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Art Therapy for Veterans in the Military to Civilian Transition: A Literature Review

Capstone Thesis

Lesley University

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Specialization: Art Therapy

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Abstract

Although all U.S. military service members eventually return to civilian life, whether they serve 20 years and retire through the military or serve a few enlistments before making a career change, the unique challenges that come with the military to civilian transition are largely overlooked, particularly the accessibility of mental health services during this period. Commonly referred to as separating from the military or “getting out” amongst service members, this stage from active duty to veteran status involves a significant adjustment in lifestyle and responsibilities. Potential gaps in health insurance and income, relocating, supporting their family, and aligning with a new identity in an entirely different workforce are only a few stressors commonly experienced by those in the military to civilian transition. Further research focused on this transitional period, in addition to breaking the stigma on mental health will encourage veterans to seek mental health services if needed and help their families, coworkers, and clinicians learn how to best support them. This literature review explores the challenges and needs expressed by newly separated veterans, the attitude towards mental health in the military culture that consequently creates barriers in seeking care, and how nontraditional options such as teletherapy and art therapy can offer unique solutions for veterans who desire mental health services during civilian reintegration.

Keywords: military, military to civilian transition, veteran transition, civilian reintegration, art therapy, teletherapy, veterans

Art Therapy for Veterans in the Military to Civilian Transition: A Literature Review

Introduction

Even though conversations of mental health and the needs of veteran and active-duty military populations are expanding, there are still noticeable gaps within current research and literature. Approximately 200,000 service members leave the military and rejoin civilian life every year (Carlson, 2017), making this an issue that impacts the entire military population, regardless of rank, branch, or duration of service. Some of the challenges while adjusting to civilian life include (a) creating structure, (b) relating to civilians who may not understand the military experience, (c) relocating and the moving process, (d) beginning college or entering the civilian workforce, (e) reconnecting or re-establishing social and familial roles, (f) maintaining consistent income, and (g) supporting their family during the transition (Veterans Affairs, n.d., p.1). The pressure and demands new veterans face during this reintegration period may increase their stress levels and negatively impact their wellbeing, especially if they already have existing mental health diagnoses or symptoms. The military plays a crucial role in assisting service members to be ready for their end of active service (EAS) date yet reports reveal that 45% of veterans feel that the military did not adequately prepare them for the military to civilian transition (Pew Research Center, 2019). Comprehending barriers to care and additional research to understand veterans' experiences can improve existing programs and find opportunities for innovative ways to provide support. Alternative psychological services like art therapy are typically deemed less confrontational compared to traditional talk therapy, making it an appealing option for those who may not desire to openly express their thoughts and feelings aloud. Therapeutic interventions with the arts can offer veterans new ways to express themselves in nonverbal ways and develop positive coping mechanisms that they can utilize during the

military to civilian transition. Another possible way to support service members as they approach their EAS date is by offering teletherapy, if possible, to continue care with the same mental health provider. Continuing care with the same clinician can offer new veterans a sense of stable ground and the acknowledgment that not everything is changing all at once.

Finding Work after the Military

Considering veterans who separate with or without military-related injuries, post-traumatic stress disorder (PTSD), substance abuse, or the risk of homelessness, there are still the challenges of facing gaps in healthcare, financial uncertainty, and trouble with securing work (Detwiler, 2018). This transitional time also represents a pivotal shift in their professional identity from the distinctive military workplace culture to the civilian world. Military job experience may not translate easily and create misconceptions between veteran and civilian coworkers. Recent reports on military demographics found that 42% of active-duty service members are under 25 years old (Department of Defense, 2017). Many service members enlist at a young age, limiting their civilian connections and potentially putting greater stress on finding a job upon separation. According to Pew Research Center's 2019 survey, 35% of veterans reported that they had trouble paying their bills in the first few years after leaving the military (Barroso, Cilluffo, Igielnik, & Parker, 2019).

The Military Community's Attitude towards Mental Health

The perception of mental health and obtaining help is still a prominent issue within the military community that hinders awareness and creates barriers for those in need. A study conducted by Castro, Cotting, Hoge, Koffman, McGurk, & Messer (2008, p.15) found that surveyed soldiers and Marines whose answers scored as positive for a mental health diagnosis were twice as likely to express fears of being stigmatized amid other obstacles related to

accessing mental health care. The military culture still strongly promotes traditional masculinity and perceives this ideology as a positive reinforcement to military effectiveness. This mindset often rejects positive conversations on mental health by associating the idea of expressing fear, sadness, or struggle with the socially constructed ideals of femininity and weakness (Harper, Neilson, Singh, & Teng, 2020). The Department of Defense has acknowledged that service members perceive that disclosing mental health records and seeking psychological services negatively impacts their career and risks maintaining or gaining security clearance (Benjamin, 2011). Fear of judgment and impacting their careers consequently influences many servicemembers not to seek care and turn to other coping mechanisms, such as excessive alcohol and tobacco use. Bray, Haddock, Poston, Pyle, Stein, & Williams (2008) surveyed servicemembers' tobacco use in correlation with stress and found "those who reported using smoking to alleviate stress reported experiencing stress at a significantly higher rate than those who reported they did not use tobacco to cope with stress" (p.274). According to the Pew Research Center (2019), one in five veterans reported struggling with alcohol or substance abuse. Considering many servicemembers join the military at a young age during formative years in young adulthood, they may carry the perceived stigma on mental health and use of harmful coping mechanisms beyond their military service years and influence them not to seek help once they are veterans.

