ART THERAPY FOR MILITARY VETERANS WITH PTSD

A TRANSATLANTIC STUDY

Report by Janice Lobban

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The front cover features a painting by a Combat Stress veteran created during an art therapy group at Tyrwhitt House, Surrey, UK
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My special thanks go to all the US veterans and serving military personnel I met during my Fellowship who allowed me to observe their sessions, and who were willing to share with me their thoughts about art therapy. I was moved by the images and poems they created and it reinforced the importance of trying to make this form of treatment routinely available in the UK.
So when I returned I resolved to hide my affiliation.

I threw away my uniforms and all evidence of association.

It took me almost 40 years to speak about my military role.

Now to get veterans proper recognition has become a primary goal.

(Henningson, 2015)
Executive summary

Art therapy is gaining increasing attention as a treatment for psychological injuries associated with military service such as Post Traumatic Stress Disorder (PTSD). Studies suggest that it can benefit those who might not be able to engage in a purely verbal treatment approach. Current research with veterans in the US is providing evidence of better outcomes from a combination of cognitive processing therapy and art therapy than from cognitive processing therapy alone. In addition, neuroscience suggests that art therapy can assist recovery on a structural level. Imaging technology and biological indicators are being used to gather empirical evidence that offers an alternative to self-report measures and narratives, which have previously formed the substance of art therapy research.

There is also evidence of increasing numbers of veterans who are seeking help for mental health problems. This seems likely to continue over the forthcoming years and highlights the need to develop effective treatments to meet this demand.

In the UK, although art therapy is a core treatment provided by the veterans’ mental health charity Combat Stress, it is not available as part of National Health Service (NHS) Specialist Veteran Services or Defence Medical Services. By contrast, in the US, art therapy has gained recognition as a treatment in the military context and is available at many of the US Department of Veteran Affairs Healthcare Systems and at the National Intrepid Center of Excellence (NICOE), Walter Reed National Military Medical Center. I therefore spent six weeks visiting sites across the US, gathering evidence of the benefits of art therapy within military mental health provision with the aim of strengthening understanding and informing development in the UK.

Findings reveal that in the US, policy recommendations have promoted the inclusion of creative arts therapies within healthcare teams across the military continuum from pre-deployment/active duty status to post-deployment reintegration and veteran status. US art therapists have therefore been able to devise innovative programmes to treat a range of mental health problems including PTSD. Outcomes include: symptom reduction; resilience building; increased insight; reduction of social isolation; enhanced coping; stimulation of positive emotions.

Recommendations

- Art therapy to be offered as a treatment option within NHS Specialist Veteran Services.
- Art therapy to be introduced within Defence Medical Services Rehabilitation.
- Public and private sector agencies to be offered incentives to work in partnership with NHS Specialist Veteran Services and Defence Medical Services to enable the introduction of arts therapies programmes.
- Collaboration and partnership to be encouraged to foster innovations in practice and research.
- Investment to be made in research to consolidate the evidence base for art therapy in the military context that will encourage service commissioning.
Personal profile

Life’s twists and turns can lead one into the most interesting, uncharted waters. After early careers in art-related work, I trained as an art therapist. Initially I was employed at a neuro-rehabilitation hospital for people who had sustained traumatic brain injuries or had strokes. However, on 11th September 2001 (now often known as 9/11), I went for a job interview at the ex-services charity Combat Stress. I was offered the job and became the first art therapist employed by the organisation. I had a lot to learn about veterans but I have had the best teachers of all – the veterans themselves. The impact of 9/11 was felt at Combat Stress as the war on terror led to many subsequent treatment referrals. It has been my privilege to work with many of those veterans.

Currently, I am Senior Art Psychotherapist at Combat Stress. I have written some papers on art therapy with veterans which are referenced at the end of this study. I lecture regularly on the British Association of Art Therapists foundation course and I am editing a book on art therapy with veterans which will be published in 2017.

Figure 2 I began my Fellowship at VA Palo Alto, Menlo Park Campus on Memorial Day 30th May 2016
Abbreviations and glossary


**Art therapy**: “Art therapy is a form of psychotherapy that uses art media as its primary mode of expression and communication” (“What is art therapy?”, 2016). The professional discipline of art therapy encompasses a range of treatment approaches according the context.

BAAT: British Association of Art Therapists.

CAT: Creative Arts Therapist.

**Combat Stress**: UK’s leading veterans’ mental health charity, providing free specialist multi-disciplinary clinical treatment and welfare support across the UK.

CPT: Cognitive Processing Therapy.

EEG: Electroencephalograph. Machine used to record electrical brain activity.

EMDR: Eye Movement Desensitisation and Reprocessing.

NHS: National Health Service.


**NICoE**: National Intrepid Center of Excellence, Walter Reed National Medical Center, Bethesda, MD, US.


OT: Occupational Therapy.

PTSD: Post Traumatic Stress Disorder.

SNS: Sympathetic Nervous System.

**TFCBT**: Trauma Focused Cognitive Behavioural Therapy.

VA: US Department of Veterans Affairs.

**VetCAT**: Veterans’ Creative Arts Therapy.

WCMT: Winston Churchill Memorial Trust.
List of Figures

Figure 1: Photomontage of US art therapy studios visited during the Fellowship, and the VA motto.

Figure 2: VA Palo Alto, Menlo Park Campus on Memorial Day 30th May 2016.

Figure 3: VA Jesse Brown Medical Center, Chicago.

Figure 4: Patrick Morrissey, Art Therapist at Jesse Brown VA, Chicago.

Figure 5: NICoE, Walter Reed National Military Medical Center, Bethesda, Maryland.

Figure 6: A mask made in art therapy at NICoE.

Figure 7: Menlo Park Welcome Center shared art therapy space.

Figure 8: Art therapy studio at NICoE displaying some masks made during sessions.

Figure 9: Tien Gerrodette, Art Therapist at VA Palo Alto, Menlo Park Division.

Figure 10: An information board made by Lisa Giovannetti, Art Therapist at VA Palo Alto and Menlo Park.

Figure 11: The Art Therapy PTSD Group at Giant Steps, VA Connecticut Healthcare System.

Figure 12: Clay self-portrait made by a Combat Stress veteran.

Figure 13: Mask made by a serving military member at NICoE.

Figure 14: NY Harbor VA multi-modal workshop with veterans and Art Therapists Melanie Zarabi, Janice Lobban, and Kylene Kasch.

Figure 15: NY Harbor VA veteran’s image symbolising overcoming adversity, and post traumatic growth.

Figure 16: NY Harbor VA veteran’s image symbolising the release of suppressed feelings.

Figure 17: Combat Stress veteran’s art therapy image of natural human responses under threat.

Figure 18: Suellen Semekoski with work produced in response to fractal imagery.

Figure 19: Personal shield made by Combat Stress veteran in the UK.

Figure 20: Personal shield made by NY Harbor VA veteran in the US.

Figure 21: NICoE: Janice Lobban with Art Therapists Adrienne Stamper (intern), Jessica Gada and Melissa Walker, Healing Arts Program Director.

Figure 22: Giant Steps PTSD Group veterans with Art Therapists Kim Heil and Laura Spinelli, Program Director; and interns Nina and Maddie.


Introduction

Background

In 2011, an art therapy group at the UK veterans’ mental health charity Combat Stress was filmed and subsequently broadcast as part of a BBC2 Culture Show Special on Remembrance Day that year. It was entitled Art for Heroes and it spotlighted the benefits of art therapy for veterans (McArdle, 2011). In preparation for the documentary, BBC researchers tried to find art therapists working specifically with veterans in the UK. They were only able to find me. Although there may have been art therapists working with individual veterans within others services such as substance misuse, homelessness or the Prison Service, there were not any other veteran specialists. They had to look to the US to further the documentary, so they interviewed Dr Lukasz Konopka, a Clinical Neuroscientist based in Chicago, and filmed at the National Veterans Art Museum, also in Chicago. So although there was media recognition that art therapy could be useful for veterans, and perhaps an assumption that it was a widespread treatment option, in practice it was not generally available for veterans in the UK.

