

**The MoMA Alzheimer's Project:
Making Art Accessible to People with Dementia**

A Guide for Museums

Developed by The Museum of Modern Art

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I. INTRODUCTION

The Museum of Modern Art is committed to enabling all visitors to experience its unparalleled collection of modern and contemporary art, and strives to provide the most inclusive environment for all of its visitors. MoMA recognizes the diversity of the general public's abilities and needs, and offers a variety of programs and services to ensure the accessibility of the Museum and its collection. Through its Access Programs, the Museum serves over ten thousand individuals each year who have physical, cognitive, emotional, behavioral, and developmental disabilities; who are partially sighted, blind, hard of hearing, or deaf; or who are senior citizens. In recognition of its innovations in developing these programs, MoMA received the Access Innovation in the Arts Award from VSA Arts and MetLife Foundation in 2000, and the Ruth Green Advocacy Award from the League for the Hard of Hearing in 2007.

A. Meet Me at MoMA

MoMA is one of the first museums in the country to offer programs specially designed to make its collection and special exhibitions accessible to people with Alzheimer's disease and their caregivers. In 2006 the Museum launched Meet Me at MoMA, an educational program specifically for people with Alzheimer's disease. This monthly program features interactive tours of the Museum's renowned collection of modern art and special exhibitions for individuals in the early and middle stages of the degenerative disease, along with their family members and caregivers.

Meet Me at MoMA gives those living with Alzheimer's disease an expressive outlet and a forum for dialogue through guided tours and discussion in the Museum's galleries during nonpublic hours. Specially trained Museum educators engage participants in lively discussions by focusing on iconic art from MoMA's collection, including works by such modern masters as Henri Matisse, Pablo Picasso, Jackson Pollock, and Andy Warhol. Meet Me at MoMA strives to provide a rich and satisfying experience for people with Alzheimer's disease and their caregivers.

B. The MoMA Alzheimer's Project

The MoMA Alzheimer's Project is a nationwide expansion of the Museum's outreach program for individuals living with Alzheimer's disease and their caregivers. This new initiative is funded through a two-year, \$450,000 grant from MetLife Foundation. The project will broaden the reach of Meet Me at MoMA through the

development of a program model that can be adapted by museums, assisted-living facilities, nursing homes, and Alzheimer's Association chapters across the country.

Utilizing the expertise developed by MoMA educators, the MoMA Alzheimer's Project has produced this training manual designed to equip museum professionals with methods for making art accessible to people living with early- and middle-stage Alzheimer's disease.

1. History of the project

The MoMA Alzheimer's Project is a nationwide initiative that builds on the success of MoMA's long history of serving people with disabilities and special needs. It further enhances MoMA's educational programming for older adults, which includes lectures, both at the Museum and at senior centers and assisted-living facilities; an annual Grandparents Day; and regular teleconference courses for homebound seniors. The MoMA Alzheimer's Project allows the Museum's experts to concentrate on one particular segment of the adult population and to create programming designed for the needs of those with Alzheimer's disease and their caregivers.

From 2003 to 2006, MoMA, along with staff from Artists for Alzheimer's, a project sponsored by the Hearststone Alzheimer's Family Foundation, conducted focused interviews with people who have Alzheimer's disease and began pilot programs with groups from Hearststone. After this initial phase, MoMA independently expanded and deepened its research and program development, including creating educator workshops that focused on teaching strategies in the galleries, artwork selection, and audience-appropriate activities. Educators also receive biannual training from professionals from the New York City Alzheimer's Association and the Mount Sinai School of Medicine.

2. Goals of the project

The MoMA Alzheimer's Project aims to:

- continue and advance the Meet Me at MoMA program;
- determine the best practices for creating, developing, and implementing gallery tours and related programming for individuals with Alzheimer's disease and their caregivers, both in a museum setting and for individuals in assisted-living facilities or at home;

- provide resources and practical training to other museums, associations, organizations, and individuals interested in offering similar programs to meet the interests and needs of their local communities;
- reach out to various communities to raise awareness of and advocate for the benefits of making the arts accessible to individuals with Alzheimer's disease and their caregivers.

3. Outreach

The project will reach out to the community in the following ways:

- Web site. A Web site will provide information about tours, lessons, and ideas for themes, as well as testimonials from participants and experts. It will include videos of the program in action, with tips on teaching methodology and techniques;
- lectures, training sessions, and Web-based workshops. Led by MoMA staff, lectures and interactive training sessions will take place at museums across the country, at various community organizations, at MoMA, and online. These programs will emphasize practical approaches for enhancing people's lives with art and will be based on the content of this guide and Web site. They will be geared toward museum staff and educators, program directors, health care workers, direct caregivers, and individuals in the early stages of the disease.
- participation at conferences. The program's outreach will include presentations at conferences hosted by such organizations as the Alzheimer's Association, the Society for Arts in Healthcare, and the American Association of Museums. MoMA will lead training sessions at these conferences for those institutions interested in developing arts-related programs;
- research. MoMA is working with the New York University School of Medicine to conduct a formal evaluative study assessing changes in the quality of life, mood, and level of engagement in daily activities of both people with Alzheimer's disease and their family members following participation in the program. MoMA will share the findings in future publications and presentations.

C. Using this guide

The intent of this guide is to equip museum professionals with methods for making art accessible to people with Alzheimer's disease. It begins by discussing the basics of Alzheimer's disease and other dementias (Chapter II) and then lays out step-by-step the tasks involved in establishing and maintaining a successful art-looking program.

If you will be the coordinator or administrator of your museum's program, you may find Chapters III through VI to be most useful:

Chapter III: Designing a Museum Program

Chapter IV: Staffing the Program

Chapter V: Spreading the Word

Chapter VI: Logistics

If you will be one of the educators leading gallery tours, Chapters VII and VIII are intended specifically for you:

Chapter VII: Planning the Program

Chapter VIII: Discussing Artworks in the Galleries

Regardless of your role, we encourage you to read the entire guide and become familiar with the various components of the program so that you can assess how best to contribute to its overall success.

For more information visit our Web site, www.moma.org/education/alzheimers.html, or e-mail alzheimersproject@moma.org with any questions.

II. BACKGROUND ON DEMENTIA AND ALZHEIMER'S DISEASE

All information in this chapter has been taken from the Alzheimer's Association Web site with permission from the Alzheimer's Association. Please refer to the association's Web site, www.alz.org, for more detailed information on Alzheimer's disease and on the different sections highlighted in this chapter.

