

NATIONAL INITIATIVE FOR
ARTS & HEALTH IN THE MILITARY

**The Arts: A Promising Solution to Meeting
the Challenges of Today's Military**

A Summary Report and Blueprint for Action

*Arts & Health in the Military National Roundtable
November 15, 2012*

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Introduction

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, VSA and the Kennedy Center, and co-chaired by Robert L. Lynch, President & CEO, Americans for the Arts and Anita B. Boles, Executive Director, Global Alliance for Arts & Health (formerly the Society for Arts in Healthcare).

The Roundtable represents the second step in the ongoing development of the multi-year **National Initiative for Arts & Health in the Military**. The National Initiative was launched in January, 2012 based upon the groundbreaking success of the first **National Summit: Arts in Healing for Warriors**, held in October 2011 at the Walter Reed National Military Medical Center (WRNMMC) and the National Intrepid Center of Excellence (NICoE). The 2011 Summit marked the first time various branches of the military collaborated with civilian agencies to discuss how engaging with the arts provide opportunities to meet the key health issues our military faces—from pre-deployment to deployment to homecoming.

Americans for the Arts and Walter Reed National Military Medical Center co-lead the National Initiative for Arts & Health in the Military, in partnership with a National Steering Committee comprised of federal agency, military, nonprofit, and private sector partners including the 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, and VSA, an affiliate of the John F. Kennedy Center for the Performing Arts.

The goals of the National Initiative for Arts & Health in the Military include working across military, government, private, and nonprofit sectors to:

- Advance the policy, practice, and quality use of arts and creativity as tools for health in the military;
- Raise visibility, understanding, and support of arts and health in the military; and
- Make the arts as tools for health available to all active duty military, medical staff, family members, and veterans.

The Arts & Health in the Military National Roundtable was charged with advancing these goals by making recommendations for a framework for a “blueprint for action” that will ensure the availability of arts interventions for our service men and women and their families, and integrate the arts as part of the “Standard of Care” in military clinical environments (VA and military hospitals) as well as programs in community settings across the country. Three working sessions with experts and practitioners in medical research and the use of creative arts modalities were held around the key themes of Research, Practice, and Policy.

A Word on Definition...

Human development describes 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.” The arts are ideally suited to promote this integrated approach. In study after study, arts participation and arts education have been associated with improved cognitive, social, and behavioral outcomes *across the lifespan*: in early childhood, in adolescence and young adulthood, and in later years.

(The Arts and Human Development: Framing a National Research Agenda for the Arts, Lifelong Learning, and Individual Well-being, 2011).

Creative arts in healthcare includes the professional disciplines of art therapy, music therapy, dance therapy, drama therapy, and poetry therapy, as well as artist-directed applications of visual, literary, and performing arts and design within a wide variety of healthcare and community settings for therapeutic, educational, and expressive purposes. These nationally credentialed therapists and artists are dedicated to improving our nation’s health and healthcare experience by providing quality, cost-effective services that achieve positive outcomes for patients, families, and caregivers. (2013 Congressional Arts Handbook, Chapter 1: Issue Briefs to Congress, *Arts in Health—Improving our Nation’s Health through the Arts*)

Each presentation was followed by facilitated dialogue among the participants. Participants wrestled with such questions as:

- How can promising arts solutions be applied to challenges facing the military today?
- What barriers must be removed to encourage further integration of the arts in the military?
- How can various stakeholders move forward together through greater inter-agency cooperation and more robust public and private partnership?

We present this summary report and its recommendations for a “Blueprint for Action” with the intention to open the door for a national conversation and the development of a National Action Plan. What actions and strategies will be necessary over the next several years in order to expand the use of the arts and creative arts therapies across the military continuum: from military service pre-deployment, deployment, post-deployment to veterans as well as families and caregivers? 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.

The official unveiling of the Roundtable Summary Report and “Blueprint for Action” will take place on April 10th, 2013, at the second **National Summit: Arts, Health and Well-Being across the Military Continuum**, at Walter Reed National Military Medical Center.

Let the dialogue begin.