Also in 2011, the UK Armed Forces Act revised the Military Covenant as a result of the Government’s paper Fighting Fit (Murrison, 2010). This resulted in establishing regional NHS Specialist Veteran Mental Health Services. Currently, the models used in different geographical areas are not standardised, so some offer clinical interventions whereas others might focus on awareness training or signposting to other services. With new contracts imminent, there is an opportunity to develop future services (“NHS England to ask military veterans how to improve mental health services”, 2016).

In 2013, Combat Stress decided to invest in and develop its art therapy service and employed two more art therapists, so that art therapy would be available at all three of its treatment centres across the UK. We began focusing on research and service development. Treatment pathways were explored. It was suggested that if ex-services personnel had benefitted from art therapy during rehabilitation before leaving the Forces, they might be referred for art therapy at Combat Stress. Or, after treatment at Combat Stress, veterans might be referred on for art therapy with their local NHS Specialist Veteran Mental Health Services. However, in October 2015 research confirmed that no art therapy was available either within Defence Medical Services or NHS Specialist Veteran Services.

Further research revealed that in the US, art therapy is available for veterans at many of its Department of Veterans Affairs (VA) Healthcare Systems. The VA is the largest integrated healthcare provider in the US. The Veterans Health Administration (VHA) is one branch of the VA, the others being the Veterans Benefits Administration and the National Cemetery Association. Within the VHA, areas are broken down into Healthcare Systems whereby several medical centres and clinics work together (“Veterans Health Administration”, 2016).

Art therapy is also provided for serving military members at the National Intrepid Center of Excellence (NICoE), Walter Reed National Military Medical Center, Bethesda, Maryland, and at its satellite, Intrepid Spirit One, Fort Belvoir Community Hospital, Virginia. As our allies, the US has deployed troops in the...
same conflicts as the UK, such as in Iraq and Afghanistan, so the psychological injuries sustained are comparable, and therefore treatment comparison is appropriate.

Research studies suggest that art therapy is a promising treatment for veterans with PTSD (Collie, Backos, Malchiodi & Spiegel, 2006; Lobban, 2014; Lobban, 2016; Walker, Kaimal, Koffman & DeGraba, 2016; Palmer, Hill, Lobban & Murphy, in press). The American Psychiatric Association diagnostic criteria for PTSD are currently in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). The diagnosis comprises:

- **Criterion A** - a stressor event involving exposure to death/threatened death, serious injury or sexual violation. This results in four clusters of symptoms. The presence of one or more of the symptoms from Criterion B to E is necessary to meet the diagnosis.
- **Criterion B** - intrusive symptoms such as recurrent, involuntary memories, flashbacks or nightmares of the event.
- **Criterion C** - avoidance symptoms. This might be avoidance of external reminders of the trauma such as places or situations, or internal reminders such as thoughts or feelings.
- **Criterion D** - negative alterations in cognitions or mood. This might be persistent negative, distorted views about oneself; feeling alienated from others; or the inability to experience positive emotions.
- **Criterion E** - alterations in arousal and reactivity which might manifest in hyper-vigilance, exaggerated startle response or self-destructive behaviour.
- **Criterion F** - relates to duration of the symptoms which has to have been for more than one month.
- **Criterion G** - there has to be significant functional impairment or symptom-related distress in order to receive the diagnosis.

Verbal, cognitive and executive functions are *off-line* during a traumatic experience as attention is on survival. Consequently, trauma memories are not stored in a coherent narrative but become dysfunctionally stored within the central nervous system in sensory form. Art therapy is able to access non-verbal parts of the brain associated with emotions, visual imagery and body sensations (Hass-Cohen & Carr, 2008; King, 2016). Art therapy communicates through the same language of symbols, emotions and sensations, and so can help to express and translate the lived experience of trauma. In this way, it can provide a channel of expression for thoughts and feelings that might be difficult to put into words. Once expressed, the material can be decoded verbally to assist processing. As not all veterans are able to engage in traditional talking therapies, art therapy provides an alternative way of working through traumatic experiences.

Research also suggests that there are a growing number of veterans seeking help for psychological injuries (Murphy, Weijers, Palmer & Busuttil, 2015). This seems likely to continue over the forthcoming years. Combat Stress has found that on average veterans wait 12 years after leaving the Services before seeking help, by which time their condition can be highly complex. Now is the time to explore effective treatments for psychological wounds and for planning future service provision.
Fellowship Aims

- To gain experience of how art therapy is delivered and evaluated within the VA Healthcare Systems and serving military medical services, fostering mutually beneficial links that can be developed over time.
- To gather evidence of the unique contributions of art therapy within military mental health that will strengthen clinical understanding of practice and inform further research.
- To apply the knowledge gained in art therapy sessions at Combat Stress, thereby fostering innovation and best practice.
- To share the knowledge gained with colleagues, practitioners, students, policy makers and the wider public.
- To build a case for the inclusion of art therapy as a treatment option within NHS Specialist Veteran Mental Health Services and within Defence Medical Services.

Objectives

Practice and Evaluation

- To study how art therapy is delivered with veterans and serving members in the US.
- To investigate treatment objectives and outcomes.
- To explore multi-disciplinary team work and clinical supervision.

Research

- To find out more about current and proposed areas of art therapy research.
- To interview experts in the field of neuroscience to discuss the role art therapy might play in treatment for PTSD.
- To examine the role of biological indicators and imaging technology to chart change.

Recognition

- To explore factors that enable art therapy to flourish through opportunities.
- To examine the acceptability of art therapy.
- To identify potential areas for development.
Method

I researched the availability of art therapy within the military context in the US, with a particular interest in any published data or related articles. I then approached art therapists and supervisors via email and LinkedIn to introduce myself and the WCMT Fellowship, and to enquire about the possibility of visiting the following year. I was interviewed over the telephone on two occasions, and a conference call with staff across the campuses at Palo Alto confirmed that a visit would be possible. Understandably, as the VA is a US Government department and NICoE comes under the US Department of Defense, gaining clearance to visit involved following a protocol. Staff at the British Embassy in Washington, DC helped with the process.

I planned to begin my itinerary on the west coast of America and move eastwards, with my final destination being Baltimore where the American Art Therapy Association (AATA) annual conference was to be held. At the conference, I would be able to meet art therapists working with veterans whom I would be unable to visit in context due to the large geographical spread across the US. All of my requests to visit were successful.

I also approached Clinical Neuroscientist, Dr Lukasz Konopka and Deputy Director of the Clinical Neurosciences Division of the National Center for PTSD, Dr Steven Southwick, who agreed to meet me in Chicago and West Haven, Connecticut respectively. Suellen Semekoski, Adjunct Associate Professor of Art Therapy at the School of the Art Institute of Chicago, who has worked extensively with veterans through the VetCat project, also agreed to meet me to discuss her work.

I would be visiting each site for up to one week which would provide an overview of a typical programme. My role would be dependent on the director of each context and would vary from passive observer to group co-facilitator. I checked with my personal indemnity insurer and confirmed that my policy covered art therapy practice during the Fellowship.

I documented the Fellowship using notes, permitted photographs and personal artwork. My hosts also gave me invaluable written material, resources and references to assist my study.

Report overview

This report examines art therapy with veterans and serving military personnel in the US; how this differs from provision in the UK, and what findings are transferable to the UK in order to foster growth and innovation.

Although the majority of my Fellowship was spent shadowing art therapists working within VA Healthcare Systems, as this provided the closest parallel with my own work in the UK, I was able to gain a broader understanding of art therapy with the military from visiting NICoE, Intrepid Spirit One and from attending the AATA conference. This enabled a fuller picture to emerge of how art therapy might assist recovery during the earlier stages of psychological injury.
Itinerary

**Week 1**
VA Palo Alto Healthcare System, California: Palo Alto Division, Polytrauma Rehabilitation; Menlo Park Division; outpatient clinic in San Jose.

**Week 2**
Jesse Brown VA Medical Center, Chicago, Illinois; National Veterans Art Museum, Chicago; School of the Art Institute of Chicago; Dr Lukasz Konopka, Clinical Neuroscientist.

**Week 3**
VA Connecticut Healthcare System, West Haven: the Giant Steps Program and Dr Steven Southwick, Clinical Neurosciences Division of the National Center for PTSD.

**Week 4**
VA NY Harbor Healthcare System, Brooklyn Campus, New York: co-facilitate a PTSD multi-modal workshop; Grand Round guest speaker.