A. About dementia

Dementia is a general term for a group of brain disorders, of which Alzheimer's disease is the most common. Alzheimer's disease accounts for 50 to 70 percent of all dementia cases. Other types include vascular dementia, mixed dementia, dementia with Lewy bodies, and frontotemporal dementia. All types of dementia involve mental decline that:

- occurred from a higher level (for example, the person didn't always have a poor memory);
- is severe enough to interfere with usual activities and daily life;
- affects more than one of the following core mental abilities:
 - recent memory (the ability to learn and recall new information);
 - language (the ability to write or speak, or to understand written or spoken words);
 - visuospatial function (the ability to understand and use symbols, maps, etc., and the brain's ability to translate visual signs into a correct impression of where objects are in space);
 - executive function (the ability to plan, reason, solve problems, and focus on a task).

B. About Alzheimer's disease

Alzheimer's disease is named for the German physician Alois Alzheimer, who first described the disorder in 1906. Scientists have learned a great deal about this condition in the century since Dr. Alzheimer first drew attention to it. Today we know that Alzheimer's disease:

- is a progressive and fatal brain disease. It destroys brain cells, interfering with memory, thinking, and behavior severely enough to affect a person's work, hobbies, and social life. Alzheimer's disease gets worse over time and is fatal;
- currently has no cure. But treatments for symptoms, combined with the right services and support, can make life better for the millions of Americans who live with Alzheimer's disease. We've learned most of what is known about Alzheimer's disease in the last fifteen years, and an accelerating worldwide effort is under way to find better methods of treating the disease, delaying its onset, and preventing it from developing.

Today more than five million people in the United States are living with Alzheimer's disease. That number has doubled since 1980 and is expected to be as high as sixteen million by 2050.

The direct and indirect costs of Alzheimer's disease and other dementias amount to more than \$148 billion annually. According to a 2004 report that analyzed Medicare claims data, beneficiaries with dementia cost Medicare three times more than other older beneficiaries. Based on current estimates, these costs will double every ten years.

1. Changes in the brain

Just like the rest of our bodies, our brains change as we age. Most of us notice some slowed thinking and occasional problems remembering certain things. But serious memory loss, confusion, and other major changes in the way our minds work are not a normal part of aging. These symptoms may be a sign that brain cells are failing.

The brain has a hundred billion nerve cells, or neurons. Each nerve cell communicates with many others to form networks. Nerve-cell networks have special jobs: some are involved in thinking, learning, and remembering; others help us see, hear, and smell; and others tell our muscles when to move.

To do their work, brain cells operate like tiny factories, taking in supplies, generating energy, constructing equipment, and getting rid of waste. Cells also process and store information. Keeping everything running requires coordination and large amounts of fuel and oxygen.

In a brain affected with Alzheimer's disease, parts of the cells' factories stop running well. It is not known exactly where the trouble starts but, as in a real factory, backups and breakdowns in one system cause problems in other areas. As damage spreads, cells lose their ability to do their jobs correctly. Eventually they die.

2. Plaques and tangles

Plaques and tangles—abnormal structures that can develop in the brain—are prime suspects in the damage and killing of nerve cells. These were among the abnormalities that Dr. Alzheimer noticed in his patients, although he had different names for them.

Plaques build up between nerve cells. They contain deposits of beta-amyloid, a protein fragment.

Tangles, which form inside dying cells, are twisted fibers of tau, another protein.

Although most people develop some plaques and tangles as they age, those with Alzheimer's disease tend to develop far more. These plaques and tangles tend to form in a predictable pattern, beginning in areas important for learning and memory and then spreading to other regions.

Scientists researching Alzheimer's disease are not absolutely sure what role plaques and tangles play. Most believe that they somehow block communication among nerve cells and disrupt the activities that the cells need to survive.

3. Stages

Staging systems provide useful frames of reference for understanding how the disease may unfold. It is important to note, though, that not everyone will experience the same symptoms or progress at the same rate. On average, people with Alzheimer's disease die four to six years after diagnosis, but the duration of the disease can vary from three to twenty years.

Patients are first diagnosed with problems with memory, thinking, and concentration. Individuals in the early stage typically need minimal assistance with simple daily routines. (At the time of first diagnosis, an individual may have progressed beyond this stage; "early stage" refers to the extent of the disease's progress.) This

program is designed for people in the early and middle stages of the disease. (Please consult the Alzheimer's Association Web site for more information about staging systems and the "stage" categories.)

The term "early onset" indicates Alzheimer's disease in a person under the age of sixty-five. Early-onset individuals may be employed or have children still living at home. Among the issues affected families must face are ensuring financial security, obtaining benefits, and helping children cope with the disease. People who have early-onset dementia may be in any stage of the condition—early, middle, or late. It is estimated that some five hundred thousand people in their thirties, forties, and fifties have Alzheimer's disease or a related dementia.

C. Common effects

Some change in memory is normal as we grow older, but the effects of Alzheimer's disease are more severe than simple lapses. They include difficulties with communicating, learning, thinking, and reasoning—impairments severe enough to have an impact on an individual's work, social activities, and family life in the early and middle stages.

Some of the most common effects that people with dementia and Alzheimer's disease will experience are:

- memory loss. Forgetting recently learned information is one of the most common early signs of dementia. Some people may begin to forget more and more often, or be unable to recall information at a later time;
- difficulty performing familiar tasks. Some may find it hard to plan or complete everyday tasks. They may lose track of the steps involved in preparing a meal, placing a telephone call, or playing a game;
- problems with language. They may forget simple words or make unusual substitutions, making their speech or writing hard to understand. They may be unable to find their toothbrush, for example, and ask for "that thing for my mouth";
- disorientation. Some may become lost in their own neighborhood, forget where they are and how they got there, and not know how to return home;

- poor or decreased judgment. They may dress inappropriately, for example wearing several layers on a warm day or little clothing on a cold one, or be easily deceived;
- problems with abstract thinking. Some people may have unusual difficulty performing complex mental tasks;
- changes in mood or behavior. Rapid mood swings—from calm to anxious to angry—for no apparent reason are common;
- changes in personality. The personalities of people with dementia can change dramatically. They may become extremely confused, suspicious, fearful, or dependent on a family member;
- loss of initiative. Some people may become very passive, sitting in front of the television for hours, sleeping more than usual, or not wanting to take part in their usual activities.

III. DESIGNING A MUSEUM PROGRAM

This chapter details how to establish a museum program for people with Alzheimer's disease or other dementias. It will get you started by laying out a series of topics and questions to guide you in designing the basic foundations of your program.

A. Program goals

It is important at the outset to have a clear idea of why you want to develop a program for people with Alzheimer's disease and what you hope to accomplish. Think about the following:

- What are your goals?
- What would you consider a successful program?
- Who is your target audience—people with Alzheimer's disease living in their own homes or those in assisted-living facilities or both? What about caregivers?
- What difference will your program make for your museum? For the community?
- How can you use what you learn in this program to improve your other programs?

Discuss these questions and your preliminary goals with other program and management staff in your museum. Talk to the people who will need to support the program for it to succeed—involving them in framing the goals encourages their support from the inception.

