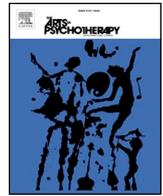




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The Arts in Psychotherapy

journal homepage: www.elsevier.com/locate/artspsycho

Research Article

Using distance technology to deliver the creative arts therapies to veterans: Case studies in art, dance/movement and music therapy

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ARTICLE INFO

Keywords:

Telehealth

Veterans

Military

Art therapy

Dance/movement therapy

Music therapy

ABSTRACT

Three case studies of veterans are presented who received either art therapy, dance/movement therapy or music therapy via in-home, synchronous clinical video telehealth through a VA medical center in the southeastern United States. As the use of distance technology becomes more widely implemented within healthcare, it becomes increasingly important for providers to receive adequate training and develop comfort and confidence in adapting their practices to distance delivery. Case studies are one way for creative arts therapists to conceptualize and demonstrate how their in-person practices can be adapted for distance delivery via telehealth.

The National Institute of Health defines health disparities as “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States” (U.S. Department of Health and Human Services; National Institutes of Health; National Heart, Lung and Blood Institute, n.d.). Health disparities are more pronounced for members of certain groups, including individuals with disabilities and individuals who live in rural areas (National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States, 2017). One way to reduce disparities is through the use of technology to deliver healthcare services from a distance; a practice referred to as telehealth. Initial reviews indicate that telehealth programs are effective and are viewed favorably by both providers and participants (Speyer et al., 2018; Turgoose, Ashwick, & Murphy, 2017). As telehealth becomes more widely adopted, the need for greater research to support its use increases.

The Department of Veterans Affairs (VA) is acknowledged as a global leader in telehealth (Department of Veterans Affairs, n.d.). In the United States, approximately 24% of veterans live in rural areas, and telehealth is one of the primary ways the VA increases access to care for

these veterans (U.S. Department of Veterans Affairs, Office of Rural Health, 2016). As of 2016, approximately 12% of the 9 million veterans enrolled in the Veterans Health Administration (VA) received some aspect of their care via telehealth (Department of Veterans Affairs, n.d.). While telehealth is increasingly used within the VA, at the time of this writing only 2% of VA’s recreational therapy and creative arts therapy sessions are delivered through telehealth (D. Chandler, personal communication, June 14, 2018).¹ There are several initiatives currently in place to increase training and delivery of telehealth throughout the VA as a whole. The creative arts therapies, which include art therapy, dance/movement therapy, and music therapy – distinct and regulated behavioral and rehabilitative health professions – are included in these initiatives.

As the use of telehealth continues to expand, there comes a greater need for creative arts therapists to develop comfort and familiarity with the distance delivery of their services. At the time of manuscript preparation only five VA medical centers across the country were known to provide telehealth-based creative arts therapy services (D. Chandler, personal communication, June 14, 2018). Consequently, few creative arts therapists working within the VA have had the opportunity to observe a creative arts therapy session delivered using distance technology. The authors are currently working with a group of recreational

¹ Because creative arts therapies services are classified under recreational therapy within the VA Health System it is not currently possible to isolate the percentage of these sessions that are delivered by creative arts therapists.

<https://doi.org/10.1016/j.aip.2018.11.012>

Received 19 June 2018; Received in revised form 16 November 2018; Accepted 30 November 2018

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and creative arts therapists within the VA to write specific protocols for the delivery of creative arts therapy services via telehealth. They published a previous paper that outlined the basic program structure for the telehealth program described below (Levy et al., 2017).

Previous studies have found that even when resources and support are in place, programs and providers are often slow to adopt telehealth. One reason for this may be a lack of provider comfort and confidence in distance delivery (Edirippulige & Armfield, 2016). Case studies such as the ones in this article can help to illustrate how creative arts therapies practices can be adapted for distance delivery. Several single case studies demonstrate integration of creative arts therapies into treatment plans for active duty service members (Vaudreuil, Avila, Bradt, & Pasquina, 2018; Walker, Kaimal, Koffman, & DeGraba, 2016).