**Week 5**
NICOE, Bethesda, Maryland; Intrepid Spirit One, Fort Belvoir, Virginia; Donna Betts, Graduate Art Therapy Program, The George Washington University, Virginia.

**Week 6**
AATA Conference, Baltimore, Maryland: five days of paper presentations, panel discussions, focus groups and workshops, with opportunities for networking.
Findings

I have clustered the Fellowship findings into categories that relate to my research objectives, namely to study art therapy practice and evaluation; research; and recognition of art therapy.

1. Practice and evaluation

Creative arts therapists

Within the VA Healthcare Systems, art therapists are employed as Creative Arts Therapists (CATs) as part of recreation therapy, alongside recreation therapists and recreation assistants. Other arts therapy professionals, such as music therapists, are also employed as CATs. In March 2016 there were 57 CATs in position across all of the VA sites (“Creative Arts Therapist”, 2016).

It seems that the role of CATs is broad to meet a range of possibilities. An art therapist could be replaced by a music therapist or a recreation therapist as the posts are not fixed. Flexibility is necessary on the part of the art therapists as they might need to provide a range of treatment approaches that would be offered by different disciplines in the UK. One might argue that this range provides a balance whereby the more intensive trauma-focused art therapy is offset by skills-based activity. It might also affect the recognition of art therapy as a form of psychotherapy.

It is my understanding that the VA post creative arts therapist is currently under review. It is possible that art therapists might be reclassified and their graduate level training recognised. This could result in their being employed on a different pay scale and not being part of recreation therapy.

Recreation therapy is not a service provided in the UK. Historically in the UK, art therapy came under the umbrella of occupational therapy in some contexts, but not nowadays. In the UK, the profession of art therapy has been state registered since 1997 and is regulated by the Health and Care Professions Council (HCPC).

Format and range

In the US, VA art therapists working within mental health have developed adaptive approaches to service delivery that suit context. This varies from short-stay inpatient treatment admissions to slow-stream outpatient work. At some VAs, art therapists have to be extremely flexible and resourceful to meet the varying needs of veterans across the different treatment programmes, and so craft tailor-made sessions. As well as PTSD recovery programmes, art therapists might specialise in areas such as addiction or working with families. For the purpose of this study, the main focus is turned towards the treatment of PTSD, as currently this is the only area that offers a direct comparison with the UK equivalent at Combat Stress.
At Jesse Brown VA, Chicago, Patrick Morrissey is the only art therapist (Figures 3 and 4). His weekly programme includes a Moral Injury mask-making group, which is co-facilitated with a clinical psychologist in training; an inpatient psychiatric group on a locked ward with veterans in acute states; an intensive outpatient Day Hospital Program group; a group on the chronic mental health 40 day programme; and an open studio group for OEF/OIF/OND veterans as part of Transitioned Care Management. I was privileged to be able to shadow Patrick and observe his work. Sometimes he holds groups in the art therapy studio but frequently he has to load up a trolley with art materials and relocate to a ward. There he will unload the trolley and transform the space available for an hour, ensuring that paper and plastic sheets are in place to contain the art-making.

Patrick uses the phrase embedded success experience to describe his treatment approach. A common barrier to participating in art therapy, whether in the US or the UK, is the preconception of being ‘no good at art’, which might lead to failure and shame. To meet that apprehension, Patrick devises specific art exercises to encourage creative engagement. For instance, in one group that he co-facilitated with a recreation therapist, he demonstrated origami as a mindful, grounding exercise whilst veterans followed his directions. He maintained verbal communication throughout and explained the history of the exercise and its relevance to treatment. This ‘taster’ of working with an art therapist might encourage participants to engage in further art therapy groups. In different group contexts, Patrick used an instructive approach to explore the theme of boundaries and also symmetry. He always focused on the art work created but provided reasoning behind the exercises that were designed to increase insight, promote self-awareness and assist meaning-making.

In the UK, art therapy is also on a continuum whereby practice is adapted to suit the therapeutic needs of the specific client group. However, in general, instructive or directive approaches are less prominent. Traditionally, a psychodynamic framework for understanding psychological difficulties has dominated
British art therapy, with a non-directive approach taken in sessions. However, at Combat Stress an adaptive, integrated art therapy model has evolved. As currently Combat Stress is the only organisation offering art therapy programmes specifically for veterans in the UK, this study uses their art therapy model for comparative purposes.

At Combat Stress, art therapy is available as part of all the short-stay, inpatient treatment programmes. Predominantly, the programmes are for veterans with depression, anxiety-related disorders or PTSD. Veterans are not experiencing acute psychosis. To ensure a consistent art therapy approach and to assist gaining empirical research evidence, practice guidelines have been devised which are used at all three treatment centres. Combat Stress adheres to a phasic approach to treating trauma, whereby therapy progresses through stages of stabilisation and trauma-focused work, before targeting re-integration. This model is applied in art therapy in order to meet veterans at their particular point of recovery. For instance, during the initial stabilisation phase, the art therapists will encourage engagement and embedded success by providing a range of objects that can be used for symbolic expression, and clarifying that the written word can be used if art-making seems impossible at that point. Flexibility within a theme-based structure can help veterans manage a range of strong feelings that might be stirred in this unfamiliar environment.

**Directives to provide structure**

In general, directives are used to provide structure for the art therapy group sessions at most of the departments I visited in the US. These might be a regular sequence of directives as provided at NICoE and Intrepid Spirit One, or manifest as fluid directives, such as those emerging from art therapy team discussions prior to groups on the Giant Steps Program, VA Connecticut Healthcare System.

Team discussion prior to groups at Giant Steps focuses on the current circumstances of each veteran and any changes or news items that might be affecting individuals. Then, a directive for each group is agreed by the team. During my visit, one group was invited to consider gardening as it was the time of year for tending gardens – what would participants like to keep or get rid of in a symbolic garden? This provided an opportunity to represent objects, thoughts or feelings veterans might want to work on.

At NICoE (Figure 5), creative arts are integrated into a comprehensive patient-centred healthcare system, and include art therapy, music therapy and creative writing. Art therapy is part of a four week intensive programme for small groups of service members, who live on campus with their families for the duration of the programme. There is a two hour art therapy group session each week which has a different theme each time. Participants can programme extra individual sessions as appropriate. It is not uncommon for participants to become strongly engaged in art-making and to request additional sessions where they can continue developing work begun during the group.

The directive for week one is to decorate a *papier mâché* mask. Participants are invited to think about personal identity and to make a creative response (Figure 6). The remarkable work created has featured in a number of articles (Alexander, 2015; Walker et al., 2016; Walker, Kaimal, Gonzaga, Myers Coffman
& DeGraba, in press). Week two focuses on creative writing, with an additional option of attending a creative writing workshop facilitated by published veteran authors. An individual evaluation session with an art therapist is provided in week three to review progress and work on treatment goals. In week four participants are invited to create a montage on canvas to reflect on their time during the programme.

At Intrepid Spirit One, NICoE’s first satellite hospital, art therapist Jacqueline Jones provides an intensive outpatient clinic, where she is able to work with serving personnel over a longer period. She has devised treatment levels that clients can work through. Level one reflects the programme at NICoE. Level two provides a series of six themed, weekly group sessions. One directive is for the client to depict his/her soul and what it needs to get to a better state of wellbeing. Individual art therapy sessions are also possible at this level which might provide intensive trauma treatment, Moral Injury work or the processing of losses. Level three involves art therapy open studio group sessions held in conjunction with an art organisation off-site in the community, as part of its outreach programme. This provides limited exposure to the general public and aims to improve social reintegration.

In the UK, the National Institute for Health and Clinical Excellence (NICE) provides evidence-based guidelines across all domains of care. The treatments currently recommended for PTSD are trauma-focused cognitive behavioural therapy (TFCBT) and Eye Movement Desensitisation and Reprogramming (EMDR). Non-directive treatment approaches are not recommended ("Post-traumatic stress disorder: Management", 2005). Consequently, a theme-based art therapy approach has also evolved at Combat Stress to enable veterans to make gradual progress towards the expression and processing of difficult material. Themes/directives are considered prior to each group at Combat Stress taking into account factors such as group dynamics and at what point the veterans are in the programme, for example stabilisation or trauma-focused.
Art therapy spaces

All of the VAs I visited have designated spaces where art therapy can take place. Some are shared spaces. For instance, at Menlo Park Campus, Palo Alto VA Healthcare System, the Welcome Center provides a spacious, modern, multi-purpose room where art therapy is held at specific times (Figure 7). At the other campuses, art therapists have small office/therapy rooms for individual art therapy sessions.