Consult with other museum professionals, individuals and families affected by Alzheimer's disease, staff from the Alzheimer's Association, and researchers and specialists on the disease and with potential community partners. It is vital to keep an open line of communication with these constituencies in the early planning stages and throughout the development of your program.

After you have answered questions related to the goals of the program, think about the type and number of programs that the museum can realistically provide.

B. Types of programs

There are two types of programs you can offer:

1. Programs for groups coming from facilities, such as residential care centers, nursing homes, or other assisted-living facilities. These could be regularly scheduled or offered upon request, and could be initiated by either the museum or the facility's staff.
2. Regularly scheduled programs for individual families, in which a person with Alzheimer's disease visits with one or more family members or with a professional caregiver. These families would come to the museum and tour the galleries with other families in a group, led by a museum educator. Each family is required to preregister, and participation is on a first-come, first-served basis.

The number of regularly scheduled programs will depend on the museum's capacity; you may want to begin by focusing on a small number of tours and then add others over time. Start with one event per month, or perhaps one every other month. Once the program is running smoothly, and as your audience grows, you will feel more comfortable increasing the number of programs.

C. Dates and times

The dates and times you select must match the needs of your museum but also the needs of people with Alzheimer's disease.

First, identify dates and times that are best for the museum. These might include times when:

- the museum is closed to the public;
- other tour groups are not scheduled;
- normal attendance is typically low.

With these dates and times in mind, consider what might be best for your participants. Typically, late morning (after 10:30 a.m.) is better than early morning for people with Alzheimer's disease, and early afternoon, shortly after lunch, is better than later in the day. Programs should last no longer than two hours. Depending on the time you select, you may want to find a suitable space for participants to have a snack before or after the tour.

D. Number of participants

It is important to keep the size of each group small, limited to eight to ten people with Alzheimer's disease plus their family members and caregivers, for a total of sixteen to twenty people.

You may be able to host more than one group at a time, but the total number of groups your museum can accommodate will be determined by:

- the museum's size;
- the museum's acoustics and noise levels;
- the presence of general visitors or other groups in the building, such as school groups or membership groups;
- staffing;
- available funding.

Again, start small; avoid hosting more groups than you can handle. After you gain experience, you'll have a better sense of how many people you can accommodate and still have an effective program. As demand for the program grows, you may find that your requests exceed your capacity. If so, share your needs and limitations with program and management staff and see if you can come up with a solution. Letters of support from participants may help to make a case for additional programs.

E. Costs and sustainability

Ideally, the program should be free of charge for participants, but it must also be financially sustainable. Consider forming partnerships with organizations and agencies that serve or have an interest in people with Alzheimer's disease. Invite these partners along with individuals in the early stages of the disease and their family members, the museum's decision makers, and local and state officials to attend lectures, workshops, or a scheduled tour if the programs have already started. You can also look for potential sources of funding from foundations, the health care industry, private donors to the museum, and local businesses.

If your museum already provides educational programs, especially access programs and/or tours geared toward older adults, you can use funds from those sources to establish programs for individuals with dementia and their caregivers. Extra costs will be nominal if the program is launched under the auspices of an existing educational division. Some potential ways to further minimize costs are to:

- have full-time staff lead the tours and train volunteer docents;
- schedule group tours during open museum hours;
- have participants cover their own transportation costs.

F. Contact information

Determine how people interested in the program will be able to learn more about it and register. To the extent possible, establish:

- an e-mail address and a Web site;
- a phone number that connects directly to staff knowledgeable about the program;
- a staff member who can answer phone inquiries and handle registration and serve as a point person for the program.

G. Evaluation

Think about how you will evaluate your program from the very beginning. How will you measure success? What tools and criteria will you use? What is the best way to collect information? Build your evaluation plan as you design your program rather than waiting until you are well into implementing it.

Some ways to evaluate the program include:

- hosting a focus group immediately after the tour. Ask willing participants—individuals with Alzheimer's disease and their caregivers—to either stay in the last gallery or move to a separate room and ask for feedback on the program. Record responses with permission;
- distributing evaluation forms with self-addressed, stamped envelopes and asking that they be returned within one week;
- videotaping sessions (with permission) and using the footage with program educators to discuss and assess the session;
- partnering with a research institution to pursue an evidence-based research study.

IV. STAFFING THE PROGRAM

Effective programs rely on trained, capable staff. For this program in particular, you will need a cadre of educators, staff to handle registration and check-in, program assistants, and security personnel.

A. Educators

Good educators are critical for a successful program. You will need one educator for each group of sixteen to twenty participants.

Your program's educators do not need to have prior experience working with those who have Alzheimer's disease or knowledge of how Alzheimer's disease affects cognition, perception, memory, and physical abilities; they can acquire this information through training, education, and informational resources, and they will most certainly expand their knowledge of Alzheimer's disease as they gain experience with the program. There are, however, some aspects of their background, experience, and expertise that are very important.

Consider the pool of educators currently engaged in the other programs at your museum—the paid full-time staff, freelance educators, and docents—especially those who:

- have broad experience with populations with special needs;
- are comfortable and experienced with people of varying ages and abilities (older adults, special-education groups, nonverbal individuals);
- have a strong knowledge of art history and theory;
- have a strong knowledge of the nuances of art education in general, and museum education in particular.

Of the educators who have these qualities, approach those who best demonstrate patience, kindness, creativity, flexibility, and humor. Invite the educators to a workshop addressing working with this audience and gauge their interest in being part of the program.

The ideal educators know how to invite conversation while providing specific art historical information. They weave together the points made in the group's conversation and manage the varying responses and attitudes. They use their reservoir of knowledge to give participants insight into the artworks while also making them feel good about the experience.

If your programs are led by volunteer docents, it might be useful to have guidelines for their participation in this particular program, such as requiring them to have:

- previously worked with older adults;
- led gallery tours on-site within the past six months;
- attended docent training on a regular basis;
- been evaluated within the past year and received an above-average rating.

B. Additional staff

Whether you will be hosting a group attending as a single unit or organizing the program for individual families that call in to register, you will need staff and/or volunteers to perform some important functions.

1. Reservationists/check-in staff

If possible, two staff members should be responsible for registering participants over the phone and planning and coordinating the check-in process on the day of the program. Sharing this responsibility allows for backup in case of illness or vacation and ensures that someone knowledgeable and familiar is available to talk to program participants. These staff members should be paid individuals who are friendly, familiar with your museum (including information such as the hours and days of operation, the location of bathrooms, stools, wheelchairs, listening devices, and other supplies), and able to carry stools and maneuver wheelchairs.

These staff members should also have broad experience with populations with disabilities. If your museum already provides access programs, the staff of those programs will be well suited to this one, too. If possible, the same person who coordinates scheduling for other types of community and access groups should also handle scheduling for this program.

One check-in person should also be in charge of phone reservations. Having a consistent, dedicated person for these two functions ensures that program participants hear a recognizable voice when they arrive at the museum and makes for closer relationships between the staff and the participants.