Many active-duty military members report fear in seeking help because they do not believe their treatment will remain confidential. This concern can be heightened if they have a command that is overly invasive and lacks empathy for their junior enlisted getting help for physical and mental health matters. Frey (2017) explains, "the military can access health records without consent for audits, investigations, inspections, beneficiary information, and coding"

(p.292). A service member's command and the way it operates are influenced by the direct leaders, making their experience highly reliant on how their senior enlisted ranks treat the junior enlisted. "The way young Soldiers often deal with toxic leaders is to get out of the Army...those who've been in longer than ten years, however, with retirement just down the road, tend to stick it out, knowing that they or the toxic leaders will inevitably be transferred" (Vergun, 2015, para.16). The Health Insurance Portability and Accountability Act (Military Health System) notes that for military members, there is the military command exception, which explains that entities such as military treatment facilities may disclose the protected health information (PHI) of U.S. Armed Forces personnel to a member's command and leadership as needed to obtain authorization for various activities. The claims of a "commander's right to know" can be easily manipulated and abused when individuals in military leadership have negative perceptions about servicemembers under their command seeking behavioral health services. The described "various activities" in which the chain of command has the privilege to learn private information can be vague, meaning that a service member's chain of command could easily use loopholes to learn about their appointments or treatment plans, obscuring any sense of privacy. As a result, this can deter active-duty service members from seeking help.

Improving and Expanding Current Programs for Military to Civilian Transition

Reviewing this topic requires the awareness of the many programs that already exist to support veterans during civilian reintegration. While these programs and initiatives, both nonprofits and government-funded, do make a solid effort to support newly separated and retired veterans, it is evident that many individuals slip through the cracks or miss certain thresholds of eligibility for services. These could be veterans who do not have PTSD, those who have never faced combat, or those who do not seek healthcare through the Veterans Affairs (VA). Veterans

may also be reluctant to seek help for physical or mental health issues. Clinicians and those supporting veterans need to determine whether a lack of participation in services is due to a veteran not knowing what services they have access to, or if they are not interested in the programs offered. Benitz (2020) explained the following of the importance of helping veterans as much as possible prior to separation:

More proactively addressing veterans' health problems and how they impact other areas of their lives—before separating, if possible—in a more tailored fashion than the typical one-size-fits-all approach can help transitioning soldiers address all aspects of their health before the challenges become overwhelming. (p.32)

For the programs that do have high engagement and success rates and how to expand those initiatives is another way to improve what is already being offered to new veterans.

Improving Transition Services with Telehealth and Art Therapy

Art therapy is a form of expressive arts therapy that can involve traditional talk therapy with the additional layer of the client using art materials to process, explore, and express themselves in a nonverbal, creative way. Interventions involving art therapy have been successful for veteran populations in past research which has encouraged current movements to provide more services involving the arts for military members and veterans. The National Initiative for Arts & Health in the Military is working to shift the way mental health is addressed in the military and recommends increasing policies that provide support of creative arts therapists within the Department of Defense (DoD) and VA and increasing funding for “program development, implementation, and evaluation, and bringing successful programs to scale bring successful programs to scale” (Rollins, 2013, p.11). Funding programs that further incorporate the arts into the lives of those who serve in the military will help normalize the notion of seeking

help and encourage them to develop positive coping skills through expressing themselves creatively.

A growing field of physical and mental health services is the application of telehealth and virtual therapy, including art therapy. Telehealth, specifically teletherapy, is the application of practicing therapeutic services through telephone or video chat communication, enabling therapists and clients to meet from a distance. Teletherapy can even be practiced by art therapists, who can still have their clients create and share their art through confidential video chat. Utilizing clinical video telehealth (CVT) presents unique challenges including accessibility, network and connection errors, and miscommunication, however, it has become a vital avenue of providing services to people worldwide due to the COVID-19 pandemic. Despite these difficulties, some modifications can be applied by therapists and art therapists alike to have successful telehealth sessions with clients. CVT can also encourage participants to create a space in their homes to express themselves through the arts regularly and grant the opportunity for supportive family members or friends to become involved in their treatment (Lee, Levy, Myers, Snow, Sonke, & Spooner, 2018).