Our three case studies highlight the experiences of three veterans who have received distance-based creative arts therapy services through clinical video telehealth through the largest telehealth-based creative arts therapy program within the VA medical system. The program serves veterans and some active duty service members and spouses across a range of ages, genders, conflicts, presenting conditions, and experiences. These case studies were chosen to illustrate both how telehealth is delivered within each discipline (art, dance/movement, and music) and how telehealth can be applied across different demographics. They also demonstrate some of the challenges and opportunities for creative arts therapists delivering services via telehealth.

The Rural Veterans' Telerehabilitation Initiative (RVTRI) Creative Arts Therapy Project (CAT) is part of a group of telerehabilitation services based out of the Malcom Randall VA Medical Center (MRVAMC) in Gainesville, Florida.² RVTRI CAT serves veterans throughout the North Florida/South Georgia Veterans Health System (NFSGVHS) and delivers over 50% of its sessions via in-home clinical video telehealth. Additionally, the NFSGVHS works with the VA Office of Rural Health to disseminate telerehabilitation practices to other VA sites through the RVTRI Enterprise Wide Initiative.

The creative arts therapies program at the MRVAMC was developed in partnership with the University of Florida Center for Arts in Medicine (UF CAM). UF CAM faculty receive salary support through Interagency Personnel Agreements, a contracting mechanism that allows the VA to reimburse the university for work done for the VA. The RVTRI CAT program has offered art and dance/movement therapy since its 2014 inception. Music therapy was added through an initiative of the National Endowment for the Arts, Creative Forces™: NEA Military Healing Arts Network in a partnership with the U.S. Departments of Defense and Veterans Affairs and the state and local arts agencies with administrative support provided by Americans for the Arts. Each of the therapists is registered and board certified within his or her own respective profession's credentialing organization, with additional experience in working with veteran populations and incorporating technology within their clinical practice.

Veterans, spouses, and some qualifying active duty service members within NF/SG VHS are referred to RVTRI CAT from a variety of sources, including clinics associated with rehabilitation or traumatic brain injury, mental health, neurological disorders, pain, and women's health. Participants have ranged in age from their early 20s to their late 80s. Referrals can be made by a variety of healthcare providers including physicians, psychologists, psychiatrists and social workers. Some reasons for referral include adjustment to new diagnoses, emotional wellbeing, trauma-related symptoms, pain management and learning new coping skills. Providers may refer patients to a particular creative arts therapist if the provider believes the therapist's modality would be best suited to the veteran. In most cases veterans receive a general referral to the clinic and are assigned based on therapist availability. The veteran's preference of art form (visual art, dance/movement, or music) is accommodated when possible.

Administrative oversight of RVTRI CAT is provided by the Physical Medicine & Rehabilitation Services service manager. Clinical oversight is provided by the Chief of Physical Medicine & Rehabilitation Services. The director of the university center provides additional operational support. The entire team participates in weekly program meetings. Creative arts therapists also participate in team treatment meetings with the VA's Post Traumatic Stress Disorder (PCT Clinic) and Traumatic Brain Injury teams.

RVTRI CAT was developed as a hybrid program, providing veterans with the option to participate primarily in person, primarily via telehealth, or through a combination of delivery methods. All telehealth sessions take place via synchronous clinical video telehealth using a secure network. The software is compatible with most personal electronic devices, including smartphones, tablets, laptops, and desktop computers. If the veteran does not have access to high-speed internet or a compatible device, the VA is able to loan tablets with built-in cameras, microphones and internet capabilities for the duration of treatment.

Each veteran completes an initial, in-person consultation prior to beginning telehealth services. Treatment plan goals are developed collaboratively by veterans and their creative arts therapists with consideration for the reason for referral. All veterans also receive psychoeducation related to multi-dimensional wellness either during their initial consult or in the first follow up session. This model provides a framework for future therapy sessions.

Participants receive weekly individual therapy for 6–8 weeks and then are re-evaluated. Participants may choose to continue to participate beyond the re-evaluation by reducing frequency to approximately once per month and/or participating in weekly open studio sessions offered at the medical center. At the time of this writing, the open studio was offered only in-person but plans are in development to expand this to accommodate veterans who may wish to participate using telehealth.

Methods

The three case studies below demonstrate how telehealth was specifically implemented into creative arts therapies treatment with a representative sample of veterans in the RVTRI CAT program. One example was chosen from each of the disciplines offered at the medical center. One veteran worked with two different providers in two different disciplines. In some cases, the individual creative arts therapists incorporated multimodal techniques. Examples of the integration of writing are specifically highlighted in the art therapy and dance/movement therapy case studies below.

