Art Therapy Programs in Museums and Art Galleries: A Program Proposal for Adolescents

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Master of Arts in Art Therapy

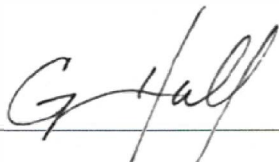Herron School of Art and Design

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ABSTRACT

Art therapy, museums, and art galleries are in their beginning stages of collaboration, but they share common goals such as improving their surrounding communities and providing services to increasingly diverse audiences. Existing art therapy programs in museums and art galleries currently serve a variety of populations with various mental health needs; however, adolescents are underserved in these settings. The present study used methodology provided by the Memphis Brooks Museum of Art's Program Resource Guide to create an art therapy program model for adolescents to be used in museums and/or art galleries in Indianapolis, Indiana. The program model includes the following components: mental health treatment needs for adolescents that can be met in the museum or art gallery setting; a recommended treatment approach, including feminist and compassion-based leadership and art therapy interventions; guidelines for educating museum staff about art therapy and for working with adolescents in these settings; ethical and multicultural issues; and potential museum and community partners in Indianapolis, Indiana. This model expands and redefines art therapy treatment options for adolescents and provides museum access for an underserved population.

Keywords: art therapy, museums, art galleries, adolescents.

DEDICATION

I would like to dedicate this thesis to my father Vivek, my mother Angie, my stepfather Randy, my brother Zach, my partner Matt, and other family members (both chosen and biological) who always encouraged me to keep making art. Over the years, they helped me find my calling as an art therapist, and I am forever grateful for their influence, guidance, and compassion. I would not be where I am today without them. Thank you.

ACKNOWLEDGEMENTS

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CHAPTER I:

INTRODUCTION

Museums have always been places of education and wonder in my life. I fondly

remember family vacations spent exploring history museums and school field trips wandering

through art galleries. They seem to carry a kind of magic within them, but it appears as though

this magic is not extended to all populations. As an art therapist in training, I have interacted

with adolescents often in my internship locations, and I have always thought of this age group as

routinely undervalued and underserved in society at large. Moreover, within the museum setting,

I believe adolescents are routinely presumed to be disinterested in museum and gallery

exhibitions and programming; due to this assumption, adolescents are often underserved by

museum exhibitions and public offerings (Hornby & Bobick, 2016). In fact, a 2014 survey of

220 museums revealed that only one third of them have adolescent-specific programming

(Hornby & Bobick, 2016).

My personal experience through visiting museums regularly as an adolescent and young

adult, however, contrasts greatly with this notion, as I have seen adolescents willingly, joyfully,

and consistently participating in museum culture throughout the years. Adolescents have more

autonomy in their daily decisions as opposed to younger children due to generally looser parental

restrictions and greater access to personal transportation. I have seen them taking advantage of

this freedom by engaging with museums and art galleries at their own volition. They walk

around the galleries, excited to see specific pieces. They have in-depth discussions with their

peers about the art around them, gesturing toward various pieces across art galleries. They

choose to spend their time at museums, and they choose to keep returning. As I started noticing

the enthusiastic way adolescents interact with museums in general, I began thinking about how

accessible museums and art galleries are to adolescents. Even though I personally believe that

adolescents are some of the more outwardly enthusiastic guests in museums, they comprise a

very small portion of overall museum patrons. I began to wonder whether granting adolescents

better access to museums could benefit community mental health, in light of my art therapy

career. I further wondered how an innovative art therapy approach in a museum setting could

impact the need for access to mental health care among adolescents, especially in the

Indianapolis community.

In recent years, it has been estimated that one in four to five adolescents in the United

States meets criteria for at least one mental health disorder (Merikangas et al., 2010). Whitney

and Peterson (2019) reported that about 20 to 26 percent of adolescents living in Indiana meet

criteria for at least one mental disorder; this means that Indiana falls in the highest quartile of

prevalence of mental disorders in adolescents, outranking thirty-eight other states. Of these

Hoosier adolescents, only about 47 to 53 percent seek mental health treatment, showing a great

disparity in prevalence and actual treatment (Whitney & Peterson, 2019). These numbers

indicate that there are many barriers stopping adolescents from receiving the treatment they need

to navigate their mental health hardships. I started considering actions that I might take as an art

therapist to help improve access to mental health care for adolescents in my community.

Rochford (2017b) stated that art therapy and museums have common goals, as they both

use art as an educational method to engage participants in reflection about "art, themselves, the

world, and difficult life experiences" (p. 3). According to Hamil (2016), museums'

"psychosocial resources" for healthcare providers and educators help to "connect [personal

transformation to healing through the creative process] by inviting an exploration into diverse perspectives through art" (p. 10). That is to say, mental and social health resources in museums help their patrons to engage in and benefit from the creative process. King (2018) stated that art therapy initiatives in museums and galleries can decrease maladaptive behaviors and improve social inclusion, self-esteem, attention, and concentration. While various museums and art therapy programs differ in their specifically-stated missions, they commonly share the same general goals. For example, Newfields (2019), an art museum and expansive garden space in Indianapolis, Indiana, adopted the following as its mission statement: "To enrich lives through exceptional experiences with art and nature" (p. 1). This mission seems to mirror many museums' and art galleries' intentions in serving their local communities. The American Art Therapy Association (2017a), or AATA, stated, "Art therapy is an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making… and human experience" (p. 1). Hamil (2016) claimed that, "collaborations between museums and art therapists serve as a catalyst for healing and transformation by using collective resources to enrich communities through creative expression" (p. 12). It does not feel coincidental that these aforementioned statements all explicitly mention the notion of enriching lives; integrating art therapy into museums feels like a natural and exciting pairing.

According to Hamil (2016), when art therapists and museum staff collaborate with one another, they actively work to increase empathy among social groups, improve general public health, and increase museum accessibility to a variety of populations within their community. Hamil (2016) also stated that art therapy in a community context provides "timely [responses] to

public health needs and social injustices," and an "ethically responsible step [forward] in fostering improved community relationships" (p. 15). I believe that an art therapy program for adolescents would add another opportunity to fulfill museums' missions in Indianapolis, Indiana by creating a more approachable environment to adolescents, a commonly underserved population in museums. In examining this relationship further, collaboration between the two seems inevitable and necessary in order to provide more accessible art therapy services and museum programming to more communities.

Problem Statement and Research Questions

The purpose of the present study is to understand how museums, art galleries, and art therapy programs intersect with one another in order to benefit their communities. I studied how museums and art galleries can incorporate art therapy programming for adolescents in these settings. I believe that art therapy within museum or art gallery settings would benefit the mental health needs of adolescents who are generally underserved by these settings. Additionally, I believe that such a program would benefit art galleries and museums by enhancing their community outreach in a novel way and supporting their mission and vision.

The overarching research question for this study is as follows: How can museums and art galleries use art therapy to enrich the lives of adolescents? Sub-questions include: (1) How would a museum as a setting benefit adolescents through art therapy programming? (2) How would a museum benefit from an art therapy program for adolescents? and (3) What would an art therapy program at a museum entail?

Operational Definitions

Adolescence – A period in human development typically considered to span the ages of 10-18 (APA, 2002); "adolescence is a complex, multi-system transitional process involving progression from the immaturity and social dependency of childhood into adult life with the goal and expectation of fulfilled developmental potential, personal agency, and social accountability" (Curtis, 2015, p. 1).

Art therapy – An "integrative mental health profession that enriches the lives of individuals… and communities through active art-making, creative process, applied psychological theory, and human experience;" art therapy combines art-making processes with psychological bases in order to evoke a more thorough understanding of its participants (AATA, 2017a). "Clients… use the art form as a way of communicating about experiences, expressing and regulating emotions, developing creative potential and other competencies and interacting with the therapist in a healing way. Talking is also involved and the balance between talking and communicating via the art form depends on the needs of clients and develops collaboratively" (Cobbett, 2016, p. 404). The art itself is able to act as a form of nonverbal communication, to express difficult life events without using words or to gain insight through its symbols and themes. Art therapy can fulfill a variety of treatment needs, including but not limited to fostering emotional resilience, promoting self-esteem understanding, developing social skills, and reducing conflict and distress; art therapists provide art therapy services in both clinical and nonclinical settings to diverse populations (AATA, 2017a).

Art therapists – Mental healthcare professionals that attended masters or doctoral level graduate programs for art therapy, which are accredited and regulated by AATA (Rochford,

2017b). Art therapists hold certification as registered art therapists (ATR) or board-certified art

therapists (ATR-BC); art therapists can also hold state licenses as mental health counselors,

marriage and family therapists, or other similar titles. Art therapists are trained to help their

clients cope with trauma, illness, stress, relationship difficulties, mental illnesses, and other

circumstances across the lifespan (Rochford, 2017b). Similar to other mental health

professionals, art therapists can specialize in certain populations, psychological disorders, and/or

theoretical orientations. Art therapists are committed to cultural proficiency, accessibility, and

inclusion of individuals of all identities and backgrounds (AATA, 2017b).

     Best practice – "Concerns the application of optimal counseling practices – those

supported by the best available scientific evidence as well as clinical expertise" (Marquis,

Douthit, & Elliot, 2011, p. 397).

     Cultural attendance – "Intensive engagement with creative and cultural activities

through art therapy and workshops led by artists" (O'Neill, 2010, p. 22); "engaging in museum

visits, viewing or handling artifacts, active engagement in creative expression, and

museum-based art therapy" (Hamil, 2016, p. 31).

     Curators – "[Curators] carefully shape, manipulate, and orchestrate learning encounters

by mediating collections of objects, materials, and ideas with their constructions, provoking

audiences' cultural and reflective exchange and personal meaning-making" (Fountain, 2019, p.

15).

     Directives – Art activities used by art therapists that may include specific prompts and

curated materials, and aim to contribute to a therapeutic goal. Kahn (1999) stated that art

therapists can design and employ directives to compliment the present state of the therapeutic

process. Throughout the directive and/or upon its completion, the art therapist will engage in processing, e.g. talking, questioning, etc., with the client.

Docents – "[Docents are] trained, volunteer teacher- guides who bridge the museum object and the visitor" (Grenier, 2009, p. 143).

Empathy – "The ability to accurately understand the position of others and to imagine the experiences of other groups from a compassionate perspective" (Hamil, 2016, p. 238).

Formal elements – "Formal elements of art products such as line, color and shape are often used in art therapy observation in youth as well as adult mental health care" (Pénzes, van Hooren, Dokter, & Hutschemaekers, 2018, p. 1)

Museum-based art therapy – Art therapy that "actively involves multiple community partners providing access to programs that integrate the arts and expressive therapies as a meaningful way to address the health and social needs of individuals and groups across the lifespan" (Hamil, 2016, p. 10).

Processing – The practice in which art therapists facilitate their participants through discovering, exploring, and resolving their various life experiences (Kahn, 1999). Processing, e.g. talking, questioning, etc., is a method often used in other mental health professions, but in art therapy, the art itself becomes an object or catalyst of said processing (Kahn, 1999).

Rapport – A relationship between therapist and client (Leach, 2005); "as a component of a treatment package, [rapport] has been effective in reducing problematic behavior" (Lugo, King, Lamphere, & McArdle, 2017).

Response art – "Response art is artwork created… in response to material that arises in… therapy work. Art therapists use response art to contain difficult material, express and examine their experiences, and share their experiences with others" (Fish, 2012, p. 138).

Therapeutic factors – Factors that influence identification of issues, change, and recovery in therapy (Yalom & Leszcz, 2005).

Therapeutic relationship – "a trusting connection and rapport established between therapist and client through collaboration, communication, therapist empathy, and mutual understanding and respect" (Leach, 2005, p. 262).

Therapeutic theoretical approach – "A particular philosophical standpoint. It represents a particular type of discourse, position or standpoint from which to make sense of the world. This kind of theory is not an explanation of anything in particular but rather a set of epistemological assumptions that set a framework for and define the limits of what is knowable" (Trevillion, 2008, p. 444); therapeutic theoretical approaches "provide counselors with unique lenses through which they may view the problems that clients bring to them" (Gehart, 2016, p. 445).

Visual Thinking Strategies (VTS) – "Viewers are asked to only consider the visual information provided by the artworks, without receiving any information, such as the titles of the works or the names of the artists. In such educational interventions, viewers consequently look carefully at the works in an attempt to make sense of them" (Ishiguro et al., 2019, p. 1).

CHAPTER II:

LITERATURE REVIEW

In the following review, I will discuss literature pertaining to general art therapy in museums, existing museum-based art therapy programs, benefits of partnerships between museums and art therapists, engagement between adolescents and museums, and art therapy with adolescent clients.

Art Therapy in Museums and Art Galleries

Art therapy, museums, and galleries are only in their beginning stages of collaboration, but their partnership has been growing quickly in recent decades. Museums were once institutions that only allowed access to specific, elite members of society (Ioannides, 2017). Silverman (2010) stated that while museums have long been considered beneficial institutions to society, they only recently have been considered as "agents of well-being and vehicles for social change" for populations of all identities and backgrounds (p. 3). Over time, museums have become more focused on community-based efforts and social justice endeavors. Sloan (2013) also states, "The museum environment has evolved dramatically within the past decade, moving towards a more social and inclusive space with greater emphasis placed on education and public programming" (p. 7). The conceptual model of museums first shifted to places of "healing and transformation" when museum educators explored endeavors to more meaningfully engage their audiences (Hamil, 2016, p. 19). Currently, museums work to improve the lives of their community members and respond to societal issues responsibly (King, 2018; Sloan, 2013). These intentions led to the early partnerships between educators and art therapists.

However, art therapy is unique to art education in museums, in that art therapists consciously design curriculums aimed to fulfill therapeutic goals (Canas, 2011). Art educators, on the other hand, instruct on artistic skill and inspiration, with no intention of eliciting emotional or mental change in the client. Art therapists are also trained to become attuned to participant needs, to create therapeutic goals, to empathize with participants and their experiences, to develop rapport, and to establish a sense of trust with their clients (Canas, 2011). The relationship is much more intentional, and art therapists can change their approach in order to fulfill their therapeutic intent. Art therapists also create and alter directives that challenge participants' perceptions, behaviors, and social dynamics (Canas, 2011). According to Hamil (2016) and Sloan (2013), art therapists serve their surrounding communities in a variety of ways, complementing existing programs or offering an additional form of psychological education, stress management, social engagement, and/or self-exploration and affirmation, altogether. These provided services are offered on a case-by-case basis, depending on what the community as a whole needs. Art therapists provide unique programming that museums and art galleries could not provide otherwise, working to fulfill the newly-emphasized roles of museums in their community.

Rochford (2017b) used a Feminist Systems Thinking (FST) approach to evaluate similarities between museums, art galleries, and the practice of art therapy. As a change-driven and community-focused profession, art therapy and the institutions of museums and art galleries have many common goals involving artistic engagement and social justice work. King (2018) mentioned that both museums and art therapists encourage their patrons or clients to engage in "visual processing, detailed processing, and interpretation" of artwork and artifacts (p. 10).