Applications of art therapy implemented as an additional layer to traditional talk therapy have been revered as a successful intervention for veterans and active-duty military personnel. “Challenges of military service should be met with a supportive culture that is open to implementing art therapy as a treatment modality in addition to current evidence-based practices” (Ramirez, 2016, p.48). Art therapy could be a potential success for military members who may not have an open mind toward traditional therapy yet desire mental health treatment. Through the innovations of CVT, art therapy sessions done throughout a service member’s

military to civilian transition, even once they relocate, will give newly separated veterans a reliable source of support and avenue of self-expression.

I am interested in this topic from my firsthand experience as a military spouse and witnessing the issues of mental health in the military community. From my time working at a military health clinic, my undergraduate art therapy internship working with veterans, and being a friend to veterans who have recently separated, I discovered that there is a substantial need to improve support services during this time of change. The government should find more effective ways to end the stigma on mental health within the military community and how to improve the way they prepare active-duty service members for civilian life. This literature review will discuss current research that addresses challenges for veterans in the military to civilian transition, military community perceptions on mental health and receiving help, the benefits of art therapy for newly separated veterans, and suggestions to improve reintegration services. Through these discussions, I plan to explore interventions of art therapy for veterans in the military to civilian transition and potential benefits of telehealth and virtual therapy as a means to offer veterans continuous mental health care during a time when many aspects of their lives are experiencing ‘limbo.’

Literature Review

I have chosen the second capstone thesis option of conducting a literature review on my topic. This literature review will explore the common themes that past research has found on the military to civilian transition. Some of these subjects contribute to the challenges that new veterans face and their perceived needs, including barriers in seeking mental health services. Art therapy and telehealth will also be reviewed as an impactful and effective way to support veterans during civilian reintegration.

Traditional Masculine Ideology and Military Culture

Masculine ideology is a foundational aspect of the military that is often perceived as a reinforcer of traditional military values and a means to execute successful leadership. However, the expectations of expressing masculine traits while facing unique circumstances in the military, such as restricted freedom and social isolation, can lead to neglectful patterns of ignoring mental health concerns and developing unhealthy coping mechanisms. While masculinity is not necessarily a dichotomous ‘good’ or ‘bad’ ideology, research has found that traditional masculine ideologies in the context of the military to civilian transition increase the risk of both psychological and social challenges for veterans (Castro, Cox, Ogrodniczuks, & O’Loughlin, 2020). The irony of reinforcing an attitude of not asking for help as a characteristic of strength within the military along with the fear of seeking help resulting in loss of job status, security clearance, and respect from peers and leaders will undoubtedly influence servicemembers beyond their years of service and into their veteran status, which could be a potential reason as to why there is still a need for help despite the many services that exist for those transitioning into civilian life.

Castro et al. (2020) recruited 289 Canadian veterans involved in military transition group therapy programs to participate in a survey to observe how masculine ideology and civilian reintegration for new veterans intersects with depression, social support, alcohol use, and PTSD. Measures for the research involved multiple self-report assessments, including the Male Role Norms Inventory-Short Form (MRNI-SF), with subscales of traditional masculine ideology such as restrictive emotionality, avoidance of femininity, dominance, self-reliance through mechanical skills, and toughness, respectively. Results found that restrictive emotionality was a significant indicator that could predict transitional challenges and ultimately worsened symptoms or hinder

treatment-seeking or success (Castro et al., 2020). Restrictive emotionality appeared also to be a contributor to the veterans' perceived social support during military to civilian transition, suggesting that this behavior can negatively affect social interaction as well as establishing and maintaining close relationships. It is noteworthy to suggest that future research should also examine the female veterans as it impacts their transition into civilian life.

Fitt, Greenbaum, Kimerling, Laffaye, Ouimette, Tirone, Vogt, & Wade (2011) surveyed 490 male and female VA patients diagnosed with PTSD on their perceived barriers with obtaining care from the VA as well as their health symptoms. Findings reported that veterans with greater levels of PTSD symptoms also perceived more significant barriers to accessing care, with an association of reporting avoidance symptoms. Younger veterans reported not feeling that they would fit in, considering the VA serves a large population of pre-9/11 veterans, primarily from the Vietnam era. The salience of stigma-related concerns suggests that patient-focused or social interventions are clinically indicated. "The finding that one's own beliefs about help-seeking may serve as a barrier to care suggests the potential utility of interventions targeted at addressing and improving veterans' comfort levels with help-seeking. Psychoeducation about the potential benefits of treatment by providers and peers may help increase comfort with help-seeking" (p.220). Despite the deep-rooted concepts in the military associating expressing emotions with weakness, younger veterans are more likely to report problems compared to pre-9/11 veterans. Pew Research Center's 2019 study found that one in six of the respondents described the transition as "very difficult," compared to older generations of veterans who did not report having as challenging of a transition process. Younger veterans reporting greater difficulty in civilian reintegration could suggest that post-9/11 veterans may potentially be more

open to sharing their feelings and although they still have barriers in seeking care, they might have a higher need for assistance and support during the transition and access services.