2. Program assistants

At least one additional staff person, either paid or volunteer, should accompany each educator on the tour. This person's main function is to handle any logistical or special issues that arise, allowing the educator to concentrate on the art.

Common tasks include:

- distributing materials such as name tags and other necessary forms;
- escorting participants to the restroom;
- getting stools or wheelchairs when they are needed;
- distributing personal listening devices for sound amplification when necessary;
- carrying portable stools;
- preventing participants from touching artwork.

Having a second staff member in the group also enables the educator and staff member to position themselves at the front and back of the group, “sheltering” it and keeping it intact as it moves through the museum.

It may be possible for your staff to perform multiple functions, with one of the check-in personnel accompanying a group as it tours the museum and the other remaining at the check-in site for the first half hour of the program to greet late arrivals and help them join a tour already in progress.

In most cases, groups coming from facilities will bring enough aides or professional caregivers. Even so, a volunteer assisting the educator or a second staff member or docent helping with the logistics of the tour will make for a smoother visit.

3. Security personnel

The security requirements and policies of your museum should be strictly followed. During open hours you might not need security guards assigned specifically to your group, but if the museum is closed you will typically need one guard for every twenty-five people. If there is flexibility in your policies, we suggest that you err on the conservative side at first and have more guards than you think you need.

C. Staff training

All program staff and volunteers will need a working knowledge of Alzheimer's disease and other dementias. Plan an initial daylong workshop for educators and docents to give everyone an overview of Alzheimer's disease and train your staff to design and implement a gallery program. The workshop should include basic communication techniques as well as information on what to expect. Follow this initial training with a practical workshop in which educators create and test lessons, lead tours, and try different strategies and techniques.

View your staff and volunteers as a team. Provide opportunities to build strong and productive working partnerships, such as regularly scheduled meetings and activities that let them get to know one another. Invite volunteers to these events once or twice a year to meet the educators and build relationships with them. Encourage educators to observe one another, learn different styles, and provide critiques of varying practices.

(See Appendix for more information about structuring staff-training workshops.)

V. SPREADING THE WORD

As you design your program, think about how you will reach out to your community, to let them know about your offerings and begin to develop the strong partnerships that will help your program grow and thrive.

A. Developing partners

Identify and develop relationships with key groups and constituencies, such as:

- individuals in the early stages of Alzheimer's disease and their caregivers;
- Alzheimer's Association chapters;
- AARP chapters;
- local medical centers;
- assisted-living facilities and nursing homes;
- community organizations;
- seniors' groups.

Meet with representatives from these groups to share your plans and involve them in the planning process. The earlier in your planning you can do this, the better; advice and contributions from these individuals will help your program better meet your community's needs and expectations. Ask people in these groups to suggest other organizations to contact and elicit their support for your marketing and outreach.

When you contact assisted-living facilities, adult day centers, or nursing homes, talk to the facility's manager to explain the program, determine whether or not there is any interest, and answer questions. Arrange a time to visit their facility in order to:

- meet key staff;
- meet some of the residents with Alzheimer's disease and get a sense of their environment;

- become more familiar with their daily activities and interests, as well as the level at which they function generally;
- learn about the special needs or requirements of individuals likely to participate in your program.

The visit should, if possible, include the facility's program coordinator and the museum educator who is likely to conduct the tour. You might also bring some postcards or posters of artwork that might be included on their tour.

B. Informing the community

You should use a variety of methods to let the community know about your program and invite participation. You can also share information and updates through the partnerships you have developed.

1. Regular mailings

Send invitations by regular mail and/or e-mail. At first you can use a mailing list made up of museum members and others included on community/access mailing lists, but eventually you should create a mailing list specifically focused on people with Alzheimer's disease and their caregivers.

Send these invitations as often as you sponsor programs. If you hold programs monthly, mail the notices monthly. Give recipients enough time to register for the session that you are advertising.

At each session, check that you have current mailing information for all of the participants and update and expand your address list accordingly. Ask your participants for names of other individuals and facilities that might be interested in the program.

2. Brochures

Prepare pamphlets or brochures that include much of the same information as the Web site. Use large print and images to enhance readability. Place these brochures in a prominent location at the reception desk of your museum. Mail them to key groups, constituencies, families, and health care professionals working in the field. Distribute them whenever you meet with or speak to individuals and families affected by Alzheimer's disease and community groups.

3. Web site

Highlight the program on your museum's home page with a link to more detailed information on the program, such as:

- its intended audience;
- dates and times of tours;
- a brief description of what happens before, during, and after tours;
- clear instructions and contact information for people who want to learn more or sign up;
- suggestions for what participants might do before and after a tour to extend the experience;
- details about accessibility, transportation, parking, cost, and other logistics.

Use a large font that is easy to read, and be sure to give credit to your funders and supporters. Images of art to be included in upcoming programs can help make the site—and the program itself—more inviting and enticing.

Once the program is underway, you might also post photographs of actual tour participants and educators, but be sure to get permission from them to do so.

4. Meetings and conferences

Speak about your program's offerings at support groups, community meetings, and local or regional conferences. It would be helpful to share your successes as well as the challenges you faced in starting and maintaining your program. Discuss the benefits for both participants and the community as a whole.

VI. LOGISTICS

Paying attention to the administrative logistics early in your planning will pave the way for a smooth program later on. Some important aspects of these logistics are reservations and scheduling, transportation and parking, check-in and checkout procedures, and how you will handle last-minute adjustments.

A. Reservations and scheduling

The person who handles phone reservations is the first point of contact for most program participants. The initial telephone interaction sets the tone for your program and should be as clear as possible.

It is important to find out:

- the number of participants with Alzheimer's disease, their gender, and their age;
- the number of caregivers;
- how verbal or talkative each participant is;
- whether any of the participants needs a wheelchair;
- whether any of the participants needs a personal listening device;
- if applicable, the relationship of the caregiver to the person with dementia;
- whether the individual with dementia or the caregiver has any previous art-making experience;
- whether the individual with dementia or the caregiver has any previous museum experience;
- how they learned about the program;
- if there are any other special needs or information.

Whether you are booking a group or individual families, plan to confirm all relevant information with participants before the tour, including the date and time of the program, the number of participants, arrival instructions, a contact name and number for questions, your cancellation policy, and the cost, if any, of the program.

B. Transportation and parking

Think ahead about how participants will get to and from the museum. Caregivers will greatly appreciate a trip that is made as simple as possible.

For individuals or groups who are providing their own transportation, consider:

- how far away the museum is and how long the trip should take;
- what is the best route for them to use to get to the museum;
- whether public transportation is available or there are free (or inexpensive) means of transportation for people with disabilities (such as Access-a-Ride or other free services);
- whether there is reasonably priced parking close by or a lot that gives a museum discount.

It is also worth thinking about what you can provide for participants who have no other means of transportation. For example, does the museum have a van that can be used for them?