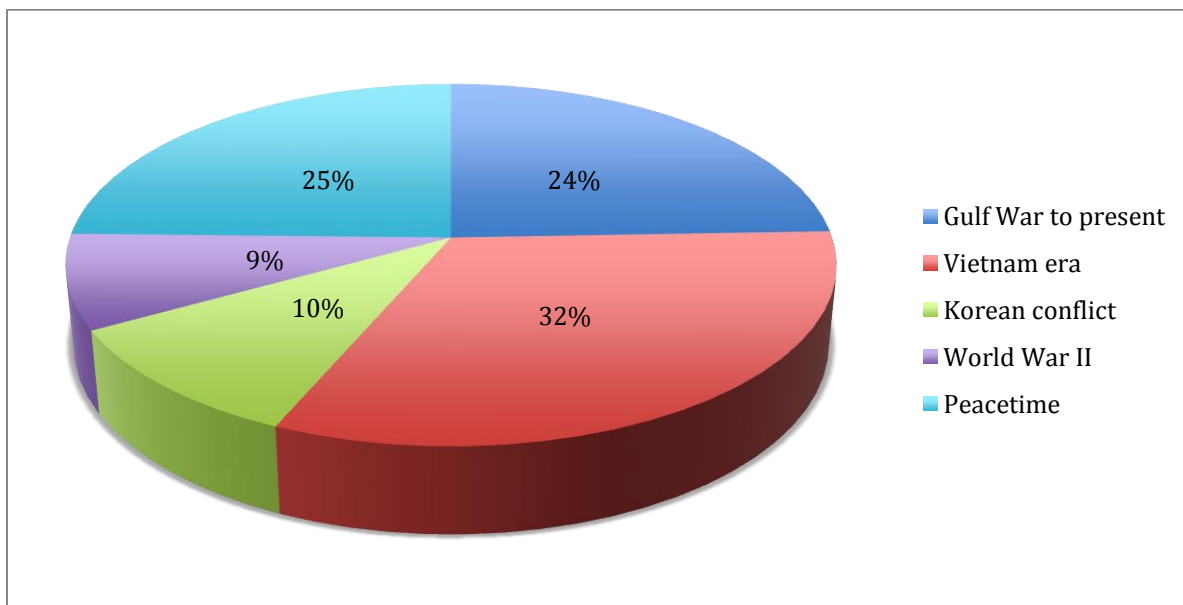
Confronting the Challenge

Today’s military faces urgent challenges. Military service can be difficult, demanding, and dangerous. 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, increasing numbers of service members return home with severe injuries, some visible, some invisible.

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, 2011a). Unemployment for veterans is nearly twice the national average. About one third of our homeless citizens are veterans. Combat trauma has left one out of every three Iraq and Afghanistan veterans with Post Traumatic Stress (PTS), 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. A variety of common transitions, such as enlistment, training, or deployment, have an impact on individuals’ cognitive and behavioral outcomes. 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 over 22 million veterans in the U.S. today, with the largest number from the Vietnam era (see Figure A).

Figure A. Veterans by Period of Service



Source: U.S. Census Bureau, 2012.

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% 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.

Laying the Groundwork for Action

Is there an active, meaningful role for the arts in addressing this vast array of critical issues across the military continuum? Military leaders say we need every weapon in our arsenal to meet the many challenges we face today. 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. Members of the public and private sectors are eager to collaborate with military leaders to help make these outcomes a reality.

Research supports the benefits of arts programming and creative arts therapies in healthcare and community settings. Of particular relevance to the military health setting, findings include enhanced patient coping, reduced length of hospital stays, decreased need for pain medication, and reduced patient levels of depression and situational anxiety (State of the Field Report: Arts in Healthcare, 2009). Over half of the civilian hospitals in America today reap the rewards of arts and health programming. Creative arts practitioners in all disciplines, including dance, literary, media, music, theatre, and visual arts, work in diverse settings across a wide spectrum of populations, serving people from cradle to grave. Besides private for-profit and nonprofit health facilities, settings include, but are not limited to, hospice programs, long-term care communities, mental health programs, rehabilitation treatment centers, psychiatric-forensic units, veterans' facilities, military bases, community centers, prisons, and even disaster-response teams.

Recommendations

In proposing an “Arts & Health in the Military Blueprint for Action,” Roundtable participants were united in the call to make arts programming widely available to service members, veterans, and their families throughout their lifespan, including the continuum of military service. This mandate recognizes that the field of human development includes adolescence, adult development, aging, and the entire life span.

The recommendations proposed by the participants in the Roundtable 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*— 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.
2. *Practice*—we must create mechanisms to inform the expansion and effectiveness of existing programs and the development of new ones.
3. *Policy*—we must develop policies to ensure that every service member, veteran, and family member has access to the arts and creative arts therapies, as appropriate.

Research Recommendations

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—e.g., 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 inter-agency 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—e.g., 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 will promote sharing of research, which will expedite future research and provide the essential knowledge practitioners need to develop effective evidence-based practices and policies.

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 - the Army's program that provides resilience training to Soldiers, their Family members and Army Civilians.

- 1. Develop training programs for artists 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 artist workforce requires training to ensure that artists possess specific knowledge and skills to enable them to “do no harm”—physically or emotionally—to those they serve. 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. Learning early on the effectiveness of arts programming towards helping servicemen, women and their families leveraging resilience skills to increase unit readiness and enhance performance will create champions for the movement as well as provide tools for physicians, nurses, and allied health members to use in their own practice.

- 2. Incorporate family-centered arts programming at all stages of military service and beyond.** The arts will play an important role in troop readiness and service and family member resiliency, during pre-deployment, deployment, post-deployment, and across the military lifespan.
- 3. Engage artists and arts organizations 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 promoted 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.** A online resource for service members, veterans, and their families; healthcare providers; artists, 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 for Arts & Health in the Military’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, and family member 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 at the Roundtable, 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 inter-agency 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 in developing federal agency plans, such as the National Prevention Strategy (Office of the Surgeon General).
- 2. Promote increased inter-agency 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 rendering these services are valued professionals.** Policies will require appropriate training and ongoing professional development for artists to do this work, and will encourage adequate compensation for artist 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 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.

CONCLUSION: Choosing to Lead

In recent years, military leaders have incorporated many new ideas to address the complex challenges 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 arts organization 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 artists to join them in this venture, the work of the National Initiative for Arts & Health in the Military has just begun. The intent of these recommendations is to open up a cross-sector dialogue that encourages 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.

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