Kaufman et al. (2014) and Rochford (2017b) both stated that art therapy programs in museum

settings help art therapists and museums reach more diverse audiences, contribute to museum

membership, and improve morale of museum staff and volunteers. Without collaboration, both

entities miss the opportunity to reach populations that may not have been otherwise engaged.

Additionally, Rochford (2017b) claimed that art therapy and museum collaboration can lead to

economic benefits for the museum, granting more sustainable funding for art therapy.

Existing Art Therapy Programs in Museums and Art Galleries

The formative link between museums, art galleries, and therapeutic action lies in the

assumption that museum environments and objects have "transformative and educational

potential" (Hamil, 2016, p. 22). Museums often partner with art therapists to increase their

cultural relevance within their communities and to encourage new community members to attend

museum programming (Hamil, 2016). At first, it can be difficult to imagine art therapy sessions

taking place in such a public community space, as this greatly contrasts environments considered

to be traditionally therapeutic. Although existing programs vary greatly in all aspects, Coles and

Harrison (2018) provide a general framework for art therapy sessions in museum settings that

can serve as a starting point. Researchers identified four parts of a museum-based art therapy

session: (1) meeting in a private studio space to introduce session themes, share thoughts, and

express emotions; (2) exploring museum objects and exhibitions; (3) reconvening in studio space

to participate in art-making, in response to museum exploration; and (4) discussing experience of

museum exploration, discussing the process of art-making, and sharing artwork with one another

(Coles & Harrison, 2018). This framework provides a starting point in understanding how art

therapy practices and museum settings can naturally integrate with one another.

Art therapy programs are able to use common strategies that already exist in museum programming. Many museums that do not offer art therapy services currently offer tours or events that educate guests on visual thinking strategies (VTS). When engaging in VTS, guests look at the formal elements of gallery pieces, without knowing their historical contexts, titles, or artists (Ishiguro et al., 2019). In doing so, guests develop a personal understanding of the artworks without outside influence, allowing them to connect their personal lives to artworks. Additionally, engaging in VTS and generally viewing art helps to improve observational skills (King, 2018; Sloan, 2013).

One of the first partnerships between museums and art therapists occurred 45 years ago and involved video-making with psychiatric patients in a group hospital. Through this partnership, McNiff and Cook (1975) were able to help their patients safely integrate into a public setting while freely engaging with the museum, the creative process, and other individuals. Facilitators stated that their programming allowed patients to, "progress in positive self-regard, creative expression, and improved socialization" (Hamil, 2016, pp. 20-21; McNiff & Cook, 1975).

The Memphis Brooks Museum of Art, considered one of the forerunners in museum-based art therapy, aims to "enrich the lives of a diverse community through dynamic programming" (Hornby & Bobick, 2016, p. 154), including art therapy programs. One program specifically designed for adolescents took place after school and allowed participants to socialize amongst their peers actively providing feedback for museum proceedings. This further promoted feelings of comfort and mutual respect in the museum (Hornby & Bobick, 2016). The program's purpose was for adolescents to "take charge of their own learning and to perceive the museum as

a place where they were welcome and respected as creative individuals with valuable

contributions" (Hornby & Bobick, 2016, p. 154). This program utilized ongoing evaluation from

the adolescent participants in order to influence its evolution over time (Hornby & Bobick,

2016). A survey, distributed to participants and their parents upon completion of the pilot

program, revealed three main themes in its responses: (1) socializing and fostering friendships;

(2) exercising individual autonomy and group collaboration in regards to program proceedings;

and (3) engaging with the museum more regularly upon completion of the program (Hornby &

Bobick, 2016). The Brooks Museum's art therapy program is made of many moving parts,

including docent-led tours, art therapist-led sessions, and exhibitions of work made by

participants (Rochford, 2017b).

The Russian Museum's art therapy program serves children living with physical and

mental issues that predispose them to social isolation (Peacock, 2012). This program allows

these children to connect with fellow community members in their age group while engaging in

the art-making process. In 2006, the Museum of Modern Art began a program for individuals

with Alzheimer's called "Meet Me at MoMA" that featured "guided tours and interactive

discussion in its galleries" (Rosenberg, 2009, p. 93). The Museum of Art and Archeology at the

University of Missouri-Columbia also offers a program in which adults with Alzheimer's disease

make art with the guidance of an art therapist and then display their creations as part of a rotating

exhibit as a visual reminder of the group during future museum visits (Peacock, 2012).

According to Baddeley, Evans, Lajeunesse, and Legari (2017), the Montreal Museum of

Fine Arts partners with experts in order to provide a safe space for clients with eating disorders

to "make art and create healthy body images," using the museums' facilities (p. 345). Physicians

in Montreal are also able to prescribe museum visits to patients who they believe could benefit

from the social interaction and exhibit-viewing that museums have to offer (Mercer, 2018).

Additionally, the Holocaust Memorial Museum held a program for some of their participants to

create response art, or artwork created as reaction to material explored in therapy sessions, after

navigating the museum, in an attempt to increase historical understanding and empathy (Betts,

Potash, Luke, & Kelso, 2015). Researchers found an increased empathy score for those who had

participated in art-making as opposed to those who had not. These and other existing programs

continue to create new, innovative ways in which art therapy as a profession and museums and

art galleries as institutions can benefit one another. Other museums and galleries with previous

art therapy programming or similar events include the Addison Gallery of American Art, the

Amon Carter Museum, the Contemporary Art Museum of Barcelona, the Hirshhorn Museum and

Sculpture Garden, the Museum of the City of New York, the Museum of Tolerance, the National

Vietnam Veterans Art Museum, the New Orleans Museum of Art, the Phillips Collection, the

Queens Museum of Art, and more (Hamil, 2016; Ioannides, 2017; King, 2018; Peacock, 2012).

       Program goals and anticipated outcomes. Existing museum-based art therapy

programs range in geographic location, museum type, structure, purpose, and goals. Despite this

variation, in order for museums to have successful art therapy programs, their goals must be

clearly defined and considered throughout every aspect of the program. For example, Coles and

Harrison (2018) identified the following goals for their program: (1) helping participants

understand themselves better; (2) fostering the ability to form and sustain positive relationships

with others; (3) encouraging social inclusion; and (4) inspiring creativity (p. 115). Alternatively,

Morse et al. (2015) sought "to facilitate positive opportunities for participants and develop new

museum audiences" (p. 234). Morse et al. (2015) found that their program also increased

"participant levels of confidence, sociability, and well-being" (pp. 244). Hamil (2016) stated that

some museum-based art therapy programs aim to evoke "personal transformation in health and

wellbeing, community development, social action or social justice, and education" (p. 19).

Having these goals and anticipated outcomes in mind, researchers were able to formulate their

programs, measure their success in achieving them, and offer recommendations for similar

programs in the future.

   Theoretical approaches. A therapeutic theoretical approach is a framework by which a

mental health practitioner provides therapy to clients (Trevillion, 2008). There are a variety of

therapeutic theoretical approaches, and they vary greatly based on their core beliefs of human

traits, human interactions, and definitions of wellness and pathology (Corey, 2017; Gehart,

2016). In general, when following a specific theoretical approach, therapists embody these

varying factors in order to provide services that align to their chosen approach, their work

setting's chosen approach, and/or their current client's treatment needs (Corey, 2017; Gehart,

2016). Their chosen approach affects identification of treatment needs, techniques, and

outcomes, which will thereby influence program creation and implementation (Gehart, 2016).

Therapeutic theoretical approaches are crucial to program development, as they guide program

goals, methods, and outcomes. Art therapists practice through numerous theoretical approaches

when providing services in museums, art galleries, and other settings. Some commonly used

approaches in museum-based art therapy are outlined below.

   Attachment-based approach. Coles et. al (2019) used "psychodynamic process… and a

range of attachment-based, [mentalization-based], and compassion-focused approaches… and

the potential therapeutic value of the creative process in itself" (p. 57). Attachment styles are an individual's different ways of behaving in interpersonal relationships (Gehart, 2016). Paying attention to participants' attachment styles can help leaders understand clients' emotional expression and regulation, their sense of autonomy, and symptoms of anxiety and depression (Gehart, 2016). Attachment-based approaches also allow the art therapist to act as a "secure base" and the museum to become the unexplored unknown, helping participants safely navigate the setting knowing that the art therapist is a stable resource to which they can refer back (Coles et al., 2019, p. 65).

Mentalization-based approach. Mentalization is, "the mental activity that enables us to perceive and interpret human behaviour in terms of intentional, motivational and emotional mental states" (Griffiths et al., 2019, p. 2). Mentalization-based therapy (MBT), which utilizes mentalization, focuses on building healthy relationships, establishing behavioral control, and regulating emotions (Coles et al, 2019; Griffiths et al., 2019). Museum objects can act as "something external to relate to and project meaning onto," helping with reflective and mentalization processes involved in MBT (Coles et al., 2019, p. 65).

Compassion-focused approach. A compassion-focused approach to therapy seeks to establish a safe, nonjudgmental space for participants to explore difficult experiences and emotions. Compassion-focused approaches emphasize unconditional positive regard, regardless of material shared during sessions, likely decreasing symptoms of anxiety and depression and increasing self-esteem and positive social experience (Coles et al., 2019). Therapists working through a compassion-focused approach help the client to feel validated, capable, and worthy of evoking positive change in their lives.

Feminist approach. As mentioned prior, Rochford (2017b) used an feminist systems theoretical approach to analyze museum-based art therapy. Rochford (2017b) identified the following as a few FST-specific principles: "(1) adopting a gender sensitive approach; (2) valuing voices from the margins; and (3) incorporating the environments in actions" (p. 7). A feminist theoretical orientation, where FST originates, also focuses on: (1) uplifting marginalized voices; (2) challenging gender roles and inequality; (3) establishing egalitarian relationships between client and therapist; and (4) viewing therapy as "a process that occurs in and out of counseling sessions with attention to mutual respect, social change, and empowerment, rather than pathology" (Otting & Prosek, 2016, p. 78). When combined, feminist theory's principles and focuses create a more comprehensive concept of treatment. In utilizing this comprehensive feminist lens, therapists gain additional therapeutic tools to address clients' treatment needs. According to Otting and Prosek (2016), feminist therapy with adolescents "support[s] empowerment, increases self-awareness, and… [enhances] adolescent development" (p. 80). Especially when viewed through the context of feminist theory, shared goals begin to emerge between art therapists and museums

Other theoretical approaches. Other possible theoretical approaches in museum-based art therapy include but are not limited to object relations theory, developmental theory, and group-based theory. Object relations theory works to understand how a person relates to "objects of [their] desire [or] attention" (Gehart, 2016, p. 50). It heavily focuses on conceptualization of relationships and how experiences in infancy affect those in adulthood. Developmental theory focuses on an individual's personal needs according to their abilities and developmental stage (Gehart, 2016). It considers how an individual's needs, preferences, and abilities change

throughout the lifespan, and commonly uses developmental stages as frameworks, such as Erik

Erikson's psychosocial stages (Salom, 2011). Group-based theory "provides an arena for patients

to interact freely with others, …identify and understand what goes wrong in their interactions,

and ultimately… change those maladaptive patterns" (Yalom & Leszcz, 2005, p. xiv).

Group-based theory centers heavily on interpersonal interactions. It is important to understand

theoretical approaches commonly used in museum-based art therapy programs, due to their

heavy influence on program development, implementation, and application.

       Program art materials and art-making spaces. Little to no research lists appropriate

art materials to be used in museum-based art therapy programming. Despite this gap in the

literature, art therapists working in museums and art galleries must take into consideration the art

materials they will use and the spaces in which they will create art (King, 2018). Art therapists in

museums and art galleries must follow rules, regulations, and safety standards for material and

use of space within their setting. Between these settings, standards also vary. However, due to

concerns with artwork conservation and cleanliness standards, it can safely be assumed that only

resistive materials should be used around fine art and artifacts (King, 2018). Resistive materials,

like colored pencils and collage materials, "require application of pressure and provide resistance

to [this applied] pressure" (Hinz, 2009, p. 30; King, 2018). It can also be safely assumed that

fluid materials should not be used around museum art and artifacts. Fluid materials, such as

watercolor paints and oil pastels, have "less inherent structure" and "flow quickly and easily

during the creative process" (Hinz, 2009, pp. 30-32; King, 2018). Depending on the specific

setting, art therapists would have more freedom in choosing fluid and/or resistive materials in

designated art-making spaces separate from museum artworks or artifacts. Art therapists must

also adhere to their profession's ethical models that provide information on safe use of space and materials (AATA, 2013; Art Therapy Credentials Board (ATCB), 2018).

      Program evaluation. Similarly to how they vary in purpose and goals, art therapy programs also vary greatly in evaluation methods. Despite these differences, all program evaluations must appropriately measure intended goals in order to accurately support program effectiveness. Program evaluations can involve qualitative and/or quantitative data from a variety of sources and measures. For example, Coles and Harrison (2018) collected quantitative data to evaluate the effectiveness of their program, including the University College London Museum Wellbeing Measure, the PSYCHLOPS Measure, and the Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965; Thomson & Chatterjee, 2013). Coles and Harrison (2018) also gathered qualitative data from; (1) therapists' clinical session notes; (2) care coordinators' reported perceptions of program effectiveness; (3) participants' reported feelings before and after sessions; (4) post-intervention interviews with participants; and (5) audio-image recordings made with select participants. Program evaluations that collect both qualitative and quantitative data have richer, more varied support of program effectiveness, as opposed to studies with support from one type of data, alone.

Museums and Art Galleries Benefitting Art Therapy

      According to Hamil (2016), "both art therapists and museums face the challenge of identifying culturally relevant ways" to address their communities' needs (p. 17). By partnering, art therapists can greatly benefit from utilizing the museum or art gallery's unique characteristics and resources in order to provide best practice to their communities. The particular setting in which art therapy takes place may add to or enhance its benefits as a mental health profession.

Coles and Harrison (2018) stated that a museum setting enhances the art therapy experience, a claim which they supported through both qualitative and quantitative data. In a partnership between museums and art galleries, the museum becomes the actual "setting for art therapy sessions, whether involving the collection of exhibitions as the point of discussion and/or including artmaking activities that respond to issues present in the art exhibited" (Canas, 2011, p. 31). Researchers have found a positive correlation between cultural attendance, or active engagement with the arts, and improved overall self-reported health (O'Neill, 2010). Social stimulation and interactions may have influenced the positive effects of cultural attendance on physical and mental health, as well. Kaufman et al. (2014) reported that some museum-based art therapy program participants reported improvements in self-expression and available coping mechanisms to manage their physical and mental health symptoms. By implementing art therapy programming into museums and galleries, clients can experience combined benefits to mental and physical health, by receiving art therapy aimed at their specific needs and engaging cultural attendance.

