



NATIONAL INITIATIVE FOR ARTS & HEALTH IN THE MILITARY



Arts, Health and Well-Being across the Military Continuum

**WHITE PAPER AND FRAMING
A NATIONAL PLAN FOR ACTION**

NATIONAL INITIATIVE FOR ARTS & HEALTH IN THE MILITARY

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A Message from Rear Admiral Alton L. Stocks

In the fall of 2011, the congressionally mandated integration of Walter Reed Army Medical Center (WRAMC) and the National Naval Medical Center (NNMC) officially took place. NNMC was renamed as Walter Reed National Military Medical Center (WRNMMC), in Bethesda, MD. Also known as the President's hospital, Walter Reed Bethesda is the largest military medical center in the United States—a tertiary care destination providing services in over 100 clinics and specialties for nearly 1 million patient visits a year including wounded warriors and their family members.

Often the first destination in the continental United States for the wounded, ill, and injured from global conflicts, Walter Reed Bethesda also provides care for the President and Vice President of the United States, Members of Congress, and Justices of the Supreme Court and, when authorized, provides care for foreign military and embassy personnel. The Walter Reed Bethesda campus is also home to the National Intrepid Center of Excellence (NICoE), a 72,000-square-foot facility dedicated to advancing the clinical care, diagnosis, research, and education of service members and families experiencing combat related traumatic brain injury (TBI) and psychological health (PH) conditions.

One might ask, "What has art got to do with it?" Surprisingly to some, the answer is "plenty." Through our Creative Arts Program, the arts have been a growing component of the health and healing services we provide for our service men and women, their families, as well as staff. Partnerships with artists and arts groups, such as ArtStream's Allies in the Arts, Musicorps, and Smith Center for Healing and the Arts, provide a broad range of projects and experiences in multiple artistic disciplines for wounded service members and their families. Walter Reed Bethesda's Department of Psychiatry hosts monthly performances for staff, patients, and family through the Stages of

Healing program, which also includes bedside performances in individual wards and patient rooms.

The Healing Arts Program at the NICoE integrates art into the patient's continuum of care, providing each individual suffering under the effects of traumatic brain injuries and psychological health conditions with new tools in artistic and creative modalities—including creative writing, music, and visual art—to mitigate anxiety or trouble focusing, as well as to provide a nonverbal outlet to help service members express themselves and process traumatic experiences. Creative arts therapists at NICoE work with partners such as the National Endowment for the Arts' Operation Homecoming to expand artistic outlets for patients and their families.

In October of 2011, I hosted the first **National Summit: Arts in Healing for Warriors** at Walter Reed Bethesda and the NICoE. The 2011 Summit was the first time various branches of the military collaborated with civilian agencies to discuss how engaging with the arts provides opportunities to meet the key health issues our military faces and a key strategy to help heal our wounded warriors.

The success of the first Summit led to the launching of the **National Initiative for Arts & Health in the Military**, an effort that Walter Reed National Military Medical Center is pleased to be co-chairing along with Americans for the Arts. In November of 2012, the second major event in this movement, the **Arts & Health in the Military National Roundtable**, took place and resulted in the first policy paper, *Arts, Health, and Well-Being across the Military Continuum*, which recommends collective actions to help increase access to the arts as tools for healing and wellness for all military service men and women, medical staff, veterans, their families, and caregivers.

The second **National Summit: Arts, Health, and Well-Being across the Military Continuum** held in April 2013, again at Walter Reed Bethesda, took this conversation one step further. We examined the benefits of the arts not just for wounded warriors, but across the entire military continuum, including pre-deployment, deployment, reintegration into community and family, veteran, and late-life care. And we asked the more than 200 military, health, and arts professionals in attendance how we can, by working together, advance the mission of the National Initiative to make the arts part of health, healing, and healthcare across the entire military continuum. Their voices and ideas are reflected in this White Paper.

The challenges service members face are more complex and difficult than any branch of the military, federal agency, or civilian organization can address alone. We have seen first-hand the success and value of creative arts programs and will continue expanding our arts programs through partnerships with artists and arts organizations to ensure those who are in most need have access.

Finding solutions requires action and partnerships across military, government, nonprofit, and for-profit sectors. The recommendations presented in Arts, Health and Well-Being across the Military Continuum—White Paper and Framing a National Plan for Action are the next steps in this continuing dialogue—and a starting place for understanding how each of us can do our part.

*Rear Admiral Alton L. Stocks, SHCE, USN,
Commander, Walter Reed Bethesda*



The labyrinth meditation room at the National Intrepid Center of Excellence at Walter Reed National Military Medical Center, Bethesda, MD. Courtesy of NICoE.



A Brief History of Arts in the Military

by Robert L. Lynch

I have always been fascinated by a quote from John Adams: “I must study politics and war, that my sons may have the liberty to study mathematics and philosophy, geography, natural history and naval architecture, in order to give their children a right to study painting, poetry, music, architecture, statuary, tapestry, and porcelain.” John Adams clearly valued the arts and also understood that the freedom to engage in the arts for our citizenry was linked to the ability of our citizens and military to secure the peace and create a strong nation.

The link between our U.S. military and the arts goes back a long way to the very beginnings of our nation. Our founding fathers were learned individuals and well aware that the arts—visual art, music, poetry, dance, drama—had all played a vital role in the militaries of ancient civilizations and even prehistoric times. General George Washington was passionate about theater, so much so that he commissioned a performance of Addison’s *Cato* at Valley Forge to inspire his Continental Army. And passages from this very play, this work of art, went on to inspire some of our great American patriotic quotations: “Give me liberty or give me death” from Patrick Henry and, “I regret that I have but one life to give for my country,” spoken by Nathan Hale.

The arts went beyond inspiration, too—they were embedded in the tactics and strategy of everyday battle. Military bands in America go all the way back to an artillery regiment commanded by none other than Benjamin Franklin in 1756. Ben Franklin was later asked by General George Washington to help bring discipline through movement to the rag tag Continental Army of 1778. So Franklin enlisted Prussian Officer Baron Friedrich Von Steuben to come to Valley Forge and teach the art of the drill, which instilled discipline and attention to detail in the troops and has been core to military preparation ever since. In fact, musicians were a critical component of all of America’s early militias, where drummers, the Internet of their day, would send out calls to a region that it was time to assemble and take up arms. Fife and

drum units were there not just for entertainment and diversion but to provide sound signals to soldiers to execute various movements and orders in the midst of the smoke and the chaos of battle.

That function was not limited to the battlefield. In 1798, just 30 days after our U.S. Navy Department was formed, the *USS Ganges* recruited to its decks 21 privates, one sergeant, one corporal, and two musicians as essential personnel for a cramped ship of war.

And just think of the role of the bugle, which was introduced later, probably around the War of 1812. Music through this instrument has been used to order the life of the military from dawn to dusk for the last 200 years, up to and including at the end of that life: “Taps,” which was adapted and introduced for that purpose by Union General Daniel Butterfield in July 1862, has stood in for the sadness of individuals and for an entire nation during these most solemn times.

By the time America was engaged in World War II, 500 bands were serving the U.S. Army, and the War Department had established an emergency Army Music School and a school for bandmasters at the Army War College. The employment of the arts through bands and musicians for inspiration, discipline, ceremony, battle, and healing continued through our wars in Korea, Vietnam, Desert Storm, and right through to today’s military conflicts.

When we start to look closely in this way, it seems almost obvious: of course music is everywhere in the military, and it is easy to see (and hear) its impact. Yet it is not alone. Art in all its forms is interwoven throughout the history of our U.S. military, but it is just not often pointed out as such.

President Abraham Lincoln called for the dome of the U.S. Capitol—a piece of magnificent architecture employing sculpture, painting, glasswork, and skilled craftsmanship in both wood and stone—to be completed in the middle of the Civil War. Though at first the timing might sound unwise, the monumental and artistic nature of the construction provided the best vehicle for Lincoln to convey and embody—in a highly visible symbol—hope and the promise of our future, as well as make a statement about who we are as a nation. It is no accident that on September 11, 2001, this symbol was targeted for a terrorist attack.

One of the very biggest museums in Washington, DC, a city of museums, serves another function, too, for which it is more famous. That building is the Pentagon, but its acres of hallways and spaces are filled with centuries of paintings, sculptures, dioramas, photos, and art explaining battles, military actions and the related political issues, and commemorating the fallen. At the West Point Museum, I was fascinated to see beautiful paintings done by famous military leaders like Ulysses S. Grant or William Tecumseh Sherman. In fact, drawing courses were a core part of the cadet curriculum well into the 20th century¹, and *The New York Times* pointed out that in recent years, poetry has been offered as one way to teach cadets to deal with ambiguity in an increasingly complex world.²

Sometimes the art connection has been more spontaneous, like the practice of World War II air servicemen to name their aircraft and paint the noses and sides to illustrate “Snake Eyes” or “The Dragon Lady” to create a human connection to the team and the machines upon which they depended.

And sometimes, the art connection is so deep and so critical, very few people know about it at all. A few years back, I had the honor of sitting at dinner with the great American contemporary artist Ellsworth Kelly, and he told me a story that astonished me.

He told me of the 23rd Headquarters Special Troops, U.S. Army, nicknamed the Ghost Army, in which he served during World War II. Classified until 1996, this was a 1,100-man unit of the U.S. Army made up entirely of artists, painters, actors, sound engineers, writers, and others. It was designed to create disinformation—like the famous inflatable tanks that the artist-soldiers of the Ghost Army invented to confuse the enemy and create advantage for our U.S. forces.

The art connection has been there for centuries now, but often we simply see it as something else. In my grandfather’s Purple Heart medal most of us see an important symbol of sacrifice; it is also a small sculpture by an artist, based on a commissioned print by an artist, and designed as a medal by another artist, to be one of our nation’s most honored and treasured statements.

As a people and a nation, we stand up for a poem, the “Star Spangled Banner.” We are inspired and moved by a song, the music for our national anthem. We salute a visual art creation, and call it Old Glory, the flag of our nation. And we reach for the arts to tell our story at every solemn and joyous occasion we have in our military and in our secular lives.

Today, the arts and military connection is bigger and stronger than ever—but still not obvious. From art and craft instruction in recreation facilities on bases throughout the world, to the extensive military music program, to battle photography and visual art battlefield illustration, to the use of writing and theater programs for service men and women returning from war, to art and music therapy and arts healing programs for the wounded, the arts today are there as a partner, as a support system, as a friend to the military—as they have been since the beginning of our great nation.

**Robert L. Lynch, President & CEO,
Americans for the Arts**

1 “The History of Art at West Point.” *The Creative Arts Project at West Point*. URL: <http://www.usma.edu/dep/SitePages/History%20of%20Art%20at%20West%20Point.aspx>

2 Samet, Elizabeth D. “In the Valley of the Shadow.” *New York Times*. Published 30 September 2007. URL: http://www.nytimes.com/2007/09/30/magazine/30WestPoint-t.html?pagewanted=all&_r=0



Executive Summary

Today's military faces urgent challenges. Military service can be difficult, demanding, and dangerous (Morin, 2011). Over the course of the 20th and 21st centuries, the United States has sent millions of men and women into harm's way to defend American interests and to protect our allies and weaker nations. Yet there have been differences in recent wars. While overall the combat death rate has decreased, an increasing proportion of service members return home with severe injuries, some visible, some invisible (Eastridge et al., 2012).

Returning to civilian life has its own challenges, and veterans report difficulty adjusting, especially those who have served since the September 11, 2001 terrorist attacks (Morin, 2011). According to the U.S. Department of Housing and Urban Development (2012), about 10 percent of our homeless citizens on a single night in 2012 were veterans. Combat trauma has left one out of every three Iraq and Afghanistan veterans with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), or a combination of the two (Tanielian & Jaycox, 2008).

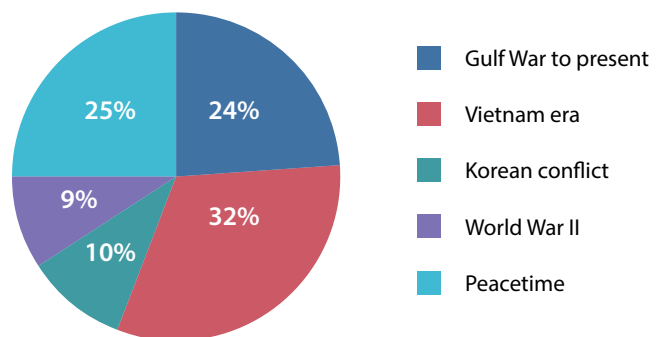
Military service constitutes a major influence on the lifespan of service members and veterans, presenting multiple challenges across the military continuum associated with mission readiness, deployment, family readiness, and reintegration into the community post-deployment. A variety of common transitions, such as enlistment, training, or deployment, have an impact on individuals' cognitive and behavioral performance. Often one of the most difficult of these experiences is the transition from military to civilian life. The National Center for Veterans Analysis and Statistics (2010) projects that there are more than 22 million veterans in the United States today, with the largest number from the Vietnam era (see *Figure 1*).

There are significant challenges for families as well. Service members make incredible sacrifices and put themselves in harm's way for the sake of us all: "They do not make these sacrifices alone. When our troops are called to action, so too are their families" (Joining Forces, n.d.).

An all-volunteer military force has left many individuals and communities feeling disconnected from these growing challenges. The draft of the past had a leveling effect; everyone knew someone who served. Today, with only 1 percent of the population in military service, it is common for many individuals to not know anyone who serves (Pew Research, 2011). Without personal connections, communities are often out of touch with the issues confronting service members, veterans, and their families, and may not be aware of these issues or how they might help. This is in fact one of the "unintended consequences" of success—the United States having the best military in the world and a truly professional military force.

FIGURE 1: Veterans by Period of Service

From U.S. Census Bureau, 2012.



Collaborating for Action: The National Initiative for Arts & Health in the Military

In the spring of 2010, a small group of arts and health leaders and military leaders began a conversation about the role of the arts in addressing these challenging issues, and in October 2011 the **National Summit: Arts in Healing for Warriors** was held to explore the possibilities. The following year the **National Initiative for Arts & Health in the Military** was established to work across military, government, private, and nonprofit sectors to:

1. advance the policy, practice, and quality use of arts and creativity as tools for health in the military;
2. raise visibility, understanding, and support of arts and health in the military; and
3. make the arts as tools for health available to all active duty military, medical staff, family members, and veterans.

To date, the National Initiative, co-chaired by Americans for the Arts and Walter Reed National Military Medical Center with a coalition of public and private sector agencies, has implemented two additional important convenings: the **Arts & Health in the Military National Roundtable** (November 2012), and the **National Summit: Arts, Health and Well-being across the Military Continuum** (April 2013). Participants at these meetings were asked to propose recommendations for action to further the National Initiative's goals. From these meetings came a series of recommendations in the areas of research, practice, and policy.

Research Recommendations

Researchers are looking at the impact of arts in health programs and services across the military continuum. The National Initiative for Arts & Health in the Military defines this continuum as (a) pre-deployment/active duty, (b) re-entry/reintegration, (c) veterans/VA and community systems, (d) late-life veteran care, and (e) families/caregivers.

We must strengthen the growing body of knowledge concerning the health benefits of arts programming and creative arts therapies in the military and veteran populations. Researchers should be encouraged and supported to investigate the many ways the arts can have an impact—physically, emotionally, economically, educationally—on the lives of service members, veterans, families, healthcare providers, and the community.

1. **Support a broad research agenda.** Current federal interagency efforts to invest in and broaden the arts and health research agenda, specifically in the military, should be open to a wide range of possibilities and be expanded to take advantage of important research efforts taking place in the private and nonprofit sector. Both quantitative and qualitative research methods should be supported. Although scientific evidence is crucial, anecdotal accounts—the stories—play a fundamental role in humanizing the arts and health movement and in helping the community at large understand its importance. Above all, supporting a broad research agenda that incorporates a variety of methods and tools is the most promising path for improving practice.
2. **Seek research opportunities to link to others beyond the fields of arts, health, and the military.** Arts and health in the military research has implications for policy in other areas of health—stress reduction, employment, trauma, suicide prevention, resiliency—presenting additional opportunities for collaborative studies and most importantly, the potential for broader impact.
3. **Establish a central research depository.** A central location to house research findings on an online, accessible, searchable database will promote sharing of research and expedite future research. It will also provide the essential knowledge that practitioners need to develop effective evidence-based practices and policies.
4. **Conduct a needs assessment and benchmark research.** A comprehensive needs assessment is required to determine and address needs, or “gaps,” between current conditions and desired conditions, or “wants.” Benchmarking will measure the quality of an organization's policies, products, programs, and strategies, and compare them with standard or similar measurements of others in the arts and health in the military field. Identifying best practice will help both old and new programs and services determine what and where improvements are needed to match these standards.

Practice Recommendations

We must create mechanisms to inform the expansion and effectiveness of existing programs and the development of new ones. We can foster best practice by applying and sharing evidence-based principles at all stages of arts programming: planning, preparation, implementation, and evaluation. We can

expand the knowledge base of providers in the arts, health, and military by encouraging reciprocal training in arts and health best practices. For resource efficiency, every effort should be made to leverage existing military programs during implementation (e.g., the Army's Ready and Resilient Campaign and its Comprehensive Soldier and Family Fitness program that provides resilience training to soldiers, their family members, and Army civilians).

- 1. Develop training programs for artists and performers, artists in healthcare, arts coordinators, and healthcare providers.** The military, healthcare, and arts fields represent distinct cultures, each with its own body of knowledge, terminology, philosophies, rules, and regulations. An effective arts and health workforce requires training to ensure that artists and performers and artists in healthcare possess specific knowledge and skills to enable them to work safely and successfully within the military culture, including knowing the limits of one's preparation and when to refer to a mental health professional. Informed and enlightened healthcare providers will reduce barriers to the initiation of arts programming throughout the military and veteran healthcare systems and the community at large. As we learn about potential benefits of arts programming in helping service members and their families leverage resilience skills to increase unit readiness and enhance performance, we can create champions for the movement as well as provide tools for physicians, nurses, and allied health members to use the arts in their own practice.
- 2. Incorporate family-centered arts programming at all stages of military service and beyond.** The arts and creative arts therapies will play an important role in troop readiness and service and family member resiliency, during pre-deployment, deployment, post-deployment, and across the military continuum and individual's lifespan.
- 3. Engage artists and performers, artists in healthcare, arts organizations, and creative arts therapists at the grassroots level.** Many individuals and organizations are standing by eager to help, but do not know how. Connecting them through existing networks of nonprofit organizations will harness that power. Veteran artists will be celebrated as living examples of the efficacy of the arts in the military. Military and veteran artists also have a valuable role as mentors for wounded service members at the grassroots level.
- 4. Establish an online presence to promote information sharing, collaboration, and samplings of interactive arts experiences.** An online resource for service members,

veterans, and their families; healthcare providers; artists and performers, artists in healthcare, arts organizations, and creative arts therapists; and policy- and decision-makers, will promote and increase service member, veteran, and family member access to the arts in the healthcare system, at home bases/duty stations, and in the community at large.

