Xavier and Jamie have been experiencing marital problems. Xavier often uses verbal insults during arguments, to which Jamie reacts by shutting down after becoming frustrated with Xavier's choice of words that hurt her feelings. In a session that identifies the clients' lack of awareness of their negative behaviors, the art therapist suggests using the 3-D animation app Plotagon to reenact a scene of their recent argument and to watch their created video as a third party. Plotagon allows users to create their video in minutes, directly from their own written script. When Xavier watches himself as an animated character in the scene, he notices how his words were insensitive and he ultimately apologizes to his wife. The couple state that the use of the app helped them see things more objectively and then mention they might use it at home themselves. A few days later, after another marital argument, Jamie re-creates their scene on Plotagon and uploads it to her Facebook page. Jamie mentions on her Facebook page that their art therapist had suggested the use of the app for treatment and then solicits comments from other Facebook users regarding Xavier's behavior in the scene.

In general, we have found that digital art should be introduced to clients only after the art therapist has formed a healthy therapeutic relationship with the client and has knowledge about the client's attitude, skills, and behaviors regarding digital technology and social media use. Although the app might have been instrumental in increasing Xavier's self-awareness, it appeared to have had little impact on Jamie's passive-aggressive behavior. Instead of using the app to communicate directly with her partner, Jamie used it as a tool to humiliate him on social media. An informed consent protocol cannot control artworks made outside of art therapy; however, the art therapist in this case bears an ethical responsibility to facilitate a discussion of boundaries and exhibition or sharing of any artwork created before introducing the app to the couple. By addressing potential risks early on within the informed consent process, the art therapist also builds trust with both clients and can strengthen the therapeutic alliance.

Art therapists should not mandate a blanket "no posting, no sharing" policy out of a fear of the artwork being "out there" to attract attention with no control. Such a prohibition could undermine the autonomy of the client, create distrust and unilateral power in the therapeutic relationship, and even deprive clients of using their resources to heal and receive support outside of therapy. In fact, imposing blanket restrictions rather than informed boundaries with clients might create patterns of avoidance on the art therapist's part and could even foreclose opportunities to discuss important issues of self-representation and agency, community, privacy, and boundaries. As with every other ethical dilemma, each client's contextual case needs to be examined in all these areas, but this

examination is less effective without informed consent and the art therapist's digitally literate, explicit intentions.

The Power and Problem of Anonymity

Yumiko is a creative but introverted teenager with few friends at school. She likes to make beautifully crafted projects at home and has a robust following on the online site Pinterest. She tells her therapist that she uses the self-destructing message app Snapchat to chat freely with other teenagers who identify, as she does, as social outcasts. Yumiko also uses YikYak, which is a social media channel where all users are anonymous and comments can be accessed within a set radius according to satellite location. She views these apps as empowering in that they give her a voice she never has had. Without telling her art therapist, she takes a picture of an artwork she made in session and posts it on Pinterest for her followers to see. The art therapist learns about the posting only weeks later when Yumiko reveals her disappointment that some of her followers are making online comments about her artwork that bother her.

Once a client posts artwork online, the image exists in a fluid cyberspace and there is no single feasible mechanism to maintain the integrity of the artwork and the maker's intention. Social media can create transformative and expressive opportunities that are empowering while exposing clients to exploitation and social pressures to conform, among other negative outcomes. In recognition of the therapeutic value of clients exhibiting their art, AATA (2013) ethical guidelines state that proper safeguards must be in place "to ensure that clients and their imagery are not exploited, misrepresented, or otherwise used in ways that are not approved by the clients" (p. 6), which appears impractical in the contexts of the online exhibition and the client's social media use. Despite the fact that Yumiko benefitted from using social media in her private life, the art therapist must recognize that she is also vulnerable to potential harm in her interactions with anonymous people online. Moreover, the art therapist must be familiar with the apps that this client uses, not only to understand her cultural community but also to assess associated risks and benefits. As an anonymous messaging app that launched in 2014 and was once valued at \$400 million, YikYak was banned on many school campuses due to a platform design that made online abuse and harassment quite easy (Carson, 2017). The app has been implicated in hate speech and bullying, riddled as it was with malicious comments against the most vulnerable youth (Sigl, 2015). Although the platform is now closed, anonymous messaging apps are still popular and therefore art therapists should cultivate awareness of their impact on the lives of their clients who might be regular users.