Therapeutic factors of museums and art galleries as physical spaces. The physical space that museums and art galleries offer can positively impact the practice of art therapy. Museums, galleries, and their displayed objects are considered present, stable, and worldly; these factors help to provide a safe and reliable location for art therapy services (King, 2018; Salom, 2011). Program participants tend to view museums and art galleries as "safe, comfortable, and non-traditional learning [environments]" (Hornby & Bobick, 2016, p. 156). Art therapists often practice in offices, hospital rooms, or other smaller, more limited spaces. As a setting, the museum provides much more space for art therapy clients to move about and explore. Museums

and art galleries provide "a sense of space and freedom" for their patrons (Coles & Harrison,

2018, p. 116). The milieu of museums and art galleries have natural factors that benefit the

practice of art therapy. According to Coles and Harrison (2018):

> [A non-art therapist mental health professional involved with a museum-based art therapy
>
> program] expressed her belief that it is more [normalizing] to [hold] the [therapy] group
>
> [apart] from mental health service buildings, [and instead in a] more socially inclusive
>
> [setting] with fewer worries about stigma. (p. 122)

Community-based services allow for more social integration into the community and help to

alleviate stigma associated with mental health struggles and services. Museum attendees

naturally engage in self-exploration while roaming the galleries and viewing their offerings, as

they tend to relate objects on display to their personal beliefs, emotions, and experiences (Coles

& Harrison, 2018). Clients are able to physically move their bodies around the museum's

galleries, and greater space allows for more mobility with wheelchairs or other assistive

equipment. Additionally, Salom (2011) claimed that the way in which clients interact with the

museum's ample space can influence their self-discovery. Noticing the ways in which one's

body navigates larger spaces can provide insight into their personalities, pathologies,

relationships with their bodies, and relationships with boundaries. In noticing the ways they

navigate the space, individuals can learn and implement interpersonal and spatial skills into their

outside contexts (King, 2018). Morse, Thomson, Brown, and Chatterjee (2015) stated that

museums, as physical spaces:

> Provide a positive social experience, reducing social isolation; provide opportunities for
>
> learning and acquiring new skills; are calming and reduce anxiety; [encourage] positive

feelings such as optimism, hope, and enjoyment; promote self-esteem and a sense of

identity and community; and provide new experience which may be novel,

[inspirational], and meaningful. (pp. 231-232)

If the art therapy setting naturally elicits these factors, clients may be more likely to have rich,

productive experiences in art therapy sessions. Additionally, according to Coles and Harrison

(2018), holding art therapy in a community-based arts space allows for clients to physically and

mentally distance themselves from previous treatment centers, and it serves as a depathologizing,

neutral space. This deinstitutionalization of art therapy services allows participants to experience

a sense of autonomy and provides a venue for a physically and emotionally safe reentry into

society (Coles et al., 2019).

   Therapeutic factors of museums and art galleries as public spaces. Museums and art

galleries are a type of community-based setting in which art therapy is not readily provided, and

they therefore offer opportunities for adolescent guests to connect with other community

members, to enrich understanding in regards to historical events, and to engage in career

exploration.

   Art therapy, museums, and art galleries may all aim to increase empathy amongst

participants and help them to navigate sensitive topics within their communities, such as the

Holocaust Memorial Museum's program mentioned prior. In creating response art and

processing it within a group, museum guests were able to more thoroughly reflect on their

emotions and experiences after interacting with the museum's content (Rochford, 2017b).

Participants completed empathy measures before and after the art therapy component, and

researchers found that participants' empathy increased from pre-measure to post-measure (Betts et al., 2015).

Within museum and gallery settings, adolescents can interact with artists, curators, gallery attendants, exhibit installers, and other individuals associated with museums and galleries during a time where they are exploring viable career options (Hornby & Bobick, 2016). For adolescent participants, this could be extremely formative to the development of their career conceptualization, allowing them to explore options not readily visible to them elsewhere, especially if they are of marginalized identities. Since marginalized populations are more likely to experience barriers in attending museum and art gallery exhibitions and events, they may not come into contact with individuals in the museum studies field; however, with an accessible art therapy program, they could interact with museum workers (Hornby & Bobick, 2016). Encountering adults in this career field can open up new possibilities for the adolescents' futures.

Therapeutic factors of museums and art galleries as diverse social spaces. Art therapists partner with museums to provide services to more diverse populations, believing that their work will improve psychosocial difficulties, increase accessibility to community resources, and accommodate other needs of diverse populations (Hamil, 2016). According to Overgaard and Sørensen (2015), art-based group museum programming helped combat participants' loneliness and social isolation. Morse et al. (2015) stated that loneliness and social isolation can have a negative impact on health, so therefore museum programming can have a positive impact on overall health. Similar to interacting with the physical space, clients participating in museum-based art therapy also have the opportunity to explore interpersonal space. Salom (2011) suggested that clients are able to naturally interact with other participants due to the

socially-oriented nature of the museum setting. According to Coles et al. (2019) and Coles and Harrison (2018), objects on display at museums serve as conversation starters between clients; mutual relation to and discussion about a single museum object can lead to interpersonal connections. These interpersonal interactions allow for individuals to better understand how they relate to others. Clients in museum-based art therapy programs also begin to befriend and provide support for one another before and in-between sessions, assisting with group cohesion (Coles & Harrison, 2018). These social interactions can allow someone to explore and to understand how they relate to other people in a safe environment (Salom, 2011). Specifically for adolescents, museums and art galleries provide opportunities to interact with people within their age group who have common interests in art. Due to accessibility and geographic challenges, adolescents in museum-based art therapy programs may never have met otherwise (Hornby & Bobick, 2016).

Museums allow individuals to interact with people of identities other than their own and artwork made by people of varying identities and backgrounds. According to Hamil (2016), through collaboration between museums and art therapists, museums transform into inclusive settings for groups of all identities and backgrounds within their communities. Museums become places for "sanctuary and restoration, as well as [connections through] creativity, explorations, and learning" (Hamil, 2016, p. 12). Museum-based art therapy programming helps bridge gaps between groups in communities and assists in forming meaningful relationships between them (Hamil, 2016). Museum objects operate as "essential tools in sharing life experiences and gaining insight into multiple perspectives" for art therapy participants (Hamil, 2016, p. 123).

Additionally, research shows that art therapy administered in community settings works to empower underprivileged groups that would not be engaged otherwise. When partnering with museums, art therapists can play a crucial role in serving at-risk persons in their communities, based on their evolving needs (Hamil, 2016) Marginalized populations participating in museum-based art therapy programs report appreciating opportunities "[to] partake of a common heritage rather than being seen as members of a disadvantaged group" (Froggett, Farrier, Poursanidou, Hacking, & Sagan, 2011, p. 63).

Therapeutic factors of viewing museum objects. Studies have demonstrated the therapeutic value of viewing museum objects in a variety of populations, including both cognitive and affective responses (King, 2018; Morse et al., 2015). Museums contain objects that demonstrate the overarching similarities between humans across time and geography (Ioannides, 2017; Salom, 2011). Ioannides (2017) states that viewing an expansive assortment or artwork and artifacts can serve as a reminder to museum patrons that they are not alone in their emotions and life experiences. Viewing artwork or artifacts can reduce hesitation in engaging with the creative process, and positively influence self-esteem, self-awareness, self-reflection, personal pride, socialization skills, identity formation, creativity, and personal meaning-making (Hamil, 2016; Henry, Parker, & Legari, 2019; Ioannides, 2017; King, 2018). According to Coles, Harrison, and Todd (2019) and Silverman (2010), museum-goers instinctually take part in self-exploration and self-discovery by engaging with exhibits and individual pieces. Museums and art galleries, as settings that naturally encourage personal reflection, act as appropriate and beneficial settings for art therapy which as a practice encourages self-exploration and personal meaning-making due to their collections of art and/or artifacts. According to Coles and Harrison

(2018), individuals can apply a wide variety of personal interpretations and responses to museum objects, meaning that they can see themselves in said objects. In relating to these objects, an individual naturally begins to reflect on their personal experiences (Coles & Harrison, 2018).

Museums and art galleries can also contribute their collection of fine art, the history of their exhibited artists, and their knowledgeable curators and docents, all of which can be utilized in art therapy sessions (Morse et al., 2015). Participants in wellness-based programs in art museums report an increased ability to recognize details in items around them (Coles & Harrison, 2018). This natural tendency, combined with visual thinking strategies, can be used as a tool to increase self-awareness.

Art therapists are uniquely equipped to bring an additional, therapeutic use to VTS, as they are able to assist participants in exploring and better understanding their emotions and experiences in relation to the artwork in museums and galleries. Art therapists can help participants feel safe and comfortable in the space, connect their personal lives to displayed objects, and provide emotional support for any type of difficult emotions or experiences that arise as a result. This process is completed solely through personal reaction and resonance, not with the pressure to learn about the objects themselves (Coles et al., 2019). Rustin (2008) used Outsider Artists, their stories, and their work to influence their art processes with clients, stating that "the paintings [served] as a point of embarkation for therapy sessions" (p. 1). In addition to artworks that museums and art galleries offer that art therapists can utilize in the therapeutic purposes, past museum-based art therapy programs have used objects based in, "local history and prehistory, natural history, and decorative arts" (Coles et al., 2019, p. 57). Salom (2011) stated that a participant in her museum art therapy program identified with the thematic elements of a

specific exhibit, identifying its components that related to their personal experience. Keeping this unique opportunity of personal identification in mind, art therapists can curate their own tours for individual or group sessions, allowing clients to view and respond to specific pieces while reflecting on the works' resonance with their own life experiences.

Salom (2011) also claimed that the museum pieces themselves act as inspiration for creative projects, adding to their therapeutic usefulness. Both general patrons and participants in museum programming use museum artwork and artifacts as "inspiration for creative expression" (Coles & Harrison, 2018, p. 116). Through personal resonance with artwork and artifacts, individuals may feel more inspiration in the creative process (Coles & Harrison, 2018). Individuals may experience relief of fear and apprehension toward the creative process by using museum objects as starting points for their art-based projects.

Museums and Art Galleries Benefitting from Art Therapy

Silverman (2010) stated that as museums become more conscious of their roles in social change, a more "purposeful bond" between museums and social work becomes necessary (p. 26). Since social work and art therapy are closely related through their histories and ideologies, partnership is also needed between museums and art therapy. Museums often choose to partner with art therapists to increase museum community outreach and audienceship (Hamil, 2016). Additionally, the American Alliance of Museums, the accrediting body for museums, requires that institutions "[provide] education, public service, and connections with local communities" (Rochford, 2017a, p. 210). Art therapy programming could help compliment these requirements for accreditation.

According to Jensen (1982), museums must engage with and understand the personal experiences of its attendees in order to captivate and maintain their audiences. Hamil (2016) and Rochford (2017a) stated that museums can better understand the needs of their well-served and underserved populations and develop more inclusive solutions from partnering with other professions, including art therapy. In instituting an art therapy program, museums and art galleries could gain more personal and intimate insight into their adolescent attendees' experiences, providing an opportunity routinely unavailable for all demographic groups. In doing so, they could learn how to better serve this age group, helping increase accessibility to an underserved population. According to O'Neill (2010):

> [Small group] projects benefit the individuals involved and play a crucial role in helping institutions like museums to understand the needs and interests of target groups, especially excluded or vulnerable people who might experience social and psychological barriers to visiting traditional museums and similar cultural institutions. (p. 23)

Art therapy can become a method by which museums and art galleries become more aware of community needs, even in populations that are not able to attend museum exhibitions and events on a regular basis, due to a variety of barriers (Hamil, 2016). In doing so, museums and art galleries would be able to create programming that is both accessible and aimed at fulfilling the wider community's needs.

According to O'Neill (2010), taking part in art-making or related creative activities as facilitated by art therapists or cultural professionals is associated with positive physical and mental well-being. Regular attendance at cultural events is correlated with lower mortality rates, lower death by cancer rates, better social functioning, higher perceived overall health, and higher

physical and mental health (O'Neill, 2010). In a review of over 900 published studies, Fancourt

and Finn (2019) found that the arts have a positive effect on both physical and mental health.

Additionally, Fancourt and Finn (2019) reported that art-based interventions may also be more

cost-effective than other possible health interventions, meaning that art therapy can be a

financially beneficial investment. If this is indeed true, and holistic health is related to cultural

engagement, it becomes cultural institutions' responsibility to provide accessible programming

that allows diverse populations to participate (O'Neill, 2010). In other words, in order to better

support their communities, museums and art galleries must provide services to their diverse

populations.

Museums and art galleries have evolved in nature over time. Once exclusively visual in

nature, museums are more readily becoming centers for interactive and hands-on education

(Treadon, Rosal, & Wylder, 2006). In addition, as museums and art galleries are becoming

increasingly concerned with conservation efforts, a necessity in preserving cultural history,

making physical interactions with art pieces nearly impossible. Museums and art galleries are

tasked with creating interactive experiences without threatening the integrity of their prized art

pieces; they must be "perceived as having more to offer than preservation and display of objects"

(Treadon et al., 2006, p. 290). Art therapy provides a unique opportunity to interact with and

respond to art without risking the art's safety. Art therapy clients are welcome to examine the art

more thoroughly and personally than the average visitor, recreate fine art pieces, and/or respond

to these pieces through their own art-making processes, all while remaining respectful of

museum property. This type of engagement could create a more in-depth understanding, personal

connection, and appreciation for the art available at museums and art galleries. Canas (2011)

claimed that art therapy can provide a link between museums, art galleries, and their audiences, providing "necessary insights, perspectives and methodology," to make museum community engagement more "meaningful and long-lasting" (p. 30). Art therapy programs may give guests a more personal experience with the museum, which will make them feel more connected to and cared for by the institution.

Ethical Considerations for Art Therapy in Museums and Art Galleries

Art therapists working in museum and art gallery settings must consider ethical implications of their work, as art therapists, as practitioners in public spaces, and as agents of community-based change. Art therapists must prepare for differences in ethical guidelines and standards in museums and galleries because these settings are not as clinically standardized as traditional locations for art therapy (Mangione, 2018). Community-based art therapy takes place in non-clinical community settings, such as museums and art galleries. Currently, there are no training programs or guidelines for practicing art therapy within these public settings, which may pose a risk for potential practitioners and their clients. However, according to Hamil (2016), art therapists can help drive ethical practice forward when working in community settings because through their work, they become integral to improving relationships between individual community members, groups, and local agencies. These art therapists must consider ethical implications of their work in order to reduce potential harm and provide best practice.

Art therapy as a practice comes with risks of which clients must be made aware before participating in museum-based art therapy programs. Since these programs involve the viewing, discussion, and creation of artwork within a rather public setting, clients should know of emotional and physical risks involved in the therapeutic process. According to Moon (2015), art

therapy, with its use of imagery, has the potential to broach emotionally difficult topics, emotions, and experiences. In museum settings, this emotional vulnerability also extends to viewing preexisting artwork and potentially discussing it in a public space. Hamil (2016) pointed out that viewing artwork or artifacts associated with trauma can broach difficult emotions and experiences that clients are not emotionally ready to express. Additionally, crisis management during these potential situations may be difficult in a public setting. Therapists should discuss these potential issues with clients prior to starting services.

Art therapists should inform clients of any physical risks associated with art materials, processes, and settings (Moon, 2015). Art therapists must adhere to ethical guidelines for providing a safe and useful space for their clients to make art and participate in discussions (AATA, 2013; ATCB, 2018). According to AATA (2013), these guidelines include:

Proper ventilation; adequate lighting; access to water; knowledge of hazards of toxicity of art materials, and the efforts needed to safeguard the health of clients; storage space for artwork and secured areas for any hazardous materials; allowance for privacy and confidentiality; and compliance with any other health and safety requirements according to state and federal agencies that regulate comparable businesses. (p. 3)

These standards exist to best protect the client's privacy, physical and mental health, and physical and mental safety.