- 5. Get the word out.** A variety of educational materials and methods will be required to generate understanding and garner broad support to fulfill the National Initiative's goal of increasing access to the arts for service members, veterans, their family members, and providers.

Policy Recommendations

We must develop policies to ensure that every service member, veteran, family member, and caregiver has access to the arts and creative arts therapies, as appropriate. Arguably, the term "policy" has different meanings depending on the context and circumstances in which it is being employed. Because of the diverse cross-sector representation of views, we consider policy broadly to include actions and guidelines, both formal and informal, that can be implemented, monitored, and evaluated—including, but not limited to, specific organizational policies, government laws, and private sector practices.

- 1. Promote the inclusion of the arts and creative arts therapies in national health and military strategic agency and department plans and interagency initiatives.** Examples include expanding the work of the Federal Interagency Task Force on Arts and Human Development (led by the National Endowment for the Arts) to include additional focus on the military, as well as incorporation of the arts and creative arts therapies in developing federal agency plans, such as the National Prevention Strategy (Office of the Surgeon General).
- 2. Promote increased interagency and private sector support and expedite funding for research.** Current research shows great promise for the efficacy of arts and health in the military for service members, veterans, families, providers, and the community. Expedited funding will allow researchers to build on this nascent but rich base of knowledge.
- 3. Increase policies that provide for the support of creative arts therapists within the Department of Defense and Veterans Administration.** Budgets will



recognize the importance of creative arts therapists as members of the healthcare team. Trained clinical creative arts therapists will be integrated where appropriate and regarded as a reimbursable service.

4. **Encourage increased public and private sector funding for program development, implementation, and evaluation, and bringing successful programs to scale.** Especially in light of the still challenging economy and decreasing public funding across the board, public and private collaboration is essential for encouraging the initiation of promising ideas and the sustainability of programs that have proven effective. Strategic investment now will lay the groundwork for consideration of “scaling up” effective programs once the economy recovers.
5. **Delineate an “Arts & Health in the Military” continuum of services, including the use of creative arts therapies, therapeutic arts, and arts for educational and expressive purposes.** Policies will address the inclusion of arts in wellness; the concept of person-centered care, that one size does not fit all; timeline variations for wounded service members; and healing as a lifelong process that includes transition into employment and/or educational opportunities, aging, and end of life.
6. **Recognize that artists and performers and artists in healthcare rendering these services are valued professionals.** Policies will require appropriate training and ongoing professional development for such arts and health practitioners to do this work and will encourage adequate compensation for their services.
7. **Support bringing together local arts communities with service members, veterans, and their families.** Local arts agencies will help build, encourage, and support the development of relationships and partnerships between the military and local artists and performers, artists in healthcare, and arts organizations to help individuals and their families become or remain engaged in the arts.
8. **Speak in one voice.** The military, health, and arts sectors will together develop a standard nomenclature for the arts and health in the military field. A universal language will promote understanding between all sectors. With understanding comes true progress.

Moving Forward: A Call to Action

In recent years, military leaders have incorporated many new ideas to address the complex and challenging human readiness issues before them. They have built state of the art facilities to deal with the signature injuries of today’s conflicts. They are actively engaged in research to test treatment methods and develop new ones. They have implemented policies such as person-centered care to humanize the healthcare experience for service members, veterans, and their families.

This is a rare moment. For the first time in recent history, society has indicated the willingness to take an active and critical role in empathizing with our service members and veterans and what they and their families have endured through war and transition. A greater number of Americans want to give back to the men and women who have served on our behalf. From every corner of the nation we have artists and performers, artists in healthcare, creative arts therapists, and arts organizations representing the full range of creative endeavor keen to be involved. The arts and health movement can be felt on the grassroots level as well.

With the willingness of military leaders to explore new ideas and the eagerness of arts and health practitioners to join them in this venture, the work of the National Initiative for Arts & Health in the Military has just begun. With recommendations for research, practice, and policy in hand, we invite others to join us on this exciting and important journey to implement them. We will be monitoring progress and issuing periodic “report cards” of results.

We encourage individuals and organizations to find the ways and means to act individually and collectively in support of this bold and promising National Initiative. The time is now. We must not let this moment pass us by.

To learn more about the **National Initiative for Arts & Health in the Military**, please contact:

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Introduction

Laying the Groundwork for Action

Is there an active, meaningful role for the arts and creative arts therapies in addressing this vast array of critical human readiness issues across the military continuum? In general, “readiness” is the #1 issue for the military at all times. The connection of the arts to the human dimension of readiness is key. Military leaders say we need every weapon in our arsenal to meet the many challenges we face today. However, one of the most powerful tools we have in our arsenal—the arts—is often under-utilized and not well understood within the military and the healthcare system.

The arts and creative arts therapists are—and have been—a part of military tradition and missions across all branches, supporting military health services, wellness, and mission readiness, including family support. For example, the War Department ordered the use of music in rehabilitation for the war wounded in World War II. In June 1945, the Department of War issued “Technical Bulletin 187: Music in Reconditioning in American Service Convalescent and General Hospitals.” This bulletin was a catalyst for the growth and development of music therapy being used as a rehabilitative service for active duty service members and veterans alike during and after WWII (Rorke, 1996). Although many gaps exist in our knowledge regarding the arts in military settings, what we do know to date holds great promise for powerful outcomes for our service members, veterans, their families, and the individuals who care for them. Today, a growing number of members of the public and private sectors are eager to collaborate with military leaders to help make these outcomes a reality.

Nowhere was the momentum for greater collaboration more evident than in October 2011, when the first **National Summit: Arts in Healing for Warriors** was held at Walter Reed National Military Medical Center (now referred to as Walter Reed Bethesda) and the National Intrepid Center of Excellence (NICoE). Rear Admiral Alton L. Stocks, Commander of Walter Reed Bethesda, hosted the National Summit, in partnership with a national planning group of military, government, and nonprofit leaders. The 2011 Summit marked the first time various branches of the military collaborated with civilian agencies to discuss how engaging with the arts provides opportunities to meet the key health issues our military faces—from pre-deployment to deployment to homecoming.

Building upon its success, a multi-year **National Initiative for Arts & Health in the Military** was established in 2012, with the advice and guidance of federal agency, military, nonprofit, and private sector partners (see *Figure 2*). The National Initiative



for Arts & Health in the Military (National Initiative) represents an unprecedented military/civilian collaborative effort whose mission is to “advance the arts in health, healing, and healthcare for military service members, veterans, their families, and caregivers.” Members of the National Initiative share a commitment to optimize health and wellness, with a deep understanding and awareness that the arts offer a unique and powerful doorway into healing in ways that many conventional medical approaches do not. The Initiative’s goals include working across military, government, private, and nonprofit sectors to:

1. advance the policy, practice, and quality use of arts and creativity as tools for health in the military;
2. raise visibility, understanding, and support of arts and health in the military; and
3. make the arts as tools for health available to all active duty military, medical staff, family members, and veterans.

FIGURE 2:
National Initiative for Arts & Health in the Military

| |
|--|
| Americans for the Arts |
| Association of Performing Arts Presenters |
| Creative Healing Connections |
| Foundation for Art & Healing |
| Global Alliance for Arts & Health |
| National Center for Creative Aging |
| National Endowment for the Arts |
| New York Army National Guard Chaplaincy |
| Oasis by Design, LLC |
| Planetree Residential Facilities |
| Rollins & Associates |
| Smith Center for Healing and the Arts |
| The Epidaurus Project |
| USO Metro |
| Vet Art Project |
| VSA—an affiliate of the John F. Kennedy Center for the Performing Arts |
| Walter Reed Bethesda |

Envisioning a National Plan for Action by Opening a National Dialogue

Since the Summit in October 2011, the National Initiative has implemented two additional convenings to engage a broad range of policymakers and practitioners in conversations on advancing these goals. These include a Roundtable and a second Summit.

On November 15, 2012, a group of concerned and dedicated military, government, private sector, and nonprofit leaders gathered at the John F. Kennedy Center for the Performing Arts in Washington, DC for the **Arts & Health in the Military National Roundtable**. The Roundtable was hosted by Ambassador Jean Kennedy Smith of VSA and the Kennedy Center and co-chaired by President and CEO of Americans for the Arts Robert L. Lynch and Anita B. Boles, executive director of Global Alliance for Arts & Health (formerly the Society for Arts in Healthcare). The Roundtable was charged with moving forward the mission of the National Initiative by making recommendations for a “Blueprint for Action” framework. The recommendations were intended to help ensure the availability of arts programming for our service men and women and their families, integrate the arts and creative arts therapies as part of the “Standard of Care” in military clinical environments (Veterans Affairs [VA] and military hospitals), and continue to integrate programs in community settings across the country.

In proposing their recommendations, Roundtable participants were united in the call to make arts programming widely available to service members, veterans, and their families along the continuum of military service throughout their lifespan. This mandate recognizes that the field of human development includes adolescence, adult development, aging, and the entire lifespan.

The recommendations proposed by Roundtable participants and presented in the resulting document, *The Arts: A Promising Solution to Meeting the Challenges of Today’s Military—A Summary Report and Blueprint for Action*, reflect their aspirations for both individual as well as collective action that can be taken by the military, public, and private sectors in three critical areas:

1. **Research**—strengthen the growing body of knowledge concerning the health benefits of arts programming and creative arts therapies in the military and veteran populations;
2. **Practice**—create mechanisms to inform the expansion and effectiveness of existing programs and the development of new ones;



3. *Policy*—develop policies to ensure that every service member, veteran, and family member has access to the arts and creative arts therapies, as appropriate.

Americans for the Arts and Walter Reed Bethesda, who co-chair the National Initiative for Arts & Health in the Military, released the document on April 10, 2013 at the second **National Summit: Arts, Health and Well-Being across the Military Continuum**, hosted by Walter Reed Bethesda. Unlike the first Summit that focused on service members of our current conflicts, the 2013 National Summit covered the entire military continuum and lifespan, and provided an opportunity to engage in an even broader conversation with more than 200 military, veteran, arts, creative arts therapies, health, and government leaders from across the country. The first part of the Summit agenda was designed to present ideas on how promising arts solutions—in research, practice, and policy—can be applied to challenges facing the military today. Afternoon break-out sessions organized across the military continuum (e.g., pre-deployment/active duty, re-entry/reintegration, veterans/VA and community systems, late-life veteran care, and families/caregivers) provided the opportunity for participants to contribute their ideas on what barriers must be removed to encourage further integration of the arts in the military and how various stakeholders can move forward together through greater cooperation and partnership.

Arts, Health, and Well-Being across the Military Continuum—White Paper and Framing a National Plan for Action is the second policy brief in this investigation. We are honored to begin this report with introductory comments by Rear Admiral Alton L. Stocks, SHCE, USN, Commander, Walter Reed Bethesda, a passionate military physician champion for the National Initiative for Arts & Health in the Military, followed by a brief history of arts in the military by Americans for the Arts President and CEO Robert L. Lynch, whose more than three-decade career has focused on the role of the arts in improving the lives of every man, woman, and child in communities throughout the country.

Within these pages, we not only incorporate the recommendations from the original Blueprint and expand upon them based on the feedback and discussions from participants in the 2013 National Summit, but we also summarize the extent of what is known of the state of the National Initiative's critical areas of interest—*research, practice, and policy*. We also introduce some of the context underlying the work that is currently taking place in the realm of arts and health in the military.

The Appendices offer additional information. Because this national plan is intended for a multidisciplinary audience, in Appendix A, we have defined some phrases and concepts that might be unfamiliar to some readers. **Terms included in Appendix A are italicized and marked in the text with an asterisk.** Participants in the Arts & Health in the Military National Roundtable are listed in Appendix B. In Appendix C, you will find a sampling of activities Roundtable and Summit participants suggested for achieving the recommendations. We hope these will stimulate your imagination and inspire you in turn to share your thoughts and ideas with us.



“The purpose was to get control of my problems, medical, personal, at home, family... basically trying to fight and conquer my demons. The angel has the authority, the power over this demon. That’s where I want to be. I want to have control over my problems, to have resiliency. It’s a struggle all the time but I’m slowly learning to control these issues I had before. Pinning down the demon, pinning down my problems”

St. Michael Conquers the Demon. Courtesy of The Art Therapy Program at Naval Hospital Camp Lejeune (NHCL)



Chapter 1

The Arts, Health, and Well-Being

Artists and performers, artists in healthcare, creative arts therapists, and arts organizations throughout the nation are actively promoting arts engagement across the military continuum—from enlistment to deployment to the transition back into civilian life and beyond. We begin this chapter by presenting a theory about why humans make art and how art works, followed by defining and presenting an overview of arts and health. A basic understanding of why humans make art and how the *arts** contribute to their lives sets the stage for seeing the implications for the arts playing an integral role in *health** and *well-being** in the military.

Why Do Humans Engage in the Arts?

Throughout history, human beings have used the arts to express their thoughts and to reach a new or deeper understanding of ideas and feelings regarding just about anything—beauty, political views, religion, war, an emotion, or something an individual has perceived, considered, or experienced, at times transforming his or her view of the world. According to Dutton (2009), arts’ appeal is lodged in our genes and in the genes of our ancestors who first painted cave walls and danced, sang, and told stories around the campfire. Dissanayake (1995) argues that art can be regarded as a natural, general inclination that manifests itself in culturally learned specifics such as dances, songs, performances, visual display, and poetic speech. Through the ages, art has worked on individuals and communities to change, confront, challenge, and inspire us—to allow us to imagine and to aspire to something more.

When we make, create, or repair something, we feel vital and effective. We are dissolved in a deeply absorbing task, lose self-consciousness, and pass the time in a contented state (Barron &

Barron, 2012). Csikszentmihalyi (1990) defines this state as “flow,” an optimal state of intrinsic motivation. Lambert (2008) explains that when we do meaningful work with our hands, a neurochemical feedback floods our brains with dopamine and serotonin. We have evolved to release these chemicals both to reward ourselves for working with our hands and to motivate ourselves to do it some more. Thought to be a mechanism of survival, the kind of work that dispenses these chemicals is anything with a survival-based outcome. “That includes procuring food and shelter (think dicing onions or remodeling the bathroom) as well as grooming and clothing ourselves (French-braiding your daughter’s hair, sewing a dress)” (Newman, 2011).

The hands of doctors, nurses, and other healthcare professionals are very much involved in the survival of others. These efforts, too, are rewarded with the feel-good chemicals. This could be one reason they are motivated to continue on in these stressful professions (Rollins, 2012). Perhaps we can conclude that some basic motivations behind engaging in “art” and practicing the “art of medicine” are not so different after all.



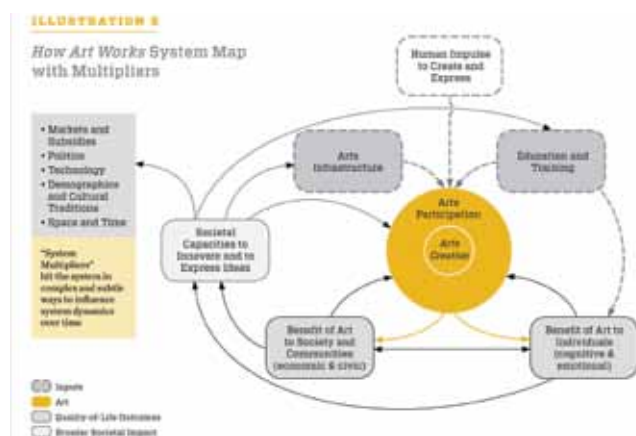
How Art Works

How do the arts contribute in a positive way to the lives of individuals, communities, and the greater society? In other words, how does art work? In an effort to answer this question, the National Endowment for the Arts (NEA) engaged in a nearly yearlong process of collaborative research inquiry that culminated in a theory of how art works as a system in America (NEA, 2012). The NEA uses the term “art” to include all of the arts.

The project generated a system map of the arts’ impact on quality of life and attempts to synthesize main elements of the system and their relationships to each other (see Figure 3). It is believed that engagement in art contributes to quality of life, which contributes to society’s capacity to invent, create, and express itself, which contributes back to art, both directly and indirectly. A working system results in expansion and deepening of arts engagement, enhanced quality of life, and an increase in society’s creative capacity.

FIGURE 3: How Art Works System Map

From “How Art Works” by National Endowment for the Arts, 2012, p. 15.



The system map depicts a Theory of Change for art, providing insight into how, why, and when arts engagement enhances and changes the lives of individuals and communities. Let us look briefly at how the system works, beginning with the individual level. As a creator or observer, an *individual's* engagement in art offers the possibility of being changed, sometimes profoundly. Engagement can (a) expand the perspectives an individual can take, (b) deepen the individual’s appreciation of things new and familiar, (c) facilitate or enhance a feeling of spirituality, and (d) lead to a sense of connection that was not originally there.

Whether bound together by geography, history, an area of interest, or some other shared characteristic, *communities* benefit from arts engagement. Community engagement can (a) foster a sense of identity and belonging, (b) promote and signal cultural vitality and communal values such as tolerance and openness to questions, (c) contribute to unity, identity, a sense of solidarity, higher levels of civic engagement, and ultimately the expectation of the right to culture, and (d) reinforce a “right” and a “wrong” way of participating in a group.

There are both direct and indirect *economic* benefits. These include (a) higher real estate values, more tourism, and entertainment industry growth in communities where artists live, (b) earned income for artists and art venues (e.g., galleries, theaters), and (c) artwork or an art experience for patrons, which, in some instances, may be bought or sold in the future.

NEA researchers discovered that these benefits “talk to each other.” Businesses are more likely to want to operate in a vibrant community. An active business life enhances the community and attracts more people. These individual and community benefits of art represent its primary and most measurable contributions:

When people engage in art, they themselves may change and “grow,” they and their communities can become more vital and the economic benefits to artists and the overall market can increase and accrue. Art contributes to and enriches the overall quality of life (NEA, 2012, p. 9).

The NEA views this integrative and holistic model as a beginning, not the end. Its intent is to provoke conversation, debate, and research. The researchers believe that the results of these exchanges will help deepen and enrich the map, making it a better and more faithful representation of the complex, dynamic system of how arts impact and how the arts work.

Arts in Health and Well-Being

We often think of arts and health as a multidisciplinary field dedicated only to improving the healthcare experience for patients, families, and caregivers. However, the scope of the field includes enhancing health and wellness over the continuum of a person’s life, which includes in healthcare; assisted living and hospice settings; in one’s community; at home; and on a physical, spiritual, and emotional level—individually and collectively. This



rapidly growing field integrates the arts—including literary, music, drama, dance/movement, and visual arts and design—into a wide variety of healthcare and community settings.