The Veterans were selected for this report with consideration for how their cases demonstrated the need for and potential of telehealth-based treatment. In cases where more than one creative arts therapist was involved in treatment, providers discussed details of the case with one another. However, veterans were otherwise deidentified to the other authors. The article was reviewed by the entire RVTRI team. Coauthors on the paper are those who provide the administrative, clinical and/or operational oversight for the project. The final article was approved by the MRVAMC prior to publication. The MRVAMC also verified that consent from each veteran was obtained.

University of Florida IRB guidelines define three case studies or fewer as a case report that does not require IRB approval. Therefore, although IRB approval was not required for the case studies in this paper, care was taken to ensure patient privacy and confidentiality in these three case studies. The veterans included in each case study provided verbal informed consent to have their case discussed. Names and identifying information were altered to protect the veterans' confidentiality.

² The National Endowment for the Arts is a partner in the RVTRI CAT.

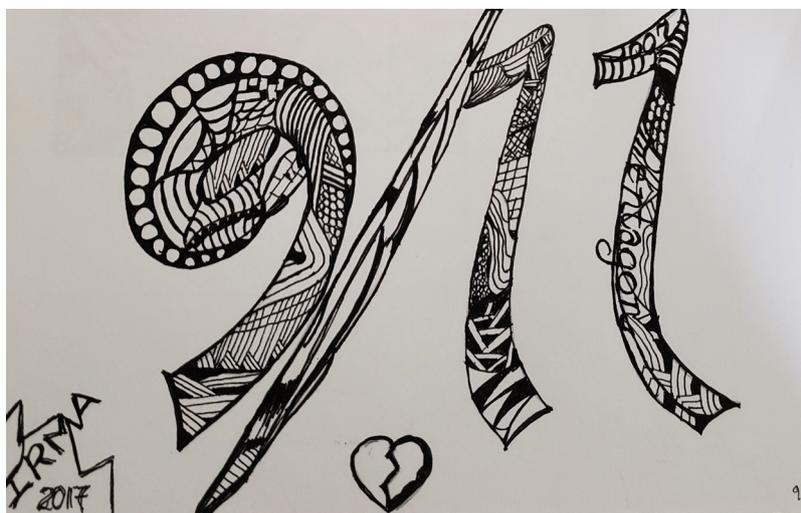


Fig. 1. Drawing by “Valerie” while waiting for Hurricane Irma around the time of the 09/11 anniversary.

Case studies

Art therapy

Valerie: (Pseudonym) is a woman who underwent complex surgery, after which an occupational therapist referred her to creative arts therapy. Valerie served in the army and subsequently she worked in the Pentagon as a civilian employee of the Department of Defense. She survived a work accident in which she was severely injured. She required intensive inpatient rehabilitation for her injuries and experienced long-term impacts associated with a traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). She received treatment at the MRVAMC for over ten years prior to her referral to the creative arts therapy program. Her reasons for referral included assistance in coping with chronic health issues, stress reduction and general emotional wellbeing, all of which were impacted by her existing brain injury and PTSD.

Valerie lives a long way from the VA medical Center. This distance, coupled with her dependence on others for transportation, made regular visits to the VA difficult. Additionally, her time in convalescence had isolated her from some of her usual sources of social support, such as her church choir. As a result, she felt increasingly lonely and had access to fewer support systems at the very time that she had the greatest need.

During her initial consultation, Valerie expressed both interest in and anxiety around the use of technology. She shared that due to her brain injury she often needed to be given specific step-by-step instructions. She needed new processes demonstrated repeatedly before she could complete them independently. She was issued a tablet device to facilitate telehealth connections, and the connection process was demonstrated repeatedly until she was able to complete the process independently. She was also given phone numbers for staff members she could call whenever she needed additional technological support.