C. Check-in and checkout

Determine the optimal place for check-in and checkout. Look for a site that:

- is a relatively intimate and small space;
- is close to elevators and wheelchair accessible;
- has a coatrack or checkroom and restrooms nearby;
- is as close to parking and the entrance as possible;
- is quiet and free from distracting noise;
- has enough chairs or benches for participants to sit comfortably while waiting to begin.

In addition to a list of all registered participants, arrange to have supplies and equipment at the check-in site, including stools, wheelchairs, coat racks, personal listening devices, name tags, and information about the session to hand out. If you are going to have more than one group at a time, using a different color name tag for each will help to distinguish them.

Finally, plan what you will do at the end of the tour, including:

- share information about upcoming programs and offerings;
- collect stools;
- help participants get their coats and other belongings;
- accompany participants to the restrooms;
- validate parking tickets and help locate cars, vans, buses, or other transportation.

As your program evolves, you can arrange to have something for participants to take home with them—postcards, notepads, art supplies, photos, or reproductions of artworks—and offer them passes so they can return to the museum for free.

A thorough checklist will ensure that all check-in and checkout tasks are completed.

D. Last-minute adjustments

Very few plans are implemented exactly as designed, so expect the unexpected. Try to meet with your program staff the day before the tour to revisit your program plan and identify any changes:

- Have there been cancellations? Additions?
- Do the groups need to be adjusted?
- Are enough educators/staff/volunteers available and ready?
- Are there any special building issues (such as maintenance, works no longer on view, special exhibit installations) to take into account?

Stay in touch with each other during the hours preceding the program. Go over the details and make last-minute modifications, if necessary. Success requires close and direct communication among committed staff.

Remember to be flexible. Some participants will be early, others will arrive late. Some may not show up at all, while others who have not registered may appear. Welcome them all and accommodate anyone who wishes to participate.

VII. PLANNING THE PROGRAM

Although planning a meaningful museum education program for people with Alzheimer's disease involves many of the same steps as designing a program for other audiences, there are some specific strategies and approaches recommended to keep in mind. The most crucial steps are listed below and then explained in detail on the following pages.

Select a theme that will be your tour's organizing principle.

Select four to six works to view and discuss in relation to the theme.

Determine the sequence in which you will view the works.

Plot your route through the galleries and other spaces you will need.

Prepare three to five discussion questions to spark conversation about each work, but be prepared to allow the discussion to generate its own questions and digressions as well.

Have three to five art historical points per work ready to insert into the conversation at the appropriate moment.

Plan a discussion-based activity to introduce at the second or third work.

As you move through these steps, always take into account the communication, facilitation, and teaching strategies that you will be using.

A. Selecting a theme

Select a theme that is appropriate and relevant for individuals with cognitive impairment but that will capture the interest and imagination of participants as well as their caregivers. Your theme should be broad in scope and geared toward adults.

Some possible themes include:

- The modern portrait
- Identity and community
- Materials and processes

- Why is this art?
- Landscapes
- Real and imaginary worlds
- Women in art
- Art and narrative
- Highlights from the collection

You could also focus on a single artist (such as Pablo Picasso or Vincent van Gogh), an art movement (Impressionism or Cubism), art from a geographical region (South America or Europe), or art from a certain time period (nineteenth century or contemporary).

If you are working with individuals or a group that you know—or if you learned of their interests during the registration process—try to choose your theme accordingly.

B. Selecting the works of art

Once you have selected a theme, choose four to six works that fit into it. It is possible that you might not use all the works within the allotted time, but it is better to be prepared with too many works than to not have enough.

You might have certain works in mind that you want to talk about, and you might select a theme that accommodates those works. You may end up selecting the theme and the works simultaneously.

You can create positive and purposeful experiences with almost any work of art. Choose works that you find interesting, that you are comfortable speaking about, and that you think will engage the audience.

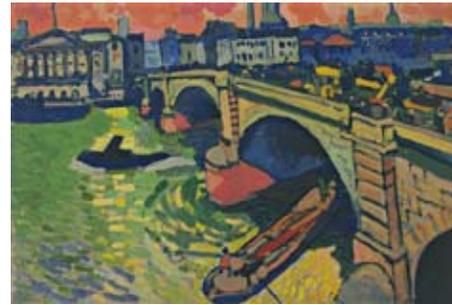
Be aware of the scale of the works; those that are very small may be hard for a group to see, and works that contain too many elements may be overwhelming.

A sample program is detailed in the shaded boxes throughout this chapter. Presented here are the theme and works we chose for this program.

The City in Modern Art

1. **André Derain** (French, 1880–1954). *London Bridge*. 1906. Oil on canvas, 26 x 39" (66 x 99.1 cm). Gift of Mr. and Mrs. Charles Zadok. © 2008 Artists Rights Society (ARS), New York/ADAGP, Paris
2. **Ernst Ludwig Kirchner** (German, 1880–1938). *Street, Dresden*. 1908 (reworked 1919; dated on painting 1907). Oil on canvas, 59 ¼" x 6' 6 7/8" (150.5 x 200.4 cm). Purchase. © by Ingeborg & Dr. Wolfgang Henze-Ketterer, Wichtrach/Bern
3. **Umberto Boccioni** (Italian, 1882–1916). *The City Rises*. 1910. Oil on canvas, 6' 6 ½" x 9' 10 ½" (199.3 x 301 cm). Mrs. Simon Guggenheim Fund
4. **Jacob Lawrence** (American, 1917–2000). *In the North the Negro had better educational facilities*. 1940–41. Tempera on gesso on composition board, 12 x 18" (30.5 x 45.7 cm). Gift of Mrs. David M. Levy. © 2008 Jacob Lawrence
5. **Piet Mondrian** (Dutch, 1872–1944). *Broadway Boogie Woogie*. 1942–43. Oil on canvas, 50 x 50" (127 x 127 cm). Given anonymously

We purposely selected works by artists of different backgrounds who worked at different times and were from various geographical regions. In addition, the works present an interesting overview of several key styles and techniques, while giving very different interpretations of the modern city. These points offer intriguing opportunities for discussion and exploration, and allow participants to tap into their own lives and experiences.



1



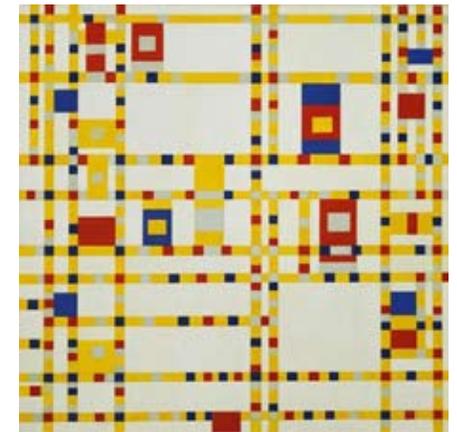
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3



4



5

You can focus on just one medium (such as painting, sculpture, or photography) or present works from different mediums. Logistical considerations will also come into play; if you are going to a floor of the museum where there are only paintings, you may have no choice but to use only paintings rather than moving the participants, many of whom might have physical limitations, to another floor.