In a 2007 hospital survey, nearly half of the civilian hospitals in America reaped the rewards of arts and health programming and creative arts therapies (State of the Field Committee, 2009). This number is likely greater today. The positive impact of using creative arts therapies and art for therapeutic, educational, and expressive purposes in other healthcare and community settings is also extremely encouraging. In addition to private for-profit and nonprofit health facilities, creative arts practitioners and creative arts therapists work in diverse settings across a wide spectrum of populations, serving persons from cradle to grave (see Figure 4).

Designers (e.g., architects, interior designers, furniture and fabric designers, landscape architects) have an important role to play in healthcare. Conscientious designers attempt to provide spaces that support the endeavors of caregivers and their programs. An excellent healing environment reinforces excellent clinical quality, and, conversely, inferior environments can detract from fine clinical care (Fottler, Ford, Roberts, & Ford, 2000). Designers aspire to create environments that support the well-being of the individuals who inhabit them. Such environments are intended to be inherently healing by reducing stress, uplifting the spirit, providing access to natural light, creating spaces that reflect a sense of place while being welcoming to people from a wide variety of cultural, religious, and other traditions.

With about one-third of all healthcare spending being allocated toward ineffectual, redundant, or inappropriate measures, the demand that decisions be based on evidence has never been greater (McClellan, McGinnis, Nabel, & Olsen, 2007). Arts and health offerings are no exception. A variety of reports—e.g., *Review of the Research Literature on Evidence-based Design* (Ulrich et al., 2008), *State of the Field Report: Arts in Healthcare* (Society for the Arts in Healthcare, 2009), *Arts and Music in Healthcare: An Overview of the Medical Literature* (Staricoff & Cliff, 2011)—cite research

findings confirming that arts programming, creative arts therapies, and/or evidence-based design can

- build resilience;
- enhance patient coping;
- reduce length of hospital stays;
- decrease the need for pain medication;
- reduce patient levels of depression and situational anxiety;
- increase self-esteem;
- reduce healthcare-related infection rates;
- decrease the need for use of sedation during medical procedures;
- increase patient satisfaction, and;
- improve medical providers' recruitment and retention rates.

Defining a Continuum of Arts and Health Practitioners

Arts and health practitioners encompass a multidisciplinary continuum that includes artists and performers, artists in healthcare, creative arts therapists, healthcare professionals who integrate arts activities into their approved scope of practice and/or the environment of care, and frequently artist representatives of those being served (e.g., a cancer survivor who writes poetry, a veteran who plays the guitar). These practitioners provide services in military treatment facilities, veterans' hospitals and facilities, and throughout a wide variety of community settings.

Confusion often exists about the unique roles the first three major categories of practitioners play in the continuum: **artists and performers**, **artists in healthcare**, and **creative arts therapists**. This confusion stems largely from a general lack of understanding of the important contributions of these practitioners, compounded by the lack of an agreed upon set of definitions for some of their respective scopes of practice.

Each of the three categories of arts practitioners plays a unique and often complementary role differentiated by (1) emphases or purposes in applications of the arts, (2) the extent to which

FIGURE 4: Examples of Arts and Health Settings

| | | |
|----------------------------|-----------------------------------|----------------------------------|
| Community centers | Mental health programs | Rehabilitation treatment centers |
| Cultural centers | Military bases | Schools |
| Disaster-response teams | Museums and other arts facilities | Special-needs camps |
| Hospice programs | Prisons | Veterans' facilities |
| Long-term care communities | Psychiatric-forensic units | Wellness programs |



evidence-based research supports their practice and informs standardized protocols, (3) types and levels of training and professional credentialing required, and (4) related capacities and settings within which practitioners may work to ensure participant safety and that standards of care are met. Assuring cultural sensitivity and competence is a core consideration for all arts and health practitioners throughout this continuum and a priority for healthcare providers responsible for delivering a high quality of care.

This lack of common definition and understanding of these roles presents a challenge that has an impact on the ability to forge successful cross-sector approaches to increasing access to the arts across the military continuum. For example, position descriptions for Government Service employees need to be codified. By no means definitive, we offer a framework for understanding the arts and health continuum of practice with the intent to begin to clarify these roles, while at the same time opening the door to further conversation about them.

We first look at artists and performers and artists in healthcare. These arts practitioners have emerged as providers of services and programs as a result of a hybrid learning path that includes training in an artistic discipline and the desire to use the arts for therapeutic, expressive, and educational purposes. Often these artists have backgrounds in related fields, such as arts education, or are experienced in using the arts for social change and justice or in civic dialogue/engagement, but lack formal training in the therapeutic aspects of the application of the arts. The definitions surrounding the work they are doing to aid in health, healing, and wellness are emerging, as is a comprehensive mapping of the arts and health practitioner field.

Artists and performers—visual artists, designers, photographers, filmmakers, poets, musicians, dancers, actors, storytellers—are at one end of the continuum. They use the arts to provide arts instruction, educate about the arts, and/or document life experiences for enjoyment, distraction, relaxation, inspiration, and to build morale and community and social networks and/or to transform the environment of care. Examples of their work include solo and ensemble performances, creation of murals and/or artwork for *wayfinding*,* artist enhancement of health education materials, sketching or photographing patients and families, art exhibitions, interactive art installations, and artist workshops and short-term residencies. They must be trained in, skilled at, or proficient in the arts modalities used and at minimum require an arts in healthcare program and facility orientation, plus

appropriate supervision and debriefing opportunities during the course of their work. Even if they are paid for their services, artists and performers working more frequently may be required to complete standard volunteer training for its foundational content and other relevant, available training modules. These practitioners usually work with the general population in public areas (e.g., atria, classrooms, conference rooms, outdoor spaces, such as gardens), unless accompanied by a supervising clinician to work in select areas such as outpatient waiting areas or treatment bays.

Artists in healthcare are artists and performers, often with diverse experience and educational backgrounds in related fields, who have pursued specialized arts and health training that typically includes general arts and health training, site-specific orientation, and other relevant training modules. They, too, are trained in, skilled at, or proficient in, the arts modalities used—often they are professional in their artistic discipline. Preparation includes a supervised experiential component to promote competency when facilitating arts experiences or engagement as part of an arts mentoring relationship. Increasingly, colleges and universities (e.g., Montgomery College, University of Buffalo, University of Florida, University of Oregon) have joined arts organizations (e.g., ArtStream, Smith Center for Healing and the Arts, The Creative Center) and healthcare institutions (e.g., Georgetown University Hospital's 20-year-old Studio G Artists-in-Residence Program, in which a component of the training is presented by an art therapist) in providing appropriate coursework for artists in healthcare. Through its College of Fine Arts, the University of Florida has a program in Arts in Healthcare for undergraduate and graduate students and will soon offer a graduate degree in Arts and Healthcare. These professionals in the growing field of arts and health practice are also committed to ongoing professional development and supervision in the field. Although they may work in the capacities named above for artists and performers, their training and experience also permits them to facilitate arts experiences with inpatients, families, and caregivers in varied units and at bedside. Artists in healthcare may also be referred to as artists in residence (or AIRs), because they often work within long-term or ongoing artists-in-residence programs. Because the healing aspects of arts experiences these practitioners facilitate are implicit and secondary (whereas they are explicit and primary for creative arts therapists), artists in healthcare are trained to be careful to work within their skill set and respect the boundaries between their practice and that of creative arts therapists. Artists in residence work independently, through hospital-run arts and healing programs, or increasingly



are brought into hospital settings by nonprofit community organizations that provide training and supervision.

Creative arts therapists (CATs) are at the other end of the arts and health practitioner continuum, and their knowledge base and skill set includes that of other arts and health practitioners. CATs are highly trained arts and health professionals who use the wide range of arts modalities and creative processes to enhance self-awareness; foster health communication and expression; promote the integration of physical, emotional, cognitive, and social functioning; and facilitate behavioral and personal change (National Coalition of Creative Arts Therapies Associations, n.d.). CATs intentionally address specific therapeutic needs identified for patients or clients. Creative arts therapies involve a systematic process that includes assessment, treatment, and evaluation. CATs are fully trained as artists and therapists, have completed an approved training program at the undergraduate or graduate level, and may be board-certified, registered, and/or licensed by their corresponding creative therapy certification board. They practice in compliance with discipline-specific clinical practice standards and codes of ethics and are committed to meeting continuing education requirements to maintain professional credentials. CATs may work with a spectrum of inpatient and outpatient populations, families, and other client groups. Through their role as clinicians on the treatment team, CATs can access and chart goals and outcomes of sessions in patient record systems.

The creative arts therapies include six specialties: art therapy, music therapy, dance/movement therapy, poetry therapy, drama therapy, and psychodrama. Each discipline has professional training standards, a formal credentialing process, continuing education requirements, clinical practice standards, and a code of ethics. By combining psychotherapy and counseling with the curative power of creative expression and communication through the arts, each specialty is inherently interdisciplinary (Goodill, 2010). Expressive arts therapy is closely related to creative arts therapies. In this specialty, the therapist may combine two or more art forms during the course of a session or treatment or across his or her clinical practice. Creative arts therapies involve the implementation of an arts intervention by a trained, credentialed creative arts therapist and the use of individualized treatment interventions (Bradt & Goodill, 2013). Some but not all creative arts therapies interventions also involve the presence of a systematic psychotherapeutic process.

Further, each of the discipline-based professional associations falling within the creative arts therapies spectrum, including the American

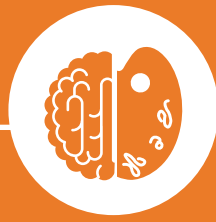
Art Therapy Association, American Music Therapy Association, American Dance Therapy Association, National Poetry Therapy Association, and the North American Drama Therapy Association, have specific definitions of what practices and qualifications are included in their modalities (National Coalition of Creative Arts Therapies Associations, n.d.). Specific definitions of individual creative arts therapies are included in Appendix A—Definitions. Each has a history of developing their profession's practice.

Benefits. The benefits of having all three types of arts and health practitioners at work in a healthcare or health-related setting in clearly defined and often complementary roles include

- enhanced capacity, through use of an expansive and strong arts and health practitioner continuum, to provide diverse arts engagement experiences as well as creative arts therapies interventions;
- stimulation of creative collaborations that benefit patients, families, caregivers, staff, and other stakeholders, and that may also enrich the work of arts and health practitioners;
- access to state-of-the-art resources, networking, and professional development opportunities across arts and health practice disciplines;
- increased potential for expansion of the research and funding base of the healthcare or health-related organization applying the broad arts and health practitioner continuum; and
- improved knowledge and understanding of how the arts across these broad spectrums can contribute to the health, healing, and well-being of military populations.

Implications for Arts and Health across the Military Continuum

Through the activities of the National Initiative for Arts & Health in the Military, we are learning much more about the meaningful work of arts practitioners, creative arts therapists, and arts organizations in military hospitals, rehabilitation treatment and veterans' facilities, long-term care, hospice, and diverse community settings. Each day, we see more services and programs filling in the gaps along the military continuum of service. For example, a growing number of arts practitioners and arts organizations are seeing the importance of addressing the needs of service members and their families during pre-deployment. With the arts as a tool for coping and building resilience, service members and their families can weather the storm of deployment and perhaps even grow from the experience.



Chapter 2

Research

Although the majority of current research on arts and health in the military focuses on the arts' ability to address current combat injuries, researchers recognize the need to take a broader view and investigate important questions throughout the military continuum (e.g., pre-combat, in combat, adjustment to civilian life, later years, end of life), and to address various common and uncommon health issues that appear in these populations that are unrelated to combat. Researchers are also concerned with the impact of military service on the service member or veteran's family as well as the impact on members of the healthcare team who provide care.

Research on the impact of the arts in health with the military is certainly not new. In the July 4, 1891 edition of *Lancet*, Dr. Frederick Harford wrote a letter to the editor titled "Music in Illness." The author referred to several articles on the subject of music in the treatment of disease. Harford further noted a conversation with Florence Nightingale on the subject of music in therapy and restorative services among wounded soldiers (Harford, 1891). In 1944, a multi-year longitudinal cohort study began at Walter Reed General Hospital in cooperation with the Office of the Surgeon General. The study aimed to examine whether music offered in a prescribed intervention and as part of the overall treatment plan could contribute to the recovery of soldiers experiencing emotional and psychological trauma (Paperte, 1946). This work contributed to the formal establishment of music therapy as a profession by 1950. Since that time, the quality and strength of evidence for important outcomes of interest associated with music therapy interventions in the context of individual and group music therapy services is robust. This is evidenced by important systematic reviews of

clinical trials as well as important emerging literature drawing upon mixed methods evaluation (Bradt, Dileo, Grocke, & Magill, 2011; Bradt, Magee, Dileo, Wheeler, & McGilloway, 2010; Carr, 2012; Pelletier, 2004).

It is important to remember that evidence from creative arts therapies' research stems from specific, defined interventions delivered within the context of a therapeutic relationship. Caution is advised regarding generalizing interventions and strength of evidence when other health and non-health professionals adapt the interventions.

A growing body of evidence indicates that providing service members and veterans with opportunities to express themselves and share their stories can help them cope with the most common symptoms of today's conflicts: *post-traumatic stress** (PTS), *traumatic brain injury** (TBI), and major depression. In general, studies tell us that expressive arts therapies can help individuals sleep better, have improved impulse control, greater concentration, and less depression and anxiety (Wissing, 2009)



and can serve as a protective factor in suicide prevention (Mental Health America, 2012).

Research has found that arts also can address the effects of physical injuries, including those that accompany some of the combat injuries mentioned above. Further, the military continuum extends well beyond the battlefield from pre-deployment to older veterans and end of life care, and research in this area is mounting. Finally, the environment in which healthcare takes place is extremely important to the healing process. Furthering credible and evidence-based information about the value and/or impact of the arts will continue to inform best practices in bringing the arts to bear on the health and well-being of military and veteran populations.

In this chapter, we first address the three most common conditions from current conflict, PTS, TBI, and depression. Discussion and research findings about physical injuries and illnesses, the military continuum, and facility art and design follow. Selected comments from the 2012 National Roundtable and the 2013 National Summit about research in the military are offered in conclusion.

Post-Traumatic Stress

After experiencing trauma, individuals can develop PTS. The symptoms of PTS—re-experiencing the traumatic event, avoiding reminders of the trauma, and increased anxiety and emotional arousal—can arise suddenly, gradually, or come and go over time (National Institute of Mental Health, 2013). When these symptoms persist for six months or longer and formal diagnostic criteria are met, it is considered Post Traumatic Stress Disorder (PTSD). PTS is a term often used by the military to refer to the presence of symptoms without a formal diagnosis of PTSD since it is believed that the use of “disorder” to describe the condition prevents many military service members from seeking help. In military service, the precipitating trauma leading to PTS or PTSD could be exposure to life-threatening combat experiences such as being shot at or seeing death. Other factors—the service member’s role in the war, the politics surrounding it, where it is fought, the type of enemy—may add more stress, which can contribute to PTS and other mental health problems. The estimated rates of PTS and PTSD differ by period of service, with the highest rate for veterans who served in Vietnam (30 percent), followed by Iraq and Afghanistan veterans (11-20 percent), with the lowest rate for veterans from the Gulf War (10 percent) (U.S. Department of Veterans Affairs, 2012).

PTS can also be caused by military sexual trauma (MST), which includes any sexual harassment or sexual assault that occurs while in military service. MST can occur during peacetime, training, or war to both men and women. According to the U.S. Department of Defense (2013), one in three military women has reported being sexually assaulted. There were 26,000 cases of sexual assault reported in 2012 (men and women)—up from 19,000 the previous year. Approximately 55 percent of women and 38 percent of men report having experienced sexual harassment (U.S. Department of Veterans Affairs, 2012).

Reluctance to seek treatment

Unfortunately, about half of service members or veterans who need treatment for mental health conditions hesitate to seek it (Tanielian & Jaycox, 2008). They may fear the stigma associated with mental health issues or believe that receiving mental health treatment might jeopardize their careers, especially for those concerned with obtaining or maintaining a security clearance.

There are other reasons for not seeking help. In a RAND Corporation study of returning service members from Iraq and Afghanistan, more than one-third reported that they believed their family or friends would be more helpful than a mental health professional in dealing with their mental health issues. The same percentage of individuals added that they believed their coworkers would have less confidence in them if they found out they had sought help (Tanielian & Jaycox, 2008).

Individuals also may avoid seeking treatment because of the treatment itself. Some may worry about the side effects of medication. For others, the exposure-based therapies typically used to treat PTS operate in stark contrast to the individual’s desire to avoid circumstances that might trigger the trauma.

Advantages of arts engagement and creative arts therapies with selected findings

Fortunately, the arts can address one of the reasons a service member or veteran might avoid seeking treatment. Unlike exposure-based therapies, when using the arts, individuals can experience and/or express their thoughts and feelings without necessarily having to talk about or directly confront the trauma, if they are not ready (Collie, Backos, Malchiodi, & Spiegel, 2006). Participating in pleasurable activities also addresses emotional numbing, another feature of PTS—a lack of interest in activities, detachment from others, and a restricted range of emotional expressiveness (Collie et al., 2006).



A number of creative arts therapies methods and associated interventions have been developed and tested specifically to target PTS symptoms. However, with the exception of a few of the therapies (e.g., music therapy), most peer-reviewed published studies derive evidence from clinical reports, case studies, and a variety of qualitative methods for questions of meaning.

Economic benefits of arts programming for PTS might be one area of research that could be most helpful in moving the arts and health in the military initiative forward. The RAND report points out that the two-year cost associated with PTS is approximately \$6,000–\$10,000 per veteran. This makes a compelling case for research to co-determine the economic impact of arts programming and creative arts therapies interventions. The report predicts that using evidence-based treatments for PTS and major depression could save the U.S. as much as \$1.7 billion, or more than \$1,000 per veteran (Tanielian & Jaycox, 2008).

Music Therapy Helped Those Not Responding Sufficiently to Traditional Treatment

Seventeen patients diagnosed with PTSD following completion of cognitive behavioral therapy (CBT) were randomly assigned to treatment and control groups. The randomized controlled trial employed qualitative content analysis of therapy and patient interviews. The treatment group received 10 weeks of group music therapy. Symptoms were assessed on the Impact of Events Scale–Revised and Beck Depression Inventory II at the beginning and end of treatment. Treatment group patients experienced a significant reduction in severity of PTSD symptoms and a marginally significant reduction in depression. The researchers concluded that group music therapy appears feasible and effective for patients with PTSD who have not sufficiently responded to CBT (Carr et al., 2012).