Clients in museum-based art therapy programs should be informed of any risks of navigating and making art in the museum and/or art galleries, specific to their individual location. Another risk of museum-based work is establishing confidentiality, or protection against "unauthorized disclosures of information given in the therapeutic relationship" (Corey,

Corey, & Corey, 2019, p. 208). Due to the public nature of the museum or art gallery setting, it

may be difficult to navigate protecting the client's right to confidentiality. Additionally, storing

clients' artwork at the museum can pose a threat to confidentiality, if private and secure

in-setting storage is not available. When discussing their program at a local museum, Coles and

Harrison (2018) stated:

> It was necessary to store participants' artworks on [the museum's] premises, for
>
> confidentiality reasons, and transporting very wet paintings or fragile sculptures was
>
> sometimes [challenging. We] dried artwork with a hair dryer and carried sculptures in
>
> boxes. Because of the transportation [difficulties,] we did not bring previous artwork
>
> back to subsequent sessions, as we would usually do, apart from to the midway group
>
> review session, and the final group session. (p. 117)

Storage and transportation of art materials and client artwork may pose an ethical concern, as

artwork is the client's personal property (AATA, 2013; ATCB, 2018). Additionally, material

drying times should influence material selection in museum or art gallery settings that do not

provide proper storage for client artwork. In this circumstance, materials with long drying times

may need to be temporarily stored at the museum or gallery, in a potentially non-secure location.

The art therapist should discuss these limitations to confidentiality and artwork storage with the

client prior to beginning services, and should obtain the client's express written consent, in

consideration of these limitations.

Multicultural Considerations for Art Therapy in Museums and Art Galleries

Art therapists working in museum settings must also consider multicultural issues that

affect their client populations, especially as many such programs intend to reach more diverse

audiences as opposed to general museum programming, so working in regards to this intention, art therapists must be prepared to work with clients of all identities and backgrounds in these settings. Art therapists working in community settings such as museums and art galleries must actively and continually work to understand their clients and communities in order to provide best practice, as communities are constantly evolving. It is important for art therapists in museum settings to view multicultural competence as a continual practice, rather than a defined, achievable set of knowledge and experience. According to Corey et al. (2019):

> Practitioners who counsel people in diverse groups without an awareness of their own stereotypical beliefs, cultural biases, and faulty assumptions can cause harm to their clients… Culturally competent counselors are engaged in an aspirational practice and are continually developing attitudes and beliefs, knowledge, and skills that enable them to work effectively with diverse clients. They realize that they can never say they have arrived at a final state of competency. (p. 117)

In taking this evolving view of multicultural competence, counselors and art therapists can stay up-to-date with current events and multicultural development, especially within their immediate communities' diverse populations (Corey et al., 2019). Practicing multicultural competence will allow art therapists to sensitively serve their clients of varying identities and backgrounds.

In order to effectively and respectfully support their diverse populations, art therapists working in museums must recognize their own beliefs, values, and cultural biases (Moon, 2015). Cultural biases are positive or negative assumptions about other cultures in relation to one's own personal opinions and cultural values. When unchecked, cultural biases can negatively impact any therapeutic progress, the therapeutic relationship, and the clients themselves. According to

Corey et al. (2019), "if practitioners fail to integrate [diversity factors] into their practice, they

are infringing on the client's cultural autonomy and basic human rights. Without awareness, the

counselor's ability to be helpful is limited" (p. 115). If art therapists misunderstand their clients'

cultural norms, they risk imposing their own beliefs onto their clients (Corey et al., 2019). This

could lead to the art therapist in museum settings pathologizing behavior that is considered

normal and adaptive in the clients' cultures.

Adolescents and Community Engagement in Museums and Art Galleries

According to Hornby and Bobick (2016), museums have "a moral and social obligation

to maintain [their] mission through all initiatives, including programming" (p. 153).

Additionally, Bouder-Pailler and Urbain (2015) stated:

> It is the responsibility of… professionals in the cultural sector and their organizations, to
>
> ask whether a particular segment of the general public – those in social and financial
>
> difficulty – have access to the cultural offer. [Failure in this] gives rise to the challenge of
>
> how to identify and overcome obstacles that make it hard for people who are socially and
>
> financially under-privileged to access culture. (p. 65)

This social obligation extends to serving adolescent guests. Adolescents experience many

barriers in accessing effective education in metropolitan areas, even in cities home to museums,

art galleries, and other public education institutions (Kisiel, 2006). Commonly, children and

adolescents even in urban areas only visit museums as a part of field trips and other school

programming. However, adolescents in middle and high school may experience "class changes

and scheduling conflicts" within academic and extracurricular activities, making field trips less

likely (Hornby & Bobick, 2016, p. 154). Thereby, it is the duty of the museum to create a more

accessible environment for the potential adolescent guests, actively working to dismantle those barriers to education. When art therapists and museum staff collaborate, they can cultivate safe and inclusive environments for adolescents of marginalized and underserved identities to engage with fine art, self-exploration, and creative processes (Hamil, 2016; Rochford, 2017b). By making outreach efforts to underprivileged populations, art galleries and museums would help benefit public mental health for adolescent community members and their families.

Museums, art galleries, and other public education institutions are often considered centers for voluntary learning, meaning that any learning associated with these sites is entirely up to whether individuals choose to engage with them (Falk & Dierking, 2002). As mentioned prior, adolescents interact with museums and art galleries at their own volition, even without much programming specifically catered to them. As adolescents respond positively to outreach, museums must actively and explicitly engage them in order to encourage their participation (Hornby & Bobick, 2016). Adolescents are more likely to participate if they feel a sense of ownership, influence, and lasting impact on the program itself, and they want "their opinions to matter and to know that they are making a difference" (Hornby & Bobick, 2016, p. 153). Museums are more likely to develop unique connections to adolescents if they offer programs that are specifically targeted at their age group (Hornby & Bobick, 2016). Additionally, if adolescents are successfully engaged in an art therapy program at a museum, they may be more likely to become long-term patrons and members (Hornby & Bobick, 2016). Qualitative data suggests that participants in these programs also plan on returning to museums, even if they had never been prior to participating in the program; some participants cite having a "special connection" to the museum because they took part in art therapy programming (Coles &

Harrison, 2018, p. 116). Therefore, by explicitly providing programming for the population,

museums and art galleries could see an increase in future membership.

Art Therapy with Adolescents

Art therapy is an appropriate method for treating adolescent mental health concerns. In

traditional talk therapy, adolescents may feel apprehensive, and their defensiveness may slow the

progress of the therapeutic relationship (Kahn, 1999; Moon, 2012). Without a working

relationship between therapist and client, therapeutic outcomes can be difficult if not impossible

to achieve. Alternatively, art therapy has many unique characteristics that allow therapists and

adolescent clients to circumvent potential setbacks in building the therapeutic relationship.

According to Cobbett (2016):

> Data has highlighted some of the reasons why arts therapies may be more preferable to
>
> traditional verbal psychotherapy for this client group including aiding engagement, more
>
> effectively supporting emotional regulation and integration of cognition and emotion,
>
> providing important attachment and play experiences, addressing power imbalances in
>
> the therapeutic relationship and aiding the development of resources. (p. 413)

This infers that art therapists may be more apt to engage well, provide more effective support for

emotional regulation, provide a framework for combining cognitive and emotional information,

model appropriate relationships, encourage play, and even out power differentials with

adolescent clients. These characteristics seem to be a result of art therapists' establishment of

safety, focus on the creative process, and use of artwork within the therapeutic process.

Adolescents participating in art therapy have been found to exhibit less negative behaviors and

resistance to treatment, and more enthusiasm in discussing their own work and connecting existing works to their life experiences (Hamil, 2016).

Art therapy also provides a type of distancing from life events by using images and symbols to communicate emotions and experiences. Adolescents may have difficulty putting words to their various emotions or life events due to developmentally appropriate challenges such as lack of applicable vocabulary, undeveloped emotional intelligence, and difficulty with accurate self-assessment and self-awareness (Kahn, 1999). Adolescents who have experienced significant trauma may also experience "dysregulation of brain circuitry that links conscious, cognitive and verbal memory… with unconscious, emotional and non-verbal memory" (Cobbett, p. 413). Art therapy allows them to navigate these challenges by helping merge cognitive and emotional memories through visual and nonverbal communication.

Due to this unique opportunity for nonverbal communication, research indicates that adolescents may be able to more authentically engage in art therapy as opposed to traditional talk therapy, as it may feel less intrusive and intimidating than traditional talk therapy (Lindsey, Robertson, & Lindsey, 2018; Malchiodi, 2005). Art therapy also gives the adolescent control over their own experiences, lets them express themselves artistically, and lets them engage with visual media on a personal level (Kahn, 1999; Riley, 1994). It can be a rare experience for adolescents to have this level of autonomy, so art therapy can provide an empowering experience. Additionally, the process of creating art can help to release energy, and the art product can be saved and reviewed on a later date (Kahn, 1999). Past artworks can serve as a method of assessing progress through the therapeutic process, and can allow adolescents to continually reflect on their growth.

During adolescence, individuals experience a significant amount of physical growth and brain development; they also begin to experience stress in much larger quantities than ever before (Lindsey et al., 2018). In light of these changes and heightened stressors, adolescents may struggle with self-esteem. According to Donnelly, Young, Pearson, Penhollow, and Hernandez (2008), "low levels of self-esteem have been correlated with increased risk behaviors such as deviant social behaviors, poor health, and depression" (p. 390). Improving self-esteem in adolescents, and thereby lowering the aforementioned negative effects, can lead to better individual, family, and community health. Kim, Kim and Ki (2014) also found that in verbally processing their visual works, participants in their adolescent art therapy group participants increased their self-understanding, self-reception, and positive self-recognition. This again supports the notion that art therapy can help improve self-esteem and related factors. Additionally, Kelly and Doherty (2017) found that caretakers observe improved levels of self-esteem and self-awareness in foster children and adolescents that participated in art therapy groups. These results infer that art therapy is an appropriate treatment method for low self-esteem in adolescence.

According to Lindsey et al. (2018), adolescents with unhealthy coping mechanisms may be more vulnerable to the negative long-term effects of stress. Common experiences in adolescence such as depression, anxiety, stress, and bullying can all contribute to public health concerns for this age group. Mental illness and poor emotional regulation can heighten the risk of attempted or completed suicide; in Indiana specifically, attempted suicide rates for adolescents are on average higher than that of the general U.S. population (Kelly & Greene, 2015; Pisani et al., 2013). This highlights the need for adolescents to develop and utilize healthy coping

mechanisms. Art therapy is an appropriate treatment option to meet the aforementioned needs, as it can help identify and cultivate these needed coping mechanisms, including the process of art-making itself (Prescott, Sekendur, Bailey, & Hoshino, 2008).

General treatment needs and theoretical approach. Adolescence can be a very tumultuous time in life, so establishing appropriate treatment goals becomes crucial. Treatment needs for adolescents identified in the literature include the following: (1) increase emotional regulation and expression; (2) increase self-esteem, self-knowing, autonomy, and empowerment; (3) manage anxiety and stress; (4) manage depressive symptoms; (5) manage suicidal ideation; (6) increase coping mechanisms; (7) increase positive social interactions; and (8) decrease socially deviant behaviors (Cobbett, 2016; Coles & Harrison, 2018; Donnelly et al., 2008; Kahn, 1999; Kim et al., 2014; Kelly & Doherty, 2017; Kelly & Greene, 2015; Prescott et al., 2008). Bluth, Mullarkey, and Lathren (2018) recommended using strengths-based approaches for adolescent programs in order to maximize the participants' potential capabilities and better equip them to face "risks and challenges of this life period" (p. 3038). A strengths-based approach may also contribute to adolescents' self-compassion, which can be threatened due to life factors and experiences during this age (Bluth et al., 2018).

Art material considerations. Moon (2020) claimed that an important factor of establishing safety with adolescent clients is to maintain, "a range of good quality art materials and equipment" (p. 155). Ensuring that art supplies are well-taken care of expresses the idea that the adolescent clients and their artwork are worthy of higher quality materials. This can help the therapeutic relationship, as adolescent clients may feel more valued by the therapist when given quality art supplies. Riley (1999) stated that adolescents prefer there be a consistent set of the

same art materials throughout each session, as this provides a sense of stability that is necessary

for effective treatment with this population.

       Stages of art therapy with adolescents. Moon (2012) outlined four phases of adolescent

art therapy: "(1) the resistance phase; (2) the imagining phase; (3) the immersion phase; and (4)

the letting go phase" (p. 99). Each phase is described below.

       In general, adolescents may not initially understand the nature of therapy or why they

may benefit from its services, possibly resulting in denial and/or resistance to beginning

treatment (Moon, 2012). In order to manage this first phase of treatment, called *the resistance*

phase, art therapists must understand that clients' apprehension is a necessary defense to

preserve their sense of self; in showing resistance to treatment, they are able to deny any issues

in order to stay comfortable and to avoid self-doubt (Moon, 2012). In order to work through this

tendency, art therapists should "respond, but never react," to adolescent clients' resistance; this

conveys a message of understanding, reassurance, and acceptance necessary for the therapeutic

relationship with adolescent clients (Moon, 2012, p. 128). Establishing a strong relationship built

on mutual respect and trust, and built through positive rapport and regard, can begin to break

down the adolescents' resistance and move onto more therapeutic goals.

       The second phase, called *the imagining phase*, is characterized by the adolescent

expressing great need for, "support, containment, stability, predictability, and emotional safety"

(Moon, 2012, p. 130). In this phase, the client begins to come to terms with what was being

denied in *the resistance phase*. They begin to recognize their maladaptive thoughts and behaviors

and better understand how they will benefit from art therapy services (Moon, 2012). This can be

a very daunting realization, causing feelings of vulnerability and shame. Art therapists must be

receptive and gentle with adolescents during this time, providing a sense of respect and

acceptance, in order for clients to successfully navigate this phase.

Moon (2012) stated that during the third phase, called *the immersion phase*, the

adolescent begins to "assume ownership for present emotional and behavioral difficulties" and to

address the vulnerability and shame experienced in the previous phases (p. 135). The immersion

phase initiates a recognition of past maladaptive behaviors and thoughts, which then leads to the

processing of said behaviors and thoughts. Art therapists must recognize and tend to the fact that

this phase can elicit feelings of insecurity and fear. In engaging in the process of art therapy,

adolescents in this phase are granted the space to verbally and nonverbally address maladaptive

behaviors and thoughts and experiences from both the past and present.

In the fourth and final phase, called *the letting go phase*, therapists and adolescent clients

terminate their therapeutic relationship. During termination, adolescent clients are tasked with

the "internalization and consolidation of the gains made during the treatment process" (Moon,

2012, p. 141). This involves reviewing progress in treatment.

CHAPTER III.