The initial consultation included an interview, a *Person Picking an Apple from a Tree* (PPAT; Gantt, 1990) drawing, Montreal Cognitive Assessment (MoCA), the World Health Organization’s WHOQOL-BREF quality of life assessment, and the Positive and Negative Affect Scale (PANAS-X). Valerie scored within normal range on the cognitive assessment despite her known difficulty. She explained that she had learned many coping mechanisms through her treatment and was able to apply them when she focused. Valerie’s resulting art therapy treatment goals included developing improved coping strategies, promoting a more positive self-image, finding meaning in her experiences, improving focus/concentration and improving motor skills. She was provided with an art kit that contained a variety of two and three-

dimensional art media including paint, water soluble colored pencils and clay. The art therapist worked with her to set a schedule for weekly individual art therapy sessions through a synchronous, secure, video connection.

It took several weeks for Valerie to adjust to in-home therapy. In addition to spending time in sessions troubleshooting connectivity issues she also took some time to adjust to a routine that allowed for adequate time and privacy in her home environment. During her first couple of sessions she had unexpected visitors, and sessions were shortened or altered due to the lack of adequate privacy. However, after about a month she began to settle into a regular routine with the art therapist.

Valerie’s initial work focused exclusively on visual art. She experimented with several processes that addressed her goals of improving her concentration and motor skills, including clay, observational drawing, and detailed pen patterns. She took a particular liking to the pen patterns and began drawing them regularly at home between therapy sessions. She also began to use her pen drawings in increasingly expressive ways, hiding symbols and quotes within her images. Valerie began to develop an identity as an artist, regularly participating in arts processes between therapy sessions. The therapist noted that this seemed to be made easier by the fact that she was able to set aside space in her home for artmaking. Valerie was able to continue working on her drawings after disconnecting from sessions with her provider and could easily work on her images between therapy sessions. Valerie began to supplement the supplies that were issued to her by the medical center with additional supplies of her own. (Fig. 1).

Valerie’s re-evaluation took place two and a half months after her initial consultation. During the re-evaluation she reported progress toward all of her goals and stated that she had begun to use her drawings to facilitate communication with her psychologist, who she continued to work with once per month. Valerie’s re-evaluation assessments showed an increase in general negative impact and decreases in her overall perceived quality of life and satisfaction with health. Despite this, she stated that she felt she actually had made progress towards her goals. Valerie and her therapist discussed possible reasons for the discrepancy between her assessment scores and her perceived treatment progress. She stated that she was more aware of her emotions as a result of art therapy and more willing to explore difficult events. While this was initially difficult for her, she reported steady progress over time. Valerie’s increase in negative affect on the assessment was notable. However, her explanation was generally consistent with the minority of veterans who have demonstrated an increase in negative affect during their re-evaluation.

A few months after Valerie’s re-evaluation she decided to downsize

and sell her home. As she began sorting through items that she had collected over the years she was overwhelmed by a multitude of objects, notes, and memorabilia from events that she could not recall. Valerie realized that there were large portions of her life that she had forgotten and developed a strong desire to begin to piece the events of her life together. After some discussion, Valerie and her art therapist decided to begin writing a story about her life that could include images of the memorabilia (much of which she needed to get rid of in order to downsize but did not want to forget or lose altogether). Because Valerie connected from home, she was easily able to share the items she found each week with her therapist so they could explore them together.

At this point the focus of Valerie's sessions shifted to writing her story. Valerie had insight and wisdom to share from her experience, but had difficulty organizing her thoughts into words and typing them. Using the telehealth software, the art therapist was able to share her screen so both she and Valerie could see a text document at the same time. The therapist wrote Valerie's story as she spoke and spent time working with Valerie to identify places where there were gaps. At several points, Valerie came across items that she did not remember and decided to reach out to friends and family from her past for assistance filling in the gaps in her own memory. Upon later reflection, Valerie reported that this process was at times painful, but also facilitated a sense of connection during a time when she felt particularly alone. Valerie expressed excitement that she was able to learn about her past passions and awards she had won. She also learned information about a past relationship that she said helped her answer some of her lingering questions.

Valerie remained focused on this project for most of the year. However, she found the process increasingly difficult as the anniversary of her injury began to approach. This anniversary was difficult for her every year, and together she and her art therapist decided that she should take a break from the more deeply emotional work of writing her story and focus on self-care and coping strategies during this time. Valerie turned to her art to help her cope with the waves of emotion surrounding the anniversary. She also took a break from writing her story.