The art therapy room at NICOE is a modern, well-lit working space that is shared by the two art therapists and an art therapist in training, on internship (Figure 8). Masks made by past cohorts of serving military members are displayed on the walls, and spotlights on them give the impression of a gallery space. This offers inspiration for new clients, as well as validation for the treatment, as so many others have participated before. Clients are able to relate to the artwork on display and this can help to facilitate engagement.

NY Harbor VA, Brooklyn; Jesse Brown VA, Chicago; and Intrepid Spirit One, Fort Belvoir all have art therapy specific studio space. At Giant Steps, West Haven, the art therapy space is screened off to enable visitors/participants to access the adjacent music therapy room. Separate office space allows for veterans to work in the art therapy studio whilst meetings take place or staff administration is completed.

Back in the UK, at Combat Stress, there are purpose-made art therapy studios in two of the three treatment centres that are situated within Psychological Services. At Hollybush House, Scotland the use of an activities room is shared with Occupational Therapy (OT). The room serves different purposes at
different times but it seems that the veterans are able to clearly distinguish between the two forms of treatment.

**Facilitating engagement**

All the art therapy studios I visited were well-equipped. Funding for materials did not seem to be a problem and investment had been made in resources. There was a wide range of options available from traditional paints, pastels and clay to three-dimensional resources like wooden boxes, beads and fabrics, as well as good quality tools and canvases. It is possible that the quality and range of materials available might have an influence on client engagement. If investment into a therapy is evident, it could convey its value. The choice available might enhance creativity. However, choice can also be overwhelming so might necessitate therapist guidance.

Art therapists on both sides of the Atlantic tell clients that ‘you don’t have to be good at art to participate’ and that ‘there is no wrong or right way of creating art therapy images, just your own way’ (Figure 9). Nevertheless, with *embedded success* in mind, it can be helpful to offer guidance regarding art materials to those unfamiliar with the media. This occurred to a greater or lesser extent across the sites I visited in the US.

At Combat Stress, only minimal guidance is given to assist with material familiarity if necessary. There are OT departments with an activities room at all three treatment centres, where veterans are able to learn and refine art skills. This is a significant difference from the VAs in the US, where the art therapy context was the only channel for art activity I observed during my visit. It seemed to me that this had potential to cause confusion over the purpose of art therapy. Interviews with some art therapists confirmed that in their context sometimes art therapy objectives are misunderstood by colleagues who might not recognise the work as psychotherapy. However, they are trusted to develop new ideas.

At Palo Alto VA, the art therapists have devised a useful handout to explain the *Art Therapists Continuum of Arts Utilization* (VAPAHCS Art Therapists Continuum of Arts Utilization, 2016). At one end lies *general health and awareness of therapeutic art* that includes participating in the annual Creative Arts Festival, and at the other end, *outpatient or residential mental health treatment art therapy*. In the middle is an Open Art Studio, where art therapists Lisa Giovannetti and Tien Gerrodette adapt practice to facilitate veterans’ drop-in, self-directed art-making. Aims include the development of independent, creative problem-solving skills and the possibility of connecting with other veterans. A further handout clarifies art therapy as treatment for PTSD and provides contact details for referral (Art therapy: PTSD Clinical Team (PCT): Art therapy one-to-one sessions: Art therapy groups, 2016). Lisa has also created posters for the art therapy space to increase awareness of the art therapy process (Figure 10).

At Combat Stress, art therapy is part of Psychological Services with treatment goals in line with the PTSD objectives of art therapy at Palo Alto. Other treatment goals that reflect the therapeutic art end of the continuum outlined above are addressed as part of OT at Combat Stress.
Treatment objectives and outcomes

Art therapy at the sites I visited in the US is offered as part of wider treatment programmes, so it is hard to measure the particular contribution of art therapy in recovery. Psychometric measures are not used specifically for art therapy. Treatment objectives might differ according to context. The following section gives an idea of the range of objectives set and how change is charted.

Describing inpatient group sessions at Palo Alto VA, art therapist Tien Gerrodette highlighted how art therapy enables visual metaphors to address road blocks to change by externalising internal conflict symbolically. This facilitates increased insight and self-awareness. The aim of art therapy is also to reduce emotional numbing and social isolation, and to stimulate positive emotions.

Art therapy is experienced as a breakthrough for many veterans. Art therapists Lisa Giovannetti, Andrea Brandom and Eileen McKee are part of the Palo Alto VA, PTSD Clinical Team situated at the different campuses, and provide outpatient art therapy sessions. Art therapy can ‘open a side door around defenses’ by providing an alternative route to understanding and resolving problems (Art therapy: PTSD Clinical Team (PCT): Art therapy one-to-one sessions: Art therapy groups, 2016). Art therapy accesses unconscious, non-verbal material that once expressed, can be discussed, understood and processed. Whether art therapy is provided on an inpatient or outpatient basis, individually or in a group, it aims to help to resolve inner conflict, create meaning and deliver relief from symptoms.
At VA Connecticut, leaflets are also used to guide and identify treatment objectives. The Giant Steps Program offers creative arts therapy, psycho-educational and evidence-based therapies for veterans as part of the Mental Health Clinic. Art therapist, Laura Spinelli is the Program Director. Giant Steps provides a range of art therapy groups each with a different focus according to veteran need. For instance, there is an Art Therapy Studio Group that meets twice a week for a fixed group of veterans with a primary focus on art-making and social interaction. More recently, an Open Studio Art Group has been introduced that offers a less structured, drop-in format to enhance mental wellness (The Giant Steps Program, 2016).

![Image](image1.jpg)

**Figure 11** The Art Therapy PTSD Group at Giant Steps, VA Connecticut Healthcare System

Once a week there is an Art Therapy PTSD Group to assist those dealing with trauma, which is another closed group with a set membership (Figure 11). Many participants are Vietnam veterans whose symptoms have endured for many years. The group also includes veterans from more recent conflicts, such as those in Iraq and Afghanistan. This mixture of ages and campaigns reflects that of Combat Stress veterans. Participants fed back to me how much they have benefitted from weekly group attendance at Giant Steps. The imagery created has helped them to express feelings they had been bottling up for years. The feelings found release within the safe and supportive environment at Giant Steps. Veterans were able to relate to each others’ work, which helped them to feel less isolated and alone. This is a key therapeutic factor at Combat Stress too.

Goals for art therapy treatment of PTSD at NICoE include reduction of arousal/hyper-vigilance, reconsolidation of memories, increased exposure to/processing of traumatic memories, reactivation of positive emotion (Americans for the Arts, 2013, p. 34). There is a strong resonance between art therapy at NICoE/Intrepid Spirit One and Combat Stress both through objectives and the symbolism of the imagery. Discussing the imagery produced, art therapist Melissa Walker and I observed that a divided sense of self is a frequently emerging theme. Below is a comparison between work created at Combat
Stress and at NICoE. On the left is a clay self-portrait made by a Combat Stress veteran that symbolises
the experience of either feeling nothing – no pleasure or joy, just the cold, disconnecting emptiness of
psychic numbing – or intense rage that ripples out and affects those around (Figure 12). On the right, a
mask made by a serving member at NICoE shows a similar division, only this time between anger and
sadness, with the addition of a traumatic brain injury to contend with (Figure 13). The theme of divided
self was not suggested but just emerged naturally during the art therapy processes in both contexts.
Created thousands of miles apart, these art works are a striking example of the shared symptoms and
effects of PTSD, and how art therapy can facilitate expression of the depth and complexities of the lived
experience of PTSD.