Borgen, Kivari, Oliffe, & Westwood (2018) conducted a study that reviewed the experience of seven male veterans who participated in the Veteran Transitions Program (VTP), a 10-day residential group program, to explore the previously researched association of masculine ideology with low help-seeking and how to improve engagement in veterans to avoid adverse health outcomes. The study categorized the following factors that they estimated either helped or hindered male veteran's engagement in therapy: (a) establishment of safety, (b) no longer alone, (c) affection from members and leaders, (d) effectiveness of team leaders, (e) collaboration and team orientation, (f) knowledge of program competence, (g) spartan practicality, (h) detracting group members, (i) overworking, and (j) additional integrative work. Findings reported that 'establishment of safety' was found to be the most helpful and that in "safe conditions, participants expressed feelings of belonging, being respected, trust, and protection from judgment" (Borgen et al., 2018, p. 244). Future research would benefit from assessing these factors of therapy engagement through a larger sample of male veterans with a greater sense of cultural consideration to evaluate how that can also influence masculine ideology and participation in therapy.

Common Challenges during Civilian Reintegration

Both the civilian world and workplace are different from the distinctive military culture and workplace. The military provides a strict structure that controls most decisions for service members and primarily focuses on individual sacrifice for the greater good. The elements of discipline and organization that the military offers may benefit many individuals but can often make the transition into civilian life overwhelming. New retirees and separated veterans go from

having most of their basic expenses, such as basic allowance for housing (BAH) and health insurance, are already taken out of their paycheck and other matters taken care of on their behalf to entering civilian life and needing to make new network connections, find a place to live, and establish healthcare. This contrast is one of the greatest challenges that veterans face during civilian reintegration, especially if they feel their military job experience does not apply to civilian work opportunities.

Dexter (2020) conducted a qualitative study that reviewed the common challenges newly separated veterans face when adjusting from military to civilian employment. The purpose of the study was to analyze the veterans' experiences returning to the civilian workplace and identifying challenges experienced during this change. Twenty-seven veterans were interviewed about their experience transitioning to civilian employment and were grouped by similarities. This analysis found three major themes: "(1) civilian employer's military job knowledge deficit, (2) veteran anxiety with civilian employer's lack of clearly defined new-hire processes and civilian employer misunderstanding of veteran compensation and (3) benefits and family involvement expectations." Future research would benefit from personal interviews executed in this study, however, further identifying the veteran's backgrounds to determine literature gaps in this topic, including their gender, race, current age, age of military separation, whether they were enlisted or an officer, and if they were ever in a combat zone during their service, would help researchers understand if the themes vary based on these identifying factors.

Ward (2020) analyzed the array of barriers veterans face upon separating from the military. The main themes found were a fear of losing VA benefits, misconceptions between military and civilian employers, and discriminatory barriers based on race, gender, and disability. Ward (2020) suggested that the limited transition support could improve by offering veterans a

greater number of opportunities involving peer support, career development, and networking. Developing a better understanding of how discrimination toward race, gender, and disability play a factor in impacting veteran's job opportunities after separation could also improve the current vocational programs for veterans and the potential to create specific services for subgroups of veterans to address these challenges. The government's role in supporting transitioning veterans was also reviewed, which could be further researched in how they can better assist veterans who require enhanced independent living and mental health issues.

Yanos (2004) conducted a study that reviewing the of newly retired Air Force officers and their spouses on their adjustment to civilian life and their overall wellbeing. They hypothesized that the veterans would need a substantial length of time to adjust to retirement and that their identity and general wellbeing would be negatively affected by this change. According to Yanos (2004), the three men interviewed provided various perspectives on retirement but did not convey that retirement would be a difficult transition. It was only through the wives' interviews that they discovered contrasting views and that the spouses were "greatly troubled by the financial impact of retirement and the loss of self-esteem that they saw their spouses experiencing" (Yanos, 2004, p.500). Without the opportunity of interviewing the wives, the study would have an entirely different conclusion. Yanos (2004) explained that "all three individuals used ego defense mechanisms to insulate themselves from the realities of the transition" (p.501). Future research should consider small sample studies like these to gain a detailed perspective from service members and their spouses. However, it would be critical to also explore this topic among the younger enlisted service members, who likely have vastly different experiences and challenges with separating from the military.