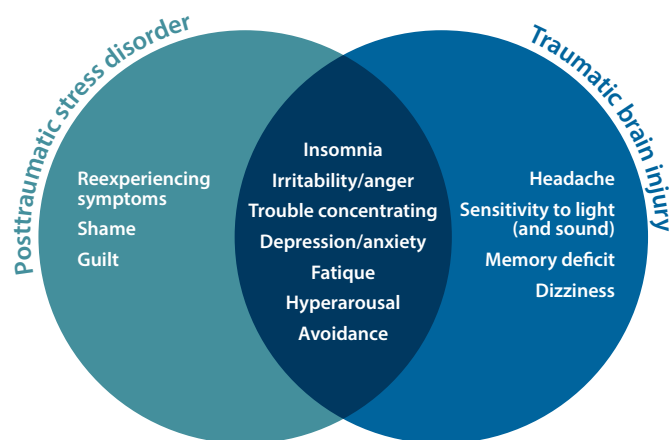
Art Therapy Reduced Anxiety and Depression

In a pilot study with Vietnam veterans, Dobbs (2002) found that feelings of anxiety and depression decreased after eight weeks of art therapy treatment. The veterans' artwork and individual comments also indicated the group intervention was a positive experience for most participants.

Traumatic Brain Injury

Worldwide figures show that 25,000 service members have been diagnosed with traumatic brain injury (TBI) since 2000 (Defense Medical Surveillance System, 2012). About 80 percent of these injuries were rated as mild, or what we commonly call a concussion. Symptoms include headache, sensitivity to light and sound, memory deficit, dizziness, plus other signs and symptoms, such as hyperarousal and avoidance, which overlap with PTS (see Figure 5).

FIGURE 5: Interface of PTSD and TBI Signs and Symptoms



From "Exploring the Convergence of Posttraumatic Stress Disorder and Mild Traumatic Brain Injury." By M. Stein and T. McAllister, 2009, *American Journal of Psychiatry*, 166, p. 770. Copyright 2009 by the *American Psychiatric Association*. Reprinted with permission.

The use of improvised explosive devices (IEDs), rocket-propelled grenades, and land mines has made TBI a major concern for deployed service members. Most cases of TBI resolve with time; however, even mild deployment-related TBI is associated with depression, anxiety, and PTS (Vanderploeg et al., 2012). Repetitive mild TBI is a growing concern given evidence of cumulative negative outcomes.

Although young service members who are performing military duties are at higher risk for sustaining TBIs, 84 percent of TBIs occur in a non-deployed setting from causes such as crashes in privately owned and military vehicles, falls, sports and recreation activities, and military training (Defense and Veterans Brain Injury Center, 2012). TBI has become a major focus in the U.S. Department of Veterans Affairs, as veterans may sustain TBIs throughout their lifespan, with the largest increase as veterans enter their 70s and 80s, typically caused by falls and often resulting in high levels of disability.



A new-model nonprofit organization is tackling brain injury and mental illness head on. In 2011, former Congressman Patrick Kennedy, who led the passage of the mental health parity bill, and Garen and Shari Staglin, founders of the International Mental Health Research Organization (IMHRO), launched **One Mind for Research**. The organization is led by Peter W. Chiarelli, U.S. Army General (Ret.), who as Vice Chief of Staff of the Army led the Department of Defense efforts on PTSD, TBI, and suicide prevention. One Mind is taking the lead role in the research, funding, marketing, and public awareness of mental illness and brain injury. By uniting the governmental, corporate, scientific, and philanthropic communities in a concerted global effort, the nonprofit organization aims to drastically reduce the social and economic effects of mental illness and brain injury within 10 years.

Clinicians are eager to find alternative and complementary treatment interventions for individuals with TBI because medications to treat the anxiety conditions that often accompany TBI are contraindicated when there is a brain injury. Medications with a sedating effect also have the accompanying effect of blocking the reparative processes.

Advantages of arts engagement and creative arts therapies with selected findings

The arts can play a powerful role in treating the physiological as well as psychological impacts of TBI. New brain imaging and electronic recording techniques have revealed the brain's plasticity—its ability to change. The mind-body connection may now be imaged and measured through the work of cognitive neuroscience. Researchers have begun exploring the use of this technology to conduct brain studies of perception and cognition in the arts (Limb & Braun, 2008).

Research in neuroscience in general is flourishing. With regard to the role of the arts, an advanced practice method within the profession of music therapy called neurologic music therapy (NMT) formalizes protocols. Over the past 20 years, researchers have made important gains in understanding the neurological basis of music in the human brain. Neurologic music therapy is the “therapeutic application of music to cognitive, sensory, and motor dysfunctions due to neurologic disease or disability. Neurologic music therapy is a specific method of music therapy developed from neuroscience models of music perception and production (Hardy & Lagasse, 2013; Thaut, 2005). Along with training in music and NMT, practitioners of NMT receive some additional education in the areas of neuroanatomy and physiology, brain pathologies, medical terminology,

and rehabilitation of cognitive, motor, speech, and language functions (Thaut & McIntosh, 2010). NMT is an additional credential only obtained by practicing music therapists via training completed at the Academy of Neurologic Music Therapy.

Music Therapy Improved TBI Symptoms

Thaut and colleagues (2009) examined the immediate effects of neurologic music therapy (NMT) on cognitive functioning and emotional adjustment of persons with brain injuries. Four treatment sessions were held, during which subjects participated in 30 minutes of NMT that focused on one aspect of rehabilitation (attention, memory, executive function, or emotional adjustment). Control participants engaged in 30 minutes of rest. Pre- and post-test results for each group revealed that treatment participants showed improvement in executive function and overall emotional adjustment and lessening of depression, sensation seeking, and anxiety. Although control participants improved in emotional adjustment and lessening of hostility, they showed decreases in measures of memory, positive affect, and sensation seeking.

Arts interventions can be considered a part of **Environmental Enrichment (EE) therapy**, a term describing an environment that encourages visuo-spatial, cognitive, social, and skilled motor exploration (Hoffman & Harrison 2009). Research has shown that EE can

- enhance *neuroplasticity*;^{*}
- improve recovery of function;
- increase brain resilience to injury; and
- reduce stress and anxiety.

Dancing Reduced Balance and Coordination Deficits

Dault and Dugas (2002) studied the effectiveness of a 12-week aerobic dance training designed to reduce postural imbalance and coordination deficits compared to a traditional muscular training program. Participants were evaluated pre- and post-training. The results of a balance test indicated a significant reduction of postural sway area in the aerobic dance group but not in the traditional muscular training group. The researchers concluded that, overall, the combination workout with aerobic dance is more effective in reducing balance and coordination deficits when compared to muscular-based training.



Art Therapy Improved Attention Span, Concentration, Memory, and Organization

David (2000) explored the role of artistic expression in the treatment of three individuals with TBI. A comparison of the neuropsychologic and cognitive status as assessed in their behavior, verbalizations, and standard neuropsychologic evaluations showed improvement in attention, concentration, memory, and organization for all three patients.

Music Therapy Improved Speech Naturalness and Reduction of Pauses

Tamplin (2008) investigated the effects of vocal exercises and singing on intelligibility and speech naturalness for four individuals with acquired slurred or slow speech following TBI. After participating in eight weeks of 24 individual music-therapy sessions that included singing familiar songs, speech naturalness improved and length of pauses was reduced.

Depression

Depression is another of the mental health conditions sometimes experienced after deployment to combat areas. Approximately 14 percent of service members returning from Iraq or Afghanistan meet criteria for depression (Tanielian & Jaycox, 2008). Although depression is often not considered a combat-related injury, it can be considered one of the post-deployment mental health consequences.

When left untreated, depression increases the chance of risky behaviors such as drug or alcohol abuse or addiction. Depression also can damage relationships, cause problems on the job, make it difficult to overcome serious illnesses, and even result in suicide. Reimer and Chiarelli (2012) remind us that suicides have been a challenge for the U.S. military for some time. Although a recently released comprehensive report from the U.S. Department of Veterans Affairs indicates that the relative number of veterans who die by suicide has decreased slightly since 1999, the absolute number of veterans who have taken their lives continues to increase, with more than two-thirds of these veterans 50 years or older (Kemp & Bossarte, 2013). The rising

number of suicides is not only a concern for those who have left military service. According to the U.S Department of Defense, as many as 349 active service members committed suicide in 2012, compared to 301 in 2011 and 298 the year before (Burns, 2013).

Advantages of arts engagement and creative arts therapies with selected findings

Arts interventions can be a form of *behavioral activation (BA)*—the systematic scheduling and monitoring of pleasurable or reinforcing activities—which can have significant antidepressant effects (The Management of MDD Working Group, 2009).

Dopamine, the body’s feel-good chemical, is released when an individual is engaged in active or passive pleasurable activities (e.g., painting, listening to music). BA has been found to be at least as effective as pharmacotherapy when treating severely depressed patients (Dimidjian et al., 2006).

Music Therapy Favorably Influenced Depression

Guetin and colleagues (2009) studied 13 patients with TBI using one-hour music sessions over a period of 20 weeks. Half of each session was devoted to listening to music and the other half to playing a musical instrument. The music sessions enabled a significant improvement in mood, from the first session onward, and a significant reduction in anxiety-depression from week 10 onward. The researchers concluded that music therapy could usefully form an integral part of the management program for individuals with TBI. Findings from other randomized trials suggest that music therapy is accepted by people with depression and is associated with improvements in mood (Bradt, Dileo, Grocke, & Magill, 2011; Maratos, Gold, Wang, & Crawford, 2008).

Dance/Movement Therapy Improved Emotional Responses

In a randomized control trial using dance/movement therapy (DMT) for 40 mildly depressed adolescents (20 treatment, 20 control), Jeong et al. (2005) reported that all subscale scores of psychological distress and global scores decreased significantly after the 12 weeks in the DMT group. Plasma serotonin concentration increased and dopamine concentration decreased in the DMT group. Results suggest that DMT may stabilize the sympathetic nervous system.



Physical Injuries and Illnesses

Today, with the media’s major emphasis on the high number of “invisible” injuries of combat, at times the more visible physical injuries may be overlooked. In current conflicts, more than 1,700 Americans have lost an arm or leg in combat in Iraq or Afghanistan, and hundreds have lost multiple limbs (Fischer, 2013). Approximately 16 percent of all wounded service members have serious eye injuries, many totally blinded by IEDs or sniper fire (Department of Defense Armed Forces Health Surveillance Center, 2011).

Here, too, research suggests that the arts can make a difference. Multiple surgeries are frequently part of the rehabilitation process. *Arts and Music in Healthcare: A Overview of the Medical Literature—2004–2011* describes several studies that show benefits of the use of music before, during, and after surgery, such as reduced amounts of sedation and pain medications and reduced recovery time (Staricoff & Clift, 2011). Numerous other sources cite anecdotal evidence that engaging in various arts modalities can help the individual undergoing rehabilitation to reconcile physical skills and discover new strengths.

Military service members, veterans, and their families are also susceptible to the same illnesses and conditions as their civilian counterparts. Despite great advances in prevention and treatment interventions, heart disease and cancer remain the top two leading causes of death in the United States (Centers for Disease Control and Prevention, 2013). Fortunately, these two areas have strong research findings indicating the effectiveness of arts programming and creative arts therapies as treatment modalities.



Members of the Exit 12 Dance Company perform excerpts from *Conflict(ed)*, a work about contrasts between the military and the Middle East, choreographed by Artistic Director and Marine Iraq War Veteran Roman Baca at the 2013 National Summit: Arts, Health and Well-being across the Military Continuum at Walter Reed Bethesda. *Courtesy of Walter Reed Bethesda.*

Gene Study Suggests Recreational Music-Making More Effective than Quiet Reading in Controlling Human Stress and Relaxation Response

Bittman and colleagues (2013) subjected 34 adults (41–83 years of age) with a history of coronary heart disease to an acute time-limited stressor (assembling a 500–1,000-piece jigsaw puzzle classified as “most difficult” by the manufacturer). Participants were then randomized to recreational music-making or quiet reading for one hour. Blood gene expression was assessed at baseline, following stress, and after the relaxation session. Gene analysis identified 16 molecular pathways differentially regulated during stress that function in immune response, cell mobility, and transcription. During relaxation, two pathways showed a significant change in expression in the quiet reading group, while 12 pathways governing immune function and gene expression were modulated among recreational music-making participants. The authors concluded that relaxation through active engagement in recreational music-making may be more effective than quiet reading at altering gene expression and thus more clinically useful for ameliorating stress.

Writing Associated with Improved Quality of Life for People with Cancer

Morgan, Graves, Poggi, and Cheson (2008) evaluated the effects of a structured expressive writing task with 71 patients with leukemia or lymphoma while they waited for an appointment in a cancer clinic. Participants reported positive responses to the writing. Immediately post-writing, nearly half (49.1 percent) reported that writing resulted in changes in their thoughts about their illness and 53.8 percent reported changes in their thoughts at the three-week follow-up. Changes in thoughts about illness immediately post-writing were significantly associated with better physical quality of life at follow-up, controlling for baseline quality of life. Initial qualitative analyses of the texts identified themes related to experiences of positive change/transformation following a cancer diagnosis.



The Military Continuum

Researchers are looking at the impact of arts in health programs and services across the *military continuum*.^{*} The National Initiative for Arts & Health in the Military defines this continuum as (a) pre-deployment/active duty, (b) re-entry/reintegration, (c) veterans/VA and community systems, (d) late-life veteran care, and (e) families/caregivers.

Finding evidence of the value of creative arts in health interventions at the **pre-deployment/active duty** points for both service members and their families could prove worthwhile. We know that service members who carry psychological burdens of previous trauma or who are anxious or depressed are more likely than their mentally healthy comrades to have PTS following deployment (Sandweiss et al., 2011). In some instances, creative arts therapists are providing consulting services to active duty service members before and concurrent to deployment. Could research inform how the arts and creative arts therapies interventions might be used effectively both before deployment and during deployment to prevent or reduce the burden of post-deployment PTS?

In addition to medically related issues, the **re-entry/reintegration** stage encompasses many issues worthy of research that are not medically related. For examples, many men and women re-entering civilian life have difficulty finding employment or homes or deciding what they would like to do at this stage of their lives. The Defense Centers of Excellence recommends that the military develop a more holistic approach to reintegration to include the service member's family and community in the reintegration process (Yosick et al., 2012). Increasing numbers of arts practitioners and arts organizations are doing amazing and meaningful work to help service members and their families through this stage.

Current Clinical Trial—Military to Civilian: Trial of an Internet Intervention to Promote Post-Deployment Reintegration

Veterans returning from combat deployments face the interrelated challenges of processing their combat experiences and transitioning back to civilian life. Unfortunately, many veterans wait years or decades before seeking help for post-deployment problems, if they seek it at all. This study looks to determine whether Internet-Based Expressive Writing, a brief, low-cost, easily disseminated, and resource-efficient intervention, can reduce psychological symptoms and improve functioning among Operation Iraqi Freedom and Operation Enduring Freedom veterans as they navigate this transition, while also attempting to reduce barriers to help-seeking. Expressive Writing, a highly private, readily accessible, and non-stigmatizing intervention, has a strong evidence base in civilian populations, but its efficacy in combat veterans has not been tested. This study, which will be completed in August 2013, therefore seeks to test the efficacy of Expressive Writing in a veteran population while further enhancing its accessibility by delivering it over the Internet. Investigator: Nina A. Sayer, Minneapolis Veterans Affairs Medical Center (ClinicalTrials.gov, 2012).

Regarding the **veterans/VA and community systems** point on the military continuum, the VA operates the largest integrated healthcare system in the United States, with more than 1,700 hospitals, clinics, and other facilities. VA hospitals employ music therapists nationwide, and a growing number of VA hospitals have comprehensive arts programming. Although a variety of VA healthcare facilities serve older veterans, one type of VA facility that serves mostly older veterans is the *Community Living Center* (CLC), the new term reflecting the transformation of what had previously been VA nursing homes. CLCs are designed to resemble "home" as much as possible. The centers feature activities and family-friendly places for visiting. Pets can visit or in some cases even live in the CLC. The mission of CLCs is to restore each veteran to his or her highest level of well-being, prevent declines in health, and provide comfort at the end of life.

Ramifications of TBI and PTS follow the aging veteran. Veterans in **late life** who have experienced brain injuries are twice as likely to develop dementia as those with no injury to the brain (Carroll, 2011). A new study is underway to determine if the effects of combat-associated PTS also increase the risk for Alzheimer's Disease (Alzheimer's Disease Neuroimaging Initiative, 2013). Further, researchers have found that veterans of Iraq and Afghanistan who



have been diagnosed with PTSD have two to three times the rate of heart disease risk factors compared with veterans without the diagnosis (Cohen, Marmar, Ren, Bertenthal, & Seal, 2009).

Older veterans are engaging in the arts in VA facilities and in the community. Much of the research on the use of the arts for older adults focuses on issues such as dementia, fall prevention, brain fitness, and end of life care.

TimeSlips Improved Engagement and Alertness in Alzheimer’s Disease

As Alzheimer’s Disease (AD) progresses, memory and language fade, but other parts of the mind can spring to life, like those that are touched by art. Fritsch and colleagues (2009) investigated the impact of a 10-week TimeSlips (TS) storytelling intervention on the quality of care for persons with dementia residing in long-term care facilities. The TS program encourages people with AD and related dementias to express themselves creatively through group generated stories without relying on failing memories. Participants were asked open-ended questions about a dramatic picture, and responses were recorded, woven into a story, and read back to the group. Results indicated that those in the TS facilities were more engaged and more alert. There were more frequent positive staff-resident interactions, social interactions, and social engagement in TS facilities than in non-TS facilities. Staff in TS communities had more positive views of people with dementia and devalued residents less than the control group did. There were no differences in job satisfaction.

Music Therapy Improved Quality of Life in Hospice Care

To evaluate the effects of music therapy on quality of life, Hilliard (2003) randomly assigned 80 individuals receiving hospice care in their homes to one of two groups: experimental (routine hospice services and clinical music therapy) and control (routine hospice services only). Quality of life was higher for those individuals receiving music therapy, and their quality of life increased over time as they received more music therapy sessions. Participants in the control group; however, experienced a lower quality of life than those in the experimental group, and without music, their quality of life decreased over time.

Some **families/caregivers** take advantage of arts programming and creative arts therapies in the community. We have found little research, but some evaluation studies, on the benefits of the arts with spouses, children, and other family members.

Researchers have found that family and friend caregivers of veterans with PTS experience a burden of care similar to that of caregivers of individuals with dementia and chronic schizophrenia; as such, findings from some studies about the impact of the arts on caregivers in the general population may also apply. However, characteristics and experiences of many military spouse caregivers are typically quite different. Caregivers of those who served in more recent conflicts in Iraq and Afghanistan are usually younger, have small children, and provide care for very different types of injuries (Tanielian et al., 2013). Given the relatively young age at which service members are often wounded, caregiving often extends for several decades.

