

MuseumsForward

A case study of art museum programs for persons with intellectual and developmental disabilities

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Abstract

This article discusses a multi-site case study focused on investigating art museum programming designed for persons with intellectual and developmental disabilities (IDD) such as: Fragile X syndrome, Down syndrome, and Autism Spectrum Disorder. The researcher examines how the artmaking process provides a means by which to express feelings and emotions in a socially acceptable, non-verbal manner, as well as the assumption that artmaking might help persons with IDDs, especially when promoted in the terms of art therapy. In order to explore the concept of offering art therapy as a means of furthering a museums' mission to increase DEAI initiatives, the researcher employed a semi-structured interview approach to glean museum best practices in designing, implementing, facilitating and evaluation of art museum program offerings for persons with IDDs. The interviewees, selected by specific criteria, were 5 facilitators of accessible art museum programming across 4 case study sites in the United States. The findings demonstrate the benefits of community partnerships as well as a holistic approach to accessibility, within art museum settings. This article also discusses suggestions for further research to fill the gaps in our knowledge and understanding of the diverse needs of persons with IDDs, a need for more inclusive evaluation methodology, as well as recommendations for further research into virtual program offerings for persons with IDDs, in determining how to benefit persons with IDDs in a post-pandemic art museum setting.

Keywords

IDD, intellectual disability, developmental disability, art therapy, art museum

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Introduction

Approximately 6.5 million people in the United States have an intellectual disability, characterized by “significant limitations in both intellectual functioning and in adaptive behavior” (CDC, 2021a), while over 55 million people in the United States have a form of developmental disability, defined as “a group of conditions due to an impairment in physical, learning, language, or behavior areas” (CDC, 2021b). The most common forms of intellectual and developmental disabilities (IDD) are: Fragile X syndrome, seen in 1 in 7,000 male and 1 in 11,000 female births each year (CDC, 2021c); Down syndrome, seen in 700 births each year (CDC, 2021b); and Autism Spectrum Disorder, seen in 1 out of 54 births each year (CDC, 2020). Despite how common IDD are, there is significant social stigma faced by persons with IDDs, due to their appearance, developmental delays and verbal limitations (Barnes, 1997). Due to this social stigma, persons with IDDs are consistently discriminated against, denied access to employment that pays living wages, and are often segregated in both formal and informal educational spaces (Disability Justice, 2020). According to the Americans with Disabilities Act (ADA), “Disability is a natural part of the human existence and in no way diminishes the right of persons with developmental disabilities to live independently, enjoy self-determination, make choices, contribute to society, and experience full integration and inclusion in the economic, political, social, cultural, and educational mainstream of American society” (ADA, 1990).

Museums have made great strides towards disability justice in the 30 years following ADA, by working towards removing physical barriers to access. According to ADA accessibility best practices, “elements such as entrances without stairs, exhibit labels that can be read by visitors who are seated or standing, large-print exhibition brochures, and captioned multimedia programs help museums reach this huge and growing audience” (*Expanding Your Market: Maintaining Accessibility in Museums*, 2009). As museums answer the call towards accessibility best practices, the next big push towards becoming truly accessible spaces of community building, can be found in efforts to design spaces, programs, and educational offerings with cognitive disabilities in mind (Mykitiuk, Chaplick, and Rice, 2015).

Many persons with IDD struggle with verbal expression. Therefore, shifting the narrative surrounding ableist societal value judgements placed unfairly on persons with IDD, while exploring efforts towards cognitive accessibility, requires looking towards non-verbal means by which to convey feelings, emotions and expressions of self-worth (Girija & Gerber, 2007; Lister, Tanguay, Snow & D'Amico, 2009; Treadon, Rosal & Wylder, 2006). According to Dorothy Atkinson (2004), Professor of Learning Disability in the School of Health and Social Welfare at Open University, all people, regardless of disability, think about their lives and the direction that they want their life to follow. Atkinson (2004) further states that, "life experiences, and the opportunity to tell them, are particularly important for people with learning disabilities, because often they have been silent, or silenced, while other people---families, practitioners, historians---have spoken on their behalf."