Bursac, Derefinko, Garcia, Isaacs, Little, McDevitt-Murphy, Murphy, Salgado Garcia, & Talcott (2018) conducted a study that analyzed veterans' reports of substance abuse and psychological distress that occurred during their transition back to civilian status. Bursac et al. used a network-based sampling method to recruit 99 veterans who served at least 12 months in a U.S. military branch and have been separated for at least six months to participate in a self-report questionnaire. The questionnaire requested veterans to "think about the last 6 months you were in the military. Answer the following questions about your behavior during your last 6 months of active duty" (Bursac et al., 2018, p.260). The questions focused on the subjects' substance use, emotional distress, and perception of other veterans during the military to civilian transition. The results found that 80 veterans reported misuse of substances with a significant increase in the use of marijuana and hard drugs following separation. Their research also indicated feelings of isolation and military-associated trauma increased during the transition period. These findings suggest there should be a review of the military to civilian transition programs to implement new or better ways to address the many issues veterans and military members experience during this period.

Grimell (2019) discusses the concept of "living in limbo" during the military to civilian transition from a pastoral psychology perspective and how chaplains and religious figures who support the military can understand this transition that veterans experience from a theological standpoint. This unique lens is beneficial for chaplains, who are attached to many U.S. military units and are considered one of the few confidential avenues for counseling. For deploying units, this may be one of their limited options if they are in remote geographic locations or aboard a ship without internet access. Chaplains are made available for counseling, religious guidance, and are a resource who can refer a service member to additional religious or supportive

resources. Grimell (2019) noted that the concept of limbo for transitioning veterans and their significant others has an “initial phase of transitioning into civilian life may not be fully understood as limbo but rather more as a liminal process of grieving...after an extended struggle to fully reintegrate into civilian life, the limbo understanding may better resonate with subjective experiences and the specific need for hope” (p.401). Chaplains sharing this knowledge amongst each other can be an opportunity for them to speak with their units’ commands to express the need for more support services for service members, especially for those whose who have upcoming separation dates and may desire counseling and adequate time to prepare for the transition.

Veteran’s Perceived Needs during Reintegration

A study by Aronson, Blesser, Copeland, Davenport, Finley, Gilman, Morgan, Perkins, & Vogt (2019) surveyed 9,566 newly separated veterans over 3 years with The Veterans Metric Initiative (TVMI) to analyze veteran program/service nonuse. The TVMI contains 37 questions that covered four main wellbeing categories; vocational, legal/financial/ housing, health, and social functioning (Aronson et al., 2019, p.637). Response options for not using support services or programs were (a) no need, (b) not yet found a program that meets my needs, (c) not sure if I’m eligible, and (d) I do not know where to get help. Their study found that female veterans were more likely to report they either did not know for which programs they were eligible for or did not know where to go to get help for all categories except vocational, revealing female veterans can be at greater risk of unmet needs in multiple areas of their life upon military separation. Findings also revealed veterans who of junior enlisted ranks (E1–E4) were more likely than veterans who were senior enlisted or officers to report needing supportive programs, supporting research that has discovered veterans from the junior enlisted ranks have more

challenges during civilian reintegration across all domains of functioning compared to senior enlisted and officers (Aronson et al., 2019, p. 644). Past research has noted the physical and mental health matters among post-9/11 veterans, yet the findings showed veterans reported not seeking health-related services. Aronson et. al (2019) suggested multiple possibilities to this contradiction, including “encountering barriers to care, negative attitudes toward help-seeking, or lack of need for programs and services early in the transition process” (p.645). Future research should evaluate veterans’ nonuse of services/programs over time to determine if there is a “honeymoon period” upon immediate separation from the military and if specific health issues and other challenges and needs may be exhibited later on.

Bursac, Colvin, Derefinko, Hallsell, Isaacs, & Salgado Garcia (2019) conducted a qualitative study that collected self-reported data from 90 veterans to review their perceived needs during the military to civilian transition. The measures involved open-ended questions for veterans to share their thoughts on what would be most helpful before, during, and after separation transition and other matters such as the VA system. Major themes found from the collected data included reports of limited access to services, the need for mental health and substance use counseling options during the transition, and readjustment issues. Researchers concluded that while it would be challenging to change the system that is primarily run through the VA, it would be a practical implementation to recruit successfully transitioned veterans to support and mentor newly separated veterans to help them through the process. Art therapy is a possible option that could be offered to veterans and military members during this transition, especially if there are limited services and opportunities for therapy. The alternative approach of art therapy could help veterans creatively explore their time of service, stressors during the

transition, expectations, and fears of becoming a civilian among other issues or concerns they face during the transition period.