Expressive Activities Increased Youth’s Comfort in Expressing Feelings

Chandra, Lara-Cinisomo, Burns, and Griffin (2012) conducted an evaluation of a summer camp for military youth. The National Military Family Association’s Operation Purple offered a safe and nurturing place for youth to discuss their feelings about parental deployment and military life. The camp provided youth with tools to explore these feelings thoughtfully, through journal writing or other expressive means. Although initially there was no significant difference in communication comfort from the youth perspective between themselves and children who attended the camp the year before Operation Purple was initiated, at a three-month follow-up assessment, parents whose children attended Operation Purple reported significantly greater improvement relative to parents of children in the no-Operation Purple camp group. These children were able to make themselves feel better and were more willing and able to describe their feelings.

Research has also found that arts experiences can be helpful in reducing stress for **members of the healthcare team** (Sands, Stanley, & Charon, 2008). The arts and humanities, such as narrative training, can also help staff better understand the healthcare experience for their patients and themselves. For example, Director of the Program in Narrative Medicine at Columbia University’s College of Physicians and Surgeons Dr. Rita Charon guides medical students, colleagues, and a wide range of healthcare professionals in writing reflectively about their practices not only to more accurately understand what their patients are experiencing, but also what they themselves endure in the care of the sick.



Soothing Music Reduced Nurses Stress

Using a randomized crossover controlled trial, Lai and Li (2011) randomly assigned 54 nurses to a music/chair rest sequence or chair rest/music sequence during the period February to June 2006, with each intervention lasting 30 minutes. Participants in the music condition listened to self-selected soothing music using headphones. Participants in the chair rest condition sat quietly for 30 minutes. Participants' heart rate, mean arterial pressure, finger temperature, and cortisol levels were taken with a BP monitor and chemiluminescence immunoassay every 15 minutes throughout the procedure. Compared with chair rest, participants had a lower perceived stress level, cortisol, heart rate, mean arterial pressure, and higher finger temperature while listening to music ($P < 0.05$). Significant differences were also found in terms of post-test heart rate, cortisol levels, finger temperature, and mean arterial pressure ($P < 0.05$). The authors conclude that nurses can use soothing music as a research-based nursing intervention for stress reduction.

Art and Design

Paintings, architectural design, signage, lighting, sounds, gardens—research tells us that the physical environment of healthcare facilities can have a significant impact on patients, families, visitors, and staff. According to Nanda, Debajyoti, and McCurry (2009), evidence exists that:

- visual stimuli undergo an aesthetic evaluation process in the human brain by default, even when not prompted;
- responses to visual stimuli may be immediate and emotional; and
- aesthetics can be a source of pleasure, a fundamental perceptual reward that can help mitigate the stress of a healthcare environment.

A large body of research shows that visual art can alleviate stress and anxiety in patients within healthcare settings (Nanda, Eisen, & Baladandayuthapani, 2008; Ulrich, 2009; Ulrich & Gilpin, 2003). New technology has led to very significant advances in our understanding of what happens in the brain when we look at works of art. When we look at things that we consider beautiful, the activity in the pleasure and reward centers of the brain increases (Kawabata & Zeki, 2004).

Brain Responded to Viewing Paintings

Kawabata and Zeki (2004), using functional MRIs, discovered that specific areas of the brain are engaging when 10 participants, ages 20–31, viewed paintings they considered beautiful, regardless of the category of painting (e.g., portrait, landscape, still life, or abstract composition). Findings show that the perception of different categories of paintings are associated with distinct and specialized visual areas of the brain, that the orbito-frontal cortex is differentially engaged during the perception of beautiful and ugly stimuli, regardless of the category of painting, and that the perception of stimuli as beautiful or ugly mobilizes the motor cortex differentially.

Considerations for art in military healthcare settings

Little is known about the impact of visual art on service members and veterans with trauma-related symptoms such as PTSD. In an effort to build the literature, Nanda, Gaydos, Hathorn, and Watkins (2010) examined case studies of visual imagery's impact on combat veterans' trauma-related symptoms. They uncovered research reporting that individuals with PTSD have a heightened awareness for negative information and process negative information more quickly than positive information (Buckley, Blanchard, & Neil, 2000). Thus, a complex or ambiguous image with layered meanings may not be conducive to their processing of emotions and information.

After reviewing the guidelines of evidence-based art in civilian hospitals, Nanda and colleagues suggest that decision-makers consider the following hypotheses:

- *Even what may seem to be positive images may have unintended negative impact.* For example, although theory supports the use of scenes of distant wilderness, trails, and paths leading to idyllic destinations, it is possible that an image of a path without a clear destination could be frightening to a war veteran with PTSD who might imagine a hidden danger.
- *Before selecting artwork, careful research on geographies of combat for the particular service member or veteran population should be conducted.* Landscapes similar to the combat zone should be avoided. Rather, using familiar landscapes similar to the geography of the population's homeland could be nonthreatening and restorative.
- *Barns and older houses, if too generic and remindful of the geography of combat, could be particularly stressful.* Service members often use abandoned structures to hide in or target such structures during combat.



- *Commemorative settings that show appreciation for the population's sacrifice and love of country need careful consideration and should avoid serving as explicit reminders of war.* Elements of such settings could include images of iconic American landmarks, flags, and settings for communal gatherings.
- *Healthy, blooming flowers in natural locations could remind the viewer of growth and regeneration.* Flowers on a bleak background or cut flowers may serve as reminders of funerals.
- *Images of positive social relationships with families and colleagues in familiar and natural settings might be positively reinforcing.* Such images could help to facilitate the individual's reintegration into society.

Military research initiatives in facility design

Several organizations and agencies are supporting military research in the arts and health. These include The Henry M. Jackson Foundation, Departments of Defense and Veterans Affairs, National Institutes of Health, and private entities.

The 2005 passage of the *Base Realignment and Closure Act (BRAC)*, a congressional mandate to develop world-class facility design, and additional funding from Congress provided an extraordinary opportunity for military hospital design and construction to apply the principles of patient-centered care and evidence-based design (EBD). The planning and design group defined EBD as the conscientious, explicit, and judicious use of current best evidence in planning and design decisions that advance the needs of patients, staff, families, and organizations (Casscells, Kurlmel, & Ponatoski, 2009).

To begin the process, the Military Health System conducted 382 telephone interviews with active-duty personnel and 36 interviews with active-duty spouses to solicit their opinions

regarding proposed healthcare facility design features. The three features most important to respondents were room for families, control of the environment, and enhanced communication, with an overall emphasis on privacy.

Military hospitals incorporating EBD principles include Walter Reed Bethesda, Fort Belvoir Community Hospital, and San Antonio Military Medical Center. Two of the five principles have strong implications for arts and design interventions: (a) to create a patient- and family-centered environment that respects privacy and dignity and relieves suffering and (b) to support care of the whole person enhanced by contact with nature and positive distractions. The Military Health System sponsored a research project, "Creating World Class Healthcare Facilities for America's Military" (Zimring, 2009). The project describes methods and instruments for measuring many different aspects of healthcare facility design.

The Epidaurus Project, an enterprise begun in 2001 to strengthen holistic medicine in the Military Health System, focused primarily on the built environment. In 2010, the Epidaurus 2 project was launched to design state-of-the-art metrics to directly measure the whole body healing effects of the arts and other holistic interventions in military healthcare settings. Holistic clinicians and advanced mathematicians from across the United States met monthly throughout the project period and developed five cutting-edge metrics (Foote, Bulger, Frampton, & Pellegrino, 2012). The metrics will be used to study the therapeutic effects of the National Intrepid Center of Excellence (NICoE), healing arts, nature exposure, and other holistic medicine programs at Walter Reed Bethesda. Once fully developed, the intent is to combine these holistic metrics with conventional organ-system based measures in a more unified conception of medical care.

Key Considerations in Research

Existing research tells us that the arts and creative arts therapies are having a positive impact on outcomes for service members, veterans, families, and staff, but certain challenges remain:

1. Limited funding is available for arts and health research.
2. Study sizes tend to be small in number or underpowered in the case of clinical trials.
3. Disciplines and stakeholders involved in research often work in relative independence.
4. Few studies have explored the impact of the arts and creative arts therapies on healthcare savings and economics.
5. The more rigorous studies to date have been conducted in the use of creative arts therapies; few studies of the same caliber have been undertaken using artists and performers as well as artists in healthcare.
6. Little research has focused on the preventive aspect of the use of the arts in the pre-deployment and deployment periods.
7. Limited research has been conducted on the benefits of the arts for military families and children.



2012 National Roundtable: Summary of Discussion about Research

The Roundtable discussion focused on four major themes. In addition to suggesting some specific important content gaps in the literature, participants identified the need to look at the vast variety of benefits arts and health could foster, the need for a full palette of research methods, and the need to establish linkages both within the arts and creative arts therapy professions and among the various stakeholders outside the arts and creative arts therapy community.

- Gaps**—Although the current state of research boasts many case studies and some full-scale clinical trials, participants identified important gaps in our knowledge.
 - We need to know what kinds of interventions work best for what individuals, what conditions, and under what circumstances.
 - Information about the characteristics of effective interventions (e.g., the optimal number of treatments, timing, cost of delivery) is needed.
 - Research is needed to determine the effectiveness of the arts in promoting *post-traumatic growth*.*
- Benefits**—We need a better understanding of the variety of benefits of arts and health.
 - Research is needed to describe the nature of all of the many categories of benefits (e.g., physical health, mental health, improved function, productivity, engagement, family integration, quality of life, economic, community integration).
 - We need to explore the characteristics of the benefits (e.g., when they occur, how long they last).
 - We need research to determine which benefits (e.g., cost savings, mental health) could be most helpful in moving the arts and health in the military initiative forward.
- Research methods**—The “gold standard” of research is the randomized controlled trial (RCT). These studies are essential to arts and health research, but not the only ones.
 - A robust research agenda that includes both quantitative and qualitative studies will best serve moving the military arts and health initiative forward.
 - Scientific evidence is critical, but anecdotes and stories that are inspirational can capture the attention of decision makers.
 - *Arts-informed research** can be a natural fit for arts and health researchers.
 - Technological advances (e.g., genomics, artificial intelligence,

data collecting methods that use online surveys, iPads, smartphones) are constantly adding new possibilities to the research toolbox.

- Linkages**—Much of today’s arts and health research is conducted in isolation. Researchers need to share what they are doing with others and create linkages with other researchers in their areas of expertise.
 - Researchers in many disciplines are concerned with the high unemployment and homelessness rates for veterans; arts and health researchers can join in with researchers in these fields to find effective solutions.
 - Arts and health researchers have much knowledge to bring to studies in other important areas (e.g., stress, substance abuse, suicide prevention), and those researchers, in turn, have much to offer each other.
 - Research findings should be published in journals that would introduce researchers in related disciplines to arts and health.

2013 National Summit: Summary of Discussion about Research

Participants in Summit discussion groups identified many of the same research issues previously brought to light by Roundtable participants. However, some participants had a more micro view of the field, which seemed to help them to build on some of those issues, as well as to uncover others. Discussion topics centered around six themes. Participants were concerned with what to measure, establishing a solid framework, developing theory, collaboration and inclusiveness, and dissemination of research findings.

- Measurement**—In this field, there are many things worth measuring.
 - Prioritizing the questions that need to be answered is an important first step.
 - Studies are needed that go beyond the individual as the unit of measurement, to include the effect of arts interventions on organizations, relationships, and other broader issues.
 - Studies are needed that incorporate the use of valid and reliable instruments.
 - A comprehensive measurement system is required to capture data in the many domains influenced by the arts (e.g., physiological, behavioral, social, economic).
- Framework**—The subject of arts and health in the military is complex and a research framework should reflect that complexity.



- A creative framework is required—one that is not just based on the scientific mode.
 - Methods are needed for capturing metrics that will not reduce experiences to only scientific measurement.
3. **Theory**—The purpose of research is to build theory and the knowledge base of the field. Cohen argued that sometimes the evidence or outcomes demonstrating success is not enough for results to be taken seriously: “If there is not an understanding of the underlying mechanism to explain why the results happened, then no matter how robust the findings of the research, they could be dismissed” (Cohen, 2009, p. 48).
 4. **Collaboration**—As at the Roundtable, participants discussed partnerships and collaboration often.
 - Research should be a collaborative process, designed between artists and performers, artists in healthcare, creative arts therapists, researchers, and military personnel.
 - Military personnel could partner with community arts organizations to measure impact of arts participation.
 - Artists and performers, artists in healthcare, creative arts therapists, and arts organizations need advice on navigating military policies and technical assistance in planning and implementing research in military settings.
 5. **Inclusive**—Research should be inclusive.
 - Studies are needed across the entire military continuum and individual’s lifespan.
 - With research involving families, efforts should be made to ensure that all family members (however they are defined) are included.
 - There is a critical need for research on the benefits of the arts for military caregivers, many of whom tend to be young with dependent-age children and who are dealing with a different set of patient variables than the general caregiver population (Tanielian et al., 2013).
 6. **Translation and dissemination of research findings**—Research findings can build a solid base of evidence that informs best practice. Methods of disseminating research to military personnel must be thoughtful. Presenting research findings only in professional journals and conferences for the arts and health field may do little to grow the field; decision-makers in the military are unlikely to find or see them.
 - There is a need to identify and promote presentation of findings in military publications and forums.
 - Research findings should be presented in a user-friendly format.

Summary

Mounting evidence implies that arts and health can have an active, significant role across the military continuum and an individual’s lifespan as well as for families and members of the healthcare team. Many exciting and critical issues are left to explore. Collaboration across disciplines and domains seems to be the key to assuring quality research that will provide the foundation for meaningful arts and health programs and services.



Veteran service members from Musicorps, based at Walter Reed Bethesda, perform as part of the 2013 National Summit: Arts, Health and Well-being across the Military Continuum. *Courtesy of Walter Reed Bethesda.*



Musicorps members perform with Arthur Bloom, founder and director of Musicorps, at the Americans for the Arts Nancy Hanks Lecture of Arts & Public Policy at the John F. Kennedy Center for the Performing Arts. *Photo by David Hathcox.*



Chapter 3

Practice

Arts and health programming and creative arts therapies for service members and veterans are flourishing in military hospitals, VA hospitals, and community settings. Many of these initiatives also serve family members and staff. We begin this chapter with a brief description of strategies that are commonly used to start programs or services. Examples of arts and health programming and creative arts therapies in healthcare facilities and community settings follow. The chapter concludes with participants from the 2012 National Roundtable and 2013 National Summit sharing their thoughts about practice.

Starting an Arts and Health Program or Service in the Military

A variety of strategies for initiating programs and services are currently in use; the most common methods are briefly described below.

- **Internally**—A healthcare organization identifies the need for a particular art program or therapy and hires the appropriate personnel to implement it (e.g., U.S. government civilian employee).
- **Contracts**—A healthcare organization contracts with artists and performers, artists in healthcare, creative arts therapists, arts organizations, or consultants to provide services and pays for these services.
- **Cooperative agreements**—A healthcare organization develops a cooperative agreement with artists and performers, artists in healthcare, creative arts therapists, arts organizations, or consultants to provide services at no cost to the healthcare

organization or to individuals for these services at a mutually agreed-upon fee. Contracts and cooperative agreements can be initiated by the healthcare organization or by an outside independent party.

- **Fee-for-service**—An arts organization or individual charges a fee to be paid by participants receiving the service, often for a time-limited program such as a concert, a series of classes, or a retreat.
- **Externally**—An arts organization or individual makes contact with the military or a military representative and proposes an arts activity, with the cost funded externally or in partnership with the military.
- **Volunteer**—An arts organization or individual provides services on a voluntary basis, with the healthcare organization providing appropriate documentation for tax purposes, if requested.



Healthcare Facilities

A variety of arts programming and creative arts therapies are present in today's large military and VA hospitals. However, unless a central coordinator is in place, a great many of these programs are often unaware that others exist even within the same institution. This reality is due in part to the many portals of program entry, and multiple persons responsible for initiating them.

Military treatment facilities (MTFs)

Arts initiatives may enter through rehabilitation or behavioral health services, the American Red Cross, occupational therapy, or any number of other entry points.

A variety and growing number of arts initiatives are in place at **Walter Reed Bethesda:**

ArtStream's Allies in the Arts and Smith Center for Healing and the Arts' Healing Wounded Warriors Artists-in-Residence Programs—Artists in residence from a variety of disciplines provide arts experiences for service members and their families and hospital staff at bedside and in group settings on Walter Reed Bethesda's wounded service members' ward. Some sessions are held during the evening hours, when TBI research indicates service members have higher levels of stress and sadness. Other sessions are held on weekdays and weekends, when service members and their families are less likely to be engaged in treatment interventions.

Green Road—The newest venture, the Green Road project, will develop a central parkland zone for respite and health through nature. The half-mile-long project will provide wheelchair and foot transit through campus, a venue for engagement with art and nature, and a platform for education in holism for the military and the nation at large. Eventually, small clinical care pavilions may be included.

Healing Art Exhibit—Started in 2004 as the Breast Cancer Art Show, this annual event provides an opportunity for patients, staff, family members and friends who use the arts as a mechanism for coping and healing from illness, to showcase their work.

Healing Garden—An existing courtyard space between two Walter Reed Bethesda buildings is now a healing garden that incorporates positive distractions and a multisensory experience within a combination of open and closed spaces. Features include a one-story water wall, an enclosed glass atrium that acts as a transition space and relaxes the sensitive patient environment, a series of stone ramps and sloped gardens, and a large reflecting pool.

Musicorps—Musicorps replicates “real-world” music relationships so that injured service members or veterans work on, and are motivated to work on, robust goal-oriented projects for many hours a day. Musicorps integrates individualized projects, regular visits by accomplished musicians, and the use of specially assembled computer-based music workstations along with traditional instruments. Working in any musical style they prefer, wounded service members are able to learn, play, write, record, and produce original material.

Stages of Healing—Walter Reed Bethesda's Department of Psychiatry hosts monthly performances and cultural events (e.g., films) as well as workshops from a variety of artistic genres for the benefit of staff, patients, and families. Types of performances include drama, dance, musical performances, lectures/readings, pop-up concerts in high-traffic areas of the hospital, and bedside performances in individual wards and patient rooms.

At another MTF, the **Naval Medical Center in San Diego, CA**, dance/movement therapy is currently being used to enhance military readiness. Military personnel with PTSD, depression, and substance abuse disorders are self-reportedly benefiting from these groups, describing lessened anxiety, increased emotional management skills, increased periods of relaxation, better ability to concentrate, and a healthier night's sleep. Also, at the medical center's Substance Abuse Rehabilitation Program (SARP), creative arts therapies are successfully treating military members with co-occurring mental health disorders (Winters, 2011).

National Intrepid Center of Excellence (NICoE)

The NICoE is a unique Department of Defense institute on the Walter Reed Bethesda campus that is dedicated to providing cutting-edge evaluation, treatment planning, research, and education for service members and their families dealing with TBI and psychological health conditions. The interdisciplinary team of specialists includes an *art therapist*,* who leads the Healing Arts Program. NICoE's art therapist meets individually with every service member at least once during the NICoE program and also holds weekly group sessions for each cohort. The art studio, which features abundant art and writing supplies, a piano, an electronic drum set, and multiple guitars, is a community space open to service members whenever group or individual therapy is not in session. With a focus on holistic care (see *Figure 6* for the goals of art therapy treatment), the four-week art therapy curriculum was built into the institute's model:



Week 1—Service members are invited to make masks during a group art therapy session, which the art therapist uses as an outlet to identify struggles they may be facing. The group sessions encourage increased socialization and relation to/ empathy for others' experiences.