Valerie recently decided that she was ready to again resume work on her story. She states that this work has helped her to rediscover aspects of herself that were lost following the accident and find meaning in her experience. Her therapist found that Valerie's moving through this process was greatly facilitated by her ability to invite her therapist into her home environment through telehealth. By connecting with Valerie in her home, the therapist was able to sort through the memorabilia and memories along with the veteran and assist in processing emotions as they arose. This meaningful work was made possible due to the telehealth platform, and most likely would be missed if a conventional, exclusively in-person model had been employed. By collaboratively writing her story, the therapist also had a unique opportunity to assist Valerie in reconstructing memories that had been lost due to her brain injury. In her story, she wrote:

There have been many upsetting moments in my life, none of which I would wish on anyone. However, I hope that through each tragedy there is a lesson that I have learned. My life today does not resemble the life that I thought I would have back when I was a child. I often feel depressed, but I find joy from the Lord and am working hard on finding happiness for myself. The Lord has brought me through this and I try to stay positive and uplifting about everything. I often find myself turning inward because I know I can control my own life, happiness, and circumstances. I don't know how this relates to my dream to find my king. I am still trying to make sense of my life today compared to that dream.

Dance/movement therapy

"Collin" is a 75-year-old male referred to the creative arts therapy

program to address coping with chronic health conditions including Parkinson's Disease, restless leg syndrome, and increased falls. He had a long and distinguished history of military service in the army. He also served as a civilian employee of the Department of Defense. He was referred to dance/movement therapy to introduce movement strategies in order to improve quality of life and coping with chronic health conditions, specifically a movement disorder.

Collin lives approximately 60 miles from his nearest VA medical center. Travel increases Collin's physical discomfort and symptoms, and he requires frequent medical visits for a myriad of complex medical needs. Primary symptoms include balance issues and regular falls, tremors, speech and fine motor challenges, dystonia, restless leg syndrome, insomnia, and low mood states. Emotional and social support are secondary in some ways to the physical needs that he presents on a moment-by-moment basis. The premature death of his grown son, not being able to contribute to his family's needs, and requiring full-time care and companionship are all contributors to Collin's diagnosis of Major Depressive Disorder.

During his initial evaluation, Collin demonstrated openness to a telehealth delivery of care, quickly seeing the value in not having to travel to therapy. He had a home computer and high-speed internet in place. Collin also had an active creative writing practice that he was motivated to continue pursuing, and he verbalized that he could see the value in intentional use of movement to address and potentially ameliorate physical symptoms. Following a biopsychosocial interview, a PPAT drawing, MoCA, WHOQOL-BREF and PANAS-X assessments, Collin scheduled time to begin weekly dance/movement therapy sessions with his wife and full-time caregiver present to participate as well. Having scored within the normal range on the cognitive assessment and with some clear indicators that quality of life was impeded by health issues, it was clear that Collin would benefit from the multi-dimensional wellness model. His goals included using movement to address coping with his chronic health condition; enhancing positive mood and affect; and engaging in movement to ameliorate physical symptoms associated with his movement disorder. He was provided with basic art supplies to augment and process goals of dance/movement therapy sessions, and he began receiving weekly dance/movement therapy through a secure video connection in the comfort of his home.

As part of the initial assessment, Collin engaged in a drawing process to represent each dimension in a multidimensional wellness wheel including physical, intellectual, social, spiritual, emotional, financial, occupational, and environmental dimensions of personal wellness. In his drawing, his spiritual dimension was a small uncolored sliver. Inside it, he wrote the word "void." Similarly, his social dimension was a notably small slice of the pie in comparison to the nearly half of the pie devoted to the "physical" dimension. Using this wheel as a guide, he began using dance/movement therapy to address these dimensions.

From the start of the sessions, Collin was consistently eager and engaged in dance/movement therapy and was especially motivated to move and write creatively. Primary concerns that had to be consistently addressed throughout the sessions were Collin's significant fall risk, the sedating effect of his medications, and lack of sleep due to restless leg syndrome. Thus, the first step was to ensure basic physical safety by considering the physical environment in which Collin would be engaging in seated and standing movement sequences. Collin's wife, who is also his primary caregiver, was an essential partner in this endeavor. She ensured that a stable piece of furniture surrounded Collin at all times to help him balance and support himself while seated or standing. The sessions included lively music and movement sequences to keep Collin focused and alert. An initial check-in was a good gauge of how the session would be structured, and whether or not it would begin with creative writing or movement. This check-in included updates about physical health—such as pain level, quality of sleep, recent falls, and issues with balance—and consideration for emotional, mental, social, and/or spiritual updates from the week.

