

## 1. Introduction

Welcome! We would like to thank you for taking the time to participate in our survey. Your feedback is very important and we appreciate your time.

We are a multi-disciplinary research team (engineers, computer scientists, occupational therapists, and others) located at the University of Toronto in Canada and the University of Dundee in Scotland. Our research specialises in creating intelligent assistive devices for people with disabilities, such as dementia and autism. If you would like to learn more about us and our research, please visit [www.iatsl.org](http://www.iatsl.org)

Our latest project aims to design and build a computer-based device that can enable older adults with dementia to engage in creative expression activities. As this device is intended as a tool to help arts therapists (i.e. art therapists, music therapists, dance/movement therapists, expressive arts therapists, etc.) work with their clients, it is of great importance to us that the tool is appropriate and useful to both clients and arts therapists. Therefore, we are looking to gain a better understanding of the how arts therapists and their clients currently interact when performing creative expression activities as well as to determine what features of an assistive device would be useful to therapists and clients.

To do this, we are asking arts therapists in Canada, the United States, and the UK to share their experience with us through this survey. It is not important if you do not work with older adults with dementia – we are interested in learning all that we can about creative expression with arts therapists.

The information gained through this survey will be used to achieve the goal of our project, which is to give older adults with dementia the opportunity to participate in creative expression activities wherever (at home or in long term care) and whenever they wish, either alone or with another person.

We respect your privacy - any and all answers you give us will remain strictly anonymous. This survey is simple to complete and should take about 15 minutes or less of your time. Participating in this survey signifies your informed consent to share your responses with our research team. If you have any questions or concerns, please email us at [iatsl@utoronto.ca](mailto:iatsl@utoronto.ca)

Thank you for your participation!

## 2. Demographics

Please tell us a little about yourself.

1. How many years have you been working in the field of arts therapy?

0 - 2 years

2 - 4 years

4 - 6 years

6 - 8 years

8 - 10 years

10+ years

2. Please tell us what credential(s) you hold.

3. What is/are the population(s) that you work with? Please check all that apply:

- Children
- Youth
- Adults
- Older adults
- Families / Couples
- School / Business groups
- Women
- Aboriginals
- Other (please specify)

4. What is/are your PRIMARY specialty area(s)? Please select up to three:

- Abuse
- Addictions
- Alzheimer's-type dementia
- Anger
- Anxiety
- Autism
- Brain injury
- Cancer
- Communication disorders
- Depression
- Developmental disabilities
- Disease management
- Other (please specify)
- Eating disorders
- Gay/Lesbian/Queer/Transgender issues
- Loss and grief
- Marriage / divorce
- Mental illness
- Phobias
- Physical disabilities
- Self esteem
- Sexual assault
- Stroke
- Trauma

5. Who are you employed by? Check all that apply:

- Self-employed
- Acute care facility
- Long-term care facility
- University/College
- Government program
- Other (please specify)

6. Is the MAJORITY of your work done under contract, as a staff member of a facility/organisation, or in private practice?

Contract-based

As a staff member

Private Practice

Other (please specify)

7. What country do you work in?

Canada

United Kingdom

United States of America

Other (please specify)

### 3. Population for this survey

To make it easier for you to answer survey questions and to help us interpret the survey results, we now ask you to think of a specific population that you work with.

We would like you to answer the rest of the questions in this survey with this particular population in mind.

8. What is the population you will be focusing on for this survey?

9. How many years of experience do you have working with this population?

0 - 2 years

2 - 4 years

4 - 6 years

6 - 8 years

8 - 10 years

10+ years

### 4. How do you facilitate creative expression?

Thinking about the population you just chose, please tell us share with us some information about how you facilitate creative expression activities with your clients.

10. Where do you conduct creative expression? Select all that apply:

- In your office
- In the individuals' homes
- At an institution
- At a day centre
- Other (please specify)

11. What is the most common forum(s) that you use with creative expression? Select up to three:

- In groups of clients from the same population (i.e. people with the same 'clinical diagnosis')
- In groups of clients from mixed populations (i.e. groups where two or more people have different primary clinical diagnosis)
- Groups of clients and family members
- Groups of clients and health care professionals
- One-on-one sessions between you and your client
- One-on-one sessions with you, the client, and their family member(s)
- Assignments over the internet or by mail
- Other (please specify)

12. What form(s) of creative expression do you use with clients?

- Visual art (e.g. painting, drawing, sculpture, etc.)
- Music
- Theatre
- Writing
- Dance
- Other (please specify)

13. Who usually selects your client's creative activity(s)?

- Yourself (the arts therapist)
- Your client
- Your client's family
- Your client's friends
- Your client's professional care giver(s)
- Other (please specify)

14. We recognise that the amount of work you do with a person depends on many factors that are unique to each individual, but ON AVERAGE, how often do you see the same client?

- Daily
- Two or more times a week
- Once a week
- More than once a month
- Once a month
- A few times a year
- One or less times a year

15. What is/are the MAIN GOAL(S) you aim to achieve with your clients?

## 5. Engagement in the activity

We would now like to ask you some questions regarding how you get your clients to initiate their activities and how you keep them engaged.

Please remember to answer the questions with the population you chose to focus on in mind.