Week 2—Service members take part in a therapeutic writing session led by a creative arts therapist. They are invited to write about something important to them and then are given the option to shred, keep, or share their work with others.

Week 3—Service members meet one on one with the art therapist to discuss treatment goals and progress, as well as to implement an individualized creative art therapy treatment plan.

Week 4—Service members create montages, allowing them to reflect on complex feelings. Symbolically layering on what is going on internally, they examine their past, present, and future.

FIGURE 6: Goals of Art Therapy Treatment at NICoE

- **Traumatic Brain Injury (TBI):** Increased stamina and frustration tolerance, increased dexterity and hand-eye coordination, improved initiation of sequential activities, increased on-task duration, task completion improvement
- **Post-traumatic Stress Disorder (PTSD):** Reduction of arousal/hypervigilance, reconsolidation of memories, increased exposure to/processing of traumatic memories, reactivation of positive emotion
- **TBI and PTSD:** Decrease in anxiety, reduction of agitation/anger, increased self esteem, reconnection with/repair of sense of self/identity, increased sense of control and self efficacy

The *NEA / Walter Reed Healing Arts Partnership* was established to explore how creative arts therapy and arts engagement programs can improve health and well-being in military healthcare settings. Since this partnership, the NICoE has introduced two new interventions. The first is the implementation of writing, which has two parts: (a) an optional and informal four-week creative writing and storytelling series for service members and their families held after-care hours and (b) a therapeutic writing session facilitated for the service members as part of their clinical care.

NEA's second and most recent addition is a board-certified *music therapist** with neurologic music therapy credentialing, which is especially appropriate in a facility treating individuals with TBI. The music therapist conducts both group and individual sessions. Service members are recommended by members of

the interdisciplinary team and by self-referral to receive individual music therapy sessions to address psychological health needs such as the reduction of anxiety, depression, and emotional expression.

Group sessions—During their time at the NICoE, each cohort receives one group music therapy session that addresses essential outcomes of music therapy for service members with mild traumatic brain injury and associated psychological health needs. Music is used to assist in sustained and divided attention; mood vectoring; reduction of anxiety, depression, and pain; and emotional exploration thereby leading to decreased difficult symptoms and improved satisfaction with life. The service members then shift from musical instrument exploration to new behavior exploration; change from focus on self-performance to group performance; and follow up the music making with a discussion regarding the process. These experiences provide opportunities to work toward aforementioned outcomes. The structured music therapy sessions allow for successful therapeutic processing using music among persons who have individual skills and abilities. Sessions are adapted to accommodate patients who have cognitive, behavioral, and emotional dysfunctions. All group sessions are audio recorded for the opportunity for retroactive analysis from participating service members.

Individual sessions—These sessions target the service member's individual stated needs. Service members typically receive an individual music therapy session during his or her second or third week. Most service members request music therapy services to learn how to play an instrument (e.g., guitar, piano), and the process of actively making music facilitates the therapeutic process. Individual sessions are recorded at the request of the service member; this most often occurs when they have expressed an inner feeling(s) related to the present state of their psychological health needs. After aspects of the music are organized, service members will request to record their work.

The state-of-the-art diagnostic and treatment facility can serve only 20 individuals per month. Because of the overwhelming need for services for service members with TBI, Honorary Chairman of the *Intrepid Fallen Heroes Fund* Arnold Fisher recently announced that nine additional NICoEs will be built at military bases across the country. In spring 2013, ground was broken at Camp Lejeune in Jacksonville, NC for the first of the new NICoEs.



Veterans hospitals

Because all VA hospitals include recreation therapy, that department is the usual port of entry for arts practitioners and arts organizations. However, as is the case in military treatment facilities, arts programming and creative arts therapy services are frequently initiated by other departments and grow organically within the institution.

Department of Veterans Affairs Annual Arts Competition and Festival—Each year, veterans have an opportunity to compete in a local creative arts competition. In 2012, the competition included 53 categories in the visual arts division and 120 categories in the performing arts pertaining to all aspects of music, dance, drama, as well as creative writing. A national selection committee chooses first-, second-, and third-place winners among all of the entries. Select winners attend the annual National Veterans Creative Arts Festival.

National Center for Creative Aging (NCCA) Washington, DC VA Medical Center Demonstration Project—NCCA has been working with the Community Living Center (CLC) to align the goals of an existing creative arts program with the CLC's overarching priorities, Veterans Health Administration directives, and the Planetree model of person-centered care. Activities to date include needs assessment; strategic planning; and an implementation plan stressing staff trainings, some at 2:00 a.m. to include the night shift, which covered several creative modalities for use with veterans and staff as caregivers. The project team created gallery space to exhibit veterans' and visiting artists' work and the replicated evidence-based arts in healthcare programs such as TimeSlips and engaging community artists and arts organizations to lead visual arts, story, and drama classes. A community Volunteer Corps and internship opportunities for arts and arts therapy students from local universities have been developed to build sustainability and grow the project for the long term.

From War to Home: Through the Veteran's Lens—In this new project, sponsored by VA Health Services Research & Development, combat veterans from Iraq and Afghanistan are given a camera and an assignment: "Take photographs to tell your story, to convey what it was like to be deployed, come home, get medical care, readjust to the world." This innovative participatory research method, called Photovoice, empowers individuals to convey their experiences, perspective, and needs through visual images and first person narratives. The project concludes with an exhibition of photos and accompanying quotes. From War to Home was successfully piloted at the

Philadelphia VA Medical Center in November 2012. Building a sense of connection, rapport, and trust among VA leadership, providers, staff, and veterans, while enabling clinicians to see illness and health through the veteran's eyes, are key elements of a patient-centered care model, an essential step to improving the equity and quality of care provided by the VA to returning veterans.

Community Settings

Arts programming and creative arts therapies in healthcare are flourishing in communities across the nation for service members and veterans and their families. Many of these programs or therapies are designed to address the transitions that individuals experience (e.g., children and family members adjusting to a loved one's deployment, veterans transitioning from military to civilian life).

ArtReach—Based in Georgia, but now extended into 16 other states, The ArtReach Model integrates multiple creative and expressive arts interventions in portable, cost-effective workshops led by a licensed and certified therapist. The program relies upon a Train-the-Trainer program that can build rapid expansion of programs through a community-based empowerment approach. A veteran is always included as a member of the training team.

Arts and Healing Retreats—Keene, NY's Creative Healing Connections program presents retreats for active duty and veteran women who are serving or have served in any branch of service at any time, military families, and for spouses or partners of those serving in the military. Their programs use the arts and nature to enrich a sense of self, build resiliency and a sense of community, provide tools for strengthening bonds and enhancing re-entry, and establish a network of future support.

Combat Paper Project—In papermaking workshops in art studios throughout the United States, veterans use their uniforms worn in combat to create cathartic works of art by reclaiming their uniforms as art and beginning to embrace their experiences in the military.

Dancing Well: The Soldier Project—This Kentucky-based program provides restorative community dance experiences to service members and veterans with PTSD and TBI. Through a dance experience uniquely tailored to the needs of service members, veterans, and their families, these individuals benefit from the powerful healing, bonding, and socialization offered by traditional music and dance.



“Deployed”—A theater director and an English teacher in Grand Forks, ND helped seventh- and eighth-grade students of deployed parents write and perform a play about their experiences.

NYU Veterans Writing Workshop—Founded and sustained by VSA’s Ambassador Jean Kennedy Smith, students from New York University Creative Writing Program lead weekly creative writing workshops for recent veterans of the wars in Iraq and Afghanistan.

Operation Oak Tree—A program of the Music Institute of Chicago’s Institute for Therapy through the Arts, Operation Oak Tree offers creative arts therapies services for military families throughout the cycle of deployment, such as during pre-mobilization and reintegration, and for families of fallen military personnel.

Operation Purple Family Retreats and Operation Purple Healing Adventures—The National Military Family Association’s specialized family camp experiences use the healing aspects of the outdoors in combination with Families Over Coming under Stress (FOCUS) arts and narrative-based activities to provide a prevention approach to resiliency skill-building and family normalizing.

VetCAT: A Veterans’ Creative Arts Therapy Program—VetCAT offers expressive and creative writing workshops and readings; art therapy and art skills workshops, open studios, and public art exhibits; action-oriented interventions through dance/movement therapy and performative dance/movement; and family-based activities and cultural engagement with the Chicago community at large.

Voices of Valor—Music for All Seasons’ eight-week program meets weekly at New Jersey’s Rutgers University in small groups of up to 10 veteran participants. A team of musicians and psychology graduate students work with veterans to create an original song, blending veterans’ personal stories into a collective work that they perform and record.

Educational settings

An educational institution is a vital component of the community for many veterans. Nearly 1 million Iraq- and Afghanistan-era veterans are taking advantage of the educational benefits under the new G.I. Bill (National Center for Veterans Analysis and Statistics, 2013). The Post-9/11 G.I. Bill, passed in 2008, pays full tuition for public colleges and universities and a national maximum rate for private schools. The bill also covers vocational training and contains a housing allowance and book stipend. In

the case of extended military service, unused benefits can be transferred to a spouse or children.

Art, writing, and other courses provide opportunities for veterans to process their experiences, yet certain course content, assignments, videos, or discussions might trigger painful memories and lead to emotional discomfort. Many educators have acknowledged that they are unprepared for students who have experienced war, combat, and other traumatic experiences that occur in the military. In response, forward-thinking institutions have developed special programs that serve both veterans and the individuals who teach them (Washington State Department of Veterans Affairs, 2009). Because the veteran’s search for deeper themes and purposes of life is often more complex than that confronting other students of the same age, educators often find veteran students to be the most interesting and growth-capable among all of their students.

Key Considerations in Practice

An increasing number of individuals and organizations are eager to offer arts programming and creative arts therapies in healthcare for the military. The following are some of the challenges in this area:

1. Limited funding is available for arts and health programming and services and only some of the creative arts therapies services are considered reimbursable.
2. No central database of programs exists to help avoid duplication of services, to facilitate collaboration, and to serve as a resource for others wishing to start arts in the military programming.
3. Although consistent preparation helps assure the qualifications of creative arts therapists, there has been limited focus on the specific knowledge, skills, and personal qualifications that are needed for artists and performers, and artists in healthcare, to work effectively in military healthcare settings.
4. Educational institutions are becoming places for veterans to reflect and process personal events as they seek a sense of community and collaboration without fear of reprisal; however, educators are often unprepared to receive such students.



2012 National Roundtable: Summary of Discussion about Practice 2013 National Summit

Roundtable participants stressed the need for arts and health experiences in the military to be *person-centered*,* *family-centered*,* and cover the entire lifespan.

1. **Person-centered**—Arts programming and services should be person-centered. People are the experts on themselves and their needs; the provider is merely a facilitator.
 - Programs or services are respectful of, and responsive to, individual preferences, needs, and values, and ensure that the person’s preferences and values guide all decisions.
 - Artists and performers, artists in healthcare, and creative arts therapists offer experiences at varying levels of engagement along a continuum—from distraction to stress reduction to pain relief to remembering a sense of self to regaining hope to transformation to reintegration— helping assure an individual, person-centered approach.
 - Arts programming and creative arts therapies recognize the importance of choice, empowerment, and engagement as keys to effective care and positive outcomes in social, emotional, and physical health.
 - Person-centered care should be viewed holistically and include spirituality and *relationship-centered care** in terms of context.
2. **Family-centered**—Medical care that addresses the whole family can result in better outcomes for both the patient and the other members of the family (see Figure 7). Family-centered arts programming and creative arts therapy services can enjoy similar results.
 - Two circumstances bring extreme stress and test the coping ability of even the most resilient families: *deployment* and *combat injury*.
 - The arts can help family members express painful thoughts and feelings that may be too difficult to put into words.
 - Having children create artwork to present to their injured parent can provide a reason for interaction, a strategy to bridge the gap.
 - Family members who participate in arts activities in a group session with other family members feel less isolated and receive the extra benefit of informal support from others in a similar situation.

FIGURE 7: Facts about Military Families

- The two-parent family is the norm.
- Members of the Armed Forces are more likely to be married than their civilian peers.
- A small percentage of these marriages, about 7 percent, are dual-military, with both husband and wife serving (Department of Defense, 2012).
- The average military family has two to three children; over half of these children are seven years of age or younger.
- Little is known about what unmarried and unpartnered service members consider family (e.g., family of origin, significant other, a pet).

From Department of Defense, 2012.

3. **Arts throughout the lifespan**—The arts should be available to service members, veterans, and their family members throughout their lifespan, including the continuum of military service.
 - Military service constitutes a major influence on the lifespan of service members and veterans.
 - A variety of common transitions, such as enlistment, training, or deployment, have an impact on individuals’ cognitive and behavioral outcomes.
 - The arts can be used to build resiliency pre-deployment and for the deployed, which includes strengthening the bonds of military families.
 - One of the most difficult experiences is the transition from military to civilian life.
 - The National Guard and the Reserves face special challenges, as their families do not live on a base and thus do not have the same support structure as the other military branches. The arts can be valuable in bridging issues of isolation. The Guard, which is typically more closely tied to the community than the other branches, is often much more accessible to community collaborations.
 - Arts programming and creative arts therapies need to consider that, although veterans share a unique culture, veterans from different wars might have had different experiences in battle or upon returning home that affect end-of-life care.
 - While stoicism is essential on the battlefield, when a veteran is facing illness and death, being “strong” and not allowing oneself to experience emotional pain can sometimes interfere with peaceful dying or effective bereavement.



- Some veterans have seen, or believe they have caused, trauma that still troubles them—a moral injury—and may need help exploring the possible need for forgiveness, which may facilitate inner peace.

2013 National Summit: Summary of Discussion about Practice

Summit participants brought forward many of the same practice issues that were discussed at the 2012 National Roundtable, such as the need for person-centered and family-centered programs and services. Five practice themes emerged from the day:

1. **Personnel**—Many comments involved personnel issues.
 - In addition to the notion that arts practitioners should be paid, some participants felt strongly that arts and health in the military will lack sure footing until military and veterans facilities fund the positions through government monies as opposed to “soft money” or grant funds.
 - The need for preparation for personnel working in healthcare settings was emphasized. Globally, very little formal training or education is available for professional artists wishing to work in healthcare settings (Moss & O’Neil, 2009).
 - Military caregivers (e.g., doctors, nurses, therapists) are also in need of participating in the arts to enhance their own wellness and to reduce the impact of stress and trauma.
2. **Veterans as facilitators/mentors**—Including veterans in planning and delivering arts programming whenever appropriate and possible is considered best practice.
 - Because veterans have “been there,” there is usually a level of comfort established quickly as participants see one of their own.
 - Veterans can role model and offer peer support.
 - There is a strong force among veterans to do things for each other.
 - Veterans of different ages (e.g., Vietnam era veterans and new veterans) could engage in intergenerational projects.
3. **Vietnam veterans**—The amount of healing that needs to happen in the Vietnam veteran generation is enormous.
 - As many Vietnam era veterans are nearing end-of-life, we were reminded that there is not a great deal of time for that healing to happen.
 - A national initiative could encourage dialogue between veterans, their families, peers, and the community.
4. **Quality programs and services**—Quality programs and services have several characteristics.
 - The person providing the services must have the appropriate knowledge, skills, experience, and if needed, certification, to meet the requirements of his or her job description.
 - Quality often depends upon the practitioner having what is needed to get the job done. This could mean an abundance of art supplies to offer many choices, appropriate space, and the ability to collaborate with professionals to design adaptive resources, such as a special prosthesis to give service members with missing limbs the opportunity to play a musical instrument.
 - Programs and services should be designed to address identified needs for the population being served.
 - Arts content should be top notch to enable individuals to be proud to be a part of arts programming.
 - Quality programs and services also honor the principles of *relationship-centered care*.*
5. **Challenges**—Several challenges were explored regarding barriers to providing programs and services for those in need.
 - There may be no arts and health programs or services available once service members or veterans leave treatment facilities and move on.
 - If there are community arts organizations available and eager to provide arts and health programs and services, they may lack the training and resources to do so effectively.
 - The process of identifying and contacting individuals and families who could benefit from arts and health programs and services is often difficult. This is especially a problem with families associated with the National Guard. In most instances, with no base or post in sight, they simply blend into the community.
 - Schools may be unaware that a child is from a military family with a parent overseas in harm’s way.
 - Artists and performers, artists in healthcare, and creative arts therapists are often challenged by the inability to follow up with children or other participants after often one-time community arts events. Unlike CATs who are affiliated with a military or veterans’ facility, community-based arts practitioners and CATs typically have no direct official contact with families; arrangements for the events are made through the military. Unfortunately, after establishing a great relationship with someone, privacy issues may restrict future contact.



- Continuity is crucial. Networking and streamlining of various creative arts therapies and arts programming could help facilitate referrals for service members to other programs and resources at their home base after discharge.

Summary

Arts and health programs and services are thriving in military treatment facilities, veterans hospitals, and communities across the nation, yet there remain many service members, veterans, their families, and caregivers who could benefit from such services but are not receiving them. Members of the National Guard and the Reserves and their families have special challenges as they lack the support structure that living on or near a military base would provide. Programs and services begin in a variety of ways and tend to grow organically as additional needs are identified. Including veterans in planning and delivering arts programming is considered best practice.



Service members in NICoE's Healing Arts program are encouraged to make and write about their masks in their first week as a way to process the identity struggles they may be facing. Most service members report that the act of making masks was their first foray into exploring themselves by exploring the arts, according to resident art therapist Melissa Walker. *Courtesy of NICoE.*



"This picture represents lots of things. First, the pain that other families go through; leaving parent, spouse, or child. This painting represents real problems, real painful things going on people don't know about. I struggle with the fact that I never got injured and I never died, but it happened so close to me...bullets, and rockets, IEDs...explosives so close. Why didn't I die? Why didn't I get injured? Part of me was confused about my fate and what my plans were for the future. What is my purpose in this life? Why didn't I just die? When I thought about it a long time, I thought I was being selfish, if I would have died, my wife and child would have really suffered. Things happen for a reason. I had an appreciation for those family members that did have to sacrifice, that always sacrifice when we deploy. This picture symbolizes the ultimate sacrifice made by the service member and his/her family."

Child with Flag. Courtesy of The Art Therapy Program at Naval Hospital Camp Lejeune (NHCL).