For many people with intellectual disabilities, the artmaking process is one that provides a means by which to express feelings and emotions in a socially acceptable, non-verbal manner. (Got and Cheng, 2008; Kanareff, 2002; Luftig, 1987). Artmaking might help persons with IDD, especially when promoted in the context of the therapeutic relationship, such as in art therapy (Got and Cheng, 2008; Roberts, Camic, & Springham, 2011). Many such art therapy programs exist for IDD in clinical settings (Roberts, et al., 2011). Recently, mental health services, as well as services that assist with social skills for this community, have begun to move art therapy programs away from segregated clinical settings, towards shared, socially inclusive spaces, such as museums, in order to further remove the social stigma of their disabilities (Roberts et al., 2011). Museums and gallery spaces are seen by many as less stigmatizing environments for therapeutic programming, as they are far removed from hospital settings (Roberts et al., 2011). In fact, museums and other gallery settings might be particularly beneficial for those with IDD, as they offer additional opportunities for social engagement and community participation (Colbert, Cooke, Camic & Springham, 2013). But even as museums work towards creating programming that meets the needs of their diverse communities, there is insufficient information on the nature and impact of these programs (Peacock, 2012).

Purpose Statement

The purpose of this research is to examine art-making programming for persons with intellectual and developmental disabilities in art museum settings.

Research Questions

There are four questions that guide this research study:

1. In what ways are visitors with IDD served by museums?
2. What are the opportunities and barriers for implementing programs for persons with IDD in art museum settings?
3. Who are the stakeholders for programs for persons with IDD in art museum settings and how are they supported?
4. How is success measured for programs for persons with IDD in art museum settings?

Background

When developing their 2016-20 strategic plan, the American Alliance of Museums' (AAM) (2018) Board of Directors and leadership team surveyed 485,000 museum professionals to determine the issues most vital in maintaining the museum industry's relevance and sustainability. The issues presented as a result of this study were a need for more diversity, equity, accessibility, and inclusion (DEAI) across the industry, both in organizational structures as well as in program offerings (AAM, 2018). Museum professionals also stated that the obstacles they faced in DEAI work within their institutions were, money, staff capacity, and time (AAM, 2018). Additionally, museum professionals expressed a need for more professional development resources, training, examples, templates, and case studies, in order to meet these goals (AAM, 2018).

AAM (2018) defines accessibility as, "giving equitable access to everyone along the continuum of human ability and experience. Accessibility encompasses the broader meanings of compliance and refers to how organizations make space for the characteristics that each person brings." With this definition in mind, art museums across the nation, are taking efforts to benefit and serve the diversity of their communities, rather than merely serving as bastions for the elite. These efforts include developing targeted programs to serve underserved members of their communities, reimagining collections that are representative of diverse audiences, increasing efforts towards more inclusive hiring practices, and the creation of community advisory boards to assist in institutional DEAI initiatives (Marxen, 2009).

For years, museums have demonstrated their public value as educational providers, community anchors, and stewards of our

national heritage (American Alliance of Museums, 2019). As art museums answer the call towards becoming more accessible community anchors, many are looking to expand their program offerings to better serve community members with intellectual and developmental disabilities. Many art museums are meeting this challenge by providing sensory related activities and specialized tours for those with sensory sensitivities. Many provide special hours, in which stimuli, such as lighting, loud sounds and big crowds are toned down or removed, which has proven to be an effective method of serving visitors with sensory sensitivities (Shrikant, 2018). However, persons with IDD are not a monolith, and not all persons with IDDs have sensory sensitivities. Providing sensory hours is only one means of meeting persons with IDDs, a community that has a wide array of needs. According to Lani Florian (2008), Professor of Social and Educational Inclusion at the University of Aberdeen, “while the concept of social inclusion is now a widely accepted notion, the challenge for cultural institutions is to develop programs, practices, and services that support the diversity of users’ learning needs, especially for those with physical and developmental disabilities.

A number of major galleries and museums within the United States and internationally, including The National Gallery of Australia in Sydney, the Museum of Modern Art (MoMA) in New York City, and Tate Britain in London have begun to implement art therapy programming, in order to meet the diverse learning needs of their visitors with IDDs (Roberts et al., 2011). Art therapy is uniquely appropriate when working with persons with IDDs, as many within this community struggle with verbal communication; and, art in any form offers a means of non- verbal expression (Got & Cheng, 2008). Art therapy is also an effective means of teaching social skills, as well as soft skills, when used in combination with other therapies intended to reduce challenging behavior, often related to verbal limitations (Lister et al., 2009).