NY Harbor VA Psychosocial Clubhouse is an innovative programme that began in 2000. It has been
designed for seriously mentally ill veterans but referrals cover a wide range of mental health problems,
including PTSD. The Clubhouse is a semi-structured, flexible programme that continues to evolve
according to new ideas that are welcomed from student interns, veterans and volunteers alike. The
model used is an integration of creative arts therapy and OT, with a focus on creativity development.
There is recognition of how meaningful activity and social interaction can promote health and wellbeing.
Veterans share in the daily running of the Clubhouse under the clinical oversight of Melanie Zarabi,
creative arts therapist and her colleague Larry Deemer, occupational therapist. The weekly programme
is a combination of art therapy and OT groups, as well as an activity schedule that is aimed towards
social reintegration.

Each of the art therapy contexts I visited had clear objectives which could be tailored specifically to
target individual veteran/serving member treatment plans, as is the case with Combat Stress. This
method seems to fit with a *theory of change* approach, which charts cause and effect to evaluate change
(Kail & Lumley, 2012; Public Health England, 2016). A primary outcome/goal is set, for example, to
reduce social isolation. Intermediate outcomes, or steps towards change, might then involve specific art therapy provisions such as attending weekly group sessions. Evaluation of attainment of goals is done in collaboration with each client.

The art therapy images can play a significant role in charting progress. For instance, Andrea Brandom, art therapist at San Jose outpatient clinic, Palo Alto VA, showed me images created by veterans at the outset of treatment as part of an assessment protocol, and those created in response to the same directive at the point of review. The change evident in terms of content and meaning was striking, and a tangible testament to progress for the client to see.

**Art therapy within multi-disciplinary teams**

The majority of the Art Therapy Departments I visited, although very much part of multi-disciplinary teams, operated specific programmes facilitated by qualified art therapists and art therapy interns. As previously mentioned, in Chicago, Patrick Morrissey as the sole art therapist sometimes joins forces with colleagues from other disciplines to deliver innovative new groups.

Currently, at NY Harbor VA Psychosocial Clubhouse, veterans are encouraged to become Peer Leaders who might serve as role models for other veterans. There is also a prevocational Incentive Therapy Program where veterans are employed by the VA in part-time placements. Navy veteran, Hans Dannerhoj, a professionally trained artist, successfully runs the Open Art Studio sessions under the supervision of art therapist, psychoanalyst and Program Coordinator Melanie Zarabi. There is a focus on discovering the pleasure of art-making, learning new skills and fostering social interaction. Melanie described how in the case of the Open Art Studio,

> Our model is based on creating an environment where good things can happen, where individuals will learn how to play; have fun and work together to create a community where people feel safe to try new things and feel empowered.

By contrast, in her art therapy groups, Melanie utilises a depth-orientated, psychodynamic approach where the focus is on both art-making and art processing. In this way,

> Veterans gain insight into self and others through discussion, reflection, and exploration of the art work to discover its symbolic meaning at their own pace.

Melanie organised a PTSD multi-modal therapeutic workshop to coincide with my visit. In this context, the aims were to facilitate self-expression; promote self-discovery and insight; and to foster ways of self-healing. The workshop began with a guided imagery meditation led by Jo Potestivo from the Substance Recovery and Iraq/Afghanistan Readjustment Services, designed to reduce anxiety. This was followed by one hour of art therapy image-making in response to the theme *hidden treasure*, with the objective of fostering connection with personal resources that promote resilience and recovery. A one-hour period of reflective group discussion then occurred (Figure 14). After a lunch break, the group reconvened for one hour of iRest Yoga Nidra meditation led by Dr Karen Lazarus, MD.
During the reflective discussion of the art therapy images created during the workshop, the majority of veterans were able to share the personal meaning of their work. For one veteran, an image of a tree (Figure 15) became a symbol of overcoming adversity, with signs of post traumatic growth. Despite losing branches, the tree has weathered the storm. Its roots are holding on and new life has been generated. There is hope for the future.

**Figure 14** NY Harbor VA multi-modal workshop with veterans and Art Therapists Janice Lobban (left), Melanie Zarabi (centre) and Kylene Kasch (seated right)

During the reflective discussion of the art therapy images created during the workshop, the majority of veterans were able to share the personal meaning of their work. For one veteran, an image of a tree (Figure 15) became a symbol of overcoming adversity, with signs of post traumatic growth. Despite losing branches, the tree has weathered the storm. Its roots are holding on and new life has been generated. There is hope for the future.

**Figure 15** NY Harbor VA veteran’s image symbolising overcoming adversity and post traumatic growth

**Figure 16** NY Harbor VA veteran’s image symbolising the release of suppressed feelings
Another veteran described how his image (Figure 16) represented the release he has found through art therapy. Unable to express his feelings, they had become suppressed and blocked off, causing other damaging symptoms. Once released constructively through image-making, it was possible to understand and work through the feelings.

Evaluation forms were distributed after the workshop and the immediate feedback from the participants was positive, with requests to make the workshop a regular feature. Subsequent analysis of the evaluations revealed that of 21 respondents, 20 (95%) agreed/strongly agreed that they had learned something new about themselves through the workshop; 20 agreed/strongly agreed that they were surprised by the way they had been able to use art; and 20 agreed/strongly agreed that they will use art again as part of recovery.

I was also invited to be guest speaker at the NY Harbor VA Grand Round during my visit. I gave a presentation on art therapy at Combat Stress, which was favourably received by the multidisciplinary staff team and stimulated discussion. Many similarities between what was expressed through the art therapy images of the UK and US veterans were recognised. The imagery, as visual representation of inner experience, can help clinicians gain a clearer understanding of problems faced by veterans and guide treatment choices towards recovery.

At Combat Stress, art therapy group facilitation might be with a mental health nurse, a psychologist or a recovery support worker. However, the focus follows the practice guidelines previously mentioned. Although there is scope for new and innovative group work, some programmes have been commissioned specifically to deliver a set format that cannot be altered. At this point, it would not be possible to introduce new, un-evidenced groups into the commissioned programmes but other developing programmes have more flexibility.

**Clinical supervision**

From interviews with the art therapists working with veterans and serving members, it seems that clinical supervision is not an expectation or requirement of their work. Once employed, it is expected that clinicians are equipped with the necessary professional skills and abilities to perform their work. Recreational therapy supervisors provide line management and are the professional point of contact.

In the UK, clinical supervision is a necessary requirement of professional practice. It is also recognised as a way of maintaining mental health. At Combat Stress both individual line management and clinical supervision are provided on a two or four weekly basis. In addition, peer supervision groups run at all the treatment centres each fortnight for members of the Psychological Therapies Team.
2. Research

I was very interested to learn about current art therapy studies emerging from the US on veterans and serving members. Some studies have been published in the UK (Kopytin & Lebedev, 2015; Lobban, 2014; Smith, 2016). There is potential for future papers from a collaborative, transatlantic perspective.

From her work at NICoE, Melissa Walker has published research in collaboration with NICoE colleagues and associates from the College of Nursing and Health Professions, Drexel University that explores art therapy, co-morbid brain injury and PTSD with an active duty service member (Walker et al., 2016), and an analysis of the masks made by serving members in art therapy, using grounded theory (Walker et al., in press). These texts are valuable additions to the growing evidence of the contributions of art therapy. Furthermore, a Patient Satisfaction Survey completed by 358 participants between November 2012 and June 2014 rated art therapy at NICoE as one of the five most helpful in improving their recovery out of a possible 41 options.

Whilst at the AATA conference, I was able to speak with Dr Sarah Deaver, Professor at the Graduate Art Therapy Program, Eastern Virginia Medical School. She and her associate Dr Kathleen Decker, Psychiatrist at Hampton VA Medical Center, Virginia are currently running a randomised controlled trial (RCT) to test the outcomes of a programme of Cognitive Processing Therapy (CPT) alone versus a programme of CPT and art therapy sessions for veterans. The outcomes are showing the latter combination as being more beneficial. The experimental group, i.e. those receiving CPT and art therapy, found art therapy preferable to CPT in terms of the effectiveness of the art therapy processes in addressing trauma and depression symptoms. The results of the pilot study, which had 11 subjects, is currently in press, and will be published later this year. A larger study with 38 subjects, which has strong statistical support for art therapy, will be published in due course. This is an exciting prospect as RCTs are held as the gold standard of research. There is a possibility that the study will be extended to VA Connecticut, Giant Steps. This would enable a larger data set to be gathered.