16. What techniques do you use to help clients engage in creative expression? Please list two or more.

17. In general, after you give an initial introduction or instruction to your clients, how much guidance do you give?

	Completely guided	Mostly guided	Somewhat guided	Mostly unguided	Completely unguided
Amount of guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. What kinds of cues do you use to engage your client?

- Visual
- Verbal
- Gestural
- Hand over hand
- Musical
- Other (please specify)

19. As a therapist, how do you tell if your client is engaged? Please select all that apply:

- Content of artistic process
- Verbal communication
- Amount of artistic process
- Looking at facial expression
- Body position
- Other (please specify)

20. Please share two common situations where you think motivational prompts help your clients. If possible, provide a brief example for each of the situations you list and your approach to re-engaging the client.

Situation #1	<input type="text"/>
Approach used to motivate client for situation #1	<input type="text"/>
Situation #2	<input type="text"/>
Approach used to motivate client for situation #2	<input type="text"/>

## 6. Activity outcomes

21. What do you consider to be a successful activity/therapeutic outcome?

## 7. Features of a computer-based system

We now ask you to use your imagination and pretend that you have a device that was able to allow your clients to engage in canvas-related activities (e.g. painting, colouring, making collages, etc.) whenever and wherever they felt the desire to do so. Although the device is computer based, it is not difficult to use. You could interact with it, for example, by touching the screen on pictures displayed or draw lines by dragging your finger across the surface.

For the following questions, we would like to learn about what features and functions you think would be useful in such a device.

## 22. The device should be able to...

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
Give the client an introduction to the task using text instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Give the client an introduction to the task using verbal (audio) instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow the client to select which colours s/he would like to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enable the client to use classic 'tools' (e.g. paintbrush, pencil, etc.) when interacting with the device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Perform auto-filling (i.e. automatically filling a shape with colour if the client is trying to colour it)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auto-correct lines (i.e. turning a 'shaky' line into a straight one)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Print a (hard) copy of the client's art	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Save an electronic (soft) copy of the client's art	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play background music while the client is interacting with it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have 'shared' activities, where two people use the device at the same time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incorporate targeted activities based on specific themes that you would like to use, such as 'ocean', 'jungle', etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 23. Should the client be in complete control of the selection of 'tools' and colours, or should the device be able to automatically select the tools and colours?

- client selects all tools/shapes and colours
- device selects tools/shapes, client selects colours
- client selects tools/shapes, device selects colours
- device selects all tools/shapes and colours
- client selects tools/shapes if able, device selects if the client is unable to do so

## 24. Should the device be for personal use only (e.g. at home or in the client's room) or should the client be able to use it in group activities?

- Only for personal use
- Only for group use
- Both

25. If you feel the device should be capable of shared tasks, who would do you think would want to participate in activities with the client?

- Friends
- Family
- Arts therapists
- Professional caregivers
- Other (please specify)

26. Do you have any comments you would like to share with us about device features you think would be USEFUL TO YOUR CLIENTS?

## 8. Feedback from the device for the therapist

We've asked you some questions about what you think your client would like to be able to do with the device. Now we would like to know about what would be useful information for you as a therapist.

27. What feedback (i.e. information you, as the therapist, would get from the device) about the client's use of the device would you like to receive?

- Number of times the client has used the device
- What time(s) the client usually uses the device
- What activities s/he has done
- Who else has used the device (e.g. client's friends, family, caregivers, etc.)
- Other (please specify)

28. How often would you like to receive this feedback?

- Every time the client uses the device
- Once a day
- Once a week
- Once every two weeks
- Once a month
- Never
- Other (please specify)

## 29. How would you like to interact with the device?

- Touch-screen (i.e. selecting menu items by touching icons displayed on the device's screen)
- Keyboard and mouse
- Buttons on the device to select predefined options
- Other (please specify)

## 30. Are there any FEATURES (i.e. options that you can select and/or customise for each client) of the device that you think you might like to have control over?

For each feature you list, please tell us if this would be relevant to when you are working with the client, when the client is participating alone, or both.

## 31. Are there any other comments you would like to share with us about device features you think would be useful for you to have?

## 9. Creative expression with older adults

### 32. Do you currently work with older adults?

Yes

No

## 10. Creative expression with older adults

### 33. How long have you been working with older adults?

0 - 2 years

2 - 4 years

4 - 6 years

6 - 8 years

8 - 10 years

10+ years

### 34. Do you work with older adults with dementia (e.g. Alzheimer's Disease)?

Yes

No

35. What creative expression tasks do you find older adults (with or without dementia) enjoy doing?

- Painting
- Drawing
- Finger painting
- Sculpture
- Music composition
- Theatre performances
- Writing
- Dance
- Other (please specify)

36. What DIFFICULTIES or BARRIERS do older adults (with or without dementia) encounter when performing creative expression tasks?

## 11. Thank you!

Thank you very much for participating in our survey. Your opinions are important to us and we appreciate your time. If you have any questions or comment, please contact us at [iatsl@utoronto.ca](mailto:iatsl@utoronto.ca)

If you wish to check on the status of this study, please visit us periodically at [www.iatsl.org](http://www.iatsl.org)

37. If you would like to be notified of the publication resulting from this study, please enter your email address (below).

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