While research validates the benefits of art therapy for persons with IDDs, there is a gap in literature that speaks directly to designing and facilitating art therapy programming within the museum and gallery setting for persons with IDDs (Aguilar, 2019; Got & Cheng, 2008; Lister et al., 2009; Noble, 2001). This gap in the literature exists for a number of reasons. For one, persons with IDDs are generally involved in research conducted through the medical model of disability, which focuses on impairment and differences (Cousik, Mishra, and Rang, 2017). This is in opposition to the social model of disability, which was developed by disabled persons, and asserts that people are disabled by barriers in society, not by their impairment or differences (Mykitiuk et

al., 2015). Additionally, due to ethical concerns, persons with IDD are rarely included in formative or summative measures of evaluation of such programming. This exclusion eliminates vital first-hand insight (Cousik et al., 2017). But ultimately, in the case of art museum programming, those tasked with designing and facilitating programs for this community, most of the time, do not have the special needs that they are researching. Therefore, with these gaps in mind, this multi-site case study is intended to lend some insight into potential best practices for further designing and implementation of specialized programming for persons with IDD, within the art museum setting.

Methodology

The research used a multi-site case study approach and purposive sampling to identify 4 case study sites. Sites were selected based on whether the art museum fulfilled the following criteria: programming that is designed specifically for persons with IDD, programming that has existed for a minimum of ten years (thus, allowing for established relationships between participants and facilitators), programming that is designed to encourage discussion and participation from participants within the galleries as well as in the classroom, and finally, programming that has remained active, despite the global pandemic. In total, 6 art museums were identified as fitting these criteria; the researcher contacted all 6 art museums; 4 art museums and 5 facilitators agreed to participate in the study.

Data was initially collected by reviewing articles, videos and webpages related to programming for persons with IDD at each case study site. Data was then supplemented with responses provided via semi-structured interviews of educators and teaching specialists facilitating programming for persons with IDD at each site. The interview instrument consisted of 16 questions, asked verbally via Zoom. In turn, transcripts from the Zoom interviews were analyzed using emergent coding, in order to highlight themes and subthemes that arose in response to the 4 research questions outlined above.

At each institution, the researcher asked each person to explain their roles within their institution, but names and identifying information were to remain anonymous. Job titles of participants varied across institutions and ranged from Associate Museum Educator to Manager of Accessibility to Teaching Specialist.

1. Museum 1 is a large art museum in the state of New York. Following the passage of the Rehabilitation Act of 1973, this

museum began piloting programs for adults and children with developmental disabilities. This museum offers programming for visitors with varying physical and cognitive disabilities; their programming for persons with IDD consists of a series of workshops that have been running for 34 years. Before the pandemic, nearly 650 persons participated in 24 workshops per year (Metropolitan Museum of Art, 2020), provided free of charge, for persons with IDD along with their friends and family members. The workshops are held one day a month and are split into two sessions, dependent on the ages of participants.

2. Museum 2 is a mid-sized art museum in the state of Ohio. This museum introduced accessibility programming in 2011, beginning with offering touch tours for visitors with visual impairments, American Sign Language tours for visitors with hearing impairments, and programming designed for adult visitors with developmental disabilities (Zumbiel, 2019). After consulting with community partners, the museum discovered that they had a gap in their program offerings, leading them to design additional programming to serve children with IDD as well as their friends and family members. Pre-pandemic, a total of 8 programs for persons with IDD were hosted monthly, free of charge, facilitated by a single educator. Unlike Museum 1, Museum 2 does not have a full-time accessibility department or position.
3. Museum 3 is a large-scale art museum in the state of New York. This museum has been serving visitors with varying disabilities since 1945, when they introduced programming for disabled veterans. In 2005, Museum 3 noted a lack of programming for adults with IDD in general, which inspired them to create programming for both children, as well as adults with IDD, adding additional programming for teens with IDD in 2015 (Museum of Modern Art, 2019). The programming is offered free of charge, one Sunday a month, with differing time ranges dependent on visitors age levels. Museum 3 has an accessibility department consisting of 5 full-time staff members, as well as numerous teaching artists who facilitate all access programs. In addition to programming designed for in-gallery discussion, Museum 3 employs 2 full-time staff who focus on access partnerships and community organizations serving additional persons with IDD.
4. Museum 4 is a large-scale art museum in the state of Texas. Museum 4 works in collaboration with approximately 20

different community partners and day habilitation facilities, in providing monthly programming for persons with IDD. Museum 4 has been providing programming for both children and adults with IDDs, free of charge for over a decade. Museum 4 considers accessibility to be a full-time salaried position, for one person, who is then assisted by teaching specialists in facilitating both in-gallery IDD programming, as well as off-site IDD programming.