METHODOLOGY

Program Development

The present study utilized the Art Therapy Access Programs guide, provided by the

Memphis Brooks Art Museum (Peacock, Hamil, & Dumlao, 2014), as the primary structure for

designing a museum-based art therapy program for adolescents that can be adapted for different

museum or art gallery settings for the community in Indianapolis, Indiana. I selected the most

relevant steps in the guide and reordered them in a way that made sense for a program proposal

rather than a guide. The explicit steps used in the present study are as follows: (1) identify the

group; (2) establish individual/group goals and methods; (3) design an in-service for museum

staff; (4) create docent training guidelines; (5) create a program evaluation; and (6) research

funding opportunities (Peacock et al., 2014). To these, I added (7) explore ethical considerations

and (8) explore multicultural considerations for the proposed program.

In order to complete the first step in the proposed structure, I identified the specific target

population for the proposed program, selected appropriate treatment needs, and profiled local

museums, art galleries, and organizations for potential partnership in the Indianapolis

community. For the second step, I created individual and group goals based on the identified

treatment needs. I identified the logistics of the group such as frequency of meetings, duration of

meetings, structures of meetings, appropriate art materials, and possible directives. In order to

fulfill the third step, I designed a feasible in-service that will educate museum staff about art

therapy in museum settings. For the fourth step, I designed training guidelines that would help

educate museum docents and other staff members on how to provide services in the program. For

the fifth step, I identified a method for developing program evaluations that are relevant to art

therapy in museums and art galleries, and can be used to determine if the proposed program is

effective in reaching its goals. For the sixth step, I researched how art galleries and museums

fund art therapy programming and identified potential funding sources. For the seventh and

eighth steps, I defined and explored ethical and multicultural considerations relevant to the

proposed program.

To further support the program structure and relevance, I examined the key sources from

the review of the literature and created a thematic matrix that highlights various

interrelationships between adolescents, art therapy, art education, and the museum or art gallery

setting. By combining information from the literature review, results, and thematic matrix, I

developed a professional disclosure statement and an outline of the proposed program. The

professional disclosure statement is to be used in the proposed program, but can be modified to

suit needs of other museum- or art-gallery based programs. The outline is intended to serve as a

reference sheet for program proposal and implementation, but can also be modified for other

programs.

CHAPTER IV:

RESULTS

The present study sets forth a proposal for an art therapy program for adolescents to be used in a museum or art gallery setting in Indianapolis, Indiana. The present study modified and utilized the Memphis Brooks of Art Museum's Art Therapy Access Programs guide (Peacock et al., 2014) as a framework for this program proposal. I created a thematic matrix of resources most relevant to the proposed program in order to identify gaps within the literature that could be addressed in the present study. Of the 16 articles included in the matrix: (1) eight articles generally discussed interactions between adolescents and museums, mostly only mentioning adolescents as one potential population amongst many; (2) 15 articles discussed benefits of museum-based art therapy programs; (3) seven articles included only descriptions of existing art therapy programs, with no evaluations of a specific existing program; (4) eight articles evaluated a specific existing art therapy program, rather than only including descriptions; and (5) seven articles described art education programs, mostly in relation to art therapy collaborations. Of the 16 articles, only eight explicitly discussed art therapy programming in museums or art galleries for adolescents, briefly or at length. The full thematic matrix can be found in *Appendix A*.

Step 1: Group Identification

In order to identify the group, I explicitly specified populations to take part in the proposed art therapy program. I listed and profiled museums and art galleries in the Indianapolis area that could benefit from an art therapy program for adolescents, and local organizations that specifically serve adolescents and their various needs. In partnering with these organizations, a museum-based art therapy program may have easier access to potential participants,

transportation to and from the museum, and community support. The collected information is discussed in the following sections.

   Intended population. The intended population for the proposed museum-based art therapy program is adolescents in Indianapolis, Indiana. Indiana outranks 38 other states in adolescent mental health disorder prevalence, meaning that more Indiana adolescents qualify for at least one mental health diagnosis than adolescents in 38 other states (Whitney & Peterson, 2019). Since average prevalence is so high compared to national data, community intervention can become critical to overall health. However, only about half of those adolescents that qualify for a mental health diagnosis actually receive treatment in Indiana (Whitney & Peterson, 2019).

   I identified the following as mental health treatment needs for the adolescent population: (1) increase emotional regulation and expression; (2) increase self-esteem, self-knowing, autonomy, and empowerment; (3) manage anxiety and stress; (4) manage depressive symptoms; (5) manage suicidal ideation; (6) increase coping mechanisms; (7) increase positive social interactions; and (8) decrease socially deviant behaviors (Cobbett, 2016; Coles & Harrison, 2018; Donnelly et al., 2008; Kahn, 1999; Kim et al., 2014; Kelly & Doherty, 2017; Kelly & Greene, 2015; Prescott et al., 2008). Adolescents may also exhibit hesitation in attending therapeutic services, and this apprehension can make treatment more difficult to navigate (Kahn, 1999; Moon, 2012).

   A number of the identified needs may be better addressed in more clinical settings, while others would be much more attainable if approached within a community setting, such as a museum or art gallery. For this reason, the proposed program will focus on the following six needs: (1) increase emotional regulation and expression; (2) increase self-esteem, self-knowing,

autonomy, and empowerment; (3) manage anxiety and stress; (4) manage depressive symptoms;

(5) increase coping mechanisms; and (6) increase positive social interactions. I believe that an art

therapy program within a museum setting can serve these identified needs. As referenced prior,

Morse et al. (2015) stated that museums and their galleries have been found to:

> Provide a positive social experience, reducing social isolation; provide opportunities for
>
> learning and acquiring new skills; are calming and reduce anxiety; [encourage] positive
>
> feelings such as optimism, hope, and enjoyment; promote self-esteem and a sense of
>
> identity and community; and provide new experience which may be novel, inspiration
>
> and meaningful. (pp. 231-232)

The museum setting and its resulting therapeutic factors complement the mental health needs of

adolescents. Since museums and art galleries have been found to increase positive emotions, the

setting can encourage emotional intelligence, which leads to adaptive expression and regulation,

outlined in *Treatment Need 1* (Morse et al., 2015). Museums and art galleries offer opportunities

to master new skills and bolster self-esteem, self-understanding, and sense of community; these

factors would contribute to empowering and promoting positive self-esteem explored in

Treatment Need 2 (Coles & Harrison, 2018; Morse et al., 2015). In providing a calming space for

skill-based learning, inspirational experiences, and positive emotions and symptoms discussed in

Treatment Need 3 and 4 (Morse et al., 2015). Since museums and art galleries serve as settings

for skill development and meaningful interactions, they also provide the space to explore new

methods for coping with mental health issues, outlined in *Treatment Need 5* (Morse et al., 2015).

Additionally, Kaufman et al. (2014) reported museum-based art therapy program participants

reported improvements on available coping mechanisms to manage their physical and mental

health symptoms, which also addresses *Treatment Need 5*. Additionally, there is indication that

when an adolescent possesses adaptive emotional regulation and a positive, trusting relationship

with an adult in their community, the adolescent is at a lessened risk for suicidal ideation and

attempt; there lies a potential for positive relationships to form between the adolescents and

museum staff through experiences in a museum-based art therapy program (Pisani et al., 2013).

Finally, the reduction in social isolation and increase in positive social experiences, which are

both natural to the museum milieu, can increase positive social interactions expressed in

Treatment Goal 6 (Coles & Harrison, 2018; Morse et al., 2015). For this reason, I believe that a

museum-based art therapy program could only benefit those adolescents who do not have regular

access to mental health treatment, and could provide early intervention to adolescents who may

develop mental health symptoms over time, due to these unfulfilled needs. Adolescent treatment

needs and their complementary museum setting factors can be found in *Appendix B*.

       Local museums and art galleries for program implementation. Many museums and

art galleries in the Indianapolis area lack explicit services for adolescents, and could greatly

benefit from a museum-based art therapy program for this age group. In partnering with an art

therapy program, museums and art galleries could engage more community members, enhance

accessibility and awareness of their exhibitions and events, and increase their community

outreach efforts in new and innovative ways. The present study includes brief profiles of six

museums and art galleries in Indianapolis that could serve as potential locations for a

museum-based art therapy program: (1) Newfields, (2) The Indianapolis Art Center, (3) The

Children's Museum of Indianapolis, (4) The Indiana State Museum, (5) The Eiteljorg Museum,

and (6) Conner Prairie.

Newfields. Newfields is an art museum and garden space in Indianapolis, Indiana. The campus property was donated by the Lilly family, a historically prominent family in Indianapolis, to create the museum's campus (Newfields, 2020). Newfields offers an exquisite art collection and over 100 acres of garden spaces, featuring art installations. Both Newfields and the practice of art therapy aim to enrich lives through experiences with art. By partnering with an art therapy program for adolescents, the museum could reach a broader audience, increase access to their facilities after recent changes in their admission rates, and enrich the lives of their community's members in a unique and novel manner.

The Indianapolis Art Center. The Indianapolis Arts Center is an organization that houses art studios and galleries. Every year, the center hosts over 50 exhibitions and provides hundreds of art classes to the Indianapolis community. The organization's mission is, "to inspire creative expression in people of all ages" (para. 2). Art therapists work with individuals of all ages, and aim to increase creative expression in all participants. In partnering with an art therapy program, the Indianapolis art center could engage its patrons in therapeutic art-making, which would improve community well-being and introduce creativity in a novel manner.

The Children's Museum of Indianapolis. The Children's Museum of Indianapolis (CMI) is the largest museum of its kind in the world (CMI, 2020a). The CMI (2020b) strives, "to create extraordinary learning experiences across the arts, sciences, and humanities that have the power to transform the lives of children and families" (para. 1). By partnering with an art therapy program for adolescents, the CMI could help benefit children's and adolescents' mental health, provide psychoeducation to assist with community mental health, and increase the breadth of learning experiences described in their mission statement.

The Indiana State Museum. The Indiana State Museum (ISM) uses unique exhibits and interactive experiences to showcase events that comprise Indiana's history (ISM, 2020). This museum is entirely constructed using Indiana-based materials, showing a dedication to local industry, and it is dedicated to preserving the history, understanding the present, and helping to innovate the future of its state. The ISM (2020) aims, "to serve as a catalyst for informal lifelong learning that connects the stories of real people, places, and things" (para. 3). In partnering with a museum-based art therapy program for adolescents, the ISM could help its community members tell their stories, educate a broader audience on Indiana's history, and provide its patrons with regular access to mental healthcare.

The Eiteljorg Museum. The Eiteljorg Museum (2020) aims, "to inspire an appreciation and understanding of the art, history, and cultures of the American West and the Indigenous peoples of North America" (para. 2). With its focus on indigenous populations, the Eiteljorg offers a unique collection and rich history. In partnering with a museum-based art therapy program for adolescents, the Eiteljorg could increase its reach to adolescents, increase community understanding of native history in and outside of Indiana, and positively contribute to community members' mental health.

Conner Prairie. Conner Prairie is an active farm and one of the leading outdoor museums in the country, offering guests an opportunity to simulate life at the William Conner home in the 19th-century (Conner Prairie, 2020). Guests are invited to take part in craft-making, food preparation, and other activities that provide hands-on experience and interaction with the area's history. Conner Prairie (2020) aims to, "inspire curiosity and foster meaningful interaction with unique, engaging experiences that don't exist anywhere else" (para. 2). In partnering with

an art therapy program for adolescents, Conner Prairie could invite a wider range of guests to take part in its historical reenactments, educate the public on mental health topics, and offer a service that is not readily available at other museums, especially outdoor institutions.

Local organizations for potential partnership. Indianapolis is home to many organizations that specifically serve adolescents, but not all offer mental health services or education. In partnering with a museum-based art therapy program, Indianapolis adolescents could experience the benefits of art therapy in addition to services already provided by the organizations, contributing to a more holistic approach to community work. The present study includes brief profiles of five organizations in Indianapolis that could serve as potential community partners: (1) TeenWorks, (2) Outreach, (3) The Children's Bureau, Inc., (4) Girls Inc., (5) Indiana Youth Group, and (6) Trinity Haven.

TeenWorks. TeenWorks (2020) is a nonprofit organization that helps Indiana teenagers develop useful work-related skills, gain hands-on work experience, and obtain education on options for future education and career opportunities. Its mission is, "to empower teens to discover a new level of self-confidence, recognize that achieving professional success is within their reach, and build their resources to make it happen" (para. 3). In partnering with an art therapy program, TeenWorks could more effectively support the mental health of their participants, provide an alternative way to boost self-confidence through the practice of art therapy and the museum setting itself, and equip their participants with skills they may use in their future educational opportunities and careers.

Outreach. Outreach is a nonprofit that specifically works with homeless adolescents and young adults. Their mission is to, "[equip] and [empower] homeless teens and young adults to

achieve stability and life transformation" (para. 1). Youth who have experienced homelessness report higher rates of victimization, mental health issues, suicidal ideation, suicide attempts, and mental health diagnoses including but not limited to depression and other mood disorders (Armstrong, Owens, & Haskett, 2018). In partnering with a museum-based art therapy program, Outreach could effectively promote their members' mental health through the practice of art therapy and the museum setting, as they both work to reduce mental health issues and to cultivate safe spaces.

   The Children's Bureau, Inc. The Children's Bureau, Inc. (2020) is a nonprofit dedicated to improving the lives of children and their families in Indianapolis and surrounding communities. Its mission is to help create, "a healthy family for every child" (Children's Bureau, Inc., 2020, para. 2). In order to create this healthy family structure, children and their families may need to overcome many barriers to receiving much needed mental health education and treatment. In partnering with a museum-based art therapy program, the Children's Bureau would be able to help provide more holistic mental health treatment to children and offer them and their families more access to museums' rich educational environments.

   Girls Inc. of Greater Indianapolis. Girls Inc. of Greater Indianapolis is a non-profit that aims to help young girls live outside of gender stereotypes (Girls Inc., 2019). Girls Inc. provides programming and mentorship programs to thousands of Indianapolis girls every year. Programs include workshops in healthy sexuality, empathetic and effective communication, financial management, science and technology, and other useful life skills and activities. In partnering with a museum-based art therapy program, the young girls that Girls Inc. serves would have increased interaction with the Indianapolis community, accessible mental health and self-esteem

support, and regular access to art, history, and other museum offerings. These opportunities

would compliment Girls Inc.'s mission to "empower girls to be confident in their own skin,

prepared for their futures, proud of who they are, and ready to take their place in the world"

(Girls Inc., 2019, para. 2).

     Indiana Youth Group. Indiana Youth Group (IYG) is a non-profit that serves adolescents

and young adults who identify with the LGBTQ+ (lesbian, gay, bisexual, transgender, queer,

etc.) community (IYG, 2019). According to IYG (2019), the organization, "strives to provide

safer spaces to build self-confidence, explore individualism, and develop friendships within the

LGBTQ+ community. IYG promotes a space of acceptance, equity, and restorative practices"

(para. 2). A museum-based art therapy program could help foster relationships amongst

participants, promote a positive self-esteem, and encourage identity exploration in a new way

within an exciting setting.