Try to include one or two highlights from the museum's collection on your tour. These are works that visitors may already be familiar with, and it is always exciting to view iconic works from a collection.

C. Determining the sequence

The sequence in which you view the works should offer a helpful way to connect them in the context of the theme you have chosen. It should be coherent at various levels: the thematic connection from one work to the next, the location of works relative to one another, and the activities that will take place in front of each one.

The sequence may simply be chronological, from the oldest work to the newest or vice versa, or based on where the works are positioned in the gallery spaces. It may follow formal properties of the works on view—such as line, color, or composition—or move from works that are more figurative to those that are more abstract. The sequence will also depend on the questions you plan to ask and the ways you will talk about the works and link them to each other.

While selecting the works and determining the sequence, ask yourself:

- How will I introduce the theme?
- How do the works relate to each other, and in what order is this best expressed?
- How will I make a seamless transition from one work to the next?
- What are some questions I will ask?
- What historical information will I share?
- How will I relate the works to my theme in my summary and conclusion?

In our example . . .

We decided to use a chronological sequence for our selected works. Doing so allows us to organize our discussions through a logical progression in time. In addition, our works allow passage from an accessible image to more complex compositions and less figurative works, ending with Mondrian's abstract painting. Other considerations for determining our sequence included the opportunity to speak about cityscapes in general and to move from the discussion of recognizable elements to more personal artistic visions. This order also allows us to discuss representations of different cities at different times, and with varying aesthetic considerations.

D. Plotting the route

You will also need to consider the physical space through which you will move and the gallery spaces in which you will view and discuss artworks. These environmental considerations will ultimately affect the works that you choose and the sequence in which you view them. As you are planning your tour, think about:

- the location of works and the possible movement through the galleries. Make choices that will create a positive and relaxed experience. Don't crowd your group into a cramped space, a dark space, or an area with a lot of foot traffic. Be aware of the noise level, the acoustics, and the lighting in the different galleries;
- comfort factors, such as benches and bathrooms;
- the routes of other educators leading groups—do not run into each other or occupy the same space simultaneously;
- other events or tours in the museum, gallery closings, or renovations that will affect your route;
- accessibility and the level of mobility of the group (such as whether they will need elevators or escalators).

In our example . . .

In our galleries at MoMA, all the works under discussion, if on view, would be on the fifth floor, where paintings and sculptures from 1880–1945 reside. All the works are in well-lit and spacious galleries, away from foot traffic and noise. We took into account all these considerations when selecting the works.

E. Preparing questions and using interactive strategies

Prepare three to five questions for each work. Keep in mind that you will be using an inquiry-based technique in which you are always ready to follow your questions with more questions based on the responses from the audience. Some helpful tips:

- Ask concrete questions that invite exploration of the work. Start with simple questions like “What do you see in this painting?” or “How would you describe these colors?”
- Keep the focus on the artwork. Ask “What is happening in this painting?” instead of “What is going on here?”
- Alternate between open-ended questions and questions with definite answers, and be ready to mix in or switch to “yes/no” or “either/or” questions. For example, you might ask “Does this work seem to suggest a specific season?” If no one responds, you could name the seasons, “Do the colors in the painting make you think of the summer or the spring?” or, further, invite yes/no answers to simpler questions, “Does this painting make you think of the spring?”
- As the group gets more comfortable and is more receptive and responsive, move on to more interpretive questions. Asking “What would you title this painting?” or “What do you think happens next?” helps the viewers link their immediate experience to more personal and imaginative comments.
- Be careful to not make comparisons to works you have already discussed, which may not be easily recalled by the participants. Only compare works that are side by side or are easily visible at the same time.

In our example . . .

We generated three questions for each of the works.

1. *London Bridge*, by André Derain
 - What part of the city does this painting represent?
 - What city do you think this might be, and why?
 - Where is the viewer in relation to the bridge in the painting?
2. *Street, Dresden*, by Ernst Kirchner
 - What are some clues in this painting that tell us this represents a city scene?
 - What are the people in this painting doing?
 - What is peculiar about Kirchner’s use of color in this scene?
3. *The City Rises*, by Umberto Boccioni
 - What seems to be happening in this painting?
 - What is the emotional impact of the way Boccioni has decided to depict the city?
 - The title of this work is “The City Rises.” How does this aid or change your interpretation of the work? Could we tell it depicts a city without the title?
4. *In the North the Negro had better educational facilities*, by Jacob Lawrence
 - How is this work related to our theme of the city?
 - Do the people in this work look like they come from a particular background?
 - What is the impact of the choices the artist has made on our viewing experience?
5. *Broadway Boogie Woogie*, by Piet Mondrian
 - How many shapes and colors can we see in this painting?
 - What does this painting make you imagine or think of?
 - Does this painting represent any particular place or thing?

F. Preparing art historical information

Using online resources, catalogues, labels, and books, thoroughly research the works and the artists that you will be showing and discussing. Have in mind a couple of main thrusts or ideas that relate to your theme and are conducive to conversation and exploration. Settle on a limited number of points for each work.

Always say the label information out loud for your participants—the name of artist, date of work, and materials used. This can be done at the beginning, the end, or at a relevant moment during the discussion. Share additional information during the tour as it becomes relevant based on participants' responses. Give the title not necessarily as an end to the discussion but as a means for deepening it. You might say, "This is called *Girl Before a Mirror*," and then follow with "Does knowing the title change the way you think about the work?" Remember that this is a conversation. Your goal is not only to provide art historical information but also to encourage the participants to engage in a discussion and share their own opinions.

In our example . . .

Here is some information about each work that we plan to bring into the conversation at appropriate and relevant times.

1. *London Bridge*, by André Derain
Derain was a member of the French movement that came to be known as Fauvism. The Fauves, or "wild beasts," were known for their unbridled use of color. Their disregard for the natural coloring of objects shocked their contemporaries. In this painting, Derain applies this wild use of color in his depiction of the heavily trafficked London Bridge, with multiple boats and barges in the river Thames below. Derain was encouraged to visit London in the early 1900s. While there, he painted many different views of London, focusing mainly on the various monuments and bridges along the Thames.