Limitations

The limitations of this research study were numerous, due to the fact that this research study coincided with a global pandemic. To begin with, the researcher had intended to interview more institutions and more than one educator or teaching artist per case study site. However, as a result of the pandemic, many institutions discontinued their IDD-related programming, as persons with IDDs are considered a high-risk group. Additionally, many institutions, including the case study sites, had begun the painful process of eliminating entire departments and furloughing large portions of their front-facing educational staff, including teaching artists. This eliminated many of the institutions that the researcher could include in their research. In addition, where the researcher had hoped to interview facilitators in person, interviews pivoted to Zoom, in order to ensure the safety of all involved, thus eliminating opportunities for the researcher to observe programs, visit classroom spaces, or interact with participants, or additional facilitators. Where the researcher would have liked to include conversations with participants of the programs, the researcher was not granted that opportunity, due to the ethical and potential physical risks of working with a high-risk group during this unprecedented time.

Findings

RQ1: In what ways are visitors with IDDs served by museums?

Three themes characterized the art museum programming studied across all four case study sites: 1. Audience; 2. Delivery; and 3. Facilitation.

Audience

All four case study museums provide programming for different age groups: children, teens and adults. Museums 1, 2, and 3 host their

programming one day a month, with separate time slots for varying age intervals. Museum 4 facilitates programming for approximately 20 different community partnerships and day habilitation facilities, catering to the specific needs of each partnership, regarding frequency, thematic content and age level of participants.

While all four case study sites provide programming for adults with IDD, Museums 1 and 3 expressed in their interview responses that their institution had specifically designed programming for adults with IDD, in response to what they viewed as a great need. Museum 3 explained, “we knew that there aren’t as many opportunities for adults with IDDs to have social and cultural experiences. For kids, there are more opportunities in school to connect, but for adults, we really found that there weren’t that many opportunities for social engagement and engagement around the arts.” By creating programs tailored for adults with IDDs, all four case study sites are in a unique position to provide much needed experiences for adults with IDDs to foster a sense of connection through art-based programming.

Additionally, all four case study museums provided ways for families to connect and enjoy creating together. They explained that the goal when designing programs for persons with IDDs is to first provide a space for socialization, and then, connection with the arts. Museum 2 clarified that the intention is not to “separate [persons with IDDs] from the rest of our program, or the rest of the museum. We want them to be a part of whatever they feel comfortable with. We felt these programs were a necessary step for some families who might not feel comfortable, being with the general public...the hope is for them to feel comfortable coming on their own, without any program needed in the future.” Therefore, the ultimate goal is for the IDD programming to become a ‘stepping-stone’ for families to explore the museum independently, once the museum feels more approachable to them.

Delivery

The researcher asked the four case study museums to describe the nature of their current program offerings for persons with IDDs and what content is included in the programs they provide. To begin with, as large-scale museums, Museums 1 and 3 begin their IDD programming in the classrooms, so as to provide a quiet space for their participants to ground themselves and adjust to the experience before entering the louder, more chaotic gallery spaces. Once within the

gallery spaces, program goals varied across all four case study sites due to differing collections and diverse needs of partnering facilities.

When discussing time spent in the galleries, Museum 1 responded that a goal of their IDD programming is to work on “social skills or soft skills”. Museum 1 suggested that when working with non-verbal audiences, placing an emphasis on communication and socialization might require additional modes of communication. For example, communication through writing, through communication devices, and working through questions by going from open-ended to close-ended questions, were suggested.

Museum 4 shares this goal in pushing communication within their IDD programming. However, they added that the ultimate goal of this push for communication, is to create opportunities for their participants to build connections between the collections and their own lived experiences. “That’s what’s really important to me...not about if they memorize when a work of art was made, or who made it. it’s more about them finding a personal way to make meaning of what’s on view.” The interviewee suggested incorporating games using sensory tools related to different sensory elements in the art being discussed, in conjunction with discussion-based questions, as an effective means of encouraging participation and communication, among visitors with IDD.