Art therapy at Combat Stress is also part of broader treatment programmes, so we face the same challenges of how to distinguish the contribution of art therapy. To that end, art therapy focused admissions are currently being piloted and evaluated. We have also used surveys and group evaluations to gain veteran feedback which will add to the growing research data on art therapy with veterans (Lobban, 2016; Palmer et al, in press).

Art therapy and neuroscience

There is a firm neurobiological basis for PTSD. Whilst at VA Connecticut, West Haven, I met Deputy Director of the Clinical Neurosciences Division of the National Center for PTSD, Dr Steven Southwick who explained the neurobiology of PTSD. He also shared his thoughts on how art therapy can assist recovery. He strongly believes that art therapy can be helpful as he is familiar with the work of the Giant Steps Program that runs at the same site.
Dr Southwick described how understanding of PTSD has developed over the years. On average, people with PTSD have a more responsive Sympathetic Nervous System (SNS) and this is seen to endure. Conscious or unconscious reminders of the trauma can trigger an amplified response. The SNS accelerates heart rate, raises blood pressure and stimulates fight-flight survival responses. Figure 17 is an art therapy image made by a Combat Stress veteran that offers a humorous view of the natural fight/flight response. One study measured levels of adrenalin and noradrenalin in spinal fluid 15 years after the trauma. Levels remained high. Brain studies have shown that areas of the brain become damaged by stress, for example the hippocampus which is related to new learning. This can make it more difficult to deal with stress in the future. The hippocampus creates an internal map that helps us to understand the contexts in which we should be afraid. If the hippocampus becomes damaged, threat perception can become more generalised.

![Figure 17](image.png)

**Figure 17** Combat Stress veteran’s art therapy image which is a reminder of natural human responses under threat

Dr Southwick explained how PTSD is a profound version of fear conditioning. During a trauma the hippocampus encodes everything present such as sights, sounds and smells. The example offered was a humid sunset. Sometime later, the trauma memory might become sub-cortically or unconsciously triggered by experiencing similar sensory material, e.g., a humid sunset, which stimulates fear. Although there is no danger present, the situation becomes part of the fear-conditioned memory. As the trigger occurs outside of conscious awareness, the person tries to find an explanation for the fear response which is often self-deprecating. The person knows there is something wrong but cannot make sense of it. Once the reaction is understood, there is the opportunity to work with it.

Dr Southwick suggested that art therapy can help people with PTSD become aware of unconscious material and increase understanding. It can be a way of accessing sensory information and providing an opportunity to construct a different meaning of the trauma. Art therapy can help people to find peace of mind and to grow. Dr Southwick also spoke about the possibility of finding meaning in life through creativity, and healing through meaning. Art therapy is a way of reaching the creative drive within us. It
can access memories, feelings and sensations that allow us to increase understanding of life experiences, their effects and how they might be dealt with.

Whilst in Chicago, I met Clinical Neuroscientist, Dr Lukasz Konopka. For many years Dr Konopka worked with veterans at Hines VA Hospital, Illinois. He told me about his work there trying to understand the biological basis or PTSD and what interventions helped. Although art therapy was offered at Hines VA, referrals tended to be focused on art activity and skills-base. However, after meeting art therapist Christopher Belkofer, Dr Konopka began to realise how unfair the referral limitations were and so wanted to do something about it.

He and Christopher Belkofer made a study of art activity and brain patterns using an electroencephalograph (EEG), and noticed tremendous change. Patterns of electrical brain activity were measured before and after art-making, which revealed higher frequencies of brain activity in the temporal lobes after art-making. The temporal lobes play an important role in experiencing a sense of meaning, connections to a higher power and deep feelings of peace. This suggested potential for accessing a deeper level of self-awareness through art therapy (Belkofer and Konopka, 2008).

Dr Konopka described how EEG is a relatively cheap and simple, non-invasive tool that can help to evaluate people’s perceptions of the world. If a subject is asked how he/she experiences the world, it is possible to track responses; i.e. some people process visually whereas others are primarily auditory processors, or perhaps a combination of both. Dr Konopka suggested that if a visual processor is brought into talking therapy for an hour, you are wasting your time and his/hers.

He has developed a model that is being used successfully in many clinics whereby the brain of subjects is mapped out and evaluated using an EEG. Vulnerabilities and abilities can be identified. An understanding of how subjects perceive the world is gained which can then be followed up by psychological assessment based on the EEG results. This builds a formulation to guide which therapies would be most appropriate for that individual.

Dr Konopka recognised that art-making can be a powerful tool and he believes that it is under-utilised in the medical field. In his experience, art therapy has not always been considered a mainstream therapeutic approach. Observing that professional specialism can create different languages whereby communication suffers, Dr Konopka highlighted the advantages of re-evaluating purpose and incorporating advancing knowledge from other disciplines.

Suellen Semekoski, Adjunct Associate Professor of Art Therapy at the School of the Art Institute of Chicago, has worked extensively with veterans through the VetCAT project and other veteran initiatives. The VetCAT project, or Veterans’ Creative Arts Therapy, was run in association with the VA and other service organisations. It provided creative opportunities to assist healing and wellbeing. For several years, the project offered weekly open studio sessions at the National Veterans’ Art Museum, Chicago.

In a different project, Suellen used neurofeedback fractal imagery as part of the art therapy process. Neurofeedback therapy uses images or sounds of the frequency of electrical activity in the brain produced by EEG tracking to teach self-regulation of brain function. She explained how ever-changing
fractal images produced on a screen whilst each participant was connected to an EEG provided inspiration for creative responses and reflection. There was a sense of wonder from participants at the shape and form of the externalised imagery produced by their brain waves, and this glimpse into their internal worlds.

![Image of Suellen Semekoski with work produced in response to fractal imagery]

At the AATA conference, a number of presentations described the incorporation of natural scientific approaches to inform practice, evaluation and research. Resources included the use of EEGs; imaging technology; the taking of saliva samples to measure cortisol level; and other biological indicators.

Girija Kaimal, Assistant Professor of Creative Arts Therapies, Drexel University; and Juliet King, Assistant Professor of Art Therapy, Herron School of Art and Design, and adjunct Assistant Professor in the School of Medicine Department of Neurology, IU Neuroscience Center, presented an overview of how biological indicators and brain imaging data can be used in art therapy research. In their groundbreaking work, they are gathering empirical evidence that offers an alternative to self-report measures and narratives that have previously formed the substance of art therapy research. The more objective data produced using biological measures can provide different perspectives.

Results are promising. In one study, 45 minutes of creative self-expression in an art therapy open studio format was found to lower cortisol levels in healthy adults (Kaimal, Ray & Muniz, 2016). This was measured by taking saliva samples pre and post art-making. A nutritionist analysed the resulting data. Cortisol is an adrenal hormone that regulates the body’s response to stress. Long-term elevation of cortisol level can cause a range of detrimental effects such as increased blood pressure and impaired cognitive functioning. This study demonstrates an association between art therapy and a decrease of cortisol level which has significant implications. Other biological indicators being used in studies include heart rate variability. Imaging technology such as functional near infrared spectroscopy (fNIRS) is proving helpful for exploring cortical functioning related to visual expression (Kaimal and King, 2016).
It seems that art therapy research in the US is leading the way in terms of using natural science to inform understanding and to add to the evidence base of art therapy. Several texts have been published on this subject and more are in press (Hass-Cohen and Carr, 2008; King, 2016). US art therapists are collaborating with colleagues from other disciplines in research, thereby pooling expertise.

3. Recognition of art therapy

Opportunities

I discovered that in some US contexts, the role of art therapy has been given considerable recognition and support. NICoE is in partnership with the National Initiative for Arts and Health in the Military. It is the first civilian/military collaboration of its kind. The Initiative aims to raise awareness and support of arts and health in the military; to advance policy, practice and quality; and to make healing arts available to serving personnel, their families and veterans ("The National Initiative for Arts & Health in the Military", 2016). NICoE is also supported by the National Endowment for the Arts, which is an independent federal agency that funds and promotes artistic opportunities (National Endowment for the Arts, 2016).

During my time at NICoE I was able to observe a Creative Writing workshop for serving personnel co-facilitated by Bill O’Brien, Senior Advisor for Program Innovation, National Endowment for the Arts, and two published veteran writers. The workshop complemented the work being done with the same clients in art therapy.