2. *Street, Dresden*, by Ernst Kirchner
Kirchner was a member of the German Expressionist group Die Brücke (The Bridge). The artists of Die Brücke explored the emotional effects of color and composition in the depiction of contemporary life. Through the use of bright, unrealistic colors, Kirchner both energizes and criticizes this scene, located on a specific street in Dresden, Königstrasse.
3. *The City Rises*, by Umberto Boccioni
Boccioni was one of the key figures of the Italian Futurist movement. This group of writers, musicians, and visual artists sought to abandon the air of nostalgia, which they felt was restricting Italian society. They embraced the infinite potential of the future, made possible by various technological advancements and man's will for change. Boccioni uses various techniques to communicate this idea of progression in his dynamic composition of a city.
4. *In the North the Negro had better educational facilities*, by Jacob Lawrence
Lawrence's family was one of the many African-American families to migrate to the North around World War I. They eventually relocated to New York City's Harlem community, where Lawrence began taking art classes. In 1940 he began his Migration Series, a multipanel series of images that narrates this migration. Each panel was worked on simultaneously, resulting in a uniformity of palette and similarity in overall composition.
5. *Broadway Boogie Woogie*, by Piet Mondrian
During his artistic career, Mondrian abandoned representation to focus on the depiction of "pure" forms. For Mondrian this meant the exclusive use of primary colors and geometric shapes. In 1940 he moved from London to New York City. Here he joined a vibrant society, constantly in flux. He was influenced not only by the rhythm of city life but also by the syncopated beat of jazz music.

For more information on these and other works in MoMA's collection, visit www.moma.org/collection.

G. Planning discussion-based activities

Prepare a discussion-based activity to introduce to the group at the second or third work in the program. This activity should facilitate more probing and discussion of the artwork as well as let the participants get to know each other. It should be straightforward and mindful of the participants' cognitive abilities. Keep the instructions simple and informal and avoid writing or drawing activities.

One useful activity is the Turn and Talk. At some point during the tour, have each pair of participants (the person with dementia and his or her caregiver) talk to another group or pair for a few minutes about a particular work or theme. Invite participants to share information with each other that is based on a topic relating to the work on view. For example, if you have just looked at a painting depicting a street scene, give participants five minutes to think and talk about which street of their city they would depict in their own painting, what the elements would be, and why they would select that scene. The resulting dialogue often prompts connections, creating fruitful discussions. Then have everyone return to the larger group to share their observations. This activity should take place in good fun and in a comfortable manner, without putting any pressure on the participants.

Another good activity is the Stroll and Look. Before the next-to-last work, or at an appropriate strategic location in your tour, have your participants walk around within a limited gallery space, in pairs or in small groups, just to look and talk and enjoy. They do not need to report back, but can certainly come back with queries or thoughts about what they have seen.

In our example . . .

1. After the first work (Derain's painting), we planned a Turn and Talk in which participants discuss various monuments in Manhattan, how neighborhoods change over time, and how the participants feel about that change.
2. After Jacob Lawrence's work, another Turn and Talk might consist of discussing: a) the educational system and its transformations; and b) transformations of American society over the past decades, in particular in terms of opportunities afforded different segments of the population.
3. A gallery adjacent to where *Broadway Boogie Woogie* hangs at MoMA has various works that are connected to the depiction of cities. Time allowing, the Stroll and Look at the end of the tour could invite participants to walk through this gallery, reminding them first about some of the points discussed and the overall theme of the tour. We would give adequate time for participants to explore this gallery on their own.

It may not be possible to do three activities in one tour. We've included these examples to show the various opportunities for including an activity. It is helpful to have several prepared, and to introduce the relevant ones based on the overall dynamics of the tour. Make sure everyone assembles again before summarizing and saying goodbye for the day.

VIII. DISCUSSING ARTWORKS IN THE GALLERIES

This chapter provides guidance on translating your plans and strategies into a meaningful museum experience for people with Alzheimer's disease and their caregivers.

A. Welcome

As tour participants arrive, greet them warmly. Be welcoming with your tone and body language. Introduce yourself and project your voice. Don't mention Alzheimer's disease or dementia and do not be condescending or patronizing.

Make sure everyone present—including staff and observers—has a name tag, and call people by name. Speak slowly and clearly. Smile and personalize your contact in a sincere manner.

Put participants at ease by giving them information about where they are and what they will be doing. Let them know that the program is meant to be an interactive, discussion-based exploration, not a lecture, and that they will concentrate on only four to six works. Tell them about the theme and mention the names of some of the artists whose works you will view. Share your enthusiasm, and tell them this program may be quite different from what they are used to in a museum visit. Make sure they understand that they'll need to stay with the group rather than wander off into various galleries. If you are giving them free passes to return to the museum at a later time, this is a good time to say so.

As you move toward the first work, let the participants enjoy the space and environment of the museum itself. Move slowly, pointing out various elements of the architecture and design. Allow the presence of the artworks and the environment to become a part of the experience.

As you move through the galleries, try to connect with the participants by chatting, asking about their families, or sharing some personal information about yourself. Simple questions such as where they live or whether they have visited the museum before are useful icebreakers.

Your frame of mind sets the tone

- Internalize the goals of the experience: to share, to explore, to be in the moment, to have a meaningful experience
- Be prepared to be a facilitator/performer from the beginning and throughout the tour
- Let the participants know/feel that this is a relevant experience for you, the educator, and that you are looking forward to it
- Mention at the outset how excited you are to look at the artworks again and to see them in new ways
- Be supportive and show interest in the comments and interpretations of all participants
- Smile, convey a sense of humor and lightness and make everyone feel good and enjoy the experience
- Maintain an awareness of cognitive issues related to dementia and keep in mind communication and facilitation strategies

Communication strategies

- Make eye contact with participants
- Talk directly to the person with Alzheimer’s disease, even if they are nonverbal
- Emphasize and define key words
- Avoid vague words and colloquial expressions
- Supplement or reinforce words and language by referring to and pointing to the artwork and by using visual clues
- Be patient with various language and word-finding difficulties
- Be aware of facial expressions, body language, posture, and gestures
- Try to interpret what is being communicated and support participants at their own level of functioning
- Always repeat answers and questions that come up so that all can hear

B. Observation

Invite participants to take a close look at the first work before they take their seats. The seating arrangements should give each participant a good view of the work, with wheelchairs in front; a semicircle or a cluster near the artwork is ideal. Everyone should be comfortable and have plenty of time to settle in. Continue the observation for about a minute once everyone is seated.

- Tell the group that the first step is observation and that you are deliberately taking time to observe for various reasons, such as to pick up details or to ensure that comments are in response to what we are seeing rather than what we think we know.

- Provide a timeframe for observation (i.e., “Let’s look at this painting for sixty seconds”).
- Participants should have adequate time to look at the work; do not rush them. They should have time to take a visual inventory, to look closely, to unpack the work, and to experience the details.
- Keep everyone together—both the individuals with Alzheimer’s disease and their caregivers—and treat them as a single group.

C. Description

Next, you will begin to decipher the work. Even though many participants will immediately want to interpret what they see, it is useful to start by simply describing the work or listing what everyone sees. This mode of engagement allows a wider range of participation. Because the artwork is a stationary object, and the experience is immediate and in the present, it is ideal for individuals with Alzheimer’s disease.