When discussing time spent in the classrooms, each case study site seeks to create a fun and accessible studio environment, yet each site adopts varying approaches to accomplish this goal. For example, Museum 1 explained that a hallmark of their artmaking programming is to build artistic skills. For this reason, Museum 1 focuses on fostering a sense of experimentation by providing participants with an array of media and technique. Facilitators then encourage participants to imitate the movements necessary to accomplish the artistic technique featured through discussion and visual modeling. Museum 3 adopts a similar approach, while providing participants with sophisticated materials that closely mimic the art process of the artist being discussed, in order to “[provide] an exciting experience to challenge [participants] to create together and to find joy in that moment.”

Museum 4, on the other hand, explained that the artmaking activity is intended to prioritize process and exploration over creating a final product that mimics the work of the artists featured in the gallery visit. For this reason, participants are given art supplies to use in non-traditional ways, such as using yarn as a vehicle for acrylic paints. By doing so, Museum 4 creates a fun environment that fosters a sense of

experimentation with a goal that is less concerned with building skills and more focused on building confidence, regardless of ability.

Facilitation

Across all case sites, programs were designed to be facilitated within the museum galleries and studio/classroom spaces. However, two case study sites actively design and facilitate IDD specific programming outside of the museum. These sites have partnered with varying residential and day habilitation facilities that are not able to visit the museum in person. Either the museum itself is inaccessible or the participants in care at the facilities are unable to visit due to varying needs. In these cases, the case study sites have found success in sending their cohort of teaching artists and/or contractual educators to these sites to facilitate these programs in person, or rather 'bring the museum' to them.

This arrangement was instrumental in deciding how to continuously serve this community when the pandemic made it impossible to continue hosting programming in the museum galleries. Museums 2, 3, and 4 pivoted towards creating art kits with accompanying image heavy instructions that included open-ended questions for caregivers at the care facilities to assist in guiding participants through the projects. Once again, the goal was to provide fun art-making opportunities for the participants to do alongside caregivers, while also encouraging participatory conversation guides to encourage conversation and social skills. Museum 1 has pivoted towards this model, with the exception that their programming is still facilitated within the galleries by the same educators that facilitated before the pandemic, while the participants attend via zoom and create art-making projects using supplies they already have on hand.

RQ2: What are the opportunities and barriers for programs for persons with IDD in art museum settings?

Across all four case study sites, when discussing the opportunities, as well as the barriers presented, main themes were found through: 1. Partnerships, 2. Funding, and 3. Logistics.

Partnerships

Across all case study sites, all interviewees admitted that partnerships were beneficial in providing opportunities throughout the entire

process. Museum 2 explained that, in fact, their program started when an institution that serves persons with IDD reached out, asking the museum to design a program for them. Whereas Museum 4 expressed that partnerships have been a great way to leverage the resources of their community. Ultimately, all case study sites have found that their partnerships with community partners and care facilities have made scheduling and organizing programs much easier.

One of the key goals in designing programs for persons with IDD, is of building community. Museum 2 reflected that the disability community has a saying, “by us, for us”. By partnering with community organizations, day habilitation centers, day club facilities, residential facilities and various other community partnerships that serve persons with IDD within their communities, the case study sites have been able to build relationships, as well as gain the approval of the community that their institution is wanting to serve, as they feel involved in the process. Additionally, Museum 4 remarked that when planning programming that fits the needs of persons with IDD, the institutions’ marketing department may not initially understand how to successfully market the new program offerings; therefore, community partners have also been instrumental in advertising the new offerings effectively.

Lastly, all case study sites highly recommended involving community advisory boards. The overwhelming advice across all case study sites was to partner with experts in the field, partner with the participants themselves, and partner with parents of younger participants from the very beginning stages of your planning process. Partnering with your community during the initial planning process will save you a lot of time. Museum 4 expressed, “if you’re thinking of starting a program, begin by asking [your community groups, care facilities, and participants] what they are interested in...asking them what their perfect program would be...because why spend years trying to figure it out...when the people that already know what they want, are more than willing to give you the information.”

Funding

Museum 4 also expressed that support through local grant funders has been instrumental in offering these programs free of charge; therefore, truly making these programs accessible to all. The interviewee expressed that money is a barrier and they encouraged museums that want to provide programming for persons with IDD to not worry about funding. “Don’t worry about the funding. I think that that’s something

that really gets in the way of museums from taking on new things. [But] people want to support programs like this. The payoff for them will vary...but you will find financial support for these [program offerings].