Collin's therapeutic work, though primarily based in dance and

movement, engaged a blend of artistic disciplines based upon his energy and activity levels, interests, and session goals. He willingly participated in selecting his preferred genre of music (Jazz) and engaged in seated, full-body warm up, and movement in dyads either through telehealth with the therapist, or alternately with his wife/caregiver. Collin often closed his eyes and moved rhythmically during the seated movement sequences, indicating he enjoyed and was energized by the musical selections. He frequently sang along with the words and shared memories of the selected songs.

At the start of each session, Collin read aloud one of his original published poems. Even so, creative writing proved challenging as Collin's handwriting had grown quite shaky. It often worked best for him to dictate his poems to be typed or captured by the therapist or his wife/caregiver. Initially, the therapist provided creative prompts; however, as soon as he had the hang of the therapeutic structure, Collin began bringing his own creative prompts and preferred to have the therapist and his wife/caregiver write in parallel with him so that they could each share their individual writing in the style of a "writers' group."

Over the course of two years, with intermittent breaks during the summer season due to annual travel, re-evaluation indicated that Collin achieved expanded movement repertoire and range of motion. Later in his course of treatment, Collin met newly set goals to socialize weekly in his community and participate in groups to process unexpected loss of loved ones. Collin and his wife also identified a respite program that offered his wife an opportunity to get more involved in her circle of friends and their community-at-large, as well as to get some much-needed medical attention of her own. At the end of nearly two years of weekly sessions, Collin had a dream of facilitating a veterans' creative writing group using telehealth delivery for maximum participation. Therapy was terminated due to Collin's relocation to a new state and a new medical system.

Music therapy

"Sam" is a 40-year-old veteran referred to the creative arts therapy program to assist with emotional well-being and stress reduction associated with a traumatic brain injury. Sam served in the Army for five years and reluctantly agreed to medical severance due to injuries sustained during service. During the interview portion of the initial intake, Sam shared that he had initially felt betrayed by the military and was alienated from his family, which contributed to him not seeking out care from the VA for almost ten years after his medical severance. Sam went on to share that he lived a nomadic life throughout this time, trying to seek out who he was as a person outside of the military. He was propelled by a purposeful spiritual drive. He lived out of his car for ten years and even travelled overseas for nine months, with the hope to somehow escape the physical pain that was a constant burden. Sam had refused to take medication for his intense pain and instead turned to his inner spirituality for comfort. "I knew if I was in that spiritual place, then I would feel no pain, but there were times when it came through and I knew the pain had never left."

It was not until after returning from a journey to Africa that Sam knew that he needed more support for his physical symptoms than he had previously admitted. He says he felt a merging of his spiritual and physical self that prompted him to begin to seek out help from the VA, initially for pain management. It was not until the third VA location that he met a TBI doctor who referred him to the creative arts therapy clinic to provide care for behavioral health, ongoing symptoms of his traumatic brain injury such as cognition (e.g., short-term memory and organization), and overall well-being.

Sam's initial consultation included an interview, a PPAT drawing, MoCA, WHOQOL-BREF and PANAS-X assessments. Sam scored below the normal range on the cognitive assessment, which was likely due to his TBI. Sam's treatment plan included weekly individual telehealth sessions to support the following goals: learn arts-based coping skills for

relaxation, stress reduction, and mindfulness; use arts processes and media to explore, better understand and initiate positive changes to his patterns of relating to others; and learn and practice art-based processes with an emphasis on improving concentration and focus.

Sam lived about three hours away from the closest major VA medical center. The only realistic way for Sam to participate in regular creative arts therapy sessions was through telehealth. He began weekly individual sessions through a secure video connection. At the time that Sam was referred to the creative arts therapy clinic, only art therapy and dance/movement therapy were offered. He had grown up in a musical family, with his mother instilling a love of music in him and a brother who is now a professional jazz musician. He strongly identified as a musician but agreed to try art therapy because he was interested in the program and it was one of few services that were available to him via telehealth.