     Trinity Haven. Trinity Haven (2020), projected to open in 2020, will be a "safe,

welcoming, and family-like environment for LGBTQ+ youth who do not have homes of their

own" (para. 2). Trinity Haven is the first organization of its kind in the state of Indiana, focusing

on the needs of LGBTQ+ youth that struggle with homelessness. Trinity Haven's (2020) mission

is "to intervene before youth experience chronic homelessness, and to help them pursue their

education and develop the skills to thrive in the world independently" (para. 2). In order to best

support the youth staying at Trinity Haven, it may be in the organization's best interest to make

available community resources, local arts opportunities, and mental health services. These

services would be comprehensively available through partnership with a museum or art gallery

based art therapy program.

Step 2: Program Purpose, Goals, and Design

The purpose of the proposed program is to help provide greater accessibility to mental health services for adolescents in the Indianapolis community, provide greater exposure to museums, art galleries, and/or community centers, and resolve general therapeutic treatment needs for adolescents. Program goals will be modeled after those identified in Coles and Harrison's (2018) program, which consist of: (1) helping participants understand themselves better; (2) fostering the ability to form and sustain positive relationships with others; (3) encouraging social inclusion; and (4) inspiring creativity (p. 115). The proposed program additionally aims to increase the diversity of populations served through general museum programming, by providing great accessibility to mental health services for adolescents in Indianapolis, as stated prior. Together, these goals complement the identified treatment needs for adolescents in the proposed program.

Program design and structure. The general structure of the program will take into consideration Moon's (2012) four phases of adolescent art therapy: "(1) the resistance phase; (2) the imagining phase; (3) the immersion phase; and (4) the letting go phase" (p. 99). Each phase is discussed below, in relation to its presentation in a museum-based art therapy program

In order to navigate *the resistance phase*, the first few sessions of any individual or group process within the proposed program will focus on recognizing this necessary resistance, in order to establish a safe and trusting environment and build a therapeutically beneficial relationship between client and therapist. Art-making in this phase will be centered on establishing group norms, introducing clients to one another, and/or introducing clients to the therapist.

Sessions during *the imagining phase* in the proposed program will be centered on establishing routine, creating emotional safety, and introducing vulnerability as a means of healing. Art-making will become a means of reinforcing routine, establishing physical and emotional safety, and introducing topics that could be too difficult to broach through verbal communication, alone.

During *the immersion phase* in the proposed program, art-making will be focused on working through feelings of apprehension, shame, insecurity, and fear evoked in previous stages that may be contributing to present mental health issues. It is expected that adolescents will finish this phase with, "a clearer sense of who they are in the world, complete with both positive and negative attributes" (Moon, 2012, p. 136). This means that the clients in the proposed program will have a more realistic self-concept and a more adaptive self-esteem, based on self-acceptance.

In *the letting go phase*, therapists in the proposed program will assist clients in identifying tools and skills gained throughout treatment that can be utilized when future mental health issues arise. Art making in this phase will be centered on themes of loss (of the therapeutic relationship), self-acceptance, and closure at the end of the therapeutic process. Closure is crucial for the proposed program, as it helps adolescent clients to better prepare for life after therapy, which can be difficult for this age group to understand and navigate.

Each phase of this framework will be addressed across 2-3 sessions in the proposed program, resulting in 8- to 12-week groups, depending on the nature of the group's focus. For example, a trauma-based group might run longer than one focused on communication skills, as trauma-based work often requires long-term therapy to explore traumatic experiences and related

material, process this information, and terminate effectively. Groups in the proposed program

will meet on a weekly basis, and multiple groups will run at the same time. The art therapist will

select clients for individual services at their own discretion, and individual sessions will follow a

similar format to group sessions.

Screening clients for services. The proposed program will primarily offer group services

to its clients, but art therapists may identify clients from the groups that may benefit more from

individual services. All interested clients and their legal guardians will undergo an informational

meeting with an art therapist, and the art therapist will decide whether they are a good fit for

groups that are currently offered. All approved clients and/or their legal guardians will sign

professional disclosure forms before the adolescent begins attending services; these forms will

detail their rights as clients, potential benefits and risks of art therapy in museum or art gallery

settings, contact information of licensing bodies for filing complaints, if they should arise, and

any other information required by the specific setting, including limits to confidentiality based on

the public nature of the museum setting. All individuals not approved for the program will

receive information on other mental health organizations and providers in the area.

Single session structure. Coles and Harrison (2018) identified four parts of single

sessions within their larger museum-based program: (1) meeting in a private studio space to

introduce session themes, share thoughts, and express emotions; (2) exploring museum objects

and exhibitions; (3) reconvening in studio space to participate in art-making, in response to

museum exploration; and (4) discussing experience of museum exploration, discussing the

process of art-making, and sharing artwork with one another. Single sessions within the proposed

program will follow this outlined format, as it both fully utilizes museum spaces and resources

and provides private space for art-making and discussion. However, Coles and Harrison's (2018) single session format only offered general themes for session content and allowed clients to freely explore the gallery. Art therapists in the proposed program will instead provide a specifically-curated tour and offer art-making prompts more catered to overall group purpose and goals outlined prior. The purpose of providing specific themes for each session allows clients to "engage with the museum in a focused and reflective way" (Coles & Harrison, 2018, p. 117). Additionally, participants express a preference for viewing different artworks, artifacts, and exhibits each session (Coles & Harrison, 2018). These guidelines will be followed for both group sessions and sessions with individual clients.

Program materials. The proposed program will include an array of well-maintained art materials, in order to provide a sense of structure, acceptance, and safety. As for specific materials, the proposed program will feature a core set of drawing and collaging materials that are developmentally appropriate for adolescents. Riley (1999) suggested having, "a basket of broad tipped felt pens, a basket of oil pastels, a basket of collage pictures (cut out)... [glue sticks, and scissors]" for every session with adolescents (p. 57). Other potential materials will include air-dry clay, pencils, colored pencils, acrylic paints, watercolor palettes, paint brushes, canvases of various sizes, and paper in various weights, colors, and sizes. These materials will provide opportunity for media mastery and varying sensory experiences. Art therapists will take into consideration their specific setting's restrictions on material use in galleries, studios, and other spaces. They will consider what fluid and/or resistive materials may be appropriate for these various spaces. If fluid materials threaten the cleanliness or integrity of museum objects, art therapists will not provide them to their clients, at least within the gallery setting. Additionally,

art therapists in the proposed program will not make available materials that could pose more than minimal physical risk to clients, in order to best protect clients' safety.

       Program directives. Art directives will be based on aforementioned adolescent treatment needs and progressing topics. Some example directives are outlined below, but potential art directives for the proposed program are limitless, as they can be developed to fit the group's or individual's needs and the specific setting's needs, as well as take advantage of the setting's unique offerings and resources.

       Leaders could use Buchalter's (2004), "Palette of Emotions," in which the therapist supplies each client with a piece of paper with a pre-drawn paint palette (p. 43). The therapist asks the client "to fill in the circles of the palette (which are normally filled with paint) with words, colors, designs, and pictures," to express various emotions identified by the therapist (Buchalter, 2004, p. 43). Curated gallery walks could include artwork with human figures expressing strong emotions. This activity would help clients identify their experiences with various emotions, addressing *Treatment Need 1*.

       Program leaders could also use Buchalter's (2004) "Draw Your Barrier" activity (p. 28). During this activity, the art therapist asks clients "to draw their barrier, meaning what is keeping them from achieving happiness, success, self-fulfillment, good mental health, etc." (Buchalter, 2004, p. 28). Curated gallery walks for this activity could include artwork that has strong linework and portrayals of physical boundaries. In addressing these barriers, the art therapist can begin to identify physical and mental barriers, and clients can increase their self-awareness of these same barriers, which can address *Treatment Need 2*.

Finally, program leaders could also use Buchalter's (2004) "Anxiety Drawing" (p. 58). In this activity, the art therapist asks the client "to fold [a] sheet of paper in half, [draw] a time they were anxious on one side of the paper, and [draw] how they handled their anxiety on the other side" (Buchalter, 2004, p. 58). Curated gallery walks for this activity could include artwork depicting anxiety-inducing scenarios and/or individuals overcoming an obstacle. This activity helps the client identify triggers and potential ways to manage these triggers, addressing both anxiety symptoms and potential coping mechanisms, from *Treatment Needs 3 and 5*.

Program leadership. In general, art therapists acting as leaders in the proposed program will understand basic essentials of working with adolescent clients. Art therapists will "allow [adolescent clients] to have a voice and express their thoughts, feelings, and ideas through their own narrative [and] be sensitive to strengths, challenges, and individuality of youth" (Hornby & Bobick, 2016, p. 157).

Influence of theoretical therapeutic approach on leadership style. Theoretical orientations vary by their considerations of core human traits, human development, multicultural perspectives, thematic focuses, definitions of wellness, pathologies, diagnoses, assessments, goals, treatment techniques, therapeutic relationships, and therapist and client roles (Gehart, 2016). Gehart (2016) stated, "counseling theories provide counselors with unique lenses through which they may view the problems that clients bring to them" (p. 445). When following a specific theoretical approach, leaders embody these varying factors in order to provide best practice for each client. Theoretical treatment approaches discussed in the the literature on art therapy in museum settings include compassion-focused, mentalization-based, attachment-based, strengths-based, and feminist. From these appraoches, compassion-focused and feminist seem to

best-suited for facilitating a therapeutic experience for adolescent clients within a museum- or art gallery-based art therapy program.

Integrating compassion-focused and feminist theories. In order to effectively address the proposed program's mission and goals as well as general treatment needs for adolescents, I propose integrating compassion-focused and feminist theoretical approaches. The proposed program's treatment needs and their complementing feminist and compassion-based theoretical focuses can be found in *Appendix C.*

Factors of compassion-focused theory that are relevant to the proposed program include: (1) focus on unconditional positive regard; (2) focus on safe, nonjudgmental space for exploring difficult experiences and emotions; and (3) emphasis on client's positive characteristics (Coles et al., 2019). Relevant factors of feminist theory include: (1) challenge to limiting gender roles; (2) adoption of a gender sensitive approach; (3) valuing voices from the margins; (4) uplifting of marginalized voices; (5) establishment of egalitarian therapeutic relationships; (6) focus on respect and social change; (7) focus on mutual disclosure between client and therapist; and (8) incorporation of environments into actions (Otting & Prozek, 2016; Rochford, 2017a).

Alone, compassion-focused and feminist theories would insufficiently support the proposed program's treatment needs. For example, only one factor of compassion-focused theory (focusing on unconditional positive regard) and only two of the aforementioned factors of feminist theory (challenging limiting gender roles and adopting a gender sensitive lens) addresses *Treatment Need 1: Increase emotional regulation and expression*. In the proposed program, therapists practicing through only feminist or only compassion-focused lenses would struggle to effectively support and address this treatment need with their client(s). However, by

integrating feminist and compassion-focused theories, combined factors between the theories would provide a broader, more comprehensive framework to help address emotional regulation and expression. Feminist theory, in challenging gender roles, could allow clients of all genders a broader, more accepting space to express all emotions, regardless of role expectations. Compassion-focused theory, in focusing on unconditional positive regard, could help to validate those emotional expressions. In practicing an integrated feminist/compassion-focused theory in a museum setting, art therapists can reinforce the natural factors of the museum milueu with their theoretical approach.

Program location. The proposed program will identify specific locations within the setting once a partnership with a museum or art gallery space has been created, but ideally, there would be a designated studio space separate from the art galleries themselves. This studio space would allow for a larger variety of art materials, and provide a type of separation between phases in single sessions, and potentially serve as a secure storage space for materials and completed projects. However, this space will vary by museum or art gallery, and the proposed program is meant to be flexible, in order to utilize any space available for art-making, discussions, and other program activities. Regardless, art therapists in the proposed program will take into consideration rules, regulations, safety standards, and ethical standards of art therapy ethical models and the museum and/or art gallery setting.

Step 3: Staff In-Service for Art Therapy Program

With proper training and knowledge, museum staff can positively contribute to museum- and gallery-based art therapy programs in positive and meaningful ways. According to Coles and Harrison (2018), "managers were very supportive of our use of the museums and front of house

personnel created a warm and welcoming atmosphere for the group. Museum staff were aware

that we were running an [art] therapy group but participants did not report any concerns about

this in terms of confidentiality" (p. 118).

Regardless of staff's intentions and participants' comfortability, according to Peacock et

al. (2014), "[museum staff] can unknowingly pose a threat to the process, particularly if they

haven't had any experience with art therapy" (p. 8). Since museum staff presence is necessary

and potentially valuable to art therapy programming, it is necessary to develop some type of

educational session that aims to provide basic information about the art therapy program itself,

its purpose, and general guidelines, which include confidentiality standards and general

expectations for how staff will interact with the program's leaders and participants.

In-service structure. According to Peacock et al. (2014), "It's important to clarify the

goals, objectives, and outcomes of art therapy and the partnership so that staff can be actively

engaged in the process and ensure the participants' success" (p. 8). The in-service will consist of

a large presentation given to the full museum or art gallery staff and a small workshop modeled

after an art therapy session provided for the staff that would be in contact most with the

program's participants including but not limited to front desk staff, docents, and curators.

For the large presentation, the presenter will begin by defining art therapy in general and

art therapy in a community-based context. The presenter will then outline the program's purpose,

goals, and general structure outlined prior. Attendees will be invited to ask questions about art

therapy and about the program. For the small workshop, the art therapist will run a small group

of staff members through an arts-based activity. The presenter could use Buchalter's (2004)

Relaxation Exercise and Collage activity during this time. This activity involves the art therapist

leading participants through a progressive muscle relaxation exercise, followed by art-making. During art-making, participants are asked, "to create a collage representing the peaceful state they felt during the relaxation exercise" (Buchalter, 2004, p. 135). Upon completion of the activity, the art therapist would lead the participants through a brief discussion of the purpose of the activity, their experience with the activity, and how these activities would benefit adolescent clients and their identified treatment needs. The art therapist would provide contact information to all attendees and send out a digital survey after the in-service, asking for any questions or feedback from staff members.

Step 4: Training Guidelines for Docents and Other Staff

According to Peacock et al. (2014), docents "provide tours of the museum's collection and special exhibitions" within the museum-based art therapy program (p. 10). Hamil (2016) mentioned that art therapists must be selective when choosing docents to assist with their programming. Selected docents in the proposed program will be personable, approachable, and knowledgeable on specific museum pieces curated for the program. They will also be able to relate to adolescent participants and show enthusiasm for educating new adolescent patrons in the museum. Through art therapy programming, docents can help establish strong connections between adolescent participants and the museum itself, so it is important to select appropriate candidates (Hamil, 2016). Peacock et al. (2014) stated that art therapists should hold a meeting with docents and other museum staff that would work closely with the program, including curators. During this meeting, art therapists will explain the program's goals and intended outcomes and begin to identify docents, curators, and other staff members that could potentially

help provide the proposed program's curated tours. Docents and other staff will be encouraged to

ask questions and provide feedback throughout the meeting.