While Museum 4 provided words of encouragement that your institution will be able to acquire funding in order to provide free admission to your IDD program offerings, ultimately, across all four case study sites, there are many more resources and offerings that would be attainable if more money were allotted for IDD related accessible programming. Sites expressed that there is an endless demand for accessible programming, but there is not an endless supply of staff to facilitate these programs. Additionally, sites expressed a desire for staff members that are fluent in non-English languages, including ASL, admitting that it would be beneficial to include ASL interpreters, as well as non-native English-speaking staff across all program offerings. In addition to interpreters, sites expressed a need for image-heavy instructions, maps and timetables for IDD programming, an additional accessibility best practice that requires additional funding.

Logistics

Logistics was another theme that arose when discussing barriers with all four case study sites, beginning with the museum sites themselves being inaccessible. All four case study sites were museums located in older buildings with limited wheelchair access. Some museums have galleries that are inaccessible, while Museum 2 is located on a hill, which is not frequented by public transportation. Therefore, accessing the museum is, in itself a barrier.

All sites have been able to provide free admission because of support from local grant funders. However, parking and transportation to and from day habilitation and community centers still need to be waived in order to make the program fully accessible. Both Museums 2 and 4, expressed an additional desire to acquire a vehicle that could bring the participants to the museum, rather than sending teaching artists to the participants. However, accomplishing this desire, will require additional funding.

In addition, all four case study sites expressed capacity to be a barrier, as all programs are vying for the same classroom space. In these instances, there may be more demand for accessible programming, yet the museums do not yet have access to more classroom space. Timing is another barrier for the large-scale museums, as they communicated

a need to find a time that was convenient for families to come together for social connection, while also needing that time to be one, that is not overwhelming for participants with sensory sensitivities.

Lastly, one of the major barriers for the case study sites is found in the fact that there is very little representation in their museum's collections. Of the four case study sites, only Museum 3 has a work of art created by a person with an IDD as part of their permanent, current display. Two of the four case study sites recalled having works of art in their permanent collection that were part of temporary exhibits that had been created by persons with IDDs, as well as works of art created by persons with physical disabilities. Across all four case study sites, the interviewees expressed this lack of representation as an important talking point that they wanted to see improved. They expressed the need for cooperation from curators, and additional departments, in order to acquire new works of art that would bring in more much needed IDD representation.

Museum 3 told a story, that expresses the importance of representation within a museum's collection, wherein a visitor who frequents their institutions' accessible programming asked them, as facilitator, if there were any works of art created by a person with Down syndrome.

"One of the participants was asking, is there anyone with Down syndrome in [this museum's] collection. And she herself, has Down syndrome. And I was like, yeah- there is! Her name is Judith Scott. Here's her work. And it was so impactful and beautiful. And I personally just feel very lucky to work at a museum that has such a diverse collection and that we can share that work with other people and really expand peoples' ideas of modern contemporary art and [who is represented] in a museum."

RQ3: Who are the stakeholders for programs for persons with IDDs in art museum settings and how are they supported?

When the researcher inquired about the stakeholders of the artmaking programs for persons with IDDs across all four case study sites, the obvious answers were given: the participants, the friends, family and caretakers of the participants, the art museum educators, teaching artists, community partners, etc. However, when the interviewees began discussing the trainings that their institution provided for all staff

involved in the designing, planning and facilitation of the programming, it was clear that all case study sites believed in a holistic approach to accessibility, in believing that all front-facing staff benefited from the training and conversations that took place when designing, planning and facilitating truly accessible programming. Additionally, Museum 1 expressed that non-disabled visitors will benefit from accessibility best practices that are set into place due to the initial design of IDD programs. "...we found that these accommodations, while we've made them for this specific group of people, it's really helping the general public." Therefore, by ensuring that all departments in your institution make accessibility a priority, you are ensuring that your entire community benefits, once you ensure that the accessibility needs of persons with IDD are met, and they are given 'a seat at the table.'

When the researcher asked the case study sites how the stakeholders were supported in their institution, two themes arose across all four case study sites: 1) Stakeholders of accessible programming are supported by hosting consistent training sessions; and 2) Accessible programming is supported by a holistic approach to accessibility across the entire institution.