Bramande, Copeland, Finley, Nillni, Perkins, Taverna, Tyrell, & Vogt (2019) conducted a study that surveyed 9,566 U.S. veterans on their health and well-being in the first year after separating or retiring from the military. The researchers had three hypotheses, (a) veterans' self-reported wellbeing and health to be in better standing when initially getting out and would decrease when following up 6 months later, (b) veterans would report higher well-being within social and vocational domains compared to their health, and (c) "men, officers, and nondeployed veterans would report better health and well-being compared with women, enlisted personnel, and war zone deployed veterans" (Bramande et al., 2019, p.353). While past studies' findings on veterans' perceived needs have discovered valuable information, Bramande et al. (2019) discussed that results are not necessarily representative to veterans as a whole because many do not seek care for health issues and "almost half never experience a war zone deployment during service" (p.353). The study's survey contained the Well-Being Inventory and 5-point Likert scale response format in which veterans completed at two separate time frames for researchers to review a potential difference in their self-reported well-being over time after separating, to address a suspected "honeymoon period" that new veterans may experience upon leaving the military. The survey results illustrated that new veterans have a noticeable health concerns, with many reporting they had "chronic physical (53%) or mental (33%) health conditions and were less satisfied with their health than either their work or social relationships" (Bramande et al., 2019, p.358).

Art Therapy for Veterans

There has been extensive research on the benefits of art therapy interventions for veterans. Implementing the use of art and nonverbal self-expression offers military members and veterans an alternative way to explore their emotions that can significantly benefit those who do not find traditional talk therapy appealing. From this success, art therapy interventions could be suggested as an option for transitioning veterans as a way to explore their feelings during this time of change.

Berberian, DeGraba, Herres, Kaimal, and Walkers (2020) conducted a study that analyzed potential clinical indicators found in art created by 240 active-duty military service members diagnosed with PTSD and presented symptoms of depression. The art interventions during the experiment included individual art therapy sessions as well as two group therapy interventions that consisted of montage painting and mask-making. Measures included the PTSD Checklist (PCL) and Patient Health Questionnaire-9 (PHQ-9). Themes and descriptions of the art were scaled and calculated and included the frequency of themes found in both the participants' mask and montage art. The results supported their hypothesis that themes of physical and psychological injury, memories of deployment, and inclusion of identity symbols were likely to show up during both art interventions from participants who had higher initial severity in PTSD (Berberian et al., 2020, p.7). Results also reported that 51.7% of the participants showed a positive change in PTSD and depressive symptoms. This arts-based research supports the foundation that art therapy is already an effective approach for the military population and could also benefit service members during the military to civilian transition.

Lobban (2016) conducted a quantitative research study that surveyed two veteran groups to explore the factors that impact therapeutic engagement in group art therapy to treat PTSD. The

art therapy groups were categorized into creative time in which the veterans made art, while the reflective time was the designated portion of the sessions where veterans could share their art with others in the group. Survey results found that “The data revealed that 36.84% of respondents found the creative time more challenging, 42.11% found the reflective time more challenging, 10.53% considered neither section challenging and 10.53% found both sections challenging” (Lobban, 2016, p.17). The third section of the survey included questions with a Likert scale response, which found that 83% of participants in the category of having missed attendance for one of the groups agreed or strongly agreed that the group art therapy sessions with the statement “brought things to the surface that I didn’t want to think about” (Lobban, 2016, p.18), revealing the challenge of combatting the common PTSD symptom of avoidance to increase engagement. All veterans in the ‘Part’ category agreed or strongly agreed with the statement that “it took me out of my comfort zone,” in which 50% of veterans who had total attendance agreed or strongly agreed. The most significant barriers to therapeutic engagement found in this study were apprehensions related to a lack of confidence in artistic ability and not wanting to reveal too much to the group, in addition to a lack of experience with art therapy and feeling out of their comfort zone. Research like this is valuable in determining what hinders the success of art therapy interventions for veterans and how to minimize the effects of these barriers in the future.

According to Kehoe & Watt (2020a), adjunct activities, including creative-based activities like art, painting, and drama performance, are effective solutions in treatment and support for newly discharged veterans. Using the arts is commonly associated with building a sense of resilience and support and relieving symptoms of PTSD, depression, and anxiety, which are widely experienced diagnoses within the veteran population. Kehoe & Watt (2020a) explain

that arts-based opportunities for veterans in both informal and therapeutic settings are in short supply and that with further research and abundance in programs, there will be a deeper understanding of how the arts and other activities transform traditional therapy and offer unique treatment for veterans and other populations.

Kehoe & Watt (2020b) also researched underlying contributors to arts-based activities that positively affected veterans. A sample of 31 individuals who participated in a four-week residential art therapy program conducted by the Australian Defence Force (ADF) were surveyed about the long-term benefits of engaging in the program. The program, Arts for Recovery, Resilience and Team Skills (ARRTS) is “conducted for military personnel in a non-rank environment at a university where non-clinical mentors assist wounded, injured or ill veterans in visual, written, musical or theatrical art” (Kehoe & Watt, 2020, p.7). Results indicated that 29 of the 31 participants found the ARRTS program helpful, with some of the program’s positive effects lasting up to 24 months after completing the program. According to Kehoe & Watt (2020, p.12), respondents “reported having experienced multiple benefits, including gains in their sense of behavioral activation, belonging, flow and therapeutic alliance with their arts mentors.” Future research into ARRTS and similar programs in clinical settings with larger sample sizes will help further explore these contributors and how the arts help veterans.