        Guidelines and expectations. Docents will be expected to provide education about art

pieces on a curated tour, remain respectful of adolescent clients' varying cultures and identities,

and provide conflict resolution assistance when necessary. During the aforementioned meeting,

the art therapists will explain how to interact with clients, and give some preliminary education

about group dynamics, conflict resolution, cultural sensitivity, and other topics pertinent to their

interactions with adolescent clients. It is important to note that docents will not be provided

therapeutic services or engaging in art-making with participants, as they are not properly trained,

licensed, and/or credentialed; instead, docents will guide participants on curated tours and

provide education on specific art pieces. Peacock et al. (2014) stated that ideally, the same

docent will work with the same group of participants throughout the group's duration; in the case

of the proposed group, this will be 8 to 12 weekly sessions. That is to say that docents working

with the proposed program would have to have relatively open schedules during the identified

times for their assigned group(s). Docents would also need to have a relatively extensive

knowledge of the museum's galleries and individual pieces. Peacock et al. (2014) recommends

that clients be exposed to a wide variety of art, varying in media, styles, and cultural origin, from

both the museum's permanent collection and rotating exhibits. This variety works to broaden the

clients' exposure to artists of different cultures and identifies, ways of art-making, and

expectations for museum content (Peacock et al., 2014).

Step 5: Program Evaluation

Program evaluations allow leaders to operationalize their goals, measure and analyze

program effectiveness, provide recommendations for future program iterations, and obtain data

that can be used for future funding opportunities. In order to formulate an effective program

evaluation tool, it must be concise and focus on the specific goals, populations, and intended use

for results within the proposed program (Kapitan, 2018). Without doing so, evaluations may take

too much time and effort, can collect and report unhelpful data, and will provide too much

unnecessary information for future potential funders. Steps in creating an appropriate program

evaluation include the following: (1) identify necessary persons for program evaluation,

necessary "resources for each phase of evaluation," and a realistic timeline for evaluation; (2)

operationalize the anticipated benefits of the proposed program in order to find appropriate

measuring tools for each them; (3) create a system of collecting data using these identified

measures; (4) analyze data and appropriate report results to key persons; and (5) discuss the

program's successes and implications for future program iterations (Kapitan, 2018, pp. 105-109).

According to Kapitan (2018), results gained from effective evaluation tools for successful

programs can be distributed to "those who have the most stake in the program" (p. 109). Results

can also be used as justification for future grants and funding opportunities, from organizations

that hold the same values expressed in the proposed program's mission and goals (Kapitan,

2018). The proposed program will create an evaluation tool upon agreed partnership with a

museum and/or art gallery in the Indianapolis community, as program evaluations vary greatly

by setting expectations and regulations, available resources, and potential funders' mission and

goals.

Step 6: Program Funding

Prior to completion of an initial program and program evaluation, art therapists can seek funding from grants and other monetary assistance can be offered through resources including but not limited to the American Art Therapy Association, state art therapy associations, nonprofit organizations, and private funders. Funding for the proposed program is intended to be directed toward art materials, maintenance of art-making spaces, museum or art gallery memberships for participants, multicultural and ethical training for participating museum staff, and wages for program leader(s).

As mentioned prior, program funding can be heavily influenced by program evaluations. Using the program evaluation tool developed using considerations discussed above, the proposed program will seek out organizations and grants that intend to fulfill the mission and goals set out by the proposed program itself in order to fund future iterations of the program. Seeking organizations, grants, and other funding opportunities that share similar intentions as the proposed program allows for consistent intentions between the program and its funders (Kapitan, 2018).

Step 7: Ethical Considerations

The proposed program yields ethical concerns that must be addressed. Confidentiality can be difficult to maintain within a common, public area. Discussions in the galleries can and will be overheard by other museum or art gallery patrons. It is important that the adolescent clients are educated on their rights as clients and are informed of this setting-based threat to confidentiality before beginning services. Art therapists will ask clients to monitor what private information they divulge during program activities in art galleries and other public areas, and

instead save more personal information for discussions within private areas, including art

studios. Art therapists must also inform museum and/or art gallery staff about confidentiality and

notify them that they must take reasonable precautions to protect the clients' confidentiality by

not recording or revealing their personal information to any third parties. A discussion about

confidentiality with staff members will be part of the informative presentation in the

aforementioned in-service program.

The American Art Therapy Association (2013) and the Art Therapy Credentials Board

(2018) set forth ethical principles, covering topics from client rights to safety in physical settings.

Art therapists in the present program will understand and adhere to these ethical standards, in

order to provide best practice, protect client rights, and create a physically and emotionally safe

space for individual and group activities in the museum or gallery (AATA, 2013; ATCB, 2018).

Participating in art therapy, whether it be through making personal art or observing preexisting

art, can broach emotionally difficult topics, and some materials and spaces may pose physical

concerns. Regardless, art therapists in the proposed program will inform clients and their legal

guardians on the physical risks of art therapy in this setting.

Art therapists in the proposed program will also inform clients on how, where, and for

how long their artwork will be stored. They will warn participants of potential threats to

confidentiality of artwork if proper storage spaces are not available in the specific setting, and if

their artwork will be transported from the museum or gallery to an appropriate storage space

off-campus.

The aforementioned ethical concerns will be included in the professional disclosure forms clients and/or their legal guardians will sign before beginning services, which can be found in *Appendix D*.

Step 8: Multicultural Considerations

As the proposed program intends to increase accessibility to art therapy services for adolescents of marginalized identities, it is important to consider relevant multicultural issues within its context. Indianapolis is a culturally diverse community composed of people of all identities and backgrounds; therefore, art therapists in the proposed program will likely interact with clients, museum patrons, and staff of identities different from their own.

Art therapists in the proposed program must continually keep up-to-date with current events and multicultural trends in their surrounding communities. Art therapists must understand the relationship between their setting and their community in order to foster positive interactions between the two, within their programming.

In the proposed program, art therapists will be expected to view multicultural competence as a practice, and seek out conferences, training programs, and other events that will help them stay proactive with their multicultural understanding. Part of this continual learning includes art therapists identifying their own cultural biases, values, and beliefs, and actively working to avoid imposing their personal ideologies onto their clients. This can involve interpersonal discussion between art therapists, reading relevant literature on multicultural education, and any other practice within their setting that increases self-awareness in relation to cultural biases. This view of a continually-evolving multicultural competence will allow art therapists in the proposed

program to best serve clients of varying identities and backgrounds, as best practice for all clients is continually evolving.

Additional Tools for the Proposed Program

A condensed outline containing brief summaries of information about the proposed program can be found in *Appendix E*. A list of references for this outline can be found in *Appendix F*. This outline is intended for use in proposing and implementing a museum- or art gallery-based program in Indianapolis, Indiana, but can be modified by other art therapists for use in their own communities.

CHAPTER V:

DISCUSSION

The present study outlined an art therapy program that serves adolescents for intended

use in a museum or art gallery in Indianapolis, Indiana. This plan is meant to act as a starting

point for proposing a program for adolescents that can be implemented into a local institution.

The plan is also meant to act as a general outline that other art therapists can utilize as a

framework for developing museum- or art gallery-based art therapy programs in other areas. The

proposed program has its strengths and areas of concern, as with any program in its early

developmental stages. It is important to consider these, when moving forward with the program

proposal. A few of its strengths and areas of concern are outlined below.

Program Proposal Strengths

The proposed program has strengths that will contribute to its potential success, when

implemented into a museum or art gallery.

Adaptability of plan. I designed the present program with flexibility and adaptability in

mind. Rather than focusing too heavily on a specific museum or art gallery's physical space and

available resources, I provided a general structure that could be molded to fit into multiple

locations. I kept the plan general with the intention of other art therapists using it as a framework

for future programs in other museums and art galleries.

Community involvement. This program aims to involve local non-profits that are

already serving the adolescent population in Indianapolis. Ideally, community organizations and

the proposed program would combine their resources in order to provide more holistic services

to their clientele, with little added cost. Partnering with local non-profits also allows more sense

of closeness between organizations, working to create a more tight-knit community.

Areas of Concern

The proposed program has areas of concern to be addressed before implementation into a

museum or art gallery in Indianapolis.

Transportation. Coles and Harrison (2018) mention that their museum location was

situated on a public transit route, allowing easy access to relatively affordable transportation.

However, public transportation is not very expansive or reliable in the Indianapolis community.

It is possible that partnered organizations may be able to provide safe, consistent transportation

for potential participants in museum- or art gallery-based programming, but this is not

guaranteed. Transportation may be key to the success of the proposed program, but since there is

not a location specified in this proposal, the present study could not firmly establish a definite

means of transportation for this program.

Other accessibility barriers in Indianapolis. An issue partly related to transportation is

Indianapolis's physical breadth as a city. Although the city has a high population, its hubs and

neighborhoods are physically spread out, which hinders the city's walkability. Depending on the

museum or art gallery in which the program is implemented, the location's relative accessibility

by walking could hinder the amount of participation from all sections of the city. In other words,

adolescents may not be able to safely travel to the location, especially if they are not able to

drive. The present study did not offer solutions to these accessibility issues.

Sustainability of programming. According to Hamil (2016), sustaining museum-based

art therapy programming is "reliant on the unique elements each partner brings to collaborations

and the ability to develop synergistic and supportive relationships." (p. 129). Programs are best

sustained when their purposes, goals, intended outcomes, actual outcomes, and benefits are

clearly defined. The present study does not focus on reasonable or practical program

sustainability efforts, as it is heavily focused on the beginning stages of partnership, program

development, and implementation. The present study also does not consider sustainability in

program resources and funding opportunities.

Implications of the Present Study

The present study has implications in the fields of art therapy and museum services.

Some implications are discussed below.

Addressing gaps in art therapy literature. The present study aims to address gaps in

available literature on art therapy, museum art therapy, adolescent populations, and art therapy in

museums with adolescents. The review of the literature yielded little results on these topics. It is

hoped that the present study can act as an inspiration and as a framework for similar future

studies.

Theoretical integration. The present study proposes practicing art therapy with

adolescents through a feminist/compassion-focused lens; there is little to no known literature on

this combined theoretical orientation within the practice of art therapy. In integrating feminist

and compassion-focused theories, art therapists can focus both on validation and empowerment

through their practice. Adolescent clients will benefit from this integrated approach, as the

factors of both theories complement general treatment goals for this population.

Redefining art therapy treatment options. Art therapy, as a relatively young mental

health profession, is still growing and changing. The present study seeks to redefine how art

therapists provide their services, both in how and where they are offered. Feminist and compassion-focused theories in the present study create an art therapy practice that is egalitarian, validating, and strengths-based in nature. The therapeutic relationship between client and therapist becomes more balanced and equal, which is meant to empower the client in a novel manner by allowing them autonomy in their own treatment. This therapeutic process also both validates the client and highlights their strengths, showing them they are capable of evoking positive change in their lives. Additionally, the present study redefines settings in which art therapy can be implemented. The proposed program would take place in a community setting, within a public museum or art gallery, as opposed to a private office, hospital, or other traditional setting.

Reducing stigma. The public setting within the proposed program naturally works to reduce stigma in mental health treatment. It removes the client from a more reserved clinical setting, to one that is easily accessible for all community members. Traditional clinical settings remove their clients from the public eye, but in the proposed program, museums and art gallery settings would help to safely integrate its clients into an open community setting.

Accessibility for underserved and diverse populations. The present study aims to make art therapy services more public and more available to underserved, diverse populations within the Indianapolis community. Adolescents, especially of other marginalized identities, may experience societal barriers and other difficulties in accessing both museum offerings and art therapy services. The proposed program attempts to disassemble these barriers in order to provide more regular access to these opportunities for adolescents of all identities and backgrounds.

Intentions for Program Proposal

I intend to use the present study in order to propose and implement a museum- or art gallery-based art therapy program in Indianapolis, Indiana. There is a growing need for community based art therapy in the Indianapolis community and communities similar to it, so I hope other art therapists can use the present study as an inspiration and as a framework for programs in their own local museums and art galleries. For this reason, I plan on presenting this information at a professional conference and/or publishing it, for art therapists to use in their own work. Cooperation between museums and art galleries as settings and art therapy as a profession seems inevitable, and it will be exciting to see how the partnership expands in future years, both in Indiana and beyond.

CHAPTER VI:

CONCLUSIONS AND RECOMMENDATIONS

The present study discussed museum- and art gallery-based art therapy programming specifically designed to meet the needs of adolescents. Using a review of available literature and the Memphis Brooks Museum of Art's Art Therapy Access Programs guide as context and framework, I developed the proposed program for use in a museum or art gallery local to Indianapolis, Indiana (Peacock et al., 2014). The proposed program included an identified population, profiles of museums and art galleries as potential settings, profiles of local organizations for potential partnership, program and single session structures, program directives and material choices, staff in-service structure, guidelines for docent and other staff training, considerations for program evaluation and funding, and examinations of potential multicultural and ethical issues. I intend to use the present study to propose and implement an art therapy program into a museum or art gallery in Indianapolis, Indiana.

Recommendations for Future Studies

Future research should focus on unique characteristics of potential settings. In exploring specifics of potential settings, the proposed program can be more tailored to fit the settings' needs and compliment their resources. The intention for the present study was to make relatively flexible guidelines, so it could be applied to nearly any setting. However, the proposed program requires more planning and once art therapists identify a specific setting. An earlier focus on specific characteristics of each potential setting would better prepare the art therapist to easily implement the program.

Future research like the present study should heavily consider logistics of museum or art gallery-based programming. Researchers should look at transportation, community walkability, museum or art gallery walkability, museum or art gallery accommodations for individuals who use wheelchairs, and other physical accessibility concerns. Reaching more diverse audiences, as art therapy programs intend to, will demonstrate more varied transportation needs. Additionally, future research should consider logistics for the art therapists, in their own access to reliable transportation, transportation and storage of supplies, and transportation and storage of client artwork. Researchers should also build a practical plan for program longevity, taking into consideration both financial and resource-based sustainability.

Finally, future research should delve more into ethical and multicultural issues for art therapy in museums or art galleries. Since art therapy programming in museums and related cultural settings is in its early stages of development, available literature is sparse. However, in order for the partnership to develop, it is imperative to set forth ethical and multicultural competency expectations in order to best support diverse communities and act in their best interest. Art therapists who enter into communities with which they are unfamiliar risk upsetting dynamics between their audience and their setting and infringing on the populations' cultural autonomy. Future research should delve into practitioners' cultural biases and potential working solutions. In order to provide best practice, it is important for art therapists to consider these issues and to set continual ethical and multicultural learning as precedent. Future research should outline models for and necessary characteristics of ethical and culturally-sensitive art therapy practice in community-based settings.

In moving forward, I hope that art therapy in museums and galleries becomes more commonplace, in order to provide community-based programming and to make art therapy services more accessible to underserved populations. Museums and art galleries as settings and art therapy as a profession have similar goals and intentions; partnership between the two would expand reach for both the setting and the profession and help to change their local communities for the better.

CHAPTER VII:

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APPENDIX A

Table 1. Thematic matrix of relevant references for adolescent museum-based art therapy (MBAT) programming. This table includes the references found in the review of the literature that are most relevant to the present study.