Consistent training sessions

Responses varied among the case study sites as to frequency of trainings. Most held trainings led by a consultant once a year; whereas at least one museum mentioned having monthly trainings for access docents specifically. What was common across all four case study sites was the need to bring in a consultant, expert, community partner and at least one participant of their accessible program offerings to lead the training sessions.

None of the persons interviewed for this research study admitted to having any formal experience in special education or art therapy practices. A common response across all interviewees, was that they felt qualified to work with this community due to training received during internships, time spent under a supervisor responsible for the programs, and trainings received through collaborations with community partners, experts and conversations with participants and their family members.

Holistic approach

Museum 3 expressed that a goal in the trainings that take place at their institution, is born out of a desire to "break attitudinal barriers" that

visitors with disabilities face when visiting their museum. In order to break these barriers, it was essential for trainings to include representatives from all front-facing departments of the museum. The thought process behind including a representative from each front-facing department, is that accessibility should not just be a goal of the access programs team at your institution.

In order to meet this goal of having a holistic approach to accessibility within their institution, interviewees across all four case study sites include representatives from visitor services, security from their institutions' gift shops and cafés in accessibility training initiatives, in order to break attitudinal barriers faced by visitors with IDD. Museum 3 includes first-hand interviews from participants in these trainings, in order for visitors with IDDs to express situations in which they would prefer to be addressed first, rather than their caretaker, or for parents of younger visitors with IDDs, to express their desire to not be more closely monitored in the galleries by security, as this causes them to feel unwelcome in gallery spaces, outside of accessibility specific programming. And lastly, Museum 1 includes members of HR in trainings and in planning meetings in which persons with IDDs were contributors, in order to assist HR in knowing how to proceed with hiring persons with IDDs, to provide more diversity and inclusive museum job opportunities, which is another goal of advocates for disability justice.

RQ4: How is success measured for programs for persons with IDDs in art museum settings?

In order to approach this question, the interviewer asked all four case study sites to explain both the quantitative and qualitative methods they use to evaluate their program offerings for persons with IDDs. And then, in turn, asked them to express the ways in which they believe successful outcomes from these program offerings manifests.

How to measure success

More than one museum professional explained that they know their program is successful when they receive qualitative, open-ended responses from the participants and their family members and caregivers through post-visit surveys. They stated that they believe hearing about their IDD program offerings spoken about in positive terms from their participants' caregivers, as well as from their teaching artists, to be a tangible measure of success.

Museum 4 utilizes quantitative measurements, such as number of programs per year, attendance numbers, and tracking of zip codes, in order to qualify for IMLS grants. Moreover, Museums 2, 3 and 4, explained that they conduct summative evaluations for every program, while Museum 1, conducts formative and summative evaluations only when trying something new, as their accessible programming has been in place for over 34 years.

The successful outcome

When the researcher asked the interviewees, how they personally measure the success of their museum's accessible programming for persons with IDD, they were met with similar responses.

Museum 1: "...that's kind of the magic, that happens here is that you are building some familiarity with the museum, so that young person can...come back to the museum on their own or with their family and [they] know that it is a place where they are welcome..."

Museum 2: "...the fact that we have regulars for a program shows that these families really care about the program and are happy with it."

Museum 3: "...to have this community of people keep on wanting to connect with us and come and connect with each other and the museum, is a metric of success for us in how committed people are to come into the program, year after year."

Museum 4: "...we've seen them, plan tours for their families where they come, and they are the tour guide and show their families around. That's something that, I really love to see."

Ultimately, across all four case study sites, the resounding response was that you will know that your program is a success when you have effectively created a museum culture that makes accessibility a priority, so that your participants return, even on non-program days, because they feel they have agency over their own museum experience. As Museum 4 said, programs are to set the stage and help persons with IDD to feel welcome. And you will know that your program is successful, when your participants keep coming back and when they

want to come back with friends and family on non-program days because the museum has become a welcoming and inclusive space.

Discussion

This research study was established in the belief that persons with IDD are valuable citizens in our modern-day society and that more care should be taken to ensure that our society deems cognitive accessibility to be a worthy pursuit. The research study aimed to understand what actions art museums are taking, to meet the accessibility needs of persons with IDD, and what museum professionals have learned in engaging with this community. While the review of literature suggests that art therapy within museums has been an effective means of reaching this community, widespread knowledge, utilization and understanding of this communities' diverse accessibility needs remains limited. However, according to art therapist Karen Peacock, offering art therapy as a means of furthering your museums' mission to increase DEAI is key when developing innovative partnerships between art therapy and museums (Peacock, 2012).