In 2011, the National Summit: Arts in Healing for Warriors was held at Walter Reed, Bethesda due to growing interest in the role of the arts in this context. This resulted in establishing the National Initiative for Arts and Health in the Military in 2012, which is co-chaired by Americans for the Arts and Walter Reed National Military Medical Center, in collaboration with public and private sector agencies. Later that year, an Arts and Health in the Military round table resulted in the first policy paper. In 2013 the National Summit: Arts Health, and Well-being across the Military Continuum was held followed by the publication of a white paper with the same name that framed a national plan of action (Americans for the Arts, 2013).

In the introduction to the white paper by Rear Admiral Alton L. Stocks, Commander of Walter Reed National Military Center, it is clear that the Healing Arts Program at NICoE is taken very seriously. The paper includes recommendations from the National Summit in 2013 which include employing creative arts therapists at every military hospital; expanding creative arts therapy within the VA; and moving it out from the umbrella of Recreation Therapy to under the umbrella of Physical Medicine and Rehabilitation Services. Consideration had also been given to the benefits of the arts at all stages from pre-deployment, deployment and reintegration into society, as well as family, veteran and later life care (Americans for the Arts, 2013).

The white paper makes practice, research and policy recommendations. For instance, a central depository is suggested for research findings that would ensure accessibility. In order to foster best practice, it is suggested that training programmes should be developed with the availability of online
resources and educational materials. Policy recommendations promote the inclusion of arts therapies, interagency support and providing budgets that recognise the importance of creative arts therapies as members of the healthcare teams.

A systems map of the arts, devised by the National Endowment for the Arts, outlines a theory of change. This might be individually through the expansion of perspectives or the deepening of appreciation, or collectively by fostering a sense of belonging, identity and solidarity. It is suggested that research might show how arts for health can build resilience, enhance coping and reduce anxiety and depression (Americans for the Arts, 2013).

In 2015, the Third National Summit: Advancing Research in the Arts for Health and Well-being across the Military Continuum set out to maintain momentum by providing updates of the implementation of strategies and recommendations.

A similar process is underway in the UK. In January 2014, an All Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW) was established with the aim of conducting an Inquiry into this field in collaboration with King’s College, London. The Inquiry was launched in November 2015. It is funded by the Paul Hamlyn Foundation, the Wellcome Trust and the Arts and Humanities Research Council (“APPG Arts, Health and Wellbeing Inquiry”, 2016). The structure of the Inquiry involves a series of meetings between 2015 and 2017 in the form of round table discussions and advisory group meetings. The round table topics include Wellbeing Economics; Mental Health; and Medical Research and Mindfulness. The resulting report will make policy recommendations and will be launched in Parliament and at a Culture, Health and Wellbeing International Conference in Bristol in June 2017. Intended outcomes include a ‘change in attitudes towards arts and health within medical and care professions’ (APPG, 2016). The Inquiry is supported by organisations such as the Royal Society for Public Health (RSPH).

I was privileged to be part of APPGAHW round table discussions on Post-traumatic Stress and the Arts, in December 2015 and on Arts on Prescription and Social Prescribing, in May 2016. A Call for Practice Examples regarding the role of the arts in health and social care was launched in June 2016, and a report on art therapy as part of the Intensive PTSD Treatment Programme at Combat Stress was submitted as a contribution towards the Inquiry.

If the UK Inquiry results in similar recommendations being made as those in the US white paper Arts Health, and Well-being across the Military Continuum, it is possible that art therapy might gain further recognition in the UK, and be considered as a treatment option within NHS Specialist Veteran Services and Defence Medical Services. The Inquiry is supported by the National Alliance for Arts, Health and Wellbeing, which was set up in 2012. The National Alliance aims to ‘provide a clear, focused voice to articulate the role creativity can play in health and wellbeing’ (“National Alliance Arts, Health and Wellbeing”, 2016). It acts as an information hub, and offers advocacy and encouragement to health and care providers to incorporate the arts.
Acceptability

As well as openness from service providers towards incorporating art therapy into PTSD treatment programmes, it is essential that service users find this form of treatment acceptable. A research paper by Combat Stress staff that is currently in press provides a mixed methods study of the acceptability of art therapy across the range of treatment programmes at all three treatment centres. The results show that veterans highly rated art therapy’s usefulness, with the majority of respondents endorsing their intention to use the knowledge gained from sessions following treatment. Thematic analysis indicated that art therapy facilitated communication and bonding and the ability to unlock feelings otherwise difficult to connect with (Palmer et al., in press).

I was given the opportunity to speak with a number of veterans and serving members during my Fellowship in the US. I did not apply for clearance to distribute a research questionnaire, as this can be a lengthy process. So I relied on the comments they freely offered to gain a sense of what art therapy meant to them. Through observation and notes taken following meetings, key themes emerged regarding self-reported benefits:

- **Self-expression**: the release of feelings that had been trapped inside; what is acceptable to talk about and what gets suppressed but can emerge in a coded way through art therapy; a sense of achievement.
- **Self-discovery**: use of the mind; learning about self and others; increased self-awareness; challenging negative self-perceptions; meaning-making.
- **Social interaction**: reducing isolation; a sense of purpose and belonging; a relaxing environment.

These key therapeutic areas are mirrored in art therapy research studies in the US and the UK (Collie et al., 2006; Lobban, 2016). As I listened to what was shared in US art therapy groups, I noted the same symptoms and struggles being described as those I had heard from UK veterans. There seems to be a universality that transcends country and culture, associated with having taken an oath of allegiance, service and sacrifice.
Figures 19 and 20 were created in art therapy groups in the UK (left) and US (right) after an invitation to choose symbols such as an animal, object, colour, element or motto to create a personal shield. The shields represent values and identity. There are common ideals of honour and loyalty, and respect for the bonds made as part of service. Veterans have often explained to me the importance of having therapy within this familiar and trusted peer group, where they feel safe enough to share experiences. They have been used to looking out for each other. In this way, art therapy groups can foster a sense of belonging and acceptance.

**Areas for development**

In the US, some VAs employ art therapists whilst others do not. As mentioned, creative arts therapist is one post option under recreation therapy. A vacant recreation therapy post could be filled by one of the arts therapies such as by a drama therapist or an art therapist, or by a recreation therapist. It seems that it is not always the treatment approach itself that is sought but that the suitable candidate fits the requirements of the organisation at that point, perhaps bringing interests and skills that could enhance the programme.

When speaking with a former programme director, I was told that recruitment had been informed by personality, intuition and ease of implementation. In disciplines that were not evidence-based, intuition was a leading factor. If candidates demonstrated an interest in participating in other aspects of treatment this might be an advantage. When additional funding was not available, existing staff would absorb the vacant post. However, once recruited art therapists seem to become valued team members. They are given opportunities to introduce new ideas and have a generous budget for materials. Gate-
keeping into becoming an art therapist in the VA system might become more consistent if the role is separated from recreation therapy.

I found that where art therapy is flourishing in the US, there is an understanding and appreciation of its value and contribution to the treatment programme within the team. For instance, at the AATA conference, non-art therapists Assistant Chief of Integrative Health & Wellness, Walter Reed National Military Medical Center, Captain Moira McGuire, and Dr Heechin Chae, Director of Intrepid Spirit One gave presentations on the process and benefits of art therapy. Art therapy is recognised and valued at all the VAs I visited. Recreation therapy supervisors, such as Alisa Krinksy at VA Palo Alto, were extremely supportive of my Fellowship objectives. She went out of her way to ensure that I was able to meet all the art therapists across the campuses and she spoke very highly of their work.

One barrier to introducing art therapy as treatment for PTSD that is present on both sides of the Atlantic is a lack of understanding or misperception on the part of service providers as to what art therapy is and what it can offer. Although this presents opportunities for art therapists to explain the processes involved and targeted outcomes, it does require motivation and willingness to consider the input on the part of service providers.

In the UK, a further barrier to offering art therapy as a treatment for PTSD is that NICE guidelines recommend that ‘All PTSD sufferers should be offered a course of trauma-focused psychological treatment (trauma-focused cognitive behavioural therapy or eye movement desensitisation and reprocessing)’ (“Post-traumatic stress disorder: Management”, 2005). Consequently, these treatments are prioritised. Although these approaches have an established evidence base they will not suit everybody. The British Association of Art Therapists (BAAT) has submitted considerations for the inclusion of art therapy as a treatment for PTSD in NICE guidelines but as yet this bid has not been successful.