Yumiko's online posting of her artwork made in session might have stemmed from the need to feel confident, to receive affirmation from others, and to build content on her Pinterest page. These motivations should

be explored in session as part of a client's expression of identity and discussed thoroughly within the informed consent process to reduce the risk of misunderstanding and to safeguard from potential harm. Depending on the age and presenting problems of minor clients, an art therapist also should discuss safe digital media use with parents or guardians without breaching client confidentiality. One practical way is to refer them to Web sites such as Common Sense Media (www.commonsensemedia.org) that provide trustworthy information about all spectrums of media that youth consume.

When Boundaries Between Home and Work Collapse

Josh is an art therapist working in a community mental health agency who conducts weekly home visits with more than 30 clients on his caseload. Due to lack of time for setup and cleanup, sometimes he brings his personal iPad with him to facilitate various kinds of digital art making, a medium with which he is very proficient. Many clients enjoy using Josh's tablet while others choose to use their own mobile devices to make digital art during sessions. This "no mess," single-device use gives him more time to process insights about the art with his clients. To safeguard client confidentiality, after each session Josh always deletes any art made on the device so that the next client who uses it will not find another client's artwork. Josh tells clients who use their own devices to save their artwork until the next session. As a user of the location-sharing app Foursquare, Josh frequently checks in online at the coffee shop that is next door to his last home visit of the day.

Josh's use of digital media raises some ethical red flags. First, it is possible that his digital media habits and assumptions are preventing awareness of relevant state or local laws, his agency's policies, best practices, and informed consent regarding the use of technology with clients. Josh's proficient personal use of digital media does not necessarily translate into competence within art therapy practice and community mental health care. Second, although Josh shows awareness of the risk to privacy when sharing one device among multiple clients, his decisions to allow them to use his iPad (which might have his artwork on it), to delete clients' artwork after each session, and to ask clients to save their artwork on their own devices all disregard ethical principles regarding the ownership of the artwork and the maintenance of confidentiality. Not knowing or lacking information on best practices prior to using digital media in art therapy can create potentially ill-fated consequences for clients.

A challenging situation for art therapists who aim to avoid using their personal devices in art therapy is the increasingly commonplace acceptance of "bring your own device" in health care. Josh's agency is likely to have a mobile device policy that complies with U.S. Health Insurance Portability and Accountability Act mandates and information technology staff that supports his personal tablet use and storage of secure confidential data. Clients

who use their own devices for digital art making in art therapy, however, must be made aware that their family members (especially parents of minor clients) might either gain or prohibit access to their devices at any time. Finally, Josh's use of a location-accessible social networking app is potentially problematic. Although the personal digital habits of clinicians cannot be dictated, Josh should know that regularly checking in online while at a coffee shop next door to his client's house creates the risk of having that client's location exposed to others.

All vignettes presented here address clients' and art therapists' levels of awareness, knowledge, and behaviors regarding the use of digital media; the importance of negotiating the benefits and challenges of digital and social media use; and the need to overcome the inherent privacy risks that come with using mobile devices and apps. A lack of practice protocols and specific ethical guidelines for digital media use can create unintended consequences and barriers to the benefits of digital media as an artistic medium and communication tool. An effectively constructed informed consent that is managed through ongoing, conscious engagement and learning serves to protect both clients and art therapists from possible mishaps. Continuous, systematic development of informed consent in practice is consistent with the field's broad ethical principles (AATA, 2013; ATCB, 2018) and can assist art therapists to ethically navigate the digital landscape that clients and art therapist already inhabit (Zur & Walker, n. d.).

Recommendations

The digital world is as diverse and multilayered as the living realities of clients and therapists. As we have argued, the dynamics of avoidance, ignorance, and bias toward digital media use only serve to disconnect ourselves as art therapists from developing much-needed digital literacy, which includes cultivation of ethical uses and growing competency with new media. Although ethical challenges arise with emerging technologies and technological shifts, the principles of autonomy, nonmaleficence, beneficence, fidelity, justice, and creativity have not changed. Nevertheless, it is imperative for art therapy practices to keep abreast of these changes and to adapt or develop new strategies to uphold core ethical principles. We recommend that art therapists approach their clients with transparency regarding the use of digital media in art therapy through informed consent. We also support appropriate ongoing training in digital literacy skills as incorporated into professional ethics education. Finally, we recommend that digital media content and exploration be included in art therapy course work and continuing education courses to enhance digital literacy for both new and seasoned professionals. Successful incorporations of digital media technologies will enhance art therapy clinical care, research, and education.

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