Veterans Writing Project (VWP) based in Washington, DC utilizes the healing power of narrative to give returning warriors and veterans the skills they need to capture their stories and to do so in an environment of mutual trust and respect. The cover of *O-Dark-Thirty* journal, Winter 2013, features cover art by Joe Olney. *Courtesy of VWP.*



Chapter 4

Policy

As with any initiative to create change, policies and strategies are needed to guide decisions to assure successful transformation. Developing policy requires research, analysis, and synthesis of information to produce recommendations. And, of course, it requires all of the sectors that will be affected by the policy to be part of the development process.

“Policy” has different meanings for individuals depending on their perspective and experiences. The vast diversity of participants in the National Initiative for Arts & Health in the Military calls for looking at policy through a broad lens, which includes a variety of actions and guidelines, formal or informal, that can be implemented, monitored, and measured.

This chapter begins with a discussion and examples of military policy initiatives followed by national and corporate initiatives. To conclude, summaries from the 2012 National Roundtable and 2013 National Summit on the matter of policy are provided.

Military Initiatives

Service members and veterans have indicated an interest in complementary and alternative medicine (CAM) approaches and an openness to try other new approaches. Creative arts therapies are considered part of CAM (Nobel, Rosal, Goodill, Snow, & Hunter (2012). Thus, several military initiatives hold promise for future policy to advance arts and health in the military.

Epidaurus Project—An initiative in holistic medicine with principles of patient-centered care and architecture that are applied at Walter Reed Bethesda, Fort Belvoir Community Hospital, and San Antonio Medical Center.

Memo from William Winkenwerder, MD—A 2007 memorandum for Commander, Naval Facilities Engineering Command and Commander, United States Army Corps of Engineers from the former Assistant Secretary of Defense for Health Affairs, William Winkenwerder, MD, that directed design teams to apply patient-centered and evidence-based design principles to all future medical construction projects.

Patient- and Family-Centered Care—Designated a strategic priority by the military for military and veterans’ healthcare.

Operation Live Well—U.S. Department of Defense’s new program that supports leading a healthy lifestyle, physically, mentally, socially, and spiritually.

VA/Department of Defense Clinical Practice Guidelines—Now include CAM approaches.

VA Office of Patient Centered Care and Cultural Transformation—Philosophy supports a holistic approach to care, promoting emotional, spiritual, psychological, social, and physical healing. The work of the Office aligns with the new strategic goals of the Veterans Health Administration (see below)

The **U.S. Department of Veterans Affairs’ Veterans Health Administration** recently declared its strategic priorities for 2014–2019. The number one priority is to provide *personalized, proactive, patient-driven healthcare*. The other two priorities—



align measurements and incentives and align resources—are both in support of priority one.

Promising opportunities for new and potential funding collaborations exist that can model or build upon these efforts. One such example might include designating funding through the **Department of Defense, TRICARE**, and the **U.S. Department of Veterans Affairs** for demonstration projects for veterans and active military to access cost-effective creative arts in healthcare treatment and programming (Americans for the Arts, 2012).

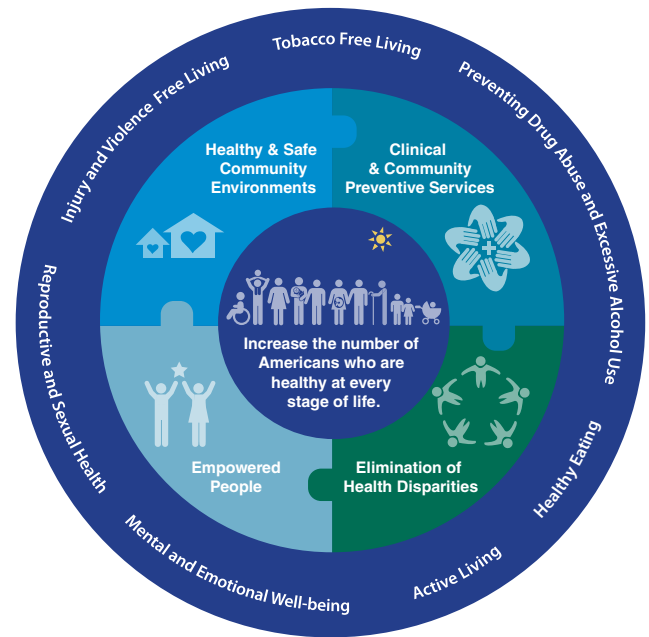
National Initiatives

There have been other positive federal policy developments—such as the Older Americans Act and various research activities within the Department of Health and Human Services—that affirm the value of the arts and creative arts therapies in healthcare. The newly established **NEA Arts and Human Development Interagency Task Force** has played a pivotal role in putting forth strategic recommendations to help remedy the specific challenges that exist in the area of research on the positive impacts on patient outcomes and healthcare savings with arts in healthcare interventions. Task force members include National Endowment for the Arts, Corporation for National and Community Service, U.S. Department of Education, U.S. Department of Health & Human Services, U.S. Department of Veterans Affairs, National Endowment for the Humanities, Institute of Medicine (consulting member), Institute of Museum & Library Services, National Science Foundation, and Walter Reed National Military Medical Center. Among their recommendations include highlighting evidence-based practices; organizing the distributions of funding opportunities; facilitating technical assistance support; and coordinating a research agenda. The value of this kind of interagency dialogue and collaboration is demonstrated through these federal agencies’ support of research on how the arts affect the health and well-being of individuals across the lifespan.

In June 2011, the **National Prevention Council** released the very first *National Prevention Strategy: America’s Plan for Better Health and Wellness*. The document sets forth effective evidence-based and achievable means for improving the health and well-being of all Americans at every stage of life, providing an unprecedented opportunity to prioritize prevention by integrating recommendations and actions across multiple settings to improve health and save lives. This Strategy envisions

FIGURE 8: Strategic Directions and Priorities of the National Prevention Strategy

From U.S. Department of Health and Human Services, Office of the Surgeon General



a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans. To realize this vision and achieve this goal, the Strategy identifies four Strategic Directions and seven targeted Priorities (see Figure 8). The National Prevention Strategy encourages partnerships among federal, state, tribal, local, and territorial governments; business, industry, and other private sector partners; philanthropic organizations; early learning centers, schools, colleges, and universities; community and faith-based organizations; and individuals and families to improve health through prevention.

Corporate Initiatives

Think tanks are taking a leading role in gathering and analyzing information valuable in informing the public and providing critical information for decision-makers setting policies for military programs and services. For example, in 2004, **The Henry J. Kaiser Foundation** conducted a survey with *The Washington Post* and Harvard University that examined the views of Army spouses and their experiences with military life, including experiences with deployment and attitudes toward re-enlistment, government, and the media.



The RAND Center for Military Health Policy Research is a unit of RAND, a nonprofit institution that helps improve policy and decision-making through research and analysis. The Center’s goal is to help the U.S. Department of Defense and Veterans Health Administration meet the challenges of providing the best care possible to this diverse population while containing costs. The Center has released comprehensive research reports on many facets of military health and well-being that provide useful resources for developing arts and health in the military policy for research and practice.

Key Considerations in Policy

Military policies must reflect arts programming and creative arts therapies services for the true integration of arts and health programming to occur. There are both challenges and opportunities.

1. The arts and health field and the military have limited knowledge of the existing military policies that might have relevance for the arts and of arts policies that could have relevance for the military.
2. No strategy exists for mutual collaboration in policy-making between the arts and health field and the military.
3. Positive federal policy developments in recent years have affirmed the value of arts and health.
4. Opportunities exist for new and potential funding collaborations.

2012 National Roundtable: Summary of Discussion about Policy

Roundtable participants identified promising opportunities for creative collaborations to inform policy to promote arts and health in the military. Policies addressing arts and health practitioners working in this field were considered. Participants also acknowledged the need to educate policymakers about arts and health; a greater understanding of the benefits of arts and health among policymakers is an essential step in moving the initiative forward.

1. **National security**—Stress adversely affects readiness, and military readiness is an enormous concern with implications for national security.
 - Stress is a part of military life from enlistment onward, not just post-trauma.

- How service members deal with stress before trauma determines outcomes after.
 - Arts interventions offer powerful tools for coping with stress. Thus, introducing the arts in the very beginning of the military continuum can help build coping mechanisms and resiliency to benefit individuals throughout their lifetime. Military service members can use these skills toward creating and repairing themselves and our communities, increasing our vitality and effectiveness (i.e., resiliency) as a nation.
 - Comprehensive military policies are in place to promote the physical, emotional, and overall health of the force. Policies that included arts “inoculation” at enlistment could go a long way toward assuring military readiness and a secure nation.
2. **Artists and Performers and Artists in Healthcare**—Recognizing that the first goal of professionals working in healthcare settings with vulnerable patient populations is “do no harm,” policies are needed concerning preparation for artists and performers, and artists in healthcare, who work in this field.
 - Military leaders and others who are considering introducing arts and health programming need assurance that the arts and health practitioners implementing the programming are qualified to provide services in this unique setting and with these populations.
 - In addition to general arts and health training, artists and performers, and artists in healthcare need specific orientation to working in military settings (e.g., military culture, sensitivity to military issues, common injuries, adapting for disabilities, family and staff issues).
 - Incentives, such as policies about payment for services, could help recruit artists and performers and artists in healthcare and would further establish arts and health work as a profession.
 - Policies are needed to establish the minimum level of training and the essential elements of that training, which might include a requirement for ongoing professional development or certification for artists, performers, and artists in healthcare in certain healthcare settings.
 - Often the definitions and roles of various arts practitioners in healthcare settings are misunderstood, misreported, and the lines become blurred. Although arts interventions may have implicit therapeutic value, arts and health practitioners who are not certified creative arts therapists are not “therapists” or doing “therapy.” It is important that arts interventions by creative arts therapists and arts programming by artists and performers, as well as artists in healthcare, are



clearly defined and categorized. Ongoing discussions amongst the continuum of creative arts therapists and arts practitioners—and defined position descriptions, policies, and procedures—will help with this clarification.

3. **Healthcare professional and allied health training**—Physician participants at the Roundtable lamented that they were not given tools in medical school to address the wounds of the soul, both the souls of their patients and their own souls. Other health professionals, such as nurses, would also agree that such content was lacking in their education as well.
 - Some medical and nursing schools now incorporate the arts, humanities, and mindfulness training into their curricula; however, typically these courses are elective.
 - Medical schools and nursing schools could establish policies for offering such courses as part of their curricula.
 - Physicians and nurses with an understanding of the benefits of arts and health can use the arts in their own work within their scope of practice and preparation or refer individuals to arts programs and creative arts therapists.
 - With appropriate training, nursing assistants who spend many hours with veterans in long-term care settings can use the arts within their scope of practice and preparation with these veterans to make that time meaningful.
 - Training that allows healthcare personnel to experience the arts can provide the basis for helping them understand ways they can use the arts for self-care, as well as for using it with others. Results could be a reduction of staff turnover and burnout.
4. **Scaling up**—Policies are needed to ensure that effective arts programming and services reach larger numbers of service members, veterans, their families, and staff.
 - One-size-fits-all strategies do not work across social and multicultural contexts; solutions must be tailored to context.
 - Bringing to scale for some projects might mean establishing a national network of projects reaching millions of people with their services; for others, it could mean establishing two or three similar efforts so that other communities in a small town have access to needed services.
 - Collaboration through partnerships and collective efforts can be an important key to scaling up. Progress is taking place at the NICoE, including new programming, creative arts therapies, and an ambitious research agenda, resulting from the National Endowment for the Arts partnerships with the Department of Defense and the U.S. Department of Health and Human Services.

- Therapy using technology incorporating the arts, such as the Internet-Based Expressive Writing project currently in clinical trials, could be created to address PTS and other health issues for a greater number of individuals.
5. **Messaging it right**—Messaging considers several distinct features.
 - Content must be tailored to the intended receiver. For the military leader, the message might stress the health of the force, military readiness, and national security. For the clinician, the focus might be on the person/patient-centered model and forward thinking—if you spend money now, you save money in the long term. For public/private policy leaders, brevity is key.
 - Understanding the culture of the targeted group (military, healthcare, arts, general civilian) is critical for learning to speak one another’s language to promote understanding and determining method(s) of dissemination.
 - Service members, veterans, and others—including civilians—who are potential recipients of arts and health services also need to be educated about how arts can be beneficial. Knowing the potential of the arts to be helpful in their lives can create a demand leading to policy development or reform.

2013 National Summit: Summary of Discussion about Policy

In addition to the topics discussed by Roundtable participants, Summit participants suggested new policy areas of concern:

1. **Scaling up**—A variety of activities can support development of policies for expanding the impact of the arts and health in the military.
 - Creating networks and consortiums among arts groups will facilitate presenting from a place of strength, with everyone speaking in one voice instead of individually.
 - Evidenced-based prototypical training models that are responsive to the authentic needs of the military exist and can be scaled up for broader impact.
 - A consideration for scaling up is the fact that often a high quality arts program is inherently the result of the passion, qualifications, and expertise of the specific individuals involved in it—a condition not easily replicable in all instances depending on the resources available.



2. **Military and veteran healthcare systems**—Policies within the military healthcare system can legitimize the field as an appropriate and integral part of quality healthcare.
 - Arts and health should be formally recognized as a part of military and veteran healthcare systems.
 - Policies should consider the most advantageous placement for arts and health programs and services within the system. Placement of creative arts therapists within physical therapy, occupational therapy, rehabilitation medicine, or behavioral health departments would allow them to be able to plan thoughtful interventions based on assessment that would be part of treatment plans. Ideally, arts and health programs should be established as a separate office working to support patient- and family-centered care, staff well-being, and transitioning the patient to post-medical center lives.
3. **Inclusion of families**—Adhering to the principles of family-centered care and systems theory, families should be involved in the development of any programs, policies, or practices that affect them.
4. **Falling through the cracks**—Formal and informal policies can prevent individuals who could benefit from arts and health services from falling through the cracks.
 - School systems, community organizations, and faith-based organizations should be involved in identifying families with deployed family members.
 - Communication policies and procedures can enable arts organization to more easily identify and follow up with participants.
5. **Federal legislation**—Congressional backing and legislative action is needed to provide a federal mandate for development and implementation of arts initiatives across the military continuum.

Summary

A number of military and national policy initiatives are already in place or are positioned for policy development. Valuable military and health-related corporate research initiatives exist that can help inform policy. Appropriate policies will legitimize arts and health in the military as an institution within the military healthcare system.



Rear Admiral Boris D. Lushniak, MD, MPH, Acting Surgeon General, U.S. Public Health Service, delivers the keynote address at the 2013 National Summit: Arts, Health and Well-being across the Military Continuum at Walter Reed Bethesda. *Courtesy of Walter Reed Bethesda.*



(L-R): Panelists Anita Boles, National Summit Planning Committee Chair; Dr. Mary Beth Bigley, Office of the U.S. Surgeon General; Dr. Tracy Gaudet, Veterans Health Administration; Theresa Buchanan, National Military Families Association; and Robert L. Lynch, Americans for the Arts explore key findings from the 2012 Arts & Health in the Military National Roundtable and opportunities for action with participants at the 2013 National Summit. *Courtesy of Walter Reed Bethesda.*



Conclusion

Choosing to Lead Together

The National Initiative for Arts & Health in the Military's three inspiring convenings delivered an enormous amount of input from military leaders, health leaders, arts leaders, and every category of stakeholder regarding the role the arts can play in meeting critical and challenging issues. We see evidence of a strong and significant role in addressing the needs of service members, veterans, families, and caregivers across the military continuum and across the lifespan.

As conversations began among a small group of arts, military, and healthcare leaders in the spring of 2010, the urgent and compelling needs of wounded service members from current conflicts determined the priority of focus. Learning and working in tandem, these leaders and other stakeholders discovered many other military issues that can benefit from an infusion of the arts. For example, military readiness is an enormous concern with implications for national security. Stress is a part of military life from enlistment onward, not just post-trauma. How service members deal with stress before trauma determines performance after. We know from research that the arts offer powerful tools for coping with stress. Thus, an introduction of the arts in the very beginning can help build coping mechanisms and resiliency to benefit individuals throughout their lifetime.

Brigadier General Nolen Bivens, U.S. Army, Ret., reminds us that the U.S. military faces critical challenges even when not involved in active combat. In his written testimony in support of FY 2011 appropriation for the National Endowment for the Arts, he conveyed to Congress that support for the arts and culture can improve our national security needs and provide a pathway to stronger cultural diplomacy and quality of life for our wounded service members and veterans transitioning into a civilian life (Bivens, 2010). In an era of asymmetric warfare—war between

belligerents whose relative military power or strategy or tactics differ significantly—success is about winning the hearts and minds of the people. He believes that the arts, through cultural diplomacy, can contribute substantially to this end:

The American arts community is a national asset and treasure with tremendous potential to contribute to the United States Government's ability to deal with the national security challenges it faces. Its arsenal of art forms and capabilities can be shared and exchanged as part of larger government and interagency activities designed to increase cultural understanding between all nations. The arts community can do this in a way other instruments of national power cannot—remember the universal language is music. (Bivens, 2010, p. 1)

And so, we again ask, is there an active, meaningful role for the arts and creative arts therapies in addressing critical issues across the military continuum? For the first time, this question is being addressed across military, government, and nonprofit sectors—and with a sense of urgency that now is the time to get something done. *Arts, Health and Well-Being across the Military Continuum—White Paper and Framing a National Plan for Action* is the culmination of past dialogues—and the next step in developing a plan for moving forward in collaboration and with intention.

We hope you will join us on this important journey.



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Appendices

APPENDIX A: Definitions

Artists and performers—visual artists, designers, photographers, filmmakers, poets, musicians, dancers, actors, storytellers—use the arts to provide arts instruction, educate about the arts, and/or document life experiences for enjoyment, distraction, relaxation, inspiration, and to build morale and community and social networks and/or to transform the environment of care. Examples of their work include solo and ensemble performances, creation of murals and/or artwork for *wayfinding*,* artist enhancement of health education materials, sketching or photographing patients and families, art exhibitions, interactive art installations, and artist workshops and short-term residencies. They must be trained in, skilled at, or proficient in the arts modalities used and at minimum require an arts in healthcare program and facility orientation, plus appropriate supervision and debriefing opportunities during the course of their work. Even if they are paid for their services, artists and performers working more frequently may be required to complete standard volunteer training for its foundational content and other relevant, available training modules. These practitioners usually work with the general population in public areas (e.g., atria, classrooms, conference rooms, outdoor spaces, such as gardens), unless accompanied by a supervising clinician to work in select areas such as outpatient waiting areas or treatment bays.