- Ask questions that prompt description: What do you see in this painting? What are some words you might use to describe this person or place? Is this woman inside or outside?
- Use different types of questions if you notice that your participants find verbalization or description difficult. (See p. 17, “Preparing questions and using interactive strategies.”)
- If someone offers an interpretive comment, ask what in the artwork is prompting the comment to bring the group back to description.
- Summarize all the elements mentioned and complete the visual description if you feel that certain details have been missed or should be mentioned.
- Once you are satisfied with the descriptive exploration, you can invite participants to give their interpretations of the work.

D. Interpretation

Interpretations can vary a lot. Encourage this breadth and variety, have fun with it, and keep building on it. Remember that the participants' interpretations are what will lead the discussion and the sharing of information.

- Ask different kinds of questions: What title would you give this work? Is this a place you'd like to be? Why or why not? What could this person be thinking? Is this a person you would like to know? Follow yes/no questions with questions more likely to draw out different interpretations: If yes, why? If no, why not?
- Prompt more interpretive explorations.
- Balance your questions with art historical information relevant to the responses you've received from the group.
- Discuss various aspects of the artwork: content, material, color, composition, emotional and psychological aspects.
- Allow digressions, repeat what participants say, and summarize the interpretations.
- Create bridges between ideas, prompt comparisons and establish connections, and link different points made by participants.

Facilitation strategies

- Seek out different perspectives
- Validate frequently and with sincerity
- Never correct or chastise any member of the group
- Encourage wide-ranging discussions but realize that some tours will be less conversational than others
- Integrate everyone into the conversation and make sure to not create two planes of interaction
- Be relaxed and allow the discussions to go into unexpected directions
- Make a theme out of the responses: repeat them, come back to them, and build on them
- Summarize often, pull various threads together, and reinforce the information
- Don't let any one person monopolize the conversation and creatively bring to closure a comment that goes on too long to the detriment of the group
- Expect the unexpected and be flexible

E. Connections

With the discussion now turned to collective and personal interpretation, have the participants begin to connect the works to their lives and experiences, to other works, to the world, and to each other. This will encourage the group as a whole to interact in interesting ways, and will help the participants to gain new insight into the works.

Don't hesitate to invite opinions about the work. Ask if the participants like the work or connect to it, or ask, "Do you respond to this work in any way? Do you like the work? Why or why not?" Feel free to share your opinions, making it clear that you are giving your own perspective. Your subjective judgments may provoke a wide range of lively responses from the group.

F. Activities

Invite participants to engage in a small group discussion activity after one of the earlier works in the sequence. The caregivers and participants with dementia should discuss the work in pairs or in smaller groups, thereby getting to know each other better, learning from each other, and enjoying each other's company (see p. 19, "Planning discussion-based activities"). The amount of time dedicated to each activity may change based on the tour itself; if you see that people are very involved with a certain work, roll along with the discussion instead of cutting it short. Go with the flow and connect the conversations back to the theme and artworks whenever appropriate.

G. Summary

Toward the end of the tour, bring together and summarize the various threads of conversation that have come up over the course of the program. Reflect on the meaning and value of the day's explorations. Thank the attendees for participating and open up the discussion to final comments.

Remember at all times that the program is meant to offer an experience that is meaningful, pleasurable, and purposeful. Social interaction is crucial. All the participants should be treated with dignity, as adults whose opinions and experiences are important and relevant.

Appendix—Proposed structure for staff-training workshop

1. Invite all educators, volunteer docents, and other staff—anyone involved in the program at any level—to the workshop. Bring everyone up to date on the development of the program: the logistical issues, the date the gallery tours are likely to begin, the number of participants you expect, and other matters. Go over the goals of both the training and the program.
2. Invite a representative from an Alzheimer's Association chapter to give an overview of Alzheimer's disease and other dementias. Ask him or her to cover such topics as the definition of Alzheimer's disease, the number of people affected and what this means for the community as a whole, the primary and secondary effects of Alzheimer's disease on the cognitive capacities of those affected, and the impact of Alzheimer's disease on caregivers. This information will help educators and docents devise ways to tailor their current gallery talks to this unique audience.
3. Invite a number of individuals living with the disease along with their family caregivers. If possible, coordinate a panel discussion with these individuals, moderated by someone—whether from the museum or an Alzheimer's Association chapter—that they already know and trust. A moderated panel will provide many insights into the experiences of those affected by dementia, along with information about the types of experiences and programming they would value.
4. Demonstrate how to give a tour. This demonstration should last around forty-five minutes and can take place in the galleries. Role-play possible responses from participants and the different kinds of behavior that might come up. Make the program's different steps very clear by describing and discussing each of the components. The demonstration should give your educators a better idea of how to construct a tour, including what kinds of questions to ask and how to balance providing art historical information with facilitating an interactive discussion with this particular audience.

5. Give the staff an opportunity to create their own tour. Divide the educators and docents into two or three teams, depending on how many people there are, with no more than six members on each team. Assign a theme to each team with eight images from your collection that pertain to it. Ask them to select four of the eight works and then construct and prepare a tour. Their preparation should include the following components of the gallery talk:

- the selection of four works that they will discuss in relation to the theme;
- a sequence for the works;
- a route through the galleries that covers the works they want to address and takes into account the physical limitations of the participants;
- three to five prepared discussion questions per work;
- three to five art historical points per work to share with participants;
- a discussion-based activity to introduce at the second or third work.

Give the teams up to ninety minutes to prepare their tours, with your training leaders floating between groups to observe and help. Then ask a spokesperson from each team to share its program with the others.

If time and space allow, walk into the galleries to discuss the tours or one of the works, with the teams taking turns in the roles of educator and audience. This is also an opportunity to discuss what to do in different scenarios that could unfold in a real program, such as:

- there is very little verbal response from participants, no matter what strategies are used;
- one person dominates the discussion;
- a caregiver is too enthusiastic and talks constantly;
- some of the participants wander away from the group or respond in extremely emotional ways.

Remind your staff that discussing these scenarios may help them to be more prepared, but that each tour will be very different and offer unexpected challenges and delights.

6. Once you have shared the planned tours and discussed ideas about the program, open the floor to questions and concerns. Assure the staff that the program will no doubt grow organically and that you will reassemble periodically to exchange stories and challenges and brainstorm ways to improve the program.
7. Ask staff to evaluate the workshop, to tell you what worked, what didn't, and what would improve the training in the future. Design simple forms for this purpose.
8. A homework assignment for the docents, to be presented in a follow-up workshop, might be useful, allowing them the opportunity to practice and reflect and also decide whether they would like to lead tours, assist on tours, or not work with the program at all. It will also help the staff evaluate the docents and recommend those who are most committed.
9. Invite educators and docents to observe tours in action. Seeing an actual program before leading one can alleviate any remaining concerns and put educators at ease.