Due to the pandemic, this multi-site case study offers limited insight into the gaps in knowledge of art museum best practices involving programming for persons with IDD; therefore, further research with a larger sample size is recommended. However, with this limited insight in mind, from conversations with 5 museum professionals across four case study sites, two key recommendations emerged: 1. Partner with community organizations serving individuals with IDD and 2. Adopt a holistic approach to accessibility across your entire institution.

Interviewees were unanimous in touting the benefits of community partnerships. Interviewees designed programming through collaborations with community organizations, created advisory boards consisting of participants, as well as experts in the field, and leveraged partnerships for resources, first-hand knowledge, and even funding.

Secondly, interviewees recommended adopting a holistic approach to accessibility. In summarizing the responses across all four case study sites, the researcher recommends including museum professionals directly working with accessibility within your institution: members of access programs departments, access educators, and teaching artists that facilitate access programming. Additionally, the researcher recommends including educators and facilitators of programming not in the accessibility department, as access training can benefit these museum professionals due to the fact that accessibility best practices benefit a wider audience than just those that identify as having

disabilities. Ultimately, in order for an institution to successfully center DEAI, the responses seem to indicate that accessibility cannot simply be the responsibility of an accessibility department or of a single teaching specialist. This means that, ideally, museums should be considering accessibility in their exhibit design, wall labeling, collections, and HR initiatives, in addition to educational programming and special events. And responses from interviewees seem to support that if all museum offerings were to become accessible, then persons with IDD would have agency over which programs they would like to participate in, thus making the entire museum a safe and welcoming space for persons with disabilities, including those with IDDs. And it is this very goal, that advocates for disability justice are calling on museums to accomplish.

While this case study will serve to contribute to our understanding of programming for persons with IDDs, in order to fill the gaps in our knowledge and understanding of the diverse needs of persons with IDDs formative and summative evaluation of programming is imperative. So often, researchers, evaluators and museum educators do not have the special needs of the community they are serving. For this reason, they rely on qualitative means of gathering responses from parents of younger participants and caregivers of older, non-verbal participants. However, Cousik, Mishra, and Rang (2017) speak to the fact that, “research is often conducted on persons with disabilities rather than with”. Therefore, in order to lend authenticity and credibility to your research, Cousik et al. (2017) recommend creating an inclusive and accessible means of gathering both quantitative as well as qualitative data from participants with IDDs, in order to provide a more accurate, meaningful and powerful tool to assist in understanding the diverse needs of this community.

And lastly, during the course of this case study, the global pandemic caused museums to shift their program offerings to virtual platforms. Museums that took this approach were forced to pivot their programming, with little notice or time for formative evaluation. However, despite the rush to do so, many museum educators have found positive opportunities from these virtual experiences. J.V. Maranto, Manager of Teen and Family Programs at the Museum of Arts and Design in New York City, speaks to some of the unexpected upsides of virtual learning: “What I love about Zoom and Google Classroom is that folks from all over the world can access our programs and attend our events. In addition, capacity is increased. In person, we might only be able to have 40 visitors participate in a program, but in a virtual setting, we can accommodate hundreds.” She also points out that virtual programming “allows folks to learn on their own terms” with

help from closed captioning and instructions piped directly into their headphones (Akers, 2021). While pivoting to virtual program offerings eliminated many of the social benefits of in-gallery conversations and experiences, post-pandemic, many museums are beginning to see the advantages to sustaining online programming. For many museums, virtual programming has created solutions to institutional barriers related to funding, capacity and modes of communication.

Vanessa Chang (2020), co-curator of “Recoding CripTech”, a multidisciplinary art exhibition at SOMArts Cultural Center in San Francisco, speaks to the future of technology in a post-pandemic reality, “I really hope that we learn from this year...that this will cause us to reflect on what’s really worth saving and what’s really worth transforming. In terms of accessibility, how can we understand and have a more capacious understanding of technology and space and time that we move forward from with this pandemic?” (Wong, Felt, & Chang, 2021, 22:00) With this consideration in mind, the researcher suggests that it would be beneficial for museums that have chosen to provide virtual programming for persons with IDD’s to facilitate summative evaluation of these virtual programs in order to inform museum professionals moving forward, as we look to determine what accessibility best practices will look like in a post- pandemic reality.

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