Table 1

Thematic Matrix of Relevant References for Adolescent Museum-Based Art Therapy (MBAT) Programming

Most Relevant Resources	Adolescents & Museum Interactions	Benefits of MBAT Programs	Evaluations of Existing MBAT Programs	Only Descriptions of Existing MBAT Programs	Descriptions of Museum-Based Art Education Programs
The art and nature of health…		X		X	
The art museum as a therapeutic space.	X	X		X	X
Art therapy and art museum education…		X		X	X
Art therapy and art museums…	X	X		X	X
Art therapy at the John and Mable Ringling Museum of Art…	X	X	X		
The effects of a museum art program…	X	X	X		
Effects of creative museum outreach sessions…		X	X		
Flexing the frame…		X	X		
Museum education and art therapy…		X		X	X
Museums as therapeutic environments…		X		X	
Opening the doors of art museums…	X	X	X		X
(Re)collections…		X	X		
Reinventing the setting…		X		X	
A survey of teen museum education participants…	X				X
Tapping into museums for art psychotherapy…	X	X	X		
Your brain on art…	X	X		X	X

APPENDIX B

Table 2. Adolescent treatment needs with complementary museum setting factors. This table indicates how museum setting factors relate to identified treatment needs for adolescents.

Table 2	
Adolescent Treatment Needs with Complementary Museum Setting Factors	
<u>Adolescent Treatment Needs</u>	<u>Museum Setting Factors</u>
(1) Increase emotional regulation and expression	Bolsters self-esteem and self-understanding Increases positive emotions Increases positive social experiences
(2) Increase self-esteem, self-knowing, autonomy, and empowerment	Bolsters self-esteem and self-understanding Increases positive social experiences Increases sense of community Offers opportunities to master new skills
(3) Manage anxiety and stress	Increases positive emotions Increases positive interactions with adults Increases positive social experiences Increases social connections Offers opportunities for skill-based learning Provides calming space Provides space for inspirational experiences Reduces social isolation
(4) Manage depressive symptoms	Increases positive emotions Increases positive interactions with adults Increases positive social experiences Increases social connections Offers opportunities for skill-based learning Provides calming space Provides space for inspirational experiences Reduces social isolation
(5) Increase coping mechanisms	Provides calming space Offers opportunities for skill-based learning Increases meaningful interactions
(6) Increase positive social interactions	Reduces social isolation Increases positive social experiences

Note. Adolescent treatment needs taken from: Cobbett, 2016; Coles & Harrison, 2018; Donnelly et al., 2008; Kahn, 1999; Kim et al., 2014; Kelly & Doherty, 2017; Kelly & Greene, 2015; Prescott et al., 2008. Museum setting factors taken from: Morse et al., 2015.

APPENDIX C

Table 3. Adolescent treatment needs with complementary factors of feminist and compassion-focused theoretical approaches. This table indicates how factors of feminist and compassion-focused theoretical approaches relate to identified treatment needs for adolescents.

Table 3

Adolescent Treatment Needs with Complementary Factors of Feminist and Compassion-Focused Theoretical Approaches

Adolescent Treatment Needs	Theoretical Orientation	Theoretical Approach Factors
(1) Increase emotional regulation and expression	Compassion-Focused	Focuses on unconditional positive regard
	Feminist	Adopts a gender sensitive approach Challenges limiting gender roles Values voices from the margins
(2) Increase self-esteem, self-knowing, autonomy, and empowerment	Compassion-Focused	Emphasizes positive characteristics Focuses on safe, nonjudgmental space Focuses on unconditional positive regard
	Feminist	Adopts a gender sensitive approach Establishes egalitarian therapeutic relationship Focuses on respect and social change Incorporates the environments in actions Uplifts marginalized voices Values voices from the margins
(3) Manage anxiety and stress *and* (4) Manage depressive symptoms	Compassion-Focused	Emphasizes positive characteristics Focuses on safe, nonjudgmental space Focuses on unconditional positive regard
	Feminist	Adopts a gender sensitive approach Challenges limiting gender roles Focuses on respect and social change Incorporates the environments in actions Values voices from the margins
(6) Increase positive social interactions	Compassion-Focused	Focuses on unconditional positive regard
	Feminist	Adopts a gender sensitive approach Establishes egalitarian therapeutic relationship Focuses on respect and social change Focuses on mutual disclosure between therapist and client Incorporates the environments in actions Uplifts marginalized voices Values voices from the margins

Note. Adolescent treatment needs taken from: Cobbett, 2016; Coles & Harrison, 2018; Donnelly et al., 2008; Kahn, 1999; Kim et al., 2014; Kelly & Doherty, 2017; Kelly & Greene, 2015; and Prescott et al., 2008. Theoretical orientations and their factors taken from Otting & Prosek, 2016; Rochford, 2017a; and Coles et. al 2019.

APPENDIX D

Museum-Based Art Therapy Program Disclosure Statement

Museum Name: _____

Museum Address: _____

Museum Phone Numbers: _____

Art Therapist(s) and Credentials: _____

Art Therapist(s) Phone Number: _____

Art Therapist(s) Email: _____

Benefits of Museum-Based Art Therapy:

Art therapy in museums can increase confidence, expand creativity, increase coping methods, improve social skills, reduce stress, and manage mental health issues. It can also help you learn more about yourself and your beliefs, emotions, and experiences. By participating in this art therapy program, you will be able to interact with your peers, different art supplies, and museum staff and exhibits.

Risks of Museum-Based Art Therapy:

Art therapy in this program includes both looking at and creating artwork. These activities can bring up emotions and experiences that may be difficult to talk about. If you feel uncomfortable or unsafe during this program, please talk about your concerns with the art therapist(s). There are very few physical risks involved with this program, but accidents and injuries may occur within the museum setting.

Theoretical Approaches:

The art therapist(s) in this program provide therapy using feminist and compassion-focused theories. Feminist therapy focuses on respect and personal strengths and abilities. Compassion-focused therapy creates safety, builds trust, and gives attention to the client's positive characteristics.

Offered Services:

The art therapist(s) in this program mostly offer group therapy sessions in the museum setting, but the art therapist(s) can offer individual sessions, when appropriate.

Statement on Inclusiveness:

The art therapist(s) in this program do not refuse to help individuals due to their age, sex, gender identity, gender expression, race, ethnicity, culture, national origin, religion, sexual orientation, relationship status, ability level, socioeconomic status, or any other basis prescribed by law.

Informed Consent and Client's Rights:

The art therapist(s) will keep private personal information, session information, and artwork. However, due to the public nature of the museum setting, privacy can be difficult to maintain. Discussions in the galleries can and will be heard by museum guests and staff. The art therapist(s) may ask clients to be careful about what they talk about in the galleries, and instead save it for more private areas.

By law, the art therapist(s) cannot keep information private in the following situations:
- If you plan to harm yourself or other people
- If it is required by criminal court, your insurance company, or other relevant agencies
- If there is suspected or confirmed child abuse or elder abuse

You, as a client or legal guardian, have the right to obtain client records at any time. Artwork created during this program is the client's personal property. The art therapist(s) will only keep artwork with verbal consent from the client. They will not allow others to view artwork or other records, and will not make copies or take photographs of artwork without the client's or their legal guardian's written consent. If you, as the client or their legal guardian, choose to provide written consent for outside use of your artwork, the art therapist(s) will take reasonable steps to keep information private.

Any artwork left with the art therapist(s) will be kept in a locked filing cabinet in a locked museum office. Any artwork still in their possession at the end of the program will be stored for up to seven (7) years. Unless you, your legal guardian, or another approved person claims the artwork, it will be destroyed and disposed of after seven (7) years.

Public Encounters:
It is possible that you may encounter the art therapist(s) in a public setting. In order to best protect your rights, the art therapist(s) will not begin interaction with you. However, if you feel comfortable beginning interaction with them, they will respond appropriately.

Complaints:
The art therapist(s) will work to respect your rights to informed consent, privacy, etc. If you have a concern or complaint at any time, please speak to your therapist about it. If the issue cannot be solved, you have the right to contact:

Behavioral Health and Human Services Licensing Board, Professional Licensing Agency
402 West Washington Street, Indianapolis, IN 46204, Phone: (317) 234-2054 (www.in.gov/pla/)

Art Therapy Credentials Board, Inc.
7 Terrace Way, Greensboro, NC 27403, Phone: (877) 213-2822, Fax: (336) 482-2852 (www.atcb.org)

By signing below, I indicate that: (1) I have reviewed and agreed to the above statements and (2) I have received a copy of this document for my personal records.

Client's Signature: _____ Date: _____

Legal Guardian's Signature (if applicable): _____ Date: _____

Art Therapist(s) Signature(s): _____ Date: _____

APPENDIX E

Proposed Program Outline

Group Identification

Intended population: Adolescents in Indianapolis, Indiana

Identified Treatment Needs:
(1) Increase emotional regulation/expression
(2) Increase self-esteem/self-knowing/autonomy/empowerment
(3) Manage anxiety and stress
(4) Manage depressive symptoms
(5) Increase coping mechanisms
(6) Increase positive social interactions

Relevant factors of the museum milieu to identified treatment needs:
(1) Provides positive social experiences
(2) Provides opportunities for learning/acquiring new skills
(3) Reduces anxiety
(4) Encourages positive feelings such as optimism/hope/enjoyment
(5) Promotes self-esteem/sense of identity/community
(6) Provides new experience

Program Purpose, Goals, and Design

Program purpose:
(1) Help participants understand themselves better
(2) Foster ability to form and sustain positive relationships with others
(3) Encourage social inclusion
(4) Inspire creativity

Screening clients for services:
(1) Art therapist(s) will hold individual meetings with interested clients and legal guardians.

(2) Art therapist(s) will decide whether clients are a good fit for current groups.

(3) Approved clients and their legal guardians will sign professional disclosure forms before the adolescent begins attending services.

(4) Individuals not approved for the program will receive information on other mental health organizations and providers in the area.

General program structure:
(1) The Resistance Phase (2-3 Sessions):
   (a) Discussion will focus on recognizing necessary resistance.
   (b) Art-making will focus on group norms, introducing clients to one another, and/or introducing clients to the therapist.

(2) The Imagining Phase (2-3 Sessions):
   (a) Discussion will focus on establishing routine, safety, and vulnerability.
   (b) Art-making will become a means of reinforcing routine, establishing safety, and introducing difficult topics.

(3) The Immersion Phase (2-3 Sessions):
   (a) Discussion will focus on self-concept, self-awareness, and self-esteem.
   (b) Art-making will focus on working through feelings of apprehension, shame, insecurity, and fear.

(4) The Letting Go Phase (2-3 Sessions):
   (a) Discussion will focus on closure and life after therapy.
   (b) Art making in this phase will be centered on themes of loss, self-acceptance, and closure at the end of the therapeutic process.

Single session structure:
(1) Meeting in a private studio space to introduce session themes, share thoughts, and express emotions

(2) Exploring museum objects and exhibitions

(3) Reconvening in studio space to participate in art-making, in response to museum exploration

(4) Discussing museum exploration and art-making, and sharing artwork.

Program materials:
- Broad tipped felt pens
- Oil pastels
- Collage pictures (cut out)
- Glue sticks
- Scissors
- Air-dry clay
- Pencils
- Colored pencils
- Acrylic paints
- Watercolor palettes
- Paint brushes
- Canvases of various sizes
- Paper in various weights, colors, and sizes

Program directives: Art directives will be based on aforementioned adolescent treatment needs and progressing topics in group and individual sessions.

Examples of program directives:
(1) Palette of Emotions (p. 43)
(2) Draw Your Barrier (p. 28)
(3) Anxiety Drawing (p. 58)
(*In *Buchalter, 2004*):

Program leadership: Art therapists will practice through an integrated feminist and compassion-focused theory.

Factors of compassion-focused theory:
(1) Unconditional positive regard
(2) Safe, nonjudgmental space for exploring difficult experiences and emotions
(3) Client's positive characteristics

Factors of feminist theory:
(1) Challenge gender roles
(2) Adoption gender sensitive approach
(3) Value voices from the margins
(4) Uplift marginalized voices
(5) Establish egalitarian therapeutic relationships
(6) Focus on respect and social change
(7) Focus on mutual disclosure
(8) Incorporation of the environments into actions

Program location: Museum/art gallery spaces for viewing and discussing art. Ideally a separate space for art-making.

Staff In-Service for Art Therapy Program

In-service structure:

(1) Large presentation: Full staff
    (a) Define art therapy in general and art therapy in a community-based context
    (b) Outline the program's purpose, goals, and general structure
    (c) Discuss client confidentiality, safety, and other concerns
    (d) Invite attendees to ask questions about art therapy and about the program

(2) Small arts-based workshop: Staff that would be in contact most with program participants.
    (a) Demonstrate arts-based activity
    (b) Example: Buchalter's (2004) Relaxation Exercise and Collage (p. 135)

Training Guidelines for Docents/Other Staff
Guidelines and expectations:

- Be enthusiastic about working with adolescents
- Be personable/approachable
- Be knowledgeable on museum pieces curated for the program

- Be knowledgeable on general museum objects/rotating exhibits
- Provide tours to adolescent participants
- Be respectful of adolescent clients' varying cultures/identities
- Learn and implement knowledge on conflict resolution/group dynamics/cultural sensitivity
- Have appropriately open schedules during the identified times for their assigned group(s)

Program Evaluation

Steps for creating a program evaluation:

(1) Identify necessary persons for program evaluation
(2) Operationalize the anticipated benefits of the proposed program
(3) Create a system of collecting data using these identified measures
(4) Analyze data and report results
(5) Discuss the program's successes and implications for future iterations

Program Funding

Sources for potential program funding:
(1) American Art Therapy Association
(2) State art therapy associations
(3) Nonprofit organizations
(4) Private funders
(5) Grants

Uses for Funding:
(1) Maintenance of art material supply
(2) Maintenance of art-making spaces
(3) Memberships for participants
(4) Multicultural and ethical trainings for participating museum staff
(5) Wages for program leader(s)

Ethical Considerations

- Confidentiality can be difficult to maintain in public areas. Discussions in the galleries will be overheard by other museum or art gallery patrons.

- Art therapists in the present program will understand and adhere to the American Art Therapy Association's and the Art Therapy Credentials Board's ethical standards:
  - To provide best practice
  - To protect client rights
  - To create physically and emotionally safe spaces

- Some art materials/museum or gallery spaces may pose physical concerns.

- Art therapists will discuss the following information with clients prior to beginning services:
  - Potential physical and emotional risks of art therapy in museums and galleries
  - Limits to confidentiality in public space
  - On-campus and/or off-campus artwork storage
  - Transportation of artwork, if applicable

Multicultural Considerations

Art therapists will:

- Interact with clients, patrons, and staff of identities different from their own.

- Continually keep up-to-date with current events/multicultural trends in surrounding communities.

- Understand the relationship between their setting and their community to create positive interactions.

- View multicultural competence as a practice: attend conferences, training programs, and other events to develop/ maintain multicultural understanding.

- Develop self-awareness of cultural biases, values, and beliefs.

- Actively work to avoid imposing their ideologies onto their clients.

- Have discussions with one another

- Read relevant literature on multicultural education

APPENDIX F

References for Proposed Program Outline

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