DeLucia (2016) reviewed the literature on common challenges during the veteran transition and shared how an art therapy program at the VA Outreach Center in Rochester, New York, approaches treatment and specific needs of newly separated veterans. The program offers a drop-in studio environment for veterans in addition to an art gallery that offers a way for veterans to engage with the local community. DeLucia (2020) discussed that “veterans engage in these studio sessions and become familiar with the art therapy program, philosophy, and practice,

they develop a sense of trust that the services are helpful, unlocking opportunities for future therapeutic engagement in individual art therapy” (p.8). The opportunity for veterans to display their work in galleries also gives them a way to express and share their narrative with the community, who may only know the veteran experience through the media they have seen, which often depicts negative perspectives.

Telehealth and Continuous Support

Telehealth and virtual therapy services have grown considerably since the beginning of the COVID-19 pandemic. This necessary change in how physical and mental healthcare services are delivered has required clinicians to improve this already existing avenue of treatment as it has become a vital and sole resource of care for most patients. Teletherapy offers a unique solution for veterans in the military to civilian transition because it can provide them consistent care even while other factors in their lives change. The ability to offer constant and stable support for new veterans during a time of significant changes can be a grounding and positive experience. This option could enable a therapist to establish virtual therapy for transitioning veterans or have flexibility to adjust from in-person to virtual services if they relocate during military separation.

When examining the Veteran’s Health Association’s (VHA) response to COVID-19, Glassman, Marx, Morland, Pollack, Rosen, Schnurr, Smith, & Weaver (2021) reported that in-person visits in April of 2020 accounted for only 20% of the approximately 1.5 million mental health encounters that month, with “the number of telephone contacts in April represented a nearly sixfold expansion over the average encounters in the 5 months before COVID-19 (October 2019 through February 2020), while to home video visits increased eightfold” (Glassman et al., 2021, p.31). This review of the VHA’s response to transforming their delivery

of mental health services to veterans during the COVID-19 pandemic also reflects on the larger scale of how this will impact and influence future services. Offering a variety of ways services can be accessed benefits the client by having options and the ability to choose how they communicate with a clinician, which as a result may improve the success of a client-therapist relationship and the number of veterans who desire to seek mental health services.

Langston, Lee, Levy, Sonke, and Spooner (2019) explored how supporting veterans through expressive therapies can be utilized via telehealth based on three case studies involving veterans who accessed creative arts therapy through video telehealth sessions. These case studies highlighted the benefits of this unique access to services for veterans who live in geographically isolated areas while also addressing the limitations and risks of distance technology. Langston et al. (2019) stressed the importance of telehealth and by improving the familiarity and knowledge of how to use this method of care, can exponentially expand accessibility. It will be beneficial for my thesis to address how art therapy interventions could be accessible for service members during the military to civilian transition. Many individuals in this process are also relocating to a new state or region, which adds another challenging layer of adjustment. Because most individuals will be in the process of relocating during the process. Understanding and discussing telehealth in my thesis presentation can suggest the potential for continuation in care and support during the transition.

Struggles with adjustment are evident through the U.S. Department of Veterans Affairs (2017) reported that U.S. veterans are at a 22% higher risk for suicide compared to non-veteran adults. If continuous care by the same therapist or clinician is not possible, it becomes even more critical for the community they are joining in embracing veterans as they readjust to civilian life. Ainspan, Penk, & Kearney (2018) noted that the VA and DoD needs to continually improve the

variety of services and programs to assist new veterans, from offering options such as community support groups and even the use of mobile apps that offer newly separated veterans' valuable resources. Ainspan et al. (2018) suggested that veteran support groups could be one of the most impactful and cost-effective ways to support veterans because it offers them a sense of camaraderie similar to what they experienced in the military to support them as they reintegrate into civilian life.

Drebing, Gorman, Henze, Kelly, Penk, Reilly, Russo, & Smolinsky (2018) reviewed the several types of support groups that veterans can have access to and the unique benefits they provide based on their specific needs. There are groups on college campuses for veteran students, veteran member substance abuse support groups, and even veteran coffee socials. Drebing et al. (2018) established coffee socials at the VA center in Bedford, Massachusetts, to create the opportunity for veterans to build community and offer flexible support for veterans. "the primary financial incentive for the VA is to facilitate the flow of clients successfully transitioning out of treatment and back to community-based supports, thus improving access for new clients to clinical services and providers" (Drebing et al., 2018, p.141). Their analysis of the growing support groups for veterans concluded with the recommendation for clinicians to consider offering a variety of groups they described, even ones deemed non-clinical. The affordable services, sometimes even free, in an environment that does not feel clinical can be nonthreatening for veterans who may not yet be uninterested in other forms of treatment or support and open a window of opportunity for many.