Sam would try art processes with prompting from the therapist, but never completely overcame his discomfort with visual art expression. Despite this, he developed a strong rapport with the art therapist and asked to continue because he was experiencing ongoing progress. Sessions were heavily discussion-based, with some visual art and creative writing. A large part of this time was spent helping Sam decide whether to go back to school and aiding him in finding a career path that motivated him. With this emotional support, Sam made the decision to enroll in school but maintained reservations about his career path.

When a music therapist was added to the RVTRI CAT team eight months after Sam began treatment, both Sam and the art therapist agreed that he should transition to working with the music therapist, as this discipline was one that he had been most drawn to initially. At this point he concentrated on this modality, although he continued intermittent art therapy sessions. Sam was excited about music therapy, but hesitant about how it would work through telehealth due to skepticism associated with the latency issues, especially regarding music and the transfer of sound via the secured connection. However, now with the additional burden of attending school full-time, Sam came to appreciate the use of technology to receive music therapy, saving the six-hour, round trip drive and receiving the benefits of using music therapy as a coping skill to address school-related stress. He shared that having a session from home was "comforting" because he knew his surroundings and felt more relaxed and secure, and thus more open to trying new interventions within the music therapy session. Once the music therapist and Sam had processed his feelings regarding the use of technology to facilitate their music therapy sessions, Sam began to thrive.

Despite his earlier reservations, Sam noticed that he was "exercising his brain" in a new way. Not only was he learning to regulate the fine and gross motor movement of his fingers and hands to play the keyboard, but he was improving his skills in auditory discrimination and remembering specific sounds and patterns. Each of the music therapy interventions worked toward his goals of learning new skills to reduce stress and anxiety and improve focus and concentration.

The participation in music therapy allowed Sam to learn new coping skills to promote mindfulness and reduce his pain level; it also provided opportunities for Sam to appreciate and focus on spirituality within a structured treatment plan. Sam continues to meet with the music therapist via telehealth bi-monthly to proceed in making progress toward clinical goals.

Discussion

As telehealth is becoming more widely implemented, it is increasingly important for providers to receive adequate training and develop comfort and confidence in adapting their practices to distance delivery. As noted, studies have indicated that despite adequate funding, personnel, technology and assistance, providers can be hesitant to adopt telehealth. It is the intent of this set of case studies to demonstrate the potential of this form of creative arts therapies delivery as a means of

starting a dialogue to address provider concerns.

Having technical assistance, resources, and support in place can significantly smooth and enhance telehealth service delivery. Larger healthcare facilities and military/veteran hospitals may already have telehealth systems in place. Creative arts therapists at these sites may be able to tap into these systems by connecting with members of the larger interdisciplinary team. Connecting with other creative arts therapists can help prepare for the issues that may arise specifically in creative arts therapies sessions and assist in adapting individual arts processes to distance delivery. Additionally, it is advised that creative arts therapist first practice facilitating arts practices with a peer or in a supervision session and elicit honest feedback before attempting to facilitate a therapy session. It is important to note that, even with good connectivity, therapists are likely to miss some of the visual and auditory information they would normally have during an in-person session. This may require some adaptations to one's usual process, which requires good verbal communication between the therapist and participant or the participant's caregiver.

When providing services through telehealth, creative arts therapists will need to ensure that they develop a practice model and use a telehealth platform that complies with national and state legal guidelines, as well as the ethical guidelines of their own profession. Because this is a relatively new area of practice, professional associations may have few guidelines specific to telehealth, requiring therapists to look to related disciplines such as counseling or psychology for additional guidance. The National Board for Certified Counselors and the American Psychological Association each have policies or guidelines that specifically address distance-based service delivery ([Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, 2014](#); [National Board for Certified Counselors, 2016](#)).

Additionally, the National Consortium of Telehealth Resource Centers (<https://www.telehealthresourcecenter.org/>) is frequently updated to include information about rapidly evolving telehealth resources and state laws.

Providers serve to benefit from facing inhibitions or concerns about delivering care using technology. Once skills are honed, therapists are better equipped to reach a broader range of underserved or marginalized individuals who are often in great need of accessible care. These professional skills enhance employability in addition to addressing health disparities due to healthcare access.