A contributing factor to both of the identified barriers above is the need for an evidence base for art therapy in this context. Research evidence is emerging, with studies being produced both in the US and the UK. It is likely that collaborative studies will follow as a direct result of the Fellowship.

Conclusions

Art therapy in the US and in the UK has developed along parallel lines. Both countries have well-established professional training programmes and accreditation. Both foster research and innovation, and practice across a diverse range of contexts, adapting best practice to suit. However, in terms of art therapy in the military context, opportunities are not currently available in the UK, apart from the service provided by Combat Stress. Unfortunately, UK veterans and serving military personnel are missing out on this form of treatment although it is highly regarded in the US.

Although the VA Healthcare Systems in the US are different from NHS services in the UK, the plight of serving personnel and veterans with psychological injuries is the same. They experience the same
symptoms of post-traumatic stress, anxiety and depression, and have been exposed to the similar combat conditions in theatres of operation such as Iraq and Afghanistan. They have sustained similar moral injuries, and the effects of trauma ripple out into family systems in the US and the UK.

Studies suggest that there is a need to develop effective treatments for veterans with PTSD

- There are an increasing number of veterans seeking help for mental health problems. In 2014/15 Combat Stress received 2,328 referrals which is a 26% increase on the previous financial year. On average veterans wait 12 years after leaving the Services before seeking the help of Combat Stress, by which time their condition can be highly complex.
- Not all veterans are able to engage in talking therapies. People have different ways of expressing and processing information. Traumatic memories are stored non-verbally. Art therapy provides an alternative means of self-expression and processing.

There is growing understanding of how art therapy can assist recovery on a neurobiological level

- Art therapy is able to access areas of the brain that do not facilitate verbal communication, and areas associated with meaning-making.
- Biological indicators and imaging technology are being used to gather empirical evidence that charts change related to art therapy.
- Creative expression can reduce blood pressure; boost the immune system; reduce stress; promote relaxation; reduce anxiety, depression and pain (State of the Field Report, 2009).

Art therapy can assist the working through of each cluster of PTSD symptoms by:

- Reducing hyper-arousal through increased self-awareness; trigger discrimination; and creative absorption.
- Overcoming avoidance and increasing distress tolerance through image-making and reflective discussion, providing an alternative route to understanding and resolving problems.
- Facilitating a reduction in re-experiencing symptoms through creative exposure and increased insight.
- Challenging negative cognitions through meaning-making; breaking the cycle of rumination; and discovering new ways of seeing and perceiving.

Both in the US and at Combat Stress:

- Participants have given positive feedback through surveys and patient satisfaction questionnaires regarding the benefits of art therapy.
- Art therapy is seen as an acceptable form of treatment by veterans.
- There are waiting lists for art therapy.
- There is a growing body of research that is adding to the evidence base for art therapy as a treatment for PTSD.
Recommendations

- **Art therapy benefits veterans with PTSD who are being treated within the US VA Healthcare Systems and at the UK veterans’ mental health charity Combat Stress. This suggests that it would be advantageous to offer art therapy as treatment within NHS Specialist Veteran Services.**
  
  Current research in the US is providing evidence of better outcomes from a combination of cognitive processing therapy and art therapy than cognitive processing therapy alone (S. Deaver, personal communication, August 16, 2016). In the UK, studies evaluating the effectiveness of the intensive six week treatment programme for PTSD (ITP) at Combat Stress are based on a combination of trauma-focused cognitive behavioural therapy and multi-disciplinary group sessions. Results of a two-year study showed 87% of veterans who completed the ITP between 2012 and 2014 saw a reduction in their PTSD symptoms, which was maintained at their six month follow up (Murphy & Busuttil, 2015; Murphy et al., 2015). Weekly art therapy groups are provided as part of the ITP and so form an essential ingredient of the studies.

- **The National Intrepid Center of Excellence (NICOE), Walter Reed National Military Medical Center and its satellite Intrepid Spirit One, provide an effective and well-established art therapy treatment model for serving military personnel with PTSD and traumatic brain injury, as part of an holistic treatment approach. This suggests that it would be advantageous to provide an equivalent programme in the UK within Defence Medical Services.**
  
  In a 2013 patient satisfaction survey at NICOE with 358 respondents, art therapy was rated as one of the top five most helpful treatments out of 41. Further studies are reinforcing the strength of interdisciplinary treatment and how adopting an integrative approach can help patients work through complex problems. Walker et al. (2016) highlight how therapies can operate ‘in tandem to help patients work through psychological and physiological symptoms’ (p. 17). A recent US white paper promotes the inclusion of creative arts therapies in national health and military strategic agency plans and initiatives (Americans for the Arts, 2013).

- **Public and private sector agencies could be offered incentives to consider working in partnership with NHS Specialist Veteran Services and Defence Medical Services to enable the introduction of arts therapies programmes.**
  
  Collaboration and partnership has fostered innovation in practice and in research. In the US, art therapists have worked alongside professionals from other disciplines, such as clinical neuroscientists and university academics, to further understanding. Backing from organisations such as the US National Endowment for the Arts has enabled new initiatives. It would be advantageous to promote similar opportunities in the UK.

- **Investment in research is necessary in the UK to consolidate the evidence base for art therapy in the military context. This would strengthen the case for the inclusion of art therapy as a treatment for PTSD in NICE guidelines, which in turn would inform service commissioning.**
Often the impetus for research has come from the ‘engine room’, whereby art therapists are aware that the treatment is effective and want to provide evidence so that it can become more widely available. As principally clinical practitioners, art therapists might not have the time available to invest in research. Nor might they have the necessary research knowledge and skills. Research partnerships with universities, or public and private sector organisations would provide mutually beneficial opportunities in the interests of improving veterans’ health.

For my part, in order to disseminate the information gained from the Travelling Fellowship to those in a position to influence future action, I intend to:

- Submit a copy of this report to the All Party Parliamentary Group on Arts, Health and Wellbeing Inquiry
- Give a presentation at the Royal Society for Public Health
- Give an in-service lecture to staff at Combat Stress
- Adapt the report to form a chapter in the book *Art Therapy with Military Veterans* which is to be published by Routledge in 2017
- Submit the report for publishing on the Winston Churchill Memorial Trust website
- Adapt the report as an article for the British Association of Art Therapists’ Newsbriefing
- Include the content of the report in lectures to art therapy students
- Use the knowledge gained to foster innovation and best practice at Combat Stress
- Co-facilitate a transatlantic art therapy group for veterans at Combat Stress, Surrey, and Giant Steps, Connecticut, via video conferencing
- Explore the possibility of international, collaborative research and discussion

References


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NHS England to ask military veterans how to improve mental health services (2016, January 25).


Index of organisations


British Association of Art Therapists, 24-27 White Lion Street, London, N1 9PD. www.baat.org

Combat Stress, Head Office, Tyrwhitt House, Oaklawn Road, Leatherhead, Surrey, KT22 0BX. www.combatstress.org.uk


Graduate Art Therapy & Counseling Program, School of Health Professions, Eastern Virginia Medical School, Lester Hall, 651 Colley Avenue, Room 300, Norfolk, VA 23507. https://www.evms.edu


Jesse Brown VA Medical Center, 820 South Damen Avenue, Chicago, IL 60612. http://www.chicago.va.gov/


School of the Art Institute of Chicago, 36 South Wabash Ave. Chicago, IL 60603. http://www.saic.edu/index.html


Walter Reed National Military Medical Center, 4494 North Palmer Road, Bethesda, MD 20889. http://www.wrnmmc.capmed.mil/SitePages/home.aspx
The beginning not the end

Figure 21 (above) NICoE: from left to right Art Therapists Adrienne Stamper (intern), Jessica Gada, Janice Lobban and Melissa Walker, Healing Arts Program Director: Figure 22 (below) Giant Steps PTSD Group veterans and staff, with (seated) Art Therapists Kim Heil (left) and Laura Spinelli (right), Program Director; with interns Nina (left) and Maddie (right)