Artists in healthcare—artists and performers, often with diverse experience and educational backgrounds in related fields, who have pursued specialized arts and health training that typically includes general arts and health training, site-specific orientation, and other relevant training modules. They, too, are trained in, skilled at, or proficient in, the arts modalities used—often they are professional in their artistic discipline. Preparation includes a supervised experiential component to promote competency when facilitating arts experiences or engagement as part of an arts mentoring relationship. Increasingly, colleges and universities (e.g., Montgomery College, University of Buffalo, University of Florida, University of Oregon) have joined arts organizations (e.g., ArtStream, Smith Center for Healing and the Arts, The Creative Center) and

healthcare institutions (e.g., Georgetown University Hospital's 20-year-old Studio G Artists-in-Residence Program, in which a component of the training is presented by an art therapist) in providing appropriate coursework for artists in healthcare. Through its College of Fine Arts, the University of Florida has a program in Arts in Healthcare for undergraduate and graduate students and will soon offer a graduate degree in Arts and Healthcare. These professionals in the growing field of arts and health practice are also committed to ongoing professional development and supervision in the field. Although they may work in the capacities named above for artists and performers, their training and experience also permits them to facilitate arts experiences with inpatients, families, and caregivers in varied units and at bedside. Artists in healthcare may also be referred to as artists in residence (or AIRs), because they often work within long-term or ongoing artists-in-residence programs. Because the healing aspects of arts experiences these practitioners facilitate are implicit and secondary (whereas they are explicit and primary for creative arts therapists), artists in healthcare are trained to be careful to work within their skill set and respect the boundaries between their practice and that of creative arts therapists. Artists in residence work independently, through hospital-run arts and healing programs, or increasingly are brought into hospital settings by nonprofit community organizations that provide training and supervision.

Arts—Many definitions of the arts exist. According to the legislation the U.S. Congress used to establish the National Endowment for the Arts and National Endowment for the Humanities in 1965, the term “arts” includes, but is not limited to, music (instrumental and vocal), dance, drama, folk art, creative writing, architecture and allied fields, painting, sculpture, photography, graphic and craft arts, industrial design, costume and fashion design, motion pictures, television, radio, film, video, tape and sound recording, the arts related to the presentation, performance, execution, and exhibition of such major art forms, all those traditional arts practiced by the diverse people of this country, and the study and application of the arts to the human environment (National Foundation on the Arts and the Humanities Act: 20 U.S.C. 952 (b), 1965).

Arts-informed research—A blending of arts and scholarship for two purposes: to add depth of knowledge to scientific precision and to create meaningful bonds between the members of academic institutions and patients, families, and the community.

Art therapy—A human service profession in which clients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem. Art therapy practice is grounded in the knowledge of human development, psychological theories, and counseling techniques. Art therapy is an effective treatment for persons experiencing developmental, medical, educational, and social or psychological impairment. A goal in art therapy is to improve or restore the client's functioning and his/her sense of personal well-being. Art therapy is practiced in mental health, rehabilitation, medical, educational, and forensic settings with diverse client populations in individual, couples, family, and group therapy formats. A master's degree is required for entry level practice in art therapy. The American Art Therapy Association, Inc. (AATA), a membership and advocacy organization, establishes minimum educational and professional standards for the profession.

Creative arts therapists (CATs)—These arts practitioners are highly trained arts and health professionals who use the wide range of arts modalities and creative processes to enhance self-awareness; foster health communication and expression; promote the integration of physical, emotional, cognitive, and social functioning; and facilitate behavioral and personal change (National Coalition of Creative Arts Therapies Associations, n.d.). CATs intentionally address specific therapeutic needs identified for patients or clients. Creative arts therapies involve a systematic process that includes assessment, treatment, and evaluation. CATs are fully trained as artists and therapists, have completed an approved training program at the undergraduate or graduate level, and may be board-certified, registered, and/or licensed by their corresponding creative therapy certification board. They practice in compliance with discipline-specific clinical practice standards and codes of ethics, and are committed to meeting continuing education requirements to maintain professional credentials. CATs may work with a spectrum of inpatient and outpatient populations, families, and other client groups. Through their role as clinicians on the treatment team, CATs can access and chart goals and outcomes of sessions in patient record systems.

Dance/movement therapy—The psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual. According to the American Dance Therapy Association, body movement, as the core component of dance, simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy. Based on the empirically supported premise that the body, mind, and spirit are interconnected, dance/movement therapy has the following characteristics:

1. Focused on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are all considered for group and individual treatment.
2. Practiced in mental health, rehabilitation, medical, educational, and forensic settings, as well as in nursing homes, day care centers, disease prevention, health promotion programs, and in private practice.
3. Effective for individuals with developmental, medical, social, physical and psychological impairments.
4. Used with people of all ages, races, and ethnic backgrounds in individual, couples, family and group therapy formats.

There are two levels of credentialing for dance/movement therapists conferred by the Dance/Movement Therapy Certification Board: The **Registered-Dance/Movement Therapist (R-DMT)** represents attainment of a basic level of competence, signifying both the first level of entry into the profession and the individual's preparedness for employment as a dance/movement therapist within a clinical and/or educational setting. The **Board Certified Dance/Movement Therapist (BC-DMT)** credential can be obtained after the R-DMT is awarded, with additional requirements and experience. BC-DMT is the advanced level of dance/movement therapy practice, signifying both the second level of competence for the profession and the individual's preparedness to provide training and supervision in dance/movement therapy as well as engage in private practice.

Drama therapy—The intentional use of drama and/or theater processes to achieve therapeutic goals. Drama therapy is active and experiential. This approach can provide the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced. Participants can expand their repertoire of dramatic roles to find that their own life roles have been strengthened. A **Registered**

Drama Therapist (RDT) is a master's level credential requiring coursework in psychology and drama therapy, experience in theater, and supervised internship and work experience. RDTs are board certified in the practice of drama therapy and follow the NADTA Code of Ethics. The RDT is granted by the North American Drama Therapy Association and indicates that one has met the educational requirements and achieved competency in the practice of drama therapy (North American Drama Therapy Association, 2013).

Family-centered care (FCC)—Care that recognizes the central role of the family, however defined by its members, in the health of its members. Family-centered care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions, and expertise that everyone brings to this relationship. Family-centered care is the standard of practice that results in high quality services.

Health—a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Human development—A complex web of factors affecting the health and well-being of individuals across the lifespan. It is increasingly recognized that there is a need for strategies and interventions that address the “whole person.”

Military continuum—The National Initiative for Arts & Health in the Military defines this continuum as (a) pre-deployment/active duty, (b) re-entry/reintegration, (c) veterans/VA and community systems, (d) late-life veteran care, and (e) families/caregivers.

Music therapy—The clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapy is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals. After assessing the strengths and needs of each client, the qualified music therapist indicates and provides the indicated treatment including creating, singing, moving to, and/or listening to music. Through musical involvement in the therapeutic context, clients' abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communication that can be helpful to those who find it difficult to express themselves in words. Research in music therapy supports its effectiveness in many areas such as: overall physical rehabilitation and facilitating

movement, increasing people's motivation to become engaged in their treatment, providing emotional support for clients and their families, and providing an outlet for expression of feelings. A professional music therapist holds a bachelor's degree or higher in music therapy from one of more than 70 American Music Therapy Association (AMTA)-approved college and university programs. In addition to the academic coursework, the bachelor's degree requires 1,200 hours of clinical training, including a supervised internship. Graduate degrees in music therapy focus on advanced clinical practice and research. Upon completion of the bachelor's degree, music therapists are eligible to sit for the national board certification exam to obtain the credential **MT-BC (Music Therapist - Board Certified)**, which is necessary for professional practice. The credential MT-BC is granted by a separate, accredited organization, the Certification Board for Music Therapists (CBMT), to identify music therapists who have demonstrated the knowledge, skills, and abilities necessary to practice at the current level of the profession. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals. In addition, music therapists who currently hold the professional designations of **Advanced Certified Music Therapist (ACMT), Certified Music Therapist (CMT), or Registered Music Therapist (RMT)** are listed on the National Music Therapy Registry (NMTR) and are qualified to practice music therapy.

Neuroplasticity—The central nervous system's capacity for reorganization and adaptation throughout the lifespan, including post-injury.

Person-centered care (PCC)—Care or treatment that is based on the goals of the individual being supported, as opposed to the goals of the system or as defined by a doctor or other professional.

Poetry therapy—A holistic approach that respects the various links of wellness, with its attentiveness to body, mind, and spirit. Poetry therapy has been practiced in the United States since Pennsylvania Hospital instituted creative writing as a treatment modality more than 200 years ago. Poetry therapy is widely practiced in a variety of diverse settings with various populations. It may be used as a primary therapy or an ancillary therapy. A trained poetry therapist actively engages people to identify issues and express feelings and empowers clients to transform life issues through the use of the language arts. Incorporated in 1983, the National Federation for Biblio/Poetry Therapy sets standards of excellence in the training and credentialing of practitioners

in the field of biblio/poetry therapy and authorizes qualified individuals to practice as mentor/supervisors. **Certified Applied Poetry Facilitator (CAPF), Certified Poetry Therapist (CPT),** or **Registered Poetry Therapist (PTR)** have all been trained in an area of specialty and are employed in such established occupations as social work, psychotherapy, psychiatric nursing, library science, education, ministry, and rehabilitation (National Association for Poetry Therapy, 2013).

Post-traumatic growth—Positive psychological change experienced as a result of the struggle with highly challenging life circumstances. A review of the literature suggests that an estimated 45–90 percent of individuals who experience trauma report positive gains (McMillen, 1999). Commonly reported changes are for the individual to value the smaller things in life more and to consider important changes in religious, spiritual, and existential components of philosophies of life (Tedeschi & Calhoun, 2004).

Post-traumatic Stress Disorder (PTSD) and Post-traumatic Stress (PTS)—A psychological reaction that occurs after experiencing a highly stressful event (e.g., wartime combat, physical violence, natural disaster) which challenges a person's innate coping mechanisms. It is characterized by symptoms which lead one to re-experience aspects of the event, to avoid aspects of the event, and/or to be in a state of hyperarousal. Physiological symptoms associated with the traumatic exposure can include flashbacks, recurrent nightmares, hypervigilance, irritability, disrupted sleep and avoidance by emotional numbing and/or the avoidance of talking about the event. In 2013, the American Psychiatric Association (APA) moved PTSD from the class of anxiety disorders into a new class of “trauma and stressor-related disorders” and added three new symptoms: persistent and distorted blame of self or others, persistent negative emotional state, and reckless or destructive behavior (APA, 2013) PTS is a term often used by the military to refer to the presence of symptoms without a formal diagnosis of PTSD since it is believed that the use of “disorder” to describe the condition prevents many military service members from seeking help.

Psychodrama—Guided dramatic action to examine problems or issues raised by an individual (psychodrama) or a group (sociodrama). Conceived and developed by Jacob L. Moreno, MD, psychodrama uses experiential methods, sociometry, role theory, and group dynamics. Psychodrama facilitates insight, personal growth, and integration on cognitive, affective, and behavioral levels. It clarifies issues, increases physical and emotional well-

being, enhances learning, and develops new skills. Psychodrama affords participants a safe, supportive environment in which to practice new and more effective roles and behaviors (American Society of Group Psychotherapy and Psychodrama, 2013).

Relationship-centered care (RCC)—Care in which all participants appreciate the importance of their relationships with one another. RCC recognizes that the nature and quality of relationships are central to healthcare and the broader healthcare system.

Sociodrama—An action method in which individuals enact an agreed upon social situation spontaneously. Basing itself on the premise of shared experience, a sociodrama group might seek to define a problem members would like to solve or find a situation in which they would like to gain greater understanding. The participants volunteer or are assigned roles by the director of the sociodrama. After every enactment, there is a sharing in which group members discuss the enactment, the solutions or ideas it presented, and sometimes generate new materials for future sociodramatic clarifications. The sharing is a time to begin to process and integrate what has taken place moments before in action. Sociodrama, with its action/reflection components, speaks to both sides of the brain. It is a kinesthetic, intuitive, and cognitive educational technique.

Traumatic Brain Injury (TBI)—A traumatically induced structural injury or physiological disruption of brain function as a result of an external force that is indicated by any period of loss of consciousness, alteration of consciousness/mental status, posttraumatic amnesia, neurological deficits that may or may not be transient, or intracranial lesion. External forces may include any of the following: blunt force trauma to the head, acceleration/ deceleration movement without direct external trauma to the head, a foreign body penetrating the brain, or forces generating from an explosion or blast.

Translational research—Scientific research that helps to make findings from basic science useful for practical applications that enhance human health and well-being.

Wayfinding—The art of using landmarks, signage, pathways, and environmental cues to help visitors navigate and experience a site without confusion.

Well-being—a good or satisfactory state of existence.

APPENDIX B: Arts & Health In The Military National Roundtable—Participants

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APPENDIX C: Suggested Activities To Address Recommendations

As part of the agenda for the 2013 National Summit: Arts, Health, and Well-being across the Military Continuum afternoon break-out sessions, participants and their session facilitators were given the charge to suggest activities that would advance the areas of research, practice, and policy and provide additional insights into what participants felt would be important considerations and areas of action for the National Initiative to undertake in the future. The following section summarizes the suggestions that were given at the conclusion of the Summit.

Suggested Activities to Address Research Recommendations

1. Support a broad research agenda.

- ✓ *Design large research studies using broad-based healthcare systems in later life, including the VA hospitals and hospice.*
- ✓ *Encourage research beyond individual assessments to those that have an impact on families, caregivers, and systems of healthcare of later life veterans.*
- ✓ *Develop research protocols to demonstrate the measurable outcomes of programs that impact families and caregivers.*
- ✓ *Develop robust framework of evaluation (theory, implementation, science, etc.).*
- ✓ *Conduct more research to test efficacy for arts practices.*
- ✓ *Encourage arts practitioners to work with facility researcher for evaluation and research on arts programs.*
- ✓ *Design research through a collaborative approach with artists and performers, artists in healthcare, creative arts therapists, researchers, and military personnel.*

2. Seek research opportunities to link to others beyond the fields of arts, health, and the military.

- ✓ *Encourage translational research* ensuring results are translated across continuums of care.*
- ✓ *Encourage the military to partner with community arts organizations to measure the impact of arts participation.*
- ✓ *Ensure that all parts of families (however they are defined) are included in research on service members.*

3. Establish a central research depository.

- ✓ *Identify a site to host an online research database.*

4. Conduct a needs assessment and benchmark research.

- ✓ *Create surveys for military and veteran healthcare facilities, artists and performers, artists in healthcare, creative arts therapists, and national and community arts organizations.*

Suggested Activities to Address Practice Recommendations

1. **Develop training programs for artists and performers, artists in healthcare, and healthcare providers.**
 - ✓ *Become fluent with the various cultures of the military participants that practitioners are working with to enable deeper and more sustained engagement.*
 - ✓ *Encourage collaboration of creative arts therapists and artists in healthcare with clinical researchers.*
 - ✓ *Encourage arts practitioners to work collaboratively with professionals in military facilities to design adaptive resources.*
 - ✓ *Encourage arts practitioners to work collaboratively with the patient's plan of care.*
 - ✓ *Consider arts interventions across modalities and inter-professionally.*
 - ✓ *Pursue intergenerational arts programming across eras and cross culturally.*
 - ✓ *Talk about person-centered care holistically, including spirituality and relationship-centered care in terms of context.*
 - ✓ *Consider Uniformed Services University or online teaching courses to familiarize civilian educators with military issues.*
2. **Incorporate family-centered arts programming at all stages of military service and beyond.**
 - ✓ *Include a broad definition of families, including multiple generations, in arts programming and services.*
3. **Engage artists and performers, artists in healthcare, and arts organizations at the grassroots level.**
 - ✓ *Increase clinician awareness of the benefits of the creative arts therapies, arts, and humanities in health and well-being.*
 - ✓ *Increase number of artists and performers, artists in healthcare, and creative arts therapists throughout the VA system (starting with demonstration projects).*
 - ✓ *Leverage creative arts therapists, artists and performers, and artists in healthcare as change agents in transforming the delivery and experience of healthcare for veterans, families, caregivers, and their communities.*
 - ✓ *Promote leadership roles in this initiative for artists and performers, artists in healthcare, and creative arts therapists.*
4. **Establish an online presence to promote information sharing, collaboration, and samplings of interactive arts experiences.**
 - ✓ *Create a national initiative, led by an existing umbrella organization, to serve as a clearinghouse for programs and dissemination of information.*
 - ✓ *Share best practices.*
5. **Get the word out.**
 - ✓ *Pursue the arts as part of all national veterans' initiatives such as We Honor Veterans and the Veterans History Project.*

Suggested Activities to Address Policy Recommendations

1. **Promote the inclusion of the arts and creative arts therapies in national health and military strategic agency and department plans and interagency initiatives.**
 - ✓ *Strengthen relationships between the VA health system and community organizations to facilitate communication, collaboration, and education about funding opportunities.*
 - ✓ *Involve families in the development of any programs, policies, or practices that affect them.*
2. **Promote increased interagency and private sector support and expedite funding for research.**
 - ✓ *Funding needs to be available to develop and replicate evidence-based programs.*
3. **Increase policies that provide for the support of creative arts therapists within the Department of Defense and Veterans Administration.**
 - ✓ *Have creative arts therapists in every military hospital (as government job).*
 - ✓ *Promote the concept of arts practitioners as government employees.*
 - ✓ *Move creative arts therapies out from under umbrella of Recreational Services into umbrella of Physical Medicine and Rehabilitation Services (PM & RS).*
 - ✓ *Expand creative arts therapies to other areas in the VA (e.g., outpatient mental health clinic, pain clinic).*
 - ✓ *Establish communication procedures that enable arts organizations to more easily follow up with participants.*
4. **Encourage increased public and private sector funding for program development, implementation, and evaluation, and bringing successful programs to scale.**
 - ✓ *Identify prototypical training models responsive to authentic needs of the military and scale them up for broader impact.*
 - ✓ *Launch education campaigns about arts and health on military posts and bases.*
5. **Delineate an “Arts & Health in the Military” continuum of services, including the use of creative arts therapies, therapeutic arts, and arts for educational and expressive purposes.**
 - ✓ *Develop educational materials for the military and arts community.*
6. **Recognize that artists and performers and artists in healthcare rendering these services are valued professionals.**
 - ✓ *Promote artists in healthcare certification.*
 - ✓ *Encourage payment for artists’ and performers’ and artists in healthcare’s services.*
7. **Support bringing together local arts communities with service members, veterans, and their families.**
 - ✓ *Leverage policy that makes it easier to facilitate engagement with arts organizations in the community.*
 - ✓ *School systems, community organizations, and faith-based organizations should be involved in identifying children with deployed family members.*
8. **Speak in one voice.**
 - ✓ *Create a national campaign to better serve Vietnam veterans and their families through the arts.*
 - ✓ *Initiate educational policy that would encourage co-creation of clinical and arts-based projects in later life veterans.*
 - ✓ *Encourage partnerships with educational institutions and groups targeting issues such as substance abuse, unemployment, and homelessness.*



Acknowledgements

Americans for the Arts wishes to thank the David Rockefeller Fund for its generous support of this publication and the following individuals and organizations for their integral participation in its production:

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