At a given time, 25–35% of veterans are reported to live in rural regions, and many live with complex health issues requiring specialized and frequent medical care, all of which increases the challenge of attending additional in-person clinic appointments ([Levy et al., 2017](#)). Distance delivery of creative arts therapies, as indicated in each of the case studies presented, ensures that rehabilitation and mental health care is accessible regardless of barriers or challenges such as stigma, distance, or disability. In addition to access to care, distance delivery also lends itself to community involvement, integration, and social engagement. Veterans, with the help of their creative arts therapist, may find local opportunities to engage more fully in their artistic discipline.

Challenges and opportunities

In the case studies presented, each of the veterans had varying degrees of comfort with technology prior to starting the creative arts therapy program. Internet connectivity issues and a lack of familiarity with the technology used can present a challenge in distance delivery for both therapist and participant. In order to ensure successful care, participant reservations and connectivity issues were addressed prior to initiating telehealth sessions.

By providing access to healthcare through telehealth, individuals who experience health disparities may experience care more frequently or may be more likely to receive follow-up or specialized care. Among the benefits of telehealth delivery of creative arts therapies is that

veterans receive the similar quality and frequency of care recommended for in-person sessions within the medical setting. Having the ability to connect from home or from a local healthcare facility allows participants to take a more active role in their treatment and to have greater autonomy, both during the session specifically and in the care received generally. Caregivers and family members are also likely to receive some benefit from respite from providing transportation or managing appointments.

Conclusion

The presentation of these case studies endeavors to encourage further exploration of distance delivery of rehabilitation and mental health care broadly, and the creative arts therapies specifically, in order to increase access to healthcare for veterans. These three case studies demonstrate the potential and feasibility in-depth through a single case per discipline. In each case study, therapeutic gains, challenges, and opportunities, were examined to better understand the practice of distance delivery of the creative arts therapies.

Further practice and research are encouraged to examine the advantages, risks, and limitations of distance delivery of the creative arts therapies. The program described in this paper primarily focuses on a clinic-to-home model of individual therapy with veterans. Of interest would be additional articles outlining practice models with other populations, clinic-to-clinic telehealth, and group telehealth practices. Additionally, there is a need for research on telehealth-based creative arts therapy practices, particularly as compared to traditional, in-person models. This research could address therapy efficacy, participant compliance, retention of benefits, or ability of participants to strengthen relationships in their homes or communities.

When familiarity and comfort are established with technology, it can become a tool for veterans who are geographically isolated to address other challenges and barriers in their transition to a meaningful and engaged civilian life. One area of significant potential with telehealth is the possibility for it to be used as a bridge between clinical care and community integration. Because participants connect from their own homes within their own communities, there is greater opportunity for them to integrate family members or community support systems into their treatment. Additionally, once they become engaged with the creative arts therapy program, many veterans have begun to engage with other forms of technology and media such as videos to learn new art techniques, apps, and social media groups. Veterans in the RVTRI CAT program have also benefited from connecting with national networks such as the National Initiative for Arts and Health in the Military or other arts organizations who expressly serve service members and their loved ones.

The growing field of telehealth continues to evolve rapidly as new technologies are developed and professional guidelines are put in place. Advances in technology will drive continued innovation and change in healthcare delivery practices. Creative arts therapists are trained to be flexible and adaptable. As healthcare moves toward continued integration of telehealth technology it is natural to include the creative arts therapies in this evolution.

Acknowledgements

The authors would like to acknowledge the VA Office of Rural Health, as well as Creative Forces®: NEA Military Healing Arts Network for their partnership with the University of Florida Center for Arts in Medicine and the Malcom Randall VA Medical Center, which allowed RVTRI CAT to welcome a music therapist to its team in 2017. Creative Forces is an initiative of the National Endowment for the Arts (NEA) in partnership with the U.S. Departments of Defense and Veterans Affairs and the state and local arts agencies. This initiative serves the special needs of military patients and veterans who have been diagnosed with traumatic brain injury and psychological health conditions, as well as their families and caregivers.

Administrative support for the initiative is provided by Americans for the Arts. Administrative support for the initiative is provided by Americans for the Arts. The contents do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.

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