Discussion

More research on the challenges experienced by newly separated veterans and their access to mental health services is needed to better understand the vulnerability of this time to continue breaking down the barrier of misconceptions and lack of knowledge between the military and civilian populations. Educating clinicians who do not have a military background will help them grasp what active-duty members and new veterans experience when reintegrating back into civilian life and ultimately advance the level of support they can offer their clients. Having this information and providing the appropriate resources for separating military members can assist veterans who did not feel that the military prepared them for the transition into civilian life. Clinicians and future research should consider the many factors that can impact how difficult a veteran's military to civilian transition can be, such as (a) their age when separating or retiring, (b) if they held an infantry position, (c) if they were an officer versus an enlisted member, (c) if they have a spouse and/or children to support, (d) their background and multicultural considerations, (e) their gender, (f) if they have existing mental health diagnoses upon separating, (g) if they experienced military sexual assault (MSA) or combat-related trauma, and (h) if they went on combat or non-combat deployments. Assessing each veteran's personal experience and limitations will improve what their individual needs are during civilian reintegration.

The military culture's attitude and level of acceptance toward mental health is a challenge that will take time to effectively transform deeply rooted stigma. Demanding chains of command and leaders to empathize with their junior enlisted may not always be successful and will be an issue that needs to be addressed over time. In January of 2018, Executive Order 13822, "Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life"

was passed. This order prioritizes a focus on improving support for service members during the military to civilian transition and how to ease this process with adequate mental health services and building awareness of what servicemembers have access to. Actions such as these can be considered progress in the right direction because it can influence people in higher military ranks to reconsider their stances in how they can genuinely support and have greater empathy for their junior enlisted service members.

Acknowledging the reluctance to seek care and the fear of consequences from accessing mental health services is another problem that needs more attention. Is it their direct leader's lack of respect for their privacy? Or, is it their own choice not to use programs because of their personal views on how to manage mental health matters? To combat some of these barriers to care, clinicians should offer services and support that are perceived as less "confrontational" for those who want to utilize mental health services, such as expressive therapies, where verbal communication is not always required. Art therapy can be a solution for those who may not initially feel comfortable voicing their thoughts and feelings. Exercising creative expression can also help veterans and active-duty members develop positive coping skills that they can carry with them as they transition out of the military, even if they cannot continue care with the same clinician upon relocating.

A concept I read about during my research that I have experienced myself as a military spouse is this feeling of being in limbo. The uncertainty in plans, floating in a state of not knowing what is next, and having your entire plans, even those for your family, in the hands of someone else at all times. Being a military spouse is acknowledging that your career and education plans often come second to what the military has in mind for your spouse and family, whether that involves relocating or unexpected changes in plans. I created an artistic reflection,

Figure 1, to represent my process of researching this topic and my thoughts about the current state of mental health in the military. “Two worlds” is a digital media piece with cloud-like elements to depict a storm, creating a diagonal split with the colors to represent the transition phase from active duty to civilian status, with the “in-between” representing the sensation of being in limbo. The silhouette outline of a person among the red clouds represents the veteran trying to reform their identity in their new environment. The sea of question marks symbolizes the questions military members, veterans, and their families often receive: “Can you make this event; Where are you moving next; Are you going to make a career out of the military or change your career after this enlistment; How can you afford the treatments you’re on now without Tricare; How will you support your family if you want to get out and go to school?” The phrase “hurry up and wait” is often tossed around in the military; many answers to those questions are unknown for extended periods until you all of a sudden have the answer at the last minute, and you need to adjust accordingly. This artistic piece reveals the dichotomy of the two worlds that a veteran is a part of. It is meant to encompass the confusion and change a new veteran faces while grieving the loss of identity, friendship, and belonging they had in the military, all while trying to cope and adjust.

Figure 1

Note: Artistic reflection, “Two Worlds.”

Throughout my research and reading the limited writings on this specific time in a service member’s life, I began to question what many researchers also wondered: how “long” is this military to civilian transition? There is the initial process of preparing for civilian life while they are still active-duty, and then there is the process of adjusting once they have separated.

However, there is no black-and-white, concrete time that signifies a veteran has reintegrated into civilian life. Both visible and invisible wounds from war can last a lifetime lead to feelings of isolation if the veteran does not feel they can relate to those around them. Even veterans who may not have severe physical injuries or psychological symptoms can feel like they are always playing “catch up” with their civilian peers, who may have already graduated from college and have started families and careers.

Clinicians, programs, and governmental policies need to address the military mental health stigma and find ways to increase engagement and use of services by both active-duty military and veterans. Offering more options for teletherapy and art therapy can be potential

solutions for many servicemembers, emphasizing group therapies and veteran-to-veteran mentorships to offer support as they adjust to their new lifestyle and careers. Veterans deserve the chance to adapt to their new communities where clinicians and civilians alike have empathy for their experience and understand how to support them best to ensure their